

28-Week Prenatal Care at CHA



CHA Obstetrics and Gynecology
1493 Cambridge St.
Cambridge, MA 02139
www.challiance.org/baby



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When to Call Your Care Team

Please do not use MyChart for questions or concerns that require a same day response.

You can always reach an on-call provider 24 hours a day.

Our team members will answer any important questions about your pregnancy that cannot wait until regular business hours. Just call the main number of your care center and be sure to tell us you are pregnant. You will get a call back from a provider who can help with your specific needs. If you do not hear from us within 15 minutes, please call back.

If you experience any of these symptoms, please call your clinic.

Weeks 28–41 (third trimester until delivery)

Call the clinic for:

- Loss of fluid (watery gush or persistent leaking of watery fluid)

- Vaginal bleeding

- Decrease in fetal movement

- Signs of preterm labor (prior to 37 weeks gestation) which include but are not limited to:

 - Persistent abdominal cramping or contractions

 - Persistent abdominal or pelvic pressure, may radiate into thighs

 - Constant low back pain/ache

Clinic Phone Numbers

CHA Cambridge Birth Center	617-665-2229
CHA Obstetrics and Gynecology at Cambridge Hospital	617-665-2800
CHA Primary Care East Cambridge Care Center	617-665-3000
CHA Malden Family Medicine Center	781-338-0500
CHA Obstetrics and Gynecology at Revere Care Center	781-485-8200
CHA Obstetrics and Gynecology at Somerville Campus	617-591-4800
CHA Union Square Family Health	617-665-3370
CHA Primary Care Windsor Street	617-665-3600

If you call during regular office hours, a triage nurse will respond to your call. All calls are answered in order of medical urgency.



Support Services and Classes

In order to protect patients and staff from COVID, all in-person classes and tours are temporarily suspended. Please check CHAlliance.org for updated information.

Childbirth classes. We offer free childbirth education classes at CHA Cambridge Hospital in English and Portuguese. The classes are held on Wednesday evenings (English) and Saturday (Portuguese).

We can help you sign up for one of these courses at your next prenatal visit, or
Call **617-665-2229** to register for Portuguese
Call **617-591-4800** to register for English

Breastfeeding. We consider breastfeeding an important part of a healthy postpartum period for both parents and babies. Please talk with your provider about breastfeeding resources available at CHA.

Breastfeeding support drop-in times are:

Tuesday Mornings 10-12 (Lactation Consultant Collaborative)
Thursday Mornings 10-12 (with Doula Support)

Location: 8 Camelia Ave, Cambridge. Directly across from the CHA Cambridge Hospital entrance, next door to the CHA Cambridge Birth Center.

Meeting other providers. Whether you will deliver with a doctor or midwife, we offer evenings where you can meet other providers who might be on-call when you deliver. These events happen one evening every three months, so ask at your next appointment about the next one. You will have an opportunity to tour the maternity floor following the event.

Maternity tours. We offer tours of the maternity floor on the first and third Wednesday of each month at 6:00 p.m. (except for the Wednesday before Thanksgiving). This is on the 5th floor of CHA Cambridge Hospital. Call **617-665-1374** for information or you can drop by during the designated times.

Common Discomforts of Pregnancy

Pregnancy causes all sorts of changes in your body, some of which cause discomfort.

Lifestyle changes and over the counter medications may help with some symptoms that you experience during your pregnancy. If your symptoms do not resolve, or if you have more questions, please call the clinic and speak with your nurse or provider. Here are some basic suggestions to help with common issues.

Aches and pains. Your growing belly can cause a change in posture which leads to back pain. Hip and pelvic pain can develop in pregnancy due to hormones that relax joints and soft tissues. To prevent backaches, try to maintain straight/tall posture, wear low-heeled shoes with proper support and avoid sitting or standing for too long. Getting rest, a massage, applying heat and taking acetaminophen (Tylenol) will likely help. While sleeping, you can keep a pillow between your knees and under your belly to help support your back and joints.

Headaches. Minor headaches are common in all phases of pregnancy. Rest, fluids, stress reduction and acetaminophen (Tylenol) will help. If none of these methods work, or you develop a headache that is sudden or severe, please contact your prenatal clinic.

Leg cramps. You may have leg cramping, particularly at night, in the second and third trimester. Often, simply pointing your toes towards your knees or walking can help relieve these cramps. Please let us know if you develop any particular areas of tenderness or redness.

Swelling. Lower extremity swelling can be relieved by elevating your feet several times every day or lying down on your left side. Hands can also become swollen, particularly in the mornings, so be sure to remove rings if you start to notice this. Please call us if you develop sudden swelling, particularly in your face and hands.

Constipation and hemorrhoids. You may have increased constipation due to a combination of hormones in your body, supplemental vitamins and body changes. Regular light exercise, increased fluid and dietary fiber are great first steps in keeping the bowels moving. Other options include Miralax and Colace.

Hemorrhoids (dilated veins in the rectum) can develop for many people as well. Anal itching and burning, pain with bowel movements and spots of blood when wiping are common symptoms of hemorrhoids. Preventing constipation helps most with this problem, but Anusol cream and Tucks pads (try refrigerating them!) are also good options.

Heartburn. Hormone changes in pregnancy slow digestion and relax the swallowing muscles. This can lead to pressure and a burning sensation in the chest. Lifestyle changes like eating at least 2-3 hours before sleep, propping your upper body up while resting, and avoiding spicy and fatty foods can help. Mild antacids such as Mylanta, Tums and Gelucil, used in small quantities, may help relieve this sensation. Talk to your prenatal provider if these tips don't help.

Vaginal discharge. An increase in creamy white vaginal discharge is very common during pregnancy. Practice good hygiene: regular external washing with mild soap and wear cotton underwear, but do not douche. If you develop vaginal itching or discharge with a color or odor to it, please call your prenatal clinic.

Fatigue/sleep. The physical changes your body goes through during pregnancy can be exhausting and affect your ability to sleep. Take naps during the day as you are able. It is common to need to urinate several times at night. To minimize this, try to drink most of your fluids in the early part of the day. Limiting caffeine from coffee, most teas, and sodas can also help. Practice positive sleep hygiene (a warm shower before bed, muscle massage, quiet activities such as reading) and use pillows to support your back or belly and between your legs to rest more comfortably.

Is there medication that can help? If these suggestions do not ease your symptoms, speak with your prenatal provider to discuss other solutions. Please use caution with products labeled as "natural" or "herbal" as many have not been properly tested for safety during pregnancy.

Frequently Asked Questions

For the most part, you can continue most activities that you do every day throughout your pregnancy.

Smoking, secondhand smoke, alcohol, non-prescription drugs and some prescription drugs are not considered safe for you or your pregnancy. Such exposure can put you, your pregnancy, and the baby at risk for health complications. Please discuss this with your prenatal provider if you have any questions.

Below are some commonly asked questions and answers.

Don't hesitate to ask your care team if you have questions not mentioned here!

What should I do if I am concerned about the baby's movement?

In the third trimester it is important to feel your baby move regularly every day. If you are concerned that you have not felt normal movement, please eat a snack or drink a glass of juice and then sit quietly or lie on your left side. Count how many times you feel your baby move. We would like you to feel 10 movements within 2 hours. If 10 movements occur in less time, you do not need to monitor for the full two hours. If you do not feel 10 movements in 2 hours, or are still concerned, please call your clinic (phone numbers are listed on page 2 of this packet).

What is the recommendation regarding pacifiers?

The American Academy of Pediatrics recommends waiting until one month before introducing a pacifier to a newborn. If you do use one, we recommend using it only when placing your infant down for sleep. Do not force the baby to take it and do not replace it once the baby falls asleep. Discontinuing the use of a pacifier at six months of age will help prevent long-term dependence. Be sure to clean pacifiers often and replace them as needed.

Can I still have sex while I'm pregnant?

Unless your prenatal provider has told you not to, it is safe to have sex during pregnancy. You'll want to make sure to use a condom for STD protection.



Should I avoid things like painting, hair care treatments or getting manicures/pedicures?

Water-based latex paints are generally acceptable, and fumes are usually non-toxic if you are in a well-ventilated area. Nail care is acceptable, though ventilation is critical; be sure to open windows or use a fan. Many providers agree that hair treatments are unlikely to pose an increased risk to the developing fetus, thus it is a personal choice regarding hair treatments during pregnancy.

For specific questions about exposures during pregnancy, please call the Pregnancy Exposure Hotline: 1-800-322-5014.

Is it true that I shouldn't change the litter box?

Yes - changing the cat's litter box can expose you to a disease called toxoplasmosis, sometimes carried by cats. While it typically causes a mild infection, during pregnancy it can affect the development of the baby's brain and eyes. We recommend having someone else attend to the litter box, but if you must do it yourself, please protect yourself with a mask (covering your nose and mouth) and gloves, and wash your hands directly afterwards.

Is it still safe to travel?

It is generally safe to travel up to about 36 weeks with a normal pregnancy unless your prenatal provider says otherwise. Whether traveling by plane*, train or car, drink plenty of fluids and be sure to get up and walk around every half hour to an hour to stretch your legs and avoid blood clots. In a vehicle, always wear a seatbelt; you can move the lap belt below your belly as it grows. You should also always have your airbags on.

** Some airlines may have restrictions; it is always a good idea to check with the airline before planning travel.*

** Please discuss your travel destination with your provider.*

Is it possible to be too warm while pregnant?

Yes. On warm days or while exercising allow for rest and cooling down, and drink plenty of water. Do not use a Jacuzzi or hot tub while pregnant, as these can raise the body temperature to an unsafe level. A warm bath is fine, as long as the water temperature does not exceed 100°F.

Should I continue my routine dental work?

Yes. Routine cleaning is good to continue while pregnant. Beyond that, your dentist should make a decision about the risks/benefits of needed care while pregnant. General anesthesia and gas should not be used. X-rays may be done if deemed necessary by the dentist and patients should be shielded appropriately. If there is any question about medications that are safe during pregnancy, your dentist may contact the clinic.

Vaccinations

We recommend certain vaccinations while pregnant and for newborns. Here is some information to think about.

TDaP (tetanus, diphtheria, and acellular pertussis) vaccine

Pertussis (whooping cough) is highly contagious and potentially fatal to any baby under 12 months. Pertussis is more common today than in the recent past. The CDC reports that when people receive the TDaP vaccine in the third trimester (regardless of when it was last given), they protect themselves and pass antibodies along to their baby, which help protect the infant in the first few months after birth. In addition, researchers have found that in up to 80% of Pertussis cases, infants caught the disease from a family member. For this reason, the CDC recommends a TDaP booster vaccine for anyone who is around infants.

Hepatitis B vaccine for baby

While babies don't need most vaccines until they are 6-8 weeks old, experts recommend Hepatitis B vaccination for ALL newborns, soon after birth. Hepatitis B is a virus spread between people (by direct contact with blood or body fluids) that causes liver damage. The liver helps the body fight infections, control bleeding, filter drugs and other toxins from the system, and store energy. Damage from Hepatitis B can prevent all of these important functions, and even cause liver failure and liver cancer. Fortunately, there is a vaccine that can prevent Hepatitis B infection for all ages. Getting this vaccine soon after birth protects your baby. It is a 3-series shot, with the second given at two months and the third given at six months. Research shows this vaccine is very safe for babies, children and adults. The most common side effects are soreness at the injection site and mild to moderate fever. There is a very small chance of a serious allergic reaction, as is true of all vaccines. Please ask your prenatal provider if you have questions.

Car Seat Safety

Massachusetts state law requires that all children 12 and under use a child safety restraint in a private vehicle. This packet includes a booklet that shows the different kinds of seats that are available.

Infants should always be placed in a rear-facing infant car seat placed in the center of the back seat to avoid airbags. It is best if you have the car seat base secured in your vehicle before you leave the hospital. Hospital staff are not allowed to help you put the car seat into the car.

For more information about installation and safety you can contact the Massachusetts state police or your local police or fire department.

The following websites are also helpful:

- National Highway Traffic Safety Administration – www.nhtsa.gov or www.seatcheck.org
- American Academy of Pediatrics – www.aap.org

Recognizing Labor

Contractions occur when the muscles of the uterus tighten up, which is ultimately how the baby is pushed out during a vaginal delivery. It is important to distinguish contractions leading to labor from practice contractions (Braxton-Hicks contractions).

You are more likely having practice contractions if:

- Your contractions are irregular, weak or are only felt in part of your belly
- Walking, position change and drinking fluids cause them to disappear

You may be in labor if:

- Your contractions are getting more intense (lasting 30-70 seconds), occur at regular intervals and involve your whole belly and possibly your back
- You notice blood-tinged discharge from your vagina
- Your water breaks (can be a big gush or a steady trickle of odorless clear liquid)

How to time your contractions (please use both methods):

- Length: from start to finish of each contraction
- Frequency: from the start of one contraction to the start of the next

Call Your Clinic or On-Call Number Immediately if:

- You have a gush or steady trickle of clear fluid from the vagina (with or without contractions)
- You have vaginal bleeding
- Your contractions are 5 minutes apart if this is your first baby, or 10 minutes apart if this is not your first baby
- You develop ongoing belly pain or low back pain that you have never felt before
- The baby is not moving as much as normal
- You are less than 37 weeks and you have persistent abdominal or pelvic pain/pressure, diarrhea or increased vaginal discharge, in addition to the above symptoms

Please also call your clinic or on-call number if you have the following symptoms.

These are not related to labor:

- Persistent headache
- Change in your vision
- Sudden swelling in your face or hands
- Pain under your right breast

This is not a complete list of symptoms, so please call your prenatal clinic if you have any concerns!

Information for the Third Trimester

Preparing for the hospital

Many soon-to-be parents ask for guidance on what to bring to the hospital.

Here is a short list of suggestions:

- Slippers, socks, comfortable clothing and/or a robe
- Change of clothing for you and your baby, as well as multiple pairs of underwear and bras (nursing bras, for breastfeeding)
- A camera/phone (with extra batteries or phone charger)
- Music that helps you relax, books
- List of contacts to notify with news
- Toiletries, including hair bands/clips, a brush, lip balm and toothbrush/toothpaste
- Cash, at least \$20 in small bills/change, for snacks, gift shop or other whims
- **A car seat to take the baby home if you are planning to drive or take a taxi home**

Routine practices on the Maternity Unit

We take great pride in our care of parents and newborns. Part of this care uses certain practices to promote parent-and-baby bonding and infant feeding.

On the Labor and Delivery and Postpartum units, this includes:

- **Skin-to-skin bonding** with your baby from birth until you go home. This reduces crying, keeps baby warm and increases closeness between mother and child.
- **Couplet care/rooming-in**, so you can get to know your baby from the start. Many routines can be done while baby is in your room, instead of the nursery.
- **Injections:** Vitamin K and Hepatitis B injections will be given.
- **Pacifiers for procedures only**, since pacifiers are not recommended in the early weeks after birth. If you choose to use a pacifier, you will need to bring one from home.

Pain Relief for Childbirth

Childbirth is both an exciting and anxiety provoking time for families. Coping with pain in childbirth is a concern for many women, transgender and gender expansive people. We offer some information here about pain relief that may help you while in labor. Please feel free to discuss this information with your provider at any time during your pregnancy.

Relaxation and breathing are useful techniques for managing pain. Childbirth classes are helpful in teaching you about these methods as well as improving overall understanding about childbirth. The more information you have, the more relaxed you may be during labor.

Early options for pain relief may include walking, position changes, a hot shower or warm bath, or even a hot pack over your back if labor is troublesome.

In the active stage of labor, pain relief can be obtained through medications. There are two different kinds of medications:

1. **Analgesics.** These medications relieve pain, they do not get rid of contractions. They are typically given by intravenous access. As a side effect, they may make you and the baby feel sleepy. These effects usually only last for a short time.
2. **Anesthetics.** These medications include options like epidural, spinal anesthetic or a general anesthetic. About 50% of women, transgender and gender expansive people get an epidural at some point in their labor. An epidural causes numbness in the lower half of the body and relieves pain caused by contractions. It usually has no effect on the baby.

Visiting on the Maternity Unit

Please visit challiance.org for updated visitor information due to COVID restrictions.

- **Labor and Delivery.** One person may accompany you in the triage area. Once transferred to a labor room, you will be allowed to select people to support you during labor and have unlimited access to your room. Siblings of your baby may visit but must be accompanied by an adult at all times. The number of people in your room at one time may be limited by your healthcare team, depending on what is happening at the time.
- **Postpartum.** Your partner, children and the grandparents of the baby may visit 24 hours a day. For other visitors, hours are from 12-8 p.m. Children are not allowed to stay overnight and must be accompanied by an adult at all times.
- **Illness.** If your friends/family members have any of the following conditions, we ask that they not visit: Active TB, an acute respiratory condition, fever, exposure to infectious diseases or impetigo.

Photography/videotaping of labor and birth. For vaginal deliveries, still photography is permitted for labor, crowning and through delivery. Videotaping is permitted during labor and after the baby is born, but we ask that taping stops once the baby is crowning and is not allowed during the actual delivery.

Still photography and videotaping are not permitted during cesarean section deliveries, for patient/infant safety reasons. Once the baby has been delivered and examined by our pediatric staff, still photography or videotaping is allowed.



Vaginal birth vs. birth by cesarean section

Most babies deliver from the uterus, through the cervix and uterus. This is achieved once the cervix is fully dilated and the mother pushes with contractions to help the baby move through the birth canal. This is called a vaginal birth. Occasionally babies need assistance with special tools to be born this way.

A cesarean section delivery is when the baby is delivered in the operating room through an incision in the abdomen. Sometimes women, transgender and gender expansive people have planned cesarean sections for specific reasons (such as breech positioning, twins, maternal health problems, herpes infection, etc.). In most cases, our goal is to help you deliver vaginally. There are certain situations in which a vaginal birth may be too dangerous for you or your baby and in these situations your delivery providers will use their expertise to help determine whether a cesarean section is needed. Such indications might include bleeding, a baby who doesn't fit well in the birth canal, labor that has stopped progressing or indications that the baby is in distress.

Most people who deliver vaginally remain in our care for up to 48 hours after birth. This may be extended if any complications develop. Women, transgender and gender expansive people recovering from a cesarean section will stay in the hospital for 4 days if no complications require extended care.

Breastfeeding

We consider breastfeeding the best choice for both parents and babies. Not only is breastfeeding a healthy nutritional choice, studies have also shown health benefits for both you and baby.

Breast milk is the most inexpensive feeding choice for your baby. It contains complete nutrition as well as antibodies, which can help the baby fight infections. Babies who are breastfed have fewer allergies and breathing problems (asthma). Studies show that women, transgender and gender expansive people who breastfeed are less likely to develop diabetes, certain types of cancers and loss in bone density.

In addition to bonding with the baby and help in losing the weight gained during pregnancy, studies show that women, transgender and gender expansive people who breastfeed are less likely to develop diabetes, certain types of cancers and loss in bone density.

The World Health Association recommends breastfeeding for one year, though any amount of breastfeeding is beneficial to you and your baby. This can seem like a long commitment, particularly for those who must return to work. Once breastfeeding is established, you may find a combination of nursing and pumping works well for your schedule and most health insurances now cover a breast pump!

Please call your insurance plan for exact details based on your plan.

While breastfeeding is a great option, it is not always easy to learn. So please ask questions, come into the clinic or visit other breastfeeding groups to get advice, support and education.

We offer postpartum breastfeeding support sessions:

Tuesday Mornings 10-12 (Lactation Consultant Collaborative)

Thursday Mornings 10-12 (with Doula Support)

Location: 8 Camelia Ave, Cambridge. Directly across from the CHA Cambridge Hospital entrance, next door to the CHA Cambridge Birth Center.

Other resources:

www.Kellymom.com

www.zipmilk.org

Massachusetts WIC Nutrition Program - (800) 942-1007

La Leche League - (800) LA LECHE

Nursing Mothers' Council - (617) 244-5102

Massachusetts Breastfeeding Coalition - www.massbfc.org

International Lactation Consultant Association - www.ilca.org

National Women's Health Information Center - (800) 994-9662

Postpartum Depression

You may have some emotional adjustment following childbirth. This is sometimes called postpartum blues or the baby blues. It can include feelings of sadness, fear, anger or crying spells. For most people this is mild and goes away within a week or two. Some people develop a more severe form called postpartum depression.

Postpartum depression can develop within a few days or even a few weeks after delivery. While changing hormones likely play a key role, the full cause of postpartum depression is not well understood.

Postpartum depression is a medical condition which greatly impacts quality of life and is very treatable. Please remember that postpartum depression is not a character flaw or something that exists all in your head. It is not something you have control over or something you can treat on your own.

Factors that increase your risk of postpartum depression include:

- Previous experience with depression, postpartum or otherwise (though more than half of new parents have no previous experience with depression)
- Family history of depression, particularly postpartum depression
- Stressful home life or relationships
- Having a fussy baby or a baby with medical problems
- Being a teenager or a young parent

We will talk to you in the clinic and assess you for symptoms, but please do not hesitate (you or your partner) to call the clinic to discuss any of your concerns or questions.

Please call us if you:

- Feel unable to care for yourself or your baby
- Feel overwhelmed by everyday activities such as chores or personal hygiene
- Feel hopeless
- Do not find enjoyment in activities you once enjoyed
- Have no appetite or are eating too much

Some ways to manage postpartum depression:

- Medication and therapy
- Social support - ask friends or family members for help
- Set realistic expectations for yourself - do not expect to do all of the things you were able to do in the past

People with extreme anxiety, hallucinations (hearing or seeing things that are not real) or delusions (thoughts that are not grounded in reality), or recurrent thoughts of death or harm to oneself or others may have a serious condition called postpartum psychosis. This is a medical emergency. Please seek Emergency Room care right away at CHA Cambridge Hospital or your nearest Emergency Room.



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