Pregnancy & Birth Care

Patient Guide

Cape Cod Healthcare | The Family Birthplace

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Welcome to Cape Cod Healthcare OB/GYN

Congratulations! We look forward to caring for you during this exciting time and are pleased that you have chosen us to provide your obstetrical care. Our mission is to provide comprehensive, compassionate and high-quality care to all of our patients. Whichever practice you have chosen will become your primary team and will care for you exclusively throughout your prenatal care. The contact information for the practices are below. Please contact your chosen practice with any questions or concerns regarding your care.

For additional information, please visit www.capecodhealth.org/pregnancy-birth

Cape Cod Hospital OB/GYN: 774-552-6050

Cape Obstetrics & Gynecology: 508-457-0088

Office Locations and Hours

We see patients by appointment only. No walk-in's please.

If you have an urgent problem or think you are in labor after-hours or on the weekend, please call the regular office number and the answering service will contact the covering provider on your behalf. Please note: if you have a blocked line, you must unblock it for the physician to contact you.

Cape Cod Hospital OB/GYN
43 Lewis Bay Road, Hyannis (across from Cape Cod Hospital)
8:30 a.m. – 4:00 p.m.

Cape Obstetrics & Gynecology
Falmouth Hospital Medical Office Building (Main Office at Falmouth Hospital)
90 Ter Heun Drive, Falmouth
8:30 a.m. – 4:30 p.m.

Cape Obstetrics & Gynecology satellite offices are located at the Bourne Health Center (1 Trowbridge Place, Bourne) and the Stoneman Outpatient Center (2 Jan Sebastian Drive, Sandwich).

Our Providers

Our physicians share 24/7 obstetrical coverage with Cape Cod Healthcare's outstanding team of obstetricians and midwives at The Family Birthplace at Cape Cod Hospital. Due to the nature of hospital coverage, they can be called away from the office with only a moment's notice. We will notify you as quickly as possible of any such change to a scheduled office visit.

Nurse practitioners provide obstetrical and gynecological care in the office but do not attend deliveries. Our triage nurses provide support and answer questions over the phone as well as in our offices.

Cape Cod Hospital OB/GYN
Physicians: Richard Angelo, MD; Joshua Lupton, MD; Michael Neel, MD; Eva Strobl, MD
Nurse Practitioners: Caroline Laub, NP; Molly Shine, NP

Cape Obstetrics & Gynecology
Physicians: Elizabeth Murray, MD; Holly Zheng, MD
Nurse Practitioners: Nancy Graham, NP, RNC, IBCLC; Catherine Thompson, MSN, NP

Midwifery Program

Our physicians work closely with the team of certified nurse-midwives at The Family Birthplace at Cape Cod Hospital. Our certified nurse midwives provide a nurturing and educational approach, with robust experience in fertility, pregnancy health, labor and infant care. These midwife teams often work in tandem with obstetricians should additional medical intervention become necessary.

How to Reach Us

For non-urgent questions and prescription refills, our phone lines are open at Cape Cod Hospital OB/GYN from 8:30 a.m. – 4:00 p.m. and at Cape Obstetrics & Gynecology from 9:00 a.m. – 4:30 p.m. For an urgent concern, please call the same line at any time and, if the office is closed, the answering service will take your message and contact the on-call physician. Your urgent call will be returned within 30 minutes in most cases. If you have a block on your phone for unlisted numbers, please remove it until you hear back from the provider.

Tests, Results and Refills

At Cape Cod Hospital OB/GYN, ultrasound services are provided in our office by appointment. At Cape Obstetrics & Gynecology, ultrasound services are provided on certain days by appointment at Falmouth Hospital. Patients at both locations can also receive ultrasound care at Wilkens Outpatient Medical Complex in Hyannis.

Quest Diagnostics provides formal lab services for Cape Cod Hospital OB/GYN and Cape Obstetrics & Gynecology. If your insurance requires you to use a specific facility or lab, it is your responsibility to notify our practice at your appointment.

Should you have any questions or concerns regarding your lab bill(s), please contact the lab that was used directly for assistance with the billing.

In general, for most testing, we do not call patients with normal test results; however please feel free to call for test results if you have any concerns.

For all prescription refill requests, please contact your pharmacy directly.

Insurance Coverage

We accept most commercial and private insurance. If your insurance policy requires you to obtain a referral from your primary care physician prior to each appointment, please remember to do so and bring it with you as we are unable to see patients without one. All co-pays are due at the time of service.

You will need separate referral numbers for non-routine visits during your pregnancy and for prenatal immunizations including flu shots. A referral from your primary care provider may also be necessary for genetic counseling and testing, perinatal consults and Level 2 ultrasounds.

Please bring your insurance information and picture ID to each visit.

If your name, address, telephone, insurance, or medications have changed since your last visit, please let us know so we may update our records.

Non-routine visits including routine lab work, prenatal lab work, immunizations, ultrasounds, genetic counseling and testing, amniocentesis and non-stress tests may not be included and will be billed separately. Please check with your insurance company regarding the coverage that they provide for non-routine visits and testing.

Overview of Prenatal Care

Your first prenatal visit will be scheduled with one of our nurse practitioners and possibly a member of our certified midwife team between 10–12 weeks of your pregnancy. This appointment will take approximately one hour and will include a review of your medical history and any concerns that you may have regarding your pregnancy. A physical examination will be performed during this visit. Cultures may be collected and routine prenatal labs will be ordered. In most cases, we will hear the fetal heartbeat during this visit.

You will be provided with a general description of our practice, prenatal care and what to expect during the first trimester of your pregnancy.

Generally, an ultrasound will not be needed until 18-20 weeks of pregnancy when the anatomy survey is performed.

The physicians in both our practices rotate call, so any one of them may be present when you deliver.

Schedule of Routine Prenatal Appointments and Tests

FIRST TRIMESTER

Initial Prenatal appointment at 10-12 weeks:

- Review of medical history, prenatal labs: blood type, antibody screen, complete blood count, hepatitis B screen, syphilis serology, rubella titer, HIV testing
- Physical exam, including pelvic exam, breast exam, Pap smear. An ultrasound may also be performed if fetal heart tone is not present.

SECOND TRIMESTER (appointments will be scheduled every 4 weeks)

16-18 weeks:

- Alpha-fetaprotein quad screen (AFP4). This test is optional. It is a blood test that screens for neural tube defects and Down's syndrome.
- If you will be 35 or older at the time of your delivery or are at high risk for a birth defect, you will be offered additional testing that may include blood work, level 2 ultrasound, amniocentesis and/or genetic counseling.

18-20 weeks:

- Ultrasound to check fetal anatomy and confirm dates

THIRD TRIMESTER (appointments will be scheduled every 2 weeks between 28 and 36 weeks, then weekly until delivery)

26-28 weeks:

- Gestational diabetes screen, syphilis serology and blood count. If your blood type is Rh negative, an antibody screen will also be drawn, and you will be administered Rhogam.

35-37 weeks:

- Group B Streptococcus screen

39 weeks:

- Internal pelvic exam to check for effacement and dilatation (optional)

POSTPARTUM

6-8 weeks following delivery:

- Physical exam including breast and pelvic exams, Pap smear if due

Testing Done During Pregnancy

PLEASE check with your insurance company for coverage of any optional testing.

MATERNAL (YOU)		ROUTINE	OPTIONAL	CHECK
Prenatal panel		X		
Diabetes screen	• First trimester for risk factors • 28 weeks routinely	X		
Group B strep carrier status	• 36 weeks • 1 in 5 women are carriers and need antibiotics during labor	X		
Cystic fibrosis carrier test	• 1 in 25 people are carriers • If you are a carrier, the father of the baby is tested. If he is also a carrier, the baby has a 25% chance of having this disease.		X	❒ YES ❒ NO
carrier screen includes CF, SMA, DMD, Frafile X,	• 1 in 50 people are carriers • If you are a carrier, the father of the baby is tested. If he is also a carrier, the baby has a 25% chance of having this disease.		X	❒ YES ❒ NO
Other	• Based on personal and family history (both yours and the father of the baby)		X	
FETAL (BABY)		**ROUTINE**	**OPTIONAL**	**CHECK**
Genetic				
NIPT (non invasive prenatal testing)	• 10+ weeks • Blood sample from you, checks for 3 common genetic abnormalities, can check gender • Detection rates generally > 85% • Not associated with miscarriage		X	❒ YES ❒ NO
AFP	• 15–21 weeks • Blood sample, gives estimated risk for fetal spinal cord abnormality. Often done if first screen done.		X	❒ YES ❒ NO
AFP4	• 15–21 weeks • Blood sample, gives estimated risk for 2 common genetic abnormalities and spinal cord abnormality • Detection rate generally 80%		X	❒ YES ❒ NO
CVS	• 10–13 weeks • Sample of developing placenta for chromosomes • Detection rate generally >98% • Small risk miscarriage • Generally offered for specific high risk factors		X	
Amniocentesis	• 15–20 weeks • Sample of fluid around the baby for chromosomes • Detection rate generally >99% • Small risk miscarriage • Offered for age >35 or other high risk factors		X	
Ultrasound				
18–20 weeks	• Fetal anatomy scan, can often tell gender as well	X		
Other	• Done for medical indications such as to check growth or to follow up on a specific condition			
First trimester	• Only done if needed for accurate dating or complications such as bleeding or severe pain			
11–13 weeks	• Only done if you choose to do First Screen genetic testing (see above)		X	❒ YES ❒ NO

Guidelines During Pregnancy

Alcohol, Drugs and Smoking

Alcohol and drugs pass from your blood through the placenta to the baby. No level of alcohol consumption is considered safe during pregnancy. Smoking can increase your risk of a miscarriage, stillbirth, a low-birthweight baby or SIDS (Sudden Infant Death Syndrome). Quitting during your pregnancy will help give your baby a healthy start and improve your health, as well.

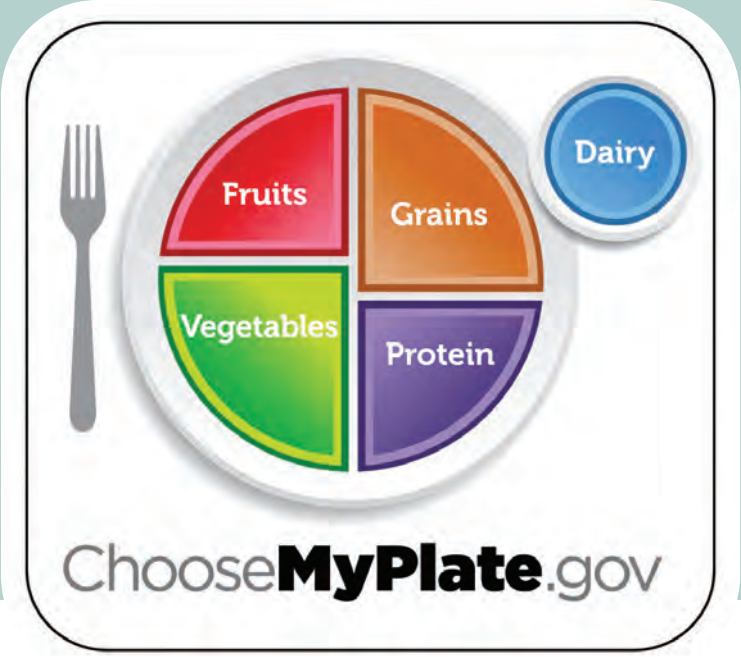
Travel

- You can safely travel in the U.S. until a month before your due date
- You can travel outside the U.S. until 2 months before your due date. The CDC maintains a list of countries that you should not travel to. Please consult cdc.gov prior to making travel plans and consult with your doctor for questions.
- Please follow Zika virus precautions.

Diet

A healthy diet for pregnancy is similar to a healthy diet for everyone else. A pregnant woman needs only a few hundred calories more than she did before pregnancy. A 25–35 pound weight gain is expected for women who begin the pregnancy at a normal weight.

Focus on whole grains (whole wheat, brown rice, etc.), vegetables, fruit and protein (beans, nuts, dairy, eggs, and meat). Avoid sugar, junk food, soda and white flour products. Limit caffeine intake to one cup of coffee or black/green tea a day. Remember to stay hydrated and eat frequent, small meals.



Take a prenatal vitamin every day. An over-the-counter brand is fine as long as it contains at least 400 mcg of Folic Acid (Folate). Consider adding an omega 3 fatty acid supplement (like DHA).

For more information about food groups, serving sizes and more, visit the USDA website choosemyplate.gov. There are many helpful tools including meal planning for pregnant women and women who are breastfeeding.

There are several food precautions to be aware of:

- **Fish:** Avoid shark, swordfish, king mackerel and tilefish whenever possible due to the risks of increased mercury exposure. High levels of mercury can harm the developing brain and nervous system of the baby. Up to 12 ounces per week of other fish can be safely consumed during pregnancy. This may include shellfish, canned fish, smaller ocean fish and farm-raised fish. The mercury content of fresh-water fish caught by family and friends is often unknown. We recommend only consuming fish purchased in stores or restaurants.
- **Cheeses:** Avoid unpasteurized dairy products during pregnancy. Soft cheese can occasionally be contaminated with a bacteria called listeria. Active infection with listeria can cause preterm labor and fetal death.
- **Raw meat and unwashed fruits and vegetables:** These products may contain the parasite toxoplasmosis, an infection that is usually asymptomatic in healthy adults but it can cross the placenta and cause mental retardation and blindness in a fetus or newborn. Many cats are also infected with this parasite. Women are encouraged to avoid cat litter boxes and gardening without gloves during pregnancy. Normal handling of healthy pet cats (petting, holding) does not place a woman at risk.

Supplements

FOLIC ACID

Folic acid is the synthetic form of folate. Folate is found in foods such as cold breakfast cereal, beans, dark green vegetables and citrus fruit. Most women do not get enough folate through food alone. Getting enough folic acid is important because it helps to protect against certain birth defects known as Neural Tube Defects (NTDs). Spina Bifida is an NTD that occurs when an unborn baby's spinal column does not close completely, leaving a portion of the spinal cord unprotected. Prior to becoming pregnant and throughout pregnancy, women should have 400 mcg of folic acid daily. Most prenatal vitamins contain an adequate amount. Tell your practitioner if there is a history of any NTDs in your family, as you may need to take more folic acid.

OMEGA 3 DHA

Omega 3 fatty acids are long chains of polyunsaturated fatty acids. One of the best sources of DHA is cold water fish such as salmon. However, the typical American diet is greatly lacking DHA. DHA supports the development of the brain, eyes and nervous system. Research has shown that adding EPA (another Omega 3 fatty acid) and DHA to the diet of pregnant women has a positive effect on visual and cognitive development of the baby. Purified fish oil supplements are often the safest source of EPA and DHA. The International Society for the Study of Fatty Acids and Lipids recommends a minimum dose of 300mg of DHA daily for pregnant and lactating women.

IRON

Iron requirements go up significantly when you are pregnant. It is essential for making hemoglobin, the protein in red blood cells that carries oxygen to other cells. During pregnancy, the amount of blood in your body increases by almost 50%. You need extra iron for additional hemoglobin and also for your growing baby and placenta. Because it is difficult to get enough iron through diet along, the CDC recommends that women who are pregnant take a daily supplement of 30mg of elemental (pure) iron daily.

IRON-DEFICIENCY ANEMIA

Early in your pregnancy and again in your second trimester, your blood will be drawn and tested. The practitioner is looking at your hematocrit (the percentage of red blood cells in your plasma) and your hemoglobin (the number of grams of hemoglobin in your blood). If these numbers are low, they will recommend that you start taking an iron supplement. The dose will depend on the severity of the anemia, either 1 or 2 pills per day. It is important to not take more iron than what is advised. The most commonly used iron supplement is called Ferrous Sulfate. One dose of 325mg of Ferrous Sulfate contains about 60mg of elemental (pure) iron. For the best absorption it is recommended that you take your iron on an empty stomach. Take with water or orange juice (Vitamin C aids in absorption) but avoid taking with milk (calcium interferes with absorption).

Do not take your iron at the same time you take your prenatal vitamin. The most common side effects when taking iron include upset stomach, nausea and constipation. If you already suffer from constipation, another option is called “Slow Fe”. It contains slightly less elemental iron at 45mg per dose. Try taking your iron at different times of the day to see what works best for you. Be sure to stay well hydrated and if constipation does become an issue you may want to ask your practitioner about using a stool softener.

If you have further questions about these or other supplements, feel free to call the office and choose the option for the nurse’s line.

Exercise

In general, it is recommended that you avoid heavy lifting and that you be able to carry on a conversation during cardiovascular exercise. Any exercise that targets the abdominal muscles should be avoided.

For women who are not accustomed to regular exercise, we encourage you to start a routine of mild cardiovascular exercise such as walking for 30 minutes at least 3 days a week. If you’d like guidance developing an appropriate exercise program, please ask us!

Prenatal yoga helps many women feel more physically comfortable during pregnancy and is appropriate for athletes as well as women who have never exercised.

For women who are already accustomed to regular exercise, we encourage you to continue your cardiovascular and strength training routine as long as it feels right to your body. Use common sense, however, and do not push yourself beyond your pre-pregnancy capability. Most women find they need to cut back on the intensity or frequency of their workouts during pregnancy.

Exercise should make you feel energized, not exhausted. Your body is already working hard to build a baby, and it is normal to need more rest.

Recommendations for Common Ailments in Pregnancy

NAUSEA AND VOMITING

Nausea and vomiting are very common during pregnancy. Most of the time, symptoms begin around 5 or 6 weeks of pregnancy, peak at 9 weeks and resolve by 13 weeks.

Sometimes, nausea continues to 16-18 weeks or occasionally persists throughout the pregnancy. Please call our office if the vomiting is severe or you feel dehydrated.

Recommendations:

- Frequent small meals and snacks (at least every 2-3 hours) are the most important treatment, even if you don't feel hungry. A snack before getting out of bed, right before bed or even in the middle of the night can decrease nausea in the morning. Complex carbohydrates and protein will help stabilize your blood sugar. Some examples are whole grain toast or crackers with nut butter or cheese, eggs, nuts and dried fruit, cereal and milk, avocados, beans and whole grains, fruit and yogurt, and a smoothie with yogurt and frozen berries or bananas.
- Stay hydrated with frequent sips of water (try with ice or lemon), carbonated water, or herbal tea. Peppermint, lemon, orange or ginger herbal tea can decrease nausea.
- Take prenatal vitamins with food or try a chewable vitamin (with folate/folic acid and iron) if needed.
- Avoid triggers: Certain foods, odor sources (perfume, pet products, smoke, chemicals, coffee, aromatic food, gas stations, diapers), visual triggers (flickering lights, poor quality computer screens, videos), motion and quick position changes.

Other Things to Try:

- Seabands are elastic bands with a small button that you wear around your wrist. They relieve nausea by applying gentle pressure on an acupressure point. They are usually available in health food stores and pharmacies.
- Ginger products like ginger tea, ginger ale and dried or candied ginger may help. Avoid ginger capsules as their safety in early pregnancy has not been well studied.
- Vitamin B6 supplements reduce nausea for some women. Take 10 to 25mg three to four times per day.
- If you have heartburn as well as nausea, try an antacid like calcium carbonate (Tums), magnesium hydroxide (Mylanta, Maalox), and acid reducers such as omeprazole (Prilosec) and famotidine (Pepcid) may also be used.

- Emetrol is an over-the-counter carbohydrate solution that often relieves nausea
- Lemon drops or mints
- Dill pickles or other sour food
- Carry a cut lemon in a reusable container to smell when nausea occurs
- Acupuncture or hypnosis
- Mild exercise, especially outside

HEADACHES/PAIN

- Avoid skipping meals
- Make sure you have adequate hydration (6-8 glasses of water a day)
- Acetaminophens only (Tylenol). NO ibuprofens, NSAIDS or aspirin products (Motrin, Advil, Aleve) unless prescribed by a physician

DIARRHEA

- Increase clear fluids
- BRAT diet (bananas, rice, applesauce and toast)
- Avoid spicy/greasy foods
- Avoid dairy products and sugary drinks

ALLERGIES

- Benadryl, Claritin

HEMORRHOIDS

- Warm sitz baths for 20 minutes, twice a day may help
- Preparation H or TUCKS pads

COUGH

- Cough drops, throat sprays, Robitussin

CONGESTION

- Saline nasal mist, BreatheRite strips

HEARTBURN AND GAS

- Avoid spicy and fried food
- Eat smaller more frequent meals and do not lie down within 2 hours of eating
- Maalox, Mylanta, Gas-X, Zantac 75, Tums

CONSTIPATION

- Increase fiber (bran, cereal, fiber supplement)
- Increase fluid intake, increase exercise
- Metamucil, Fibercon, Colace, Benefiber

Over-the-Counter Medication

We recommend that you try to limit any medication exposure during the first twelve weeks of the pregnancy. Please let us know prior to conception or as soon as you find out that you are pregnant regarding any regular medications that you take. We will counsel you regarding risks and benefits of your medication in pregnancy and help you to find the safest alternative if a change is necessary. Please do not stop your medications without consulting with a provider first.

Listed below are some common medications that are safe in pregnancy if used according to package insert instructions. Please feel free to call us if you have any questions.

- **Pain relievers:** Acetaminophen (Tylenol, Extra Strength Tylenol) may be used safely for headache and minor discomforts. We recommend that you avoid Ibuprofen (Motrin, Advil) and aspirin unless otherwise advised by a physician.
- **Cough expectorant:** Guaifenesin or Mucinex may be used for several days to thin mucus, making coughs more productive and breathing easier. Consult a provider for persistent coughs or coughs associated with high fevers.
- **Antihistamines:** Diphenhydramine (Benadryl) and Loratadine (Claritin) are safe in pregnancy.
- **Antibiotics:** Penicillin, Amoxicillin and Erythromycin are the antibiotics most commonly used when needed during pregnancy. Be sure that any provider treating you is aware that you are pregnant.
- **Stool softeners:** Fiber additives (Metamucil, Fibercon) and Docusate (Colace) may be used as directed on the package. Magnesium hydroxide (Milk of Magnesia) or Senna (Senokot) may be used occasionally if needed for severe constipation.
- **Antacids:** Calcium carbonate (Tums) is safe and is a good source of calcium. Products containing magnesium hydroxide (Mylanta, Maalox) and acid reducers such as omeprazole (Prilosec) and famotidine (Pepcid) may also be used.
- **Antifungals for vaginal yeast infection:** Clotrimazole (Gyne-Lotrimin) products are the safest in pregnancy. Fluconazole (Diflucan) is NOT SAFE during pregnancy. If there are any questions about your infection or your symptoms do not entirely resolve with treatment, please contact our office and schedule an office visit.

Colds

In pregnancy, women are often more tired, so getting a cold can be even more uncomfortable. In addition, there is increased blood flow to the nasal membrane during pregnancy so many pregnant women have constant nasal stuffiness and an occasional bloody nose.

As long as you take care of yourself, your cold will not hurt the baby. Remember that colds go away on their own over time and there is no medicine that will cure a cold. Almost all colds are caused by viruses, so antibiotics won't help. Furthermore, the most recent research suggests that over-the-counter cold medicine, like decongestants and cough suppressants, do not help with cold symptoms. There are some things you can do at home, however, that will help you feel better.

We recommend the following to treat your cold during pregnancy:

- Rest as much as you can by taking some time off from your normal responsibilities and sleeping more.
- Drink even more water.
- Use a steam humidifier, especially in the bedroom, to help you breathe.
- Tylenol is safe and helpful for sore throat, headache, body aches and fever.
- Saline nose drops or saline nasal wash are safe and often help with congestion.

Antihistamines may help with sneezing and runny nose, but don't help with any other cold symptoms or make the cold go away. The safest antihistamines during pregnancy are Diphenhydramine (Benadryl) and Lortadine (Claritin). We still recommend you avoid these medicines in the first 12 weeks of pregnancy.

We **DO NOT** recommend Ibuprofen (Motrin, Advil) and aspirin because, in most cases, they are not considered safe during pregnancy.

We **DO NOT** recommend nasal sprays such as Oxymetazoline and Phenylephrine (Afrin, Afrin Allergy, Neosynephrine). These sprays do not provide any lasting relief and can cause rebound congestion upon withdrawal.

Dental Hygiene

Pregnancy is a good time for a thorough dental checkup. Special attention should be given to the care of your gums. Dental X-rays with abdominal shielding are safe. A note can be written for your dentist upon request.

Preterm Labor

Normal term pregnancies deliver between 37 and 41 weeks of gestation. Babies who deliver before 37 weeks are premature and have a higher risk of having difficulty breathing, eating and keeping warm.

Preterm labor is labor that begins after 20 weeks of pregnancy and before 37 weeks. Uterine contractions cause the cervix to open and/or thin out (efface) earlier than normal and can result in the birth of a premature baby. Women carrying twins or who have a history of preterm labor in a previous pregnancy are at a higher risk of premature birth. In most cases, the cause of preterm labor and birth is not known. Early identification of the signs of preterm labor may help to prevent an early delivery.

WARNING SIGNS AND SYMPTOMS:

- Uterine contractions that occur more than six times an hour
- Menstrual cramps
- Pelvic pressure unrelieved with lying down
- Increase or change in vaginal discharge, especially if there is mucous, it is watery or it is mixed with blood

SELF-DETECTION OF UTERINE CONTRACTIONS:

It is normal to have some contractions throughout the day. They most commonly occur when a woman is physically active or when she changes positions such as changing from sitting to lying down.

You can identify a contraction by placing your hands gently on your abdomen over the uterus. When a contraction occurs, you will feel your abdomen get hard or tight for about 30-60 seconds and then soft again. If this occurs repetitively over the course of an hour, you may be developing pre-term labor.

WHAT SHOULD YOU DO?

- Drink a large glass of juice or water and lie down tilted towards one side. Many times, rest and fluid will cause contractions to stop.
- Check for contractions for about one hour. Time the interval from the beginning of one contraction to the beginning of the next.
- Call your provider if the contractions do not resolve after one hour or if you have any other associated symptoms.

Childbirth Education

A variety of childbirth preparation classes, breastfeeding, infant CPR and new sibling classes are offered through The Family Birthplace at Cape Cod Hospital. See classes and events at **capecodhealth.org/pregnancy-education** for up-to-date offerings and registration.

The Family Birthplace App – Powered by Bump2Baby360®

As a supplement to our classes and support groups, our free and convenient web app provides essential tools and information for comprehensive learning on the go, from pregnancy to parenthood. Learn more, including instructions for how to create your app account, at **capecodhealth.org/the-family-birthplace-app**.

Perinatal Pathways – VNA of Cape Cod

Perinatal Pathways is the Visiting Nurse Association of Cape Cod Maternal Child Health (MCH) nursing program dedicated to supporting parents and newborns across Cape Cod, Nantucket, Martha's Vineyard and Southern Plymouth County. Our specialized VNA nurses provide home visits where they can answer questions, offer infant feeding support, perform health assessments on both parent and baby, and act as a liaison between the family and pediatricians' office.

Planning Ahead for Your Baby's Birth

By your third trimester you should start thinking about:

- Choosing a pediatrician for your baby
- A plan for infant feeding
- In you are having a boy whether you'll have him circumcised

NOTE

This is a GUIDE to help determine if you are in labor. All cases are not the same. If you are unsure of any symptoms you are having, please feel free to call for advice.

Labor Instructions

WHAT TO DO IF YOU THINK YOU ARE IN LABOR

During office hours, please call to speak with a nurse. We may have you come in to be evaluated or send you directly to the maternity unit at Cape Cod Hospital.

If reaching out off hours (i.e., weekends, evenings, holidays), please call to be connected to the answering service and the on-call doctor will return your call.

- **Cape Cod Hospital OB/GYN: 774-552-6050**
- **Cape Obstetrics & Gynecology: 508-457-0088**

WHEN TO CALL

Contractions: Labor contractions often start 15-20 minutes apart and become progressively closer and increase in strength. With your first baby, contractions are not likely to cause dilation of the cervix until they are 4 to 5 minutes apart. False labor is common. Call if you have regular contractions every 4 to 5 minutes apart lasting 1 minute long for one hour. With subsequent babies, dilation may occur sooner. Call if you have regular contractions every 5 to 7 minutes apart lasting 1 minute for one hour.

Ruptured or leaking bag of water: Although your water usually breaks or is broken during labor, this may occur prior to the onset of labor. Usually when your water breaks it is a gush, however it may be a trickle. You should call if you think your water has broken.

Bleeding: Slight spotting may occur during the last few weeks of your pregnancy, especially if you have had a pelvic exam. This should not be alarming. Heavy bleeding or a gush of bring red blood may be significant. If you have heavy bleeding or if there is pain with bleeding, you should call immediately.

Severe abdominal pain: Please call immediately.

Medical emergency: If you have a medical emergency, please call 911.

In the event you are unable to reach our offices, please contact The Family Birthplace at Cape Cod Hospital at ***508-862-5156*** *.*

PATIENT

Patient Name:

Due Date:

Blood Type:

Rubella Status:

OB/GYN Doctor:

Pertinent Labs:

NOTES

NOTES

CAPE COD HEALTHCARE | The Family Birthplace

Cape Cod Hospital OB/GYN
43 Lewis Bay Road, Hyannis, MA 02601
774-552-6050 phone | 774-552-6962 fax

Cape Obstetrics & Gynecology
Falmouth Hospital Medical Office Building
90 Ter Heun Drive, Falmouth, MA 02540

Bourne Health Center
1 Trowbridge Place, Bourne, MA 02532

Stoneman Outpatient Center
2 Jan Sebastian Way, Sandwich, MA 02563
508-457-0088 phone | 508-540-9613 fax

www.capecodhealth.org/pregnancy-birth

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