COUNTDOWN TO DELIVERY

You have now progressed through half of your pregnancy. We want to give you an update on important things to remember as you approach delivery. This booklet is meant to complement the information you received in your first pregnancy guide, so we recommend that you continue to reference that booklet as well. The information in this booklet will be especially helpful as you prepare to deliver here at Emory Healthcare.



WHEN TO CALL YOUR DOCTOR

If you experience any of the following symptoms, please contact your doctor:

- Fever of 101°F or higher
- Painful or burning urination
- Bright red bleeding from the vagina before 35 weeks of pregnancy
- Persistent and worsening abdominal pain not relieved by a bowel movement
- New onset severe nausea, vomiting or diarrhea (severe is several times within one hour)
- Visual disturbances such as blurred or double vision
- New severe or persistent headaches lasting more than three hours after taking Tylenol®, as directed on the packaging
- Change in the color of nasal drainage
- Gush or steady leaking of fluid from the vagina, even if you are not having contractions
- Lack of fetal movement or major deviations in your kick counts
- If you think you are in labor at any point, come to the hospital

CONTACT INFORMATION

Our number is 404-778-3401. During normal business hours (Monday through Friday, 8 a.m. – 5 p.m.), this number connects you with our call center agents who will direct your call to our team. After normal business hours, this line is forwarded to Emory University Hospital Midtown operators. Ask the operator for the Emory OB physician on call. You can also reach your provider using the Emory Healthcare Patient Portal which is a secure online tool designed to help you communicate with your providers. You can call 404-778-3401, or ask anyone in our office for an invitation to the patient portal. ***If there is an emergency, call 911.***

OB/GYN Prenatal Services Available at:

Emory Clinic, Building A*
1365 Clifton Road, NE
4th Floor
Atlanta, GA 30322
**Located on Emory University Hospital campus*

Emory Clinic, Emory University Hospital Midtown
550 Peachtree Street NE
Medical Office Tower, 8th Floor
Atlanta, GA 30308

Emory Clinic*
5673 Peachtree Dunwoody Road
Suite 700
Atlanta, GA 30342
**Located on Emory Saint Joseph's Hospital Campus*

Emory Women's Center at Johns Creek
6335 Hospital Parkway
Suite 502
Johns Creek, GA 30097

Emory Women's Center at Decatur
2665 North Decatur Road
Suite 630
Decatur, GA 30033

Emory Perinatal Center, Emory University Hospital Midtown
550 Peachtree Street NE
Medical Office Tower, 15th Floor
Suite 1520
Atlanta, GA 30308

Emory Perinatal Center, Emory Decatur Hospital
2675 North Decatur Road
Suite 408
Decatur, GA 30033

THIRD TRIMESTER PREGNANCY CONSIDERATIONS

Fetal Movement: You probably began feeling the first flutters of your baby's movements around 20 weeks. These movements should become regular around 28 weeks of pregnancy. Monitoring these movements is a simple way of checking on the health of your baby between office visits. Most babies tend to have a pattern of movement that you will begin to notice. Some are more active after meals, while others move around at night.

If following your baby's movements, you should try to monitor them at the same time each day once they become regular. The American College of Obstetricians and Gynecologists recommends that you sit or lie down comfortably, and count the baby's movements until you reach 10 kicks, flutters or rolls. Healthy babies should perform 10 "kicks" within two hours. You can keep track of your counts by using the kick count worksheet included in the back of this packet. This exercise can be done if you have concerns about your baby's movements. If you do not feel 10 kicks within two hours, hydrate with water and try again. If you still do not reach 10 kicks in two hours, please contact us.

FMLA Paperwork: If you or your partner are currently employed, you may need to fill out Family Medical Leave Act (FMLA) paperwork. FMLA provides unpaid, job-protected leave while you are delivering and caring for your newborn. Our department is happy to complete any medical leave certification forms that your employer may require. You can bring your paperwork to the front desk of either clinical site at one of your prenatal appointments.

We will certify that it is medically necessary for you to care for yourself and your baby. You should contact your human resources office to discuss your employer's family leave policy. There is not a standard amount of time for parental leave.

Please allow seven to 10 business days for our department to complete this paperwork. We will return the documents to you via the patient portal, or you can pick them up at the front desk where you submitted them. You may complete this process at any time during pregnancy, and we encourage you to provide us your paperwork as early as possible. Remember: FMLA medical leave is unpaid, so you may want to submit a short-term disability claim to your insurance provider for benefits during your postpartum leave if your employer does not provide paid parental leave.

Cord Blood Banking: At the time of delivery, you can have your baby's umbilical cord blood collected or it can be discarded as medical waste. You should consider your options in relation to cord blood well in advance of delivery. Cord blood, similar to bone marrow, can be used to treat some diseases. As an Emory Healthcare patient, there are two types of cord blood banking available to you: public and private.

Public cord blood banking provides a donation to a patient in need, just like donating blood at a local blood drive. Working together with the Cleveland Cord Blood Center, Emory offers free cord blood collection for this public bank. Cord blood collected at Emory has already been used to save lives.

Private banking offers a guarantee that your cord blood collection will be available for your usage. There are several companies available for private banking, and there will be a cost to you. You should explore options and offers from multiple companies. If you choose a private cord blood bank, you will need to bring the collection kit with you to the delivery. You should verify with the nurse and doctor what should be collected, per the collection kit's instructions. After collection, you or a family member should again verify that the collection is complete.

Classes Available at Emory Healthcare: We have developed an extensive educational program for our prenatal patients and their partners. All courses are developed and taught by our knowledgeable staff. Classes cover topics such as childbirth, breastfeeding and infant care. A handout at the back of this booklet provides a full listing of the current course offerings and how to register. Many classes are available online and fill up quickly, so sign up early.

Selecting a Pediatrician: Before you deliver, you will need to choose a pediatrician to take care of your infant. It is not necessary for your pediatrician to see your newborn in the hospital. The hospital has pediatricians who will take care of your baby until you are discharged. Choosing a pediatrician is as personal as choosing you obstetrician, and there are many options. We recommend beginning your search with considering which health insurance plan will be covering your child's care. Look into the listing of in-network pediatricians, and explore which office and provider works best for your family.

We have developed an extensive educational program for our prenatal and postnatal patients and their partners. Many classes are available online and fill up quickly, so sign up early.







WHAT TO BRING TO THE HOSPITAL

Packing Checklist: It is important to know that we will have most of the needs for you and baby. When you come to the hospital to deliver, you can also bring a bag of supplies and clothes with you. We recommend that you pack this bag well in advance of your due date, so you can be sure that you've included everything you need. We've prepared a handy list of items that are good to include in your hospital bag:

- Insurance card and government-issued photo ID card
- Favorite music
- Lip balm
- Comfortable items that will help you relax such as an extra pillow or lotion
- Comfortable clothes
- Camera and batteries
- Snacks or change to buy them from the hospital vending machine
- Cell phone with charger
- Sleepwear, if you prefer to wear your own
- Toiletries
- A few comfortable bras, including nursing bras
- Going home outfits for mom and baby

Infant Car Seats: Georgia law requires that all children under the age of eight use a car seat, so your baby must be in a car seat when you leave the hospital. You will need to bring the car seat into the hospital with you, and it must be installed in your car before you can be discharged. Emory Healthcare does not provide car seats, and we cannot assist you in installing your car seat.

Please follow the manufacturer's recommendations for installing the car seat. Be sure that you and your partner can operate the car seat safely so your infant is secure. Fire departments are a great resource for learning how to install car seats. You can find more information about Georgia law and car seat resources at www.gahighwaysafety.org/campaigns/child-passenger-safety.

SIGNS OF LABOR

As you near the end of your pregnancy, you may begin to feel contractions or strong muscle cramps in your uterus. These pains go through periods of strong cramping, alternating with relaxation. Contractions may signal that your body is in labor (starting the birthing process), but they could also just be false labor known as Braxton-Hicks contractions. It's important to tell the difference between true labor and false labor.

False Labor

- Braxton-Hicks contractions are irregular
- They do not get stronger with time
- They do not get closer together with time
- Walking, moving or changing position can relieve or stop the contractions

True Labor

- Labor contractions are stronger than Braxton-Hicks contractions
- They occur regularly
- They increase with intensity and frequency as time goes on
- They continue with walking or changing position
- They are often accompanied by vaginal bleeding or fluid leaking from your vagina

Even with this guide, it's important to know that true labor is different for every woman and every pregnancy. Sometimes contractions are described as strong menstrual cramps or as waves of cramps, but each experience is unique. The contractions can also cause back and lower abdominal pain.

You should plan to go to the hospital when your water breaks or your contractions are approximately five minutes apart and increasing in intensity. You do not need to rush to the hospital as soon as you begin labor because the process can take time—especially if this is your first baby. Waiting at home until your contractions become closer together or your water breaks can make for a more comfortable labor experience overall.

If you are unsure whether you are having true labor or false labor, you can call our office at 404-778-3401. If you think you are in labor or your contractions are approximately five minutes apart, come to your chosen Emory Labor and Delivery location. Our team is at the hospital 24 hours a day and is ready to help you at any time.

DELIVERY

Consider which Emory Labor and Delivery unit you will be delivering at, and plan your trip in advance. It is a good idea to map out your route to the hospital in advance.

Planning beforehand can make the delivery process as smooth as possible. There are many online resources that can help you as you plan your birth. Although having an idea of what to expect is important, remember that deliveries can often be unpredictable, and you may need to deviate from the plan. Your doctor and nurses at the hospital will be sure to take your preferences into consideration and explain to you any necessary changes.

Parking: When you come to deliver, park in the available patient parking. If you are concerned about being able to walk from the parking deck, please utilize our emergency department entrance. Our hospital personnel will be able to assist you to the Labor and Delivery unit.

Support Person and Visitors: Because we strive to provide patient and family-centered care at Emory Healthcare, we understand the important role that a support person can play during labor. This person could be the baby's parent, your partner, a close family member or a friend. Someone who attended childbirth education classes with you would be a great choice. Be sure to communicate in advance with your support person about your expectations for their role in supporting you during labor and delivery.

Delivery Services Available at:

Maternity Center at Emory University Hospital Midtown 550 Peachtree St. NE Atlanta, GA 30308	**Maternity Center at Emory Johns Creek Hospital** 6325 Hospital Parkway Johns Creek, GA 30097	**Maternity Center at Emory Decatur Hospital** (Dr. Bobbie Bailey Tower & Surgery Center) 2701 North Decatur Road Decatur, GA 30033

Don't forget to bring your car seat!









LABOR

Together you, your physician and your primary nurse will decide the best rules for visitation in the Labor and Delivery suite, so you have the support you need without becoming overwhelmed. As a rule, we recommend no more than three support persons in your labor room at any given time. The number of people allowed in the hospital as support may also change depending on current events such as community illness.

When you come to our Emory Labor and Delivery, one of our physicians will be at the hospital to take care of you. Our Emory physicians are always present to monitor your progress and well-being.

Labor progresses differently for each person; in fact, a person may have quite different experiences with each pregnancy.

During labor, your cervix will dilate (open) to accommodate your baby. Once in active labor, many people will progress by dilating approximately one centimeter every hour or two. Your care team will be patient with your progress and work with you to help ensure that your goals of labor and pain control are addressed. Once you're fully dilated, you'll begin to push. Again, the time required to push is different for each person.

INDUCTION OF LABOR

Usually in the third trimester, we will talk with you about options for timing of your delivery. Some parents will choose to wait for the onset of spontaneous labor, and others will choose to schedule an induction after 39 weeks. There may be a medical condition that will lead us to recommend delivery at a specific time in your pregnancy. Whether an induction is recommended or chosen, the process begins in the same manner. If you are scheduled for an induction, please call your Labor and Delivery two hours before your scheduled time to ensure there is a room ready for you. At the time of hospital admission, we will check your cervix and start fetal monitoring. This will allow us to make recommendations for how to begin your induction—individualized to your specific needs and desires. To begin the induction process, we often use cervical balloons and/or medications. Once the cervix is a few centimeters dilated, Pitocin is usually given to continue the induction. Throughout your induction, we will keep you updated on the progress of your labor and the health of you and your baby as well as make recommendations about how to safely proceed toward delivery.

It is important to know that the length of time from the start of induction through delivery varies widely, taking only a few hours for some patients and up to two to three days for others. We do not place a specific timeline on delivery but use your individual response to labor to recommend next steps.

AUGMENTATION OF LABOR

If you present to Labor and Delivery with spontaneous labor or with ruptured membranes, medication such as Pitocin may be recommended to ensure that your labor is progressing. If your membranes do not rupture spontaneously, we may also recommend rupture of membranes to augment your labor.

VAGINAL BIRTH AFTER CESAREAN

Our Emory doctors safely practice vaginal birth after cesarean section (VBAC). A vaginal delivery may have a quicker recovery, require fewer days in the hospital and avoids abdominal surgery. During pregnancy, your doctors will discuss if VBAC is a safe option for you and discuss benefits and risks of a vaginal delivery or a planned repeat cesarean section.

BREASTFEEDING

BREASTFEEDING/CHESTFEEDING

Exclusive breastfeeding/chestfeeding is the best method for feeding your baby until six months of age, recommended by the World Health Organization, the Centers for Disease Control and Prevention, and the American Congress of Obstetricians and Gynecologists. "Exclusive" means no other supplemental food or drink for your baby other than human milk. This guide will help you understand the benefits of human milk and prepare you for learning to breastfeed/chestfeed after the baby is born.

You can speak to any provider at any time during your pregnancy with questions about lactation. We also have a dedicated team of lactation consultants in the hospital whose role is to support you while you're learning to feed your baby postpartum. If you need assistance, you can call Emory University Hospital Midtown's lactation line at 404-686-2883.

How We Will Support You: At Emory Healthcare, we do our best to support your decision to breastfeed/chestfeed your baby. We have a policy of "rooming-in," which means that your baby will be always in your room with you after birth to promote bonding and breastfeeding/chestfeeding. We do not have a newborn nursery, so the baby will rarely leave your room. Keeping families together helps parents learn the baby's signs of hunger, which include sucking hands, smacking lips, sticking out their tongue, turning a head toward the chest or crying. This policy also encourages feeding the baby on demand rather than on a schedule, which helps establish lactation.

Skin-to-Skin Contact: We encourage skin-to-skin contact between you and your baby, starting immediately after birth regardless of your feeding plans or method of delivery. Skin-to-skin contact means that your newborn will be gently dried and placed on your bare chest with a blanket placed over the two of you. This will help you bond, and hearing your heartbeat, feeling your warmth and smelling your skin can make your baby more comfortable in its first moments in the outside world. Skin-to-skin warms the baby best, stabilizes the baby's blood sugar, calms the baby and gets the baby interested in feeding. It also helps stimulate the production of colostrum, the first type of human milk. We encourage you to have as much skin-to-skin contact as possible with your baby while you are in the hospital. Skin-to-skin can also be performed by you or your family member/guest.

When to Begin: You should try to begin breastfeeding/chestfeeding as soon as the baby shows signs of hunger after the birth because starting early can help you have a successful breastfeeding/chestfeeding experience. The labor and delivery team will support this first feeding.

Why breastfeed/chestfeed?: We know that human milk is best for your baby. It provides the exact nutrition and quantity of milk that your newborn needs to grow and develop. It naturally changes to meet the needs of your infant over time. Providing your milk can reduce the risk of many medical problems for you and your child. Breastfeeding/chestfeeding also provides special bonding that you will get to experience with your baby.

Benefits for the Baby	Benefits for Parent
• Provides antibodies to protect your baby from infection which cannot be substituted with formula • Reduced risk of: » Ear infections » Obesity » Type I and Type II diabetes » Asthma » Sudden Infant Death Syndrome (SIDS) » Stomach problems » Severe lung infections » Rashes » Childhood blood cancers	• Burns approximately 500 calories per day • Reduces blood loss after delivery when started early • Convenient and free • Reduced risk for: » Ovarian, uterine and breast cancer » Heart disease » High blood pressure » Type II diabetes » Rheumatoid arthritis » Postpartum depression

Parents sometimes worry because their babies want to breastfeed/chestfeed more than they expect. Parents may also wonder if their baby is getting enough milk. Early, frequent feeding helps your body establish your milk supply. Most birth parents make the right amount of milk for their infant without the need to supplement with formula. Learning about hand expression of colostrum before delivery can also be a very valuable resource for you, so you have some tools to troubleshoot issues with latch in the first few hours or days. As always, ask your nurse for help if you are having difficulty as we are trained to help and have access to lactation consultants if the need arises.

There are several other important aspects of breastfeeding/chestfeeding that you can expect to discuss with your health care team after delivery:

- Common discomforts and relief methods
- Comfortable positions
- Time and frequency of feedings
- Signs of a comfortable latch
- Common feeding cues
- Signs of infection

Formula: We encourage every parent who can and desires to breastfeed/chestfeed to do so exclusively. For a small number of parents, breastfeeding/chestfeeding is very difficult or not recommended for medical reasons. If this is the case, our nurses and lactation consultants will work individually with you to ensure your baby gets appropriate nutrition. If desired, we will optimize your lactation by reviewing your medical history, medication use and other factors. If formula is used, we will review the risks and benefits of this feeding method and provide individual counseling regarding appropriate volume, timing and preparation of formula. As always, please speak to your provider about your concerns and questions.

CIRCUMCISION

Circumcision is the surgical removal of the foreskin which is the skin that covers the head of the penis. Our obstetricians can perform this procedure before you leave the hospital. If the baby has a medical condition, circumcision may be postponed and would then be completed by the infant's pediatrician or a urologist.

Circumcision is an elective procedure, and it is your choice whether to have your son circumcised. It is not required by law or hospital policy. There are hygienic reasons to circumcise, as a white discharge can build up under the foreskin and cause odor and increased infection. However, a boy can be taught to wash his penis to clean away this discharge. Some research suggests that circumcision may decrease the risk of getting HIV, but there is not enough evidence to recommend routine circumcision. Many newborn boys in the United States are circumcised, though numbers are decreasing. For some people, circumcision is part of religious practice.

Circumcision only takes a few minutes. It is recommended that an anesthetic be used for pain relief, and either topical or injected lidocaine for pain relief may be used. The penis is cleaned, and a special device is used to help protect the penis and assist in the removal of the foreskin. After the procedure, petroleum jelly is used to help protect the area from rubbing.

After each diaper change, petroleum jelly should be placed on the head on the penis while healing. In most cases, the penis will heal in seven to ten days. It is normal to see some yellow fluid and some swelling during the healing process. Use mild soap and water to remove any stool from the penis if necessary. Infection is rare, but if you have any concerns, please contact your pediatrician.

GOING HOME

After the delivery, you can expect to remain in the hospital for another 24-72 hours, depending on whether you have a vaginal or cesarean delivery or whether any complications arise. Once you are discharged from the hospital, your exciting new life as a parent begins!

Looking for more information?

Visit **emoryhealthcare.org/womensresources** for additional information on topics relating to obstetric care, breastfeeding tips, postpartum and more.

POST-PARTUM CONCERNS

Contraception After Birth: At the time of hospital discharge and your first postpartum visit, we will discuss options for birth control. If you desire contraception, please know that there are many methods of birth control that are safe while breastfeeding. We will work with you to find a contraceptive method that you feel comfortable using.

Post-Partum Visit: You should return for a postpartum visit in our office four weeks after delivery. You may be asked to come for a visit sooner than four weeks if there were any medical complications that arose during or after the birth. If you have any concerns after delivery, please call for an earlier appointment as we wish to address these concerns as soon as possible.

At this postpartum visit, your provider will discuss when to resume routine care such as your well gynecologic exam. The timing will be different for each woman, depending on factors such as medical history and ongoing conditions.

Postpartum Blues & Depression: Very soon after delivery—about two to three days—a new parent may feel anxious, depressed or upset. You may become angry at your partner, other children or even your baby. The postpartum blues should only last for one to two weeks, but these feeling may be intense. During this time, some parents may cry for no reason, have trouble sleeping, difficulty making decisions and question whether they are able to handle their baby's needs.

These feelings and mood swings are caused by sudden changes in the hormone levels of estrogen and progesterone. If you have a history of depression or anxiety, you may have a greater chance of developing postpartum mood changes, so please let your provider know about your history.

The postpartum blues are quite common, and in most cases, they pass quickly. However, if these feelings persist or interfere with daily tasks, you should call our clinic for assistance. ***If you are having any thoughts of harming yourself, your baby or someone else, please go immediately an emergency room. There are mental health professionals that can help you.***

Exercise: Though some new moms wish to resume normal exercise immediately after delivery, your body will need time to recover, especially your core abdominal muscles. Soon after returning home, you should be able to start with light walking. Give yourself four to six weeks before starting heavy exercise, and when restarting exercise, take it slow and listen to your body. Be patient and know that you will be able to get back to full activities in time.

Driving: After you deliver, you should give yourself time to recover before attempting to drive. Driving while taking narcotic pain medicine is not permitted. You should be able to twist at the waist to see behind you and easily lift your foot in a seated position before driving. Recovering the ability to drive may take a full week after vaginal delivery or two weeks following a cesarean section.

Postpartum Sex: You can resume intercourse six weeks after most deliveries. The vagina needs this time to heal, especially if you had any lacerations or repairs during childbirth. Some women may need to wait longer, depending on healing. While breastfeeding, a woman has lower estrogen, which means vaginal dryness is quite common. Because of dryness, you may consider using a lubricant and going slowly until you know if intercourse is comfortable. Some women have very little sexual desire in weeks following delivery; this is common and normal. Most women will return to sexual function in time. If you have concerns about resuming sexual activity, please discuss them with your provider at your postpartum visit.









Emory Healthcare Prenatal/Maternity Classes, Tours and Support Groups

All of our classes are taught by clinical experts from Emory Decatur Hospital, Emory Johns Creek Hospital and Emory University Hospital Midtown. Some classes and tours have both online and in-person options.

Learn more or register online.

OB Tours

Learn more about each of our three campuses by attending a free tour and Q&A session with one of our clinical experts.

Breastfeeding Classes

These classes provide the education and support that will prepare you to make the most informed decision on breastfeeding/chestfeeding your new baby.

Infant Safety & CPR

This class is designed to prepare expectant and new parents and their families for potential child emergencies. Note: This is not a CPR certification course.

Childbirth Preparation

This class is designed to empower you with knowledge of the birthing process.

Newborn Care & Behavior

This class is designed to answer your questions and thus lessen your fears about the early days and weeks of life with your newborn.

emoryhealthcare.org/classes

EMORY HEALTHCARE

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