

# What to Expect If You Have Had a Previous Cesarean Section

Thank you for choosing Scripps for your care. You can expect the following discussion at your 15-20 week appointment.

## **VBAC (Vaginal Birth After Cesarean)**

Many women who have previously undergone cesarean delivery can safely attempt a trial of labor (TOLAC) to have a vaginal delivery in subsequent pregnancies. Please note the following important information regarding vaginal birth after cesarean (VBAC) delivery.

TOLAC is a planned attempt to labor by a woman who has previously undergone a cesarean delivery and desires a subsequent vaginal delivery. A successful TOLAC is a VBAC. A failed trial of labor results in a repeat cesarean delivery (RCD).

## **Benefits of VBAC**

The benefits of a TOLAC resulting in a VBAC include the following:

- Shorter length of hospital stay and postpartum recovery (in most cases).
- Fewer complications, such as postpartum fever, wound or uterine infection, thromboembolism (blood clots in the leg or lung), need for blood transfusion.
- Fewer neonatal breathing problems.

## **Risks of VBAC**

The risks of an attempted VBAC or TOLAC include the following:

- Risk of failed TOLAC without a VBAC resulting in RCD in about 20 to 40 percent of women who attempt VBAC.
- Risk of rupture of uterus resulting in an emergency cesarean delivery. The risk of uterine rupture may be related in part to the type of uterine incision made during the first cesarean delivery (4 to 9 percent risk).
- Risk of fetal death is very low with both VBAC and elective repeat cesarean delivery (ERCD), although higher with VBAC than with ERCD. Maternal death is very rare with either type of delivery.



## **Who Should Consider TOLAC and VBAC**

Both the American College of Obstetricians and Gynecologists (ACOG) and the National Institutes of Health (NIH) suggest that a TOLAC to attempt a VBAC is an acceptable option for a woman who has undergone one prior cesarean delivery with a low transverse uterine incision, assuming there are no other conditions that would normally require a cesarean delivery (i.e. placenta previa).

A woman considering VBAC should discuss with her health care provider the risks and benefits of VBAC versus an ERCD and the discussion should include plans for intervention in case of uterine rupture or another indication for an emergency cesarean delivery. (Please refer to our VBAC consent form.)

If you have any questions about the information in this handout, contact your health care provider.



# Medications During Pregnancy

Thank you for choosing Scripps as your health care provider. This hand-out provides information about taking medications during pregnancy, and what are considered safe over-the-counter medications for pregnant women.

## General Information

Avoid all medications during the first three months of your pregnancy, unless they are prescribed by your physician. Take all prescription and non-prescription medications only as directed. Check with your pharmacist if you are on multiple medications, as there may be drug interactions between the different medications.

## Safe Over-the-Counter Medications

The following medications are considered safe during pregnancy. It is important that you follow the directions as prescribed on the package or per your physician.

Allergies	
Benadryl	Tavist
Diphenhydramine	Claritin
Cold Remedies	
Actifed (decongestant)	Robitussin DM (cough)
Sudafed (decongestant)	Any cough drops
Tavist D (decongestant)	Tylenol Sinus
Tylenol (aches and pains)	Tylenol Cold
Constipation	
Prune juice	Milk of Magnesia
Colace	Konsyl
Dulcolax	Metamucil
Senokot	

Diarrhea	
Kaopectate	Imodium D
Indigestion	
Maalox	Rolaids
Mylanta	Pepcid AC
Tums	Zantac
Nausea/Vomiting	
Diclegis	Vitamin B6 (50 mg/day max)
Doxylamine	Unisom at bedtime
Emetrol	(Vitamin B6 and Unisom should be taken together)
ginger ale, ginger cookies or ginger tea	Zantac

## Medications to Avoid

DO NOT take any of the following medications:

Echinacea	Herbal cold remedies	Advil	Nuprin
Motrin	Aleve or Aspirin	Excedrin	Nyquil

If you are unsure about a medication, please ask your doctor or pharmacist for advice.

If you have any questions about the information in this handout, contact your health care provider.



# Important General Information For Your Pregnancy

Thank you for choosing Scripps for your prenatal care. The following is important general information to know during your pregnancy.

## Travel

If you need to travel out of town, discuss any restrictions or precautions with your doctor. Your doctor may restrict you from traveling due to complications of pregnancy or after 35 weeks of pregnancy. Always wear your seatbelt, avoid heavy lifting, drink lots of fluids, walk every two hours and empty your bladder frequently when traveling.

## Exercise

Daily exercise during pregnancy is important unless your health care provider advises against it. If you find yourself out of breath, you should decrease intensity. You will perspire more during pregnancy, so it's important to drink plenty of water. The key is to work longer, not harder. A 40-minute walk at a moderate pace is better than 10 minutes at a fast pace. As your baby grows, your center of gravity changes, and this may affect the type of exercise you are able to tolerate. Low impact aerobic exercise and activities such as Yoga for core strength are recommended. Studies have shown better outcomes and higher rates of vaginal delivery for women who maintain conditioning. After five months avoid exercises flat on your back, as this can decrease blood flow to your baby. Also avoid any exercise that can cause injury such as horseback riding, downhill skiing, rock climbing, scuba diving, and surfing.

## Diet

An adequate and appropriate diet is more important during pregnancy than any other time in a woman's life since the mother shares everything she consumes with her unborn baby. Therefore, you must eat enough healthy foods to supply both yourself and your baby with essential nutrients. In addition to your daily prenatal vitamin, a balanced diet will give your baby the nutrients he/she needs to grow and develop. Please do



not take your pregnancy as a license to binge on sweets and treats and to gain unnecessary weight, as this can be harmful to you and your growing baby. Most moms should gain 25–35 pounds during the pregnancy.

**Do:** Eat a balanced diet with protein, dairy, fruits, vegetables and carbohydrates, have 5–6 small meals daily, increase water intake to at least six cups daily.

**Don't:** "Eat for two," eat raw meats or fish, drink soda, or binge on sweets and treats.

## Warning Signs (Bleeding/Cramping)

Many pregnant women can experience early pregnancy bleeding. The cause is often unknown but can be due to having intercourse, the implantation of the embryo in the uterus, an ectopic (tubal) pregnancy or a threatened miscarriage. Miscarriage occurs in 15–20 percent of pregnancies during the first trimester and often occur when the body recognizes something is not developing normally. If you notice light pink or brown staining in your underwear or when you wipe, remain calm and try to relax. Monitor the amount of bleeding and report it if more than two days or gradually gets heavier like a menstrual period. You should decrease your activity level and avoid sexual intercourse until it resolves. If you have bright red bleeding, soaking a pad in an hour or less, passing clots larger than a golf ball, and/or cramping or sudden abdominal pain that

radiates to your shoulder, you should do the following: get off your feet, rest, increase your water intake and contact your doctor. Your doctor will determine the best treatment for your situation, such as come to the office or go to the emergency room for evaluation.

### **HIV and Other Routine Prenatal Tests**

Early in pregnancy you will have a pap smear (if not up to date), vaginal cultures (gonorrhea and chlamydia) and some baseline blood work. Your doctor will recommend the following blood tests: Infectious disease screening (including HIV, syphilis, Hepatitis B, Hepatitis C, and Rubella), blood type, urine culture, blood counts, optional genetic screening (see separate "fetal genetics/diagnostic" information), and additional tests based on your personal history.

### **Sexual Activity**

Most pregnant women can continue to enjoy sexual intercourse throughout pregnancy. Doing so will not harm the fetus. After you are 20 weeks pregnant, we advise you to avoid laying on your back, and recommend alternative positions. If you notice any spotting, bleeding or pain with intercourse, stop immediately and let your doctor know. Also, women at high risk for preterm delivery may be restricted.

### **Smoking, Alcohol, Recreational Drugs**

Avoid all of these as soon as you know you are pregnant. The risks associated with smoking, alcohol and recreational drug use while pregnant are miscarriage, bleeding, growth restriction, premature birth, developmental delays and other serious complications.

### **Environmental and Work Hazards**

Please ask your health care provider about any concerns you may have about your work environment.

### **Employment**

Depending on the nature of your job and health, you will probably be able to continue working during your pregnancy. If your job is physically demanding or risky, speak with your physician about lifting limitations or precautions. If you must travel frequently, discuss guidelines with your physician.

### **Household/Cleaning Hazards**

Avoid heavy lifting and rest if you are feeling dizzy or cramping. Avoid inhaling fumes from cleaning products, pesticides, insecticides or paint. If you have your home sprayed or painted, plan to stay out of the house for 24 hours and until the fumes have cleared. Avoid standing in front of the microwave while in operation. If you use an electric blanket at night, do not turn the heat up too high. If you have a cat, do not change the litter box. Someone else should do this to avoid exposing you to the toxoplasmosis found in kitty litter. It is generally okay to continue painting your nails or dying your hair. Always ask your doctor if you have questions.

### **Seat Belt Use**

Everyone, pregnant or not, should wear a seat belt. The lap belt should rest low and flat on the tops of the thighs, while the shoulder belt should cross between your breasts. If you are the driver, sit as upright and far back as possible to avoid the steering wheel and airbag in the event of an accident.

If you have any questions about the information in this handout, contact your health care provider.

# What to Expect at Your 7-10 Week Appointment



Thank you for choosing Scripps for your care. Your care starts at your 7-10 week appointment with a confirmation of your pregnancy. You can expect the following care and discussion during your visit.

## Ultrasound

An ultrasound is used to confirm location and dating of pregnancy. This exam is optional. We support and encourage spouses or significant others to attend your appointments. We have strict guidelines to assure you receive an accurate scan. Because this is a medical procedure, video cameras are not permitted, and you may bring only two other people into the exam room with you. An adult other than the patient must attend to children at all times. No children under the age of 5 are permitted in the ultrasound. Thank you for following these guidelines and making the proper arrangements.

If you are less than 20 weeks pregnant (five months) we request that you drink at least four 8 oz. glasses of liquids 30–60 minutes before your ultrasound. A full bladder helps us visualize everything more clearly.

## Carrier Screening

This is a screening test to determine if you might pass inherited health conditions on to your child. The screening only needs to be done once in a patient's lifetime, and is ideally done before conception or anytime during pregnancy.

## Fetal Genetics/ Diagnostics

### • California Prenatal Screening Program

You may be considered for participation in this test if you are in the low risk population. It includes a blood draw in the first trimester, a blood draw in the second trimester, and an ultrasound at the end of the first trimester, or a combination of these options. Please refer to blue pamphlet labeled "California Prenatal Screening Program" for further information. Please call your insurance company and verify coverage of our diagnostic tests.

### • Non-invasive Prenatal Testing (NIPT)

This is a risk assessment test that can help detect chromosomal abnormalities. A maternal blood sample is drawn in the office (or lab) at 10+ weeks of pregnancy. NIPT is typically covered for women 35 and older, a positive State screen or having a prior pregnancy affected by aneuploidy.

If you have any questions about the information in this handout, contact your health care provider.



# What to Expect at Your 11-15 Week Appointment

Thank you for choosing Scripps for your prenatal care. You can expect the following care and discussion at your 11-15 week appointment.

## **Influenza Vaccine**

The influenza (“flu”) vaccine is recommended for all adults, especially pregnant women, due to an increased risk from influenza due to changes which occur to your immune system. Pregnant women can become very ill if infected with the flu, and this can pose a risk to the pregnancy. It is best to get the flu shot (not the nasal mist) early in the flu season, which runs October through May most years. Because the influenza virus changes each year, the flu vaccine is updated yearly. It is important, therefore, to get vaccinated every year. These vaccines are safe and effective. Most side effects are mild, such as a sore arm or a low grade fever. You cannot get the flu from the flu shot. The vaccine is available in your obstetrician’s office.

The flu vaccine helps to protect the mother, but the protective antibodies also cross the placenta to protect the baby once the baby is born.

## **Guide to a Healthy Vaginal Delivery**

Guidelines have been created to increase your chance of vaginal delivery and decrease the need for a cesarean. Please ask your provider for a copy of our educational handout.

## **Donating or Banking Newborn Stem Cells**

Umbilical cord blood was once considered a waste product that was discarded with the placenta. These cells are a genetic match to the baby and can be collected at the time of delivery, purified, frozen and stored (at a cost) for a family’s private banking. If you decide to privately bank, your doctor or the hospital can provide you with a kit. Alternatively, the cells can be donated to a blood bank. You will be asked on admission to the hospital if you would like to donate the cord blood.



Currently, stem cell transplants treat inborn errors of metabolism, hematopoietic malignancies and genetic blood and immune system disorders. Umbilical cord blood contains potentially life-saving hematopoietic stem cells. Umbilical cord blood stem cells are also being studied in other treatments, including regenerative medicine.

If you have any questions about the information in this handout, contact your health care provider.



# What to Expect at Your 15-20 Week Appointment

Thank you for choosing Scripps for your prenatal care. You can expect the following care and discussion at your 15-20 week appointment.

## **Anatomy Ultrasound**

An anatomy ultrasound is done between 18–20 weeks to help to diagnose major fetal anomalies. This test checks your placenta, the fluid around your baby, how your baby is growing, and how your baby's organs are developing. This is a survey of fetal anatomy. In the second trimester, fetal anomaly detection rates range from 16 to 44 percent, with detection rates up to 84 percent for lethal anomalies. This will be done either at your Obstetrician's office, or at a perinatology appointment. Your obstetrician will decide (based on your risk factors) where this ultrasound will be performed.

## **Invasive Prenatal Testing**

There are two invasive prenatal tests, which are reserved for patients that have a positive non-invasive screen or may have a condition that cannot be determined by non-invasive prenatal testing (NIPT). The chorionic villus sampling (CVS) is done at 10–14 weeks; and the amniocentesis test is done at 16–18 weeks. Your obstetrician will discuss these tests with you. Both are performed in the perinatology department.

## **Classes**

Scripps classes on childbirth preparation, including preparing your mind and body for childbirth; dogs and babies classes; breastfeeding classes, sibling classes; as well as hospital tours and orientation. For more information and registration, call **1-800-SCRIPPS (727-4777)** or visit **[www.scripps.org/ChildbirthClasses](http://www.scripps.org/ChildbirthClasses)**

## **Choosing a Pediatrician**

You are asked to select a pediatrician to care for your baby before your delivery. There are multiple Scripps pediatrician locations throughout San Diego County. Please visit **[www.scripps.org/BabyDoctor](http://www.scripps.org/BabyDoctor)** for a list of pediatricians.

Check with your insurance to confirm the pediatrician you choose is in your health plan and has privileges at your delivery hospital. Most of the Scripps pediatricians are happy to set up an appointment with you to get acquainted prior to your delivery.

If you have any questions about the information in this handout, contact your health care provider.



# What to Expect at Your 24-28 Week Appointment



Thank you for choosing Scripps for your prenatal care. You can expect the following care and discussion at your 24-28 week appointment.

## **Anemia and Diabetes Screening**

During this phase of pregnancy, you'll be screened for diabetes and anemia. Many of the hormone and chemical changes women experience with pregnancy can cause a type of diabetes called gestational diabetes. Screening is done between 24–28 weeks with a glucose challenge test. If this test shows you are at elevated risk for gestational diabetes, you will need a follow-up test. At this time, your body's demand for extra iron may outweigh your dietary intake which may result in a form of anemia called iron deficiency anemia. We will also do a complete blood cell count (CBC). Iron deficiency anemia is often easily corrected with adding an iron supplement to your diet.

## **Fetal Movement Monitoring**

You will notice your baby's movements are stronger and certain things will make your baby move more (i.e. eating). Your baby will also feel more active in the evening or at bedtime. To help keep track of your babies overall health, we recommend starting fetal kick counts. Most moms pick a time of day in which they're able to focus on their baby and will count how

many minutes it takes to feel 10 movements or kicks. You can track these fetal kick counts to see what your baby's average is.

If you are unable to feel at least 10 movements in one hour you are advised to contact your doctor's office as soon as possible for further instructions. (Please refer to our handout on fetal movement.)

## **Signs and Symptoms of Pregnancy-induced Hypertension**

Some moms develop high blood pressure in pregnancy, called pregnancy-induced hypertension or PIH. You will have your blood pressure checked at every visit, but there are some signs to watch for between visits. If you experience any of these symptoms, contact your doctor's office as soon as possible.

- Severe or persistent headache
- Severe upper abdominal pain
- Blurred vision or spots in your vision field
- Increased swelling to your face or hands

## **Family Leave or Disability Forms**

California provides eligible moms with State Disability Insurance (SDI) and Paid Family Leave (PFL). These programs will pay moms approximately 55% of their weekly salary. For pregnancy, the timeframe for SDI eligibility begins 4 weeks prior to your due date and extends to 6 weeks postpartum for a vaginal delivery or to 8 weeks if you have a cesarean section. Go to [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability) to learn more about these programs.

If you have any questions about the information in this handout, contact your health care provider.



# What to Expect at Your 30-36 Week Appointment

Thank you for choosing Scripps for your prenatal care. You can expect the following care and discussion at your 30-36 week appointment.

## Rhogam Injection

If your blood type is Rh negative and father of the baby is Rh positive or unknown, we administer Rhogam at your 28-30 week appointment. This is to prevent your body from developing antibodies to Rh positive blood. Since we are unable to determine the baby's blood type until after he or she is born, we give all Rh negative mothers this very important injection. Your baby's blood will be tested from a small sample of the umbilical cord blood that is collected after delivery. If the baby has a positive blood type, you will receive a second Rhogam injection in the hospital.

## TDaP Vaccine

The Center for Disease Control (CDC) recommends that all pregnant women receive a TDaP vaccine in every pregnancy. This is administered between 28–32 weeks. The TDaP vaccine is protection for you and your baby against whooping cough (also referred to as Pertussis). It is safe in pregnancy and you cannot catch it from the vaccine. Whooping cough can be asymptomatic in babies and can result in death. The best way to protect your baby is to get the vaccine and make sure everyone who has close contact with your baby is up to date on their TDaP vaccine.



## Braxton Hicks Contractions and Preterm Labor Signs

You may begin to experience contractions or tightening of the abdomen. This is normal, as long as they are not frequent, regular, or painful. “Braxton Hicks” contractions are typically painless contractions that do not cause dilation of your cervix. They occur as the uterus is growing and stretching. You should notify your doctor's office immediately if you have more than six contractions in an hour, if you have severe pain, or if you have leakage of fluid or bleeding. These can all be signs of preterm labor.

If you have any questions about the information in this handout, contact your health care provider.

# What to Expect at Your 36-41 Week Appointment

Thank you for choosing Scripps for your prenatal care. You can expect the following care and discussion at your 36-41 week appointment.

## Cervical Exams

A cervical exam may be done once you are past 36 weeks to determine if your cervix is starting to “ripen” or get ready for labor. The cervix starts to shorten or thin (effacement) and dilate as you progress towards your estimated due date. A cervical exam does not predict when you will go into labor but it enables your physician to check if cervical dilation or effacement has begun and to confirm that the fetal head is down (vertex position). After a cervical exam you may experience light vaginal spotting of blood. This is normal, however, if you have heavy vaginal bleeding from a cervical exam, you should call your provider right away.

## Signs of Labor

Term pregnancy is considered 37 weeks 0 days, or more. Your baby may “drop,” which is when the baby’s head settles deep into your pelvis. You may pass a thick mucus plug which is bloody or pink tinged from your vagina. This is called “bloody show” or “losing your mucus plug.” Passing the mucus plug does not mean you are going into labor, but it does mean your cervix is probably ripening and getting ready for labor. It is also not uncommon to have frequent Braxton Hicks contractions during this last month of pregnancy. Signs of labor include frequent, painful uterine contractions, occurring every five minutes and each contraction lasting a minute. When this pattern of contractions lasts one hour, you should call your provider and prepare to go to the hospital.

Seventy percent of healthy, normal pregnancies go into spontaneous labor in the seven days following the due date. Spontaneous onset of labor is recommended, especially for first time mothers.



Induction of labor may be recommended for medical reasons or if your pregnancy has gone more than one week past the due date.

Elective inductions with no medical indication should not occur before 40 weeks of pregnancy.

## Antepartum Testing

Antepartum testing is a way your provider can check the well-being of your baby. It includes a non-stress test (NST) and an amniotic fluid check through ultrasound (AFI). This testing often starts at 36 weeks of pregnancy if there is a medical reason, such as diabetes mellitus, hypertension, intra uterine growth restriction, advanced maternal age or other reasons.

Your provider will let you know if you need antepartum testing. You should plan on these visits to last one hour.

If you have any questions about the information in this handout, contact your health care provider.

