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### **First Trimester**

**Definitions:** The first trimester is until 13 weeks and 6 days. The second trimester is 14 weeks until 27 weeks and 6 days. The third trimester is 28 weeks and beyond.

**Course of Prenatal Care:** In an otherwise normal pregnancy, your visits will be roughly every 4 weeks until 28 weeks (third trimester). They will then be every 2 weeks until 36 weeks. At 36 weeks, they will then be weekly.

**Prenatal Tests:** You will be given an order for prenatal labs which include an HIV test. If your body mass index is 30 or more, you will also do a 1 hour glucola. This screens for diabetes early in pregnancy. You will be given information on carrier screening for inherited disorders and non-invasive prenatal testing (see pamphlet). You will have a pap smear, if due for it, and screening for gonorrhea, chlamydia, and trichomonas.

**Nutrition and Weight Gain:** The following are the recommendations for weight gain which are dependent on weight class: Underweight: 28-40 lbs, Normal weight: 25-35lbs, Overweight: 15-25lbs, Obese 10-20lbs

Avoid eating undercooked meats. Lunchmeats, hotdogs, etc, should be heated to steaming. Avoid unpasteurized foods and beverages.

Fish: 8-12 ounces of low-mercury fish per week. Avoid white (albacore) tuna to 6 ounces per week and avoid shark, swordfish, king mackerel, marlin, orange roughy, and tilefish. Cooked sushi is safe.

Drink 8-10 glasses of water per day. Limit caffeine to 200mg per day.

**Sexual Activity:** Sexual intercourse will not hurt your baby and can be continued throughout pregnancy unless told otherwise by your provider.

**Exercise** You should avoid any exercises in which there is a high risk of falling. These include but are not limited to gymnastics, skiing, horseback riding, racquetball or tennis, hockey, basketball, soccer, and bike riding. You should not scuba dive. If you have any concerns while exercising, you should stop and call your doctor or 911 if it is an emergency.

**Environmental/Work Hazards:** Notify us if you or your partner have travelled anywhere in the last six months where there is known Zika Virus. Please let us know of any work hazard concerns. Avoid changing the litter box of a cat.

**Travel:** Travel is safe in pregnancy and generally recommended in the second trimester as most obstetrical emergencies happen in the third trimester. If you travel, please check the CDC website at [www.cdc.gov/zika](http://www.cdc.gov/zika) for areas of active Zika Virus. You and your partner should avoid these areas during your pregnancy. If either of you travel to an area with known Zika Virus, please notify our office. Airline travel is generally restricted by the airlines after 36 weeks but you should check with your airline for their restrictions. Avoid traveling more than

5-6 hours per day. During any travel, you should get up and walk every 2 hours. You should also wiggle your feet up and down periodically.

**Medications:** Please see our safe medication list for over the counter medications that may be used during pregnancy and breastfeeding. Herbal supplements, since not FDA regulated, are generally not advised during pregnancy.

**Tobacco/Alcohol/Illicit Drug Use:** There is no safe amount of alcohol in pregnancy. Alcohol, tobacco, and drugs should not be used. If you would like information on stopping use of these, please let our office know.

**Indications for Ultrasound:** You will have an ultrasound around 20 weeks to check the baby's anatomy. The need for additional ultrasounds is based off of any risk factors identified or concerning findings throughout the pregnancy.

**Domestic Violence:** If you are a victim of domestic violence, please let our office staff know. The Domestic Violence Project is a great resource. The phone number is 330-453-7233.

**Seat Belts:** Please always wear your seat belt. The lap belt should be worn as low on your belly as possible.

**Childbirth classes/Delivery Hospital:** Please let us know your choice for hospital delivery as soon as possible. This allows us to send your records to them.

**Breast or Formula Feeding:** If you are breast feeding, breast pumps are covered by most insurances. Please see our breast pump information sheet for further instructions on this. If you are formula feeding, we do have formula samples available at your request.

**Vaccines:** If you are pregnant during the influenza season, it is strongly recommended you receive the flu vaccine. It has been documented as being safe in pregnancy and can be given in any trimester. The risks to an expecting mother and her baby with an influenza infection can be life-threatening.

**Extras:**

If you are thinking of using a doula or desiring natural child birth classes, please ask us for information at your next appointment!



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## **Second Trimester**

**Preterm Labor Signs and Symptoms:** The definition of labor is contractions that cause the cervix to open or thin out. **Preterm labor** is labor before 37 weeks. You should call the office if you notice any of the following:

- Change in type or amount of vaginal discharge (watery, mucus, or bloody)
- Pelvic or lower abdominal pressure
- Constant low, dull backache
- Regular or frequent contractions or uterine tightening
- Ruptured membranes (your water breaks with a gush or a trickle of fluid)
- Decreased fetal movements

### **Labs:**

**Quad Screen:** The Quad screen is a blood draw performed between 15-21 weeks of gestation to help determine the risk of genetic disorders such as trisomy 13, 18, and 21 (please see "Optional Prenatal Testing Information" sheet given to you in the first trimester. However, it can also screen for the structural disorder, spina bifida. Some of the information can also be used to indicate if the pregnancy is at a higher risk for problems with the growth of the baby. This is not a diagnostic test and only gives a risk of these conditions. Please let us know if you would like this test performed.

**24-28 weeks:** 1 hour glucola and screen for anemia: You will be given an order to do a 1 hour glucose tolerance test which is a screening test for diabetes and a CBC which screens for anemia (low iron), both of which are caused by pregnancy.

**28 weeks:** If your blood type was found to be RH negative on your prenatal panel, you will be given an order to get a Rhogam injection. Usually, during pregnancy, blood between the mother and baby does not mix. But sometimes it does, especially right after the baby is born. If a small amount of the baby's blood gets into the mother's blood vessels during delivery, the mother's immune (infection-fighting) system makes proteins called "antibodies." In the woman's next pregnancy, these antibodies can cross the placenta and damage some of the next baby's red blood cells. This can cause a condition called anemia, which is when a person has too few red blood cells. If this happens, the baby can make more red blood cells, but sometimes not enough to prevent anemia.

**Vaccines:** Pregnant women who have been previously immunized with a full three-dose series of Td vaccine should receive a single dose of Tdap, ideally during the early part of the 27 to 36 week gestational age range. Tdap is indicated in **each** pregnancy, even if the woman has a previous history of pertussis or vaccination, and even if consecutive pregnancies occur within 12 months. Tdap is also recommended for individuals (such as family members and childcare providers) who are expected to have close contact with a newborn or infant younger than 12 months and have not received Tdap previously. If you are pregnant during the influenza season, it is strongly recommended you receive the flu vaccine. It has been documented as being safe in pregnancy and can be given in any trimester. The risks to an expecting mother and her baby with an influenza infection can be life-threatening.

**Pediatrician:** At this point, you should select a pediatrician. Some offices offer consultations during which you can meet the pediatrician and ask any questions. Please let our office and the labor nurses know your choice.

**Birth Control:** You should begin to consider your options for birth control after the postpartum time frame. If breast feeding, it is recommended to stick to progesterone only methods such as a "mini" pill, Depo-Provera shot, or an

intrauterine device. If formula-feeding, you have the choice of a birth control pill, Nuvaring, Depo-Provera shot, Nexplanon, or an intrauterine device. Please talk to your provider about your options.

**Tubal Ligation:** If you are planning for a tubal ligation, please talk to your provider. If you have Medicaid insurance such as Buckeye or Caresource, you will have to sign a consent form AT LEAST 30 days in advance of your delivery for it to be covered by your insurance.



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### Third Trimester

**Anesthesia Plan:** You have the options of comfort measures, narcotic pain control, or epidural anesthesia during labor. For cesarean sections, it depends on the hospital and/or anesthesia provider, but either an epidural or spinal will be done.

**Fetal Movement Monitoring:** During a normal day, without focusing on movements, you should feel your baby move 10 times in 12 hours. Your baby will have normal cycles of being less active throughout the day and night where he or she is sleeping or resting. This is normal. As you get further in pregnancy, your baby will develop patterns of movement. If you are not feeling your baby's normal patterns, please do fetal kick counts (please see attached information).

**Labor Signs and Symptoms:** The definition of labor is contractions that cause the cervix to open or thin out. Preterm labor is labor before 37 weeks. You should call the office if you notice any of the following:

- Change in type or amount of vaginal discharge (watery, mucus, or bloody)
- Pelvic or lower abdominal pressure
- Constant low, dull backache
- Regular or frequent contractions or uterine tightening
- Ruptured membranes (your water breaks with a gush or a trickle of fluid)
- Decreased fetal movements

Term labor is labor at or after 37 weeks. You should go to labor and delivery if you notice any of the following:

- Regular or frequent contractions or uterine tightening, 3-5 minutes apart for 2 or more hours
- Ruptured membranes (your water breaks with a gush or a persistent trickle of fluid)
- Vaginal bleeding
- Decreased fetal movements

**Gestational Hypertension or Preeclampsia:** Please call if you have any of the following:

- Severe headache unrelieved with Tylenol and cold compress
- Visual changes, such as blurring, dimness or flashes of light in front of your eyes, that do not go away.
- Nausea, vomiting, and/or diarrhea that does not go away.
- Severe heartburn that does not go away with usual measures like Tums, Zantac, Prevacid, or Prilosec
- Severe pain in the right upper part of your abdomen by your liver.

**Post-term Pregnancies:** Some pregnancies will continue into the 41st or 42nd week. This will be discussed, if applicable, as your pregnancy nears closer to 40 weeks.

**Circumcision:** Circumcision is the surgical removal of the foreskin, which is the layer of skin that covers the head of the penis. The penis and foreskin are cleaned. A special clamp is attached to the penis and the foreskin is cut and removed. After the procedure, petroleum jelly is placed over the wound to protect it from rubbing against the diaper. Pain medication is safe and effective in reducing the pain associated with newborn

circumcision. The obstetricians perform the circumcision, typically prior to discharge from the hospital. Circumcision is an elective procedure and may not be covered by your insurance. To find out if your policy covers the procedure, call your health insurance provider. One reason why parents circumcise their newborn sons is for health benefits, such as decreased risk of urinary tract infection during the first year of life and decreased risk of sexually transmitted infections later in life. Others may choose circumcision so that the child does not look different from his father or other boys. For some people, circumcision is a part of cultural or religious practices. Some parents choose not to circumcise their sons because they are worried about the pain the baby feels or the risks involved. Some parents also may worry that circumcision harms a man's sexual function, sensitivity, or satisfaction. However, current evidence shows that it does not. Others believe it is a decision a boy should make himself when he is older. However, recovery may take longer when circumcision is done on an older child or adult. The risk of complications also is increased when circumcision is done later. All surgical procedures carry some risk. Complications from a circumcision are rare, but they can occur. When they do occur, they usually are minor. Possible complications include bleeding, infection, or scarring. In rare cases, too much of the foreskin or not enough foreskin is removed. The American Academy of Pediatrics (AAP) found that the health benefits of circumcision in newborn boys outweigh the risks of the procedure. The AAP also found the benefits are not great enough to recommend that all newborn boys be circumcised.

### **Postpartum Depression:**

About 2–3 days after childbirth, some women begin to feel depressed, anxious, and upset. They may feel angry with the new baby, their partners, or their other children. They also may cry for no clear reason, have trouble sleeping, eating, and making choices, and question whether they can handle caring for a baby. These are called baby blues and usually go away within the first 1-2 weeks after delivering. However, women with postpartum depression have intense feelings of sadness, anxiety, or despair that prevent them from being able to do their daily tasks. Sometimes they have thoughts of hurting themselves, others, or their baby. If you experience symptoms of postpartum depression, please call our office. If you are actively having thoughts of hurting yourself or others, please go to the nearest emergency room.

**Newborn Car Seat:** Please make sure you have a newborn car seat to take to the hospital with you. You can call local fire departments if you would like them to do a car seat safety check. If you do not have the ability to obtain a car seat or safe sleep area for the baby, please let us know.

**Family Medical Leave Forms:** Please see our front office staff for our policy and to fill out the FMLA release form. In short, FMLA forms are free of charge for the first set. Each additional set incurs additional charges based on the number of pages in the form. Disability papers have a charge for each set that must be filled out. We require 5-10 business days for the completion of forms.

### **36 week labs: GBS and CBC**

**Vaginal/Rectal GBS culture:** GBS is commonly found in the lower part of the digestive system (colon) and, in women, the vagina. In healthy adults, GBS is not harmful and does not cause medical problems. But in pregnant women and newborn infants, being infected with GBS can cause serious illness. Pregnant women who carry GBS can pass on the bacteria to their newborns, and some of those babies become infected with GBS. Newborns who are infected with GBS can develop pneumonia (lung infection), septicemia (blood infection), and/or meningitis (infection of the lining of the brain and spinal cord). These complications can be prevented by giving an intravenous antibiotic during labor to any woman who is at risk of GBS infection. You are at risk of GBS infection if you have a urine culture during your current pregnancy showing GBS, you have a vaginal and rectal swab culture during your current pregnancy showing GBS, or you had an infant infected with GBS in the past. **CBC:** This is bloodwork that screens for anemia.

## 38 weeks:

### The ARRIVE Trial

#### The Background

Historically it was thought that the rate of cesarean section and poor outcomes to the baby in women who have not delivered a baby would be less by waiting for induction until 41 to 42 weeks. It was thought that the c-section rate would be higher with induction before 41 weeks because the cervix is typically not favorable (or “ready”) among women who have not had a baby.

However, there was recently a trial called the “ARRIVE” trial that evaluated (among women who had never given birth) the rate of cesarean delivery when induced between 39 weeks to 39 weeks and 4 days (the induction group) to women who waited to undergo induction until at least 40 weeks and 5 days but no later than 42 weeks and 2 days (the expectant management group). It also looked at poor outcomes to the baby with induction versus expectant management.

It found that statistically fewer women in the induction group had a cesarean section than women in the expectant management group. It also found that women in the induction group had less problems with high blood pressure, preeclampsia, less cesarean section complications, less pain, and more perceived control during childbirth.

Women in the induction group spent more time in the labor and delivery unit as the inductions tend to be longer, but the length of their postpartum hospital stay was shorter. There was no difference in outcomes of the baby with either group.

#### What does this mean for you?

With this information, you do have the option to consider induction of labor at or beyond 39 weeks for any reason, regardless of your cervical exam (how much your cervix is dilated or thinned out). This does lower your cesarean section and high blood pressure risk and lends the other benefits as noted above.

However, the induction can be a long process *if* your cervix is not favorable for induction. Thus, if you choose to go this route, we like to advise to expect a 24-72 hour induction. The long induction time is mentally and physically tiring and may increase the cost of your hospital stay (longer labor time but, per the study, shorter postpartum stay). Thus, sometimes during this process, we will pause the induction for 6 hours while we let you rest, eat, and shower. This allows you a mental break from the long process of not eating or drinking.

We will do a cervical exam at roughly 38 weeks and discuss this trial again at that appointment. If you choose to proceed with scheduling an induction, the date and time is subject to hospital availability. This is still considered a non-medically indicated induction by the hospital. Thus, if they have another patient with a medical indication for induction (like preeclampsia, gestational diabetes, growth restriction, etc) who must be induced that day and the induction spots are all full, you may be moved to a different date and/or time by the hospital.