Hi There!

I AM DR. KAMEELAH PHILLIPS AND WELCOME TO CALLA WOMEN’S HEALTH!

We are a community of women’s health experts on a mission to EDUCATE, EMPOWER, and INSPIRE you at every life stage.

As your partner in health, we understand that YOU are the cornerstone of a vibrant community and a flourishing family.

We aim to help you stay STRONG and HEALTHY by providing individualized, nonjudgmental, and evidence based health care.

Let’s work together for you
deserve the best of care!

DR. PHILLIPS
Dear expectant family,

Thank you for choosing Calla Women's Health to continue your pregnancy. We would like to take this opportunity to welcome you to our practice and ensure that you receive the quality care that you deserve.

We are dedicated to serving your health needs with an emphasis on providing comprehensive, compassionate, patient-oriented care.

We have prepared an informative folder for you to use as a resource throughout your pregnancy. Within this folder you’ll find information on the following:

- OB visit schedule and testing highlights
- Safe Medication During Pregnancy
- Food restrictions in pregnancy
- Traveling while pregnant
- Our Doula Policy
- Packing for Labor and Delivery
- Dental Letter
- Lactation and Baby prep specialists
- Postpartum Depression
- Preeclampsia
- Gestational Diabetes
- Induction of Labor

If you have any questions or require further discussion, please do not hesitate to ask.

Sincerely,

Kameelah Phillips, M.D. IBCLC
Calla Women's Health
OB VISIT SCHEDULE

1ST TRI
- Schedule first appointment with OB/GYN doctor
- Confirm pregnancy
- Comprehensive Prenatal blood work
- First trimester Down's Syndrome Screen with nuchal (11-13 weeks) and/or NIPS (Non-Invasive Prenatal Screen) after 10 weeks

2ND TRI
- * Early Anatomy Ultrasound (15-16 weeks)
- Late Anatomy Ultrasound (19-20 weeks)
- Diabetic Screen (24-28 weeks)
- * Rhogam injection (28 weeks)
- Tdap vaccination booster
- Pregnancy Classes

3RD TRI
- GBS cultures
- Submit FMLA papers
- Select a pediatrician
- Pregnancy class
- CPR class
- Make childcare preparations
- Pack hospital bag
- Install care seat. This is mandatory for discharge.
- Start developing birth preferences

CONTACT NUMBERS
- Office 332.217.0335
- Fax 332.217.0303
- Labor and Delivery 212.434.2760
- Yummy Mummy 855.87.YUMMY Breast pump services

*You will be notified if you require this intervention.
MEDICATIONS IN PREGNANCY

We understand that pregnancy may sometimes become overwhelming, especially when you’re not feeling your best. Below is a brief list of approved over-the-counter medications that are safe to use during pregnancy. Please do not consume any prescription medication unless advised by your obstetrician. Medication not listed should not be taken without first consulting with your obstetrician.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colds, Flu, Minor Aches and Pains</td>
<td>Sudafed, Tylenol products, Robitussin CF, Robitussin DM, Cepacol, Chloroseptic Lozenges, Benadryl, Tavist-D, Over the counter Claritin. Do not take Aspirin or Advil</td>
</tr>
<tr>
<td>Headache or Pain</td>
<td>Regular or Extra-Strength Tylenol</td>
</tr>
<tr>
<td>Indigestion &amp; Heartburn</td>
<td>Avoid spicy foods. East smaller, more frequent meals. Mylanta, Maalox, Rolaids, Tums, Pepcid, Zantac, Prevacid</td>
</tr>
<tr>
<td>Constipation</td>
<td>Milk of Magnesia, Surfax, Senokot, Metamucil, Fibercon, Colace</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Kapectate, Immodium A-D</td>
</tr>
<tr>
<td>Leg Cramps</td>
<td>Exercise leg and calf muscles by stretching three times daily, increase milk and dairy intake to 3-4 portions for day. If you cannot take dairy products, take Calcet or Fosfree according to the label.</td>
</tr>
<tr>
<td>Stretching pains of the Uterus</td>
<td>This usually occurs between 12-20 weeks of pregnancy. Avoid sudden movements, bending, heavy lifting, moving quickly in and out of a car, or anything that can cause sudden stretching pain on uterine ligaments. Take Tylenol and rest with your up.</td>
</tr>
<tr>
<td>Nausea</td>
<td>Dramamine, Unisom – ¼ tablet per day or Vitamin B6 – 50-100 mg per day. Try eating six small meals throughout the day. If you are unable to keep any food or liquids down, contact us.</td>
</tr>
<tr>
<td>Dental</td>
<td>Dental care is encouraged. X-rays may be performed as necessary with proper abdominal shields. Please refer to your dental letter enclosed in this packet.</td>
</tr>
<tr>
<td>Rash</td>
<td>Calamine or Caladryl lotion, Lanacort, Hydrocortisone 1% cream</td>
</tr>
<tr>
<td>Allergies</td>
<td>Benadryl, Claritin, Zyrtec</td>
</tr>
<tr>
<td>Congestion</td>
<td>Saline Nasal Spray, Mucinex</td>
</tr>
<tr>
<td>Fever</td>
<td>Tylenol</td>
</tr>
<tr>
<td>Hemorrhoids</td>
<td>Preparation H, Tucks pads</td>
</tr>
<tr>
<td>Yeast</td>
<td>Monistat, over the counter creams</td>
</tr>
</tbody>
</table>
**FOOD RESTRICTIONS IN PREGNANCY**

**Cook seafood thoroughly:** All seafood dishes should be cooked to 145°F. Raw seafood may contain parasites or bacteria, including Listeria that can make you ill and could potentially harm your pregnancy.

This means that you should avoid:

- Sushi
- Sashimi
- Raw Oysters
- Raw Clams
- Raw Scallops
- Ceviche

**Take care with smoked seafood:** Refrigerated smoked seafood can carry Listeria. Do not eat refrigerated smoked seafood unless it’s in a cooked dish (casserole) that reaches an internal temperature of 165°F to kill harmful germs.

Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna, or mackerel, are often labeled as: Nova-style Lox Kippered Smoked Jerky

It is OK to eat smoked seafood during pregnancy if it is canned, shelf stable or an ingredient in a casserole or other cooked dish.

**Don’t Drink Unpasteurized Juice or Cider:** Unpasteurized juice, even fresh-squeezed juice, and cider can cause foodborne illness like E. Coli. Choose a pasteurized version or bring unpasteurized juice or cider to a rolling boil and boil for at least 1 minute before drinking.

**Avoid Raw Milk, Raw Milk Soft Cheeses, and Other Raw Milk Products:** Raw milk (from any animal), may contain bacteria such as Campylobacter, E. coli, Listeria, Salmonella or the bacteria that causes tuberculosis. Only consume pasteurized milk and milk products, including cheese.

Don’t eat the soft cheeses listed below unless they’re made with pasteurized milk. Make sure the label says “made with pasteurized milk.”

- Brie Feta Camembert Roquefort Queso blanco/Queso fresco

Hard cheeses (Cheddar, Swiss, etc.) are fine.

Pay attention at farmers’ markets to make sure that fresh and soft cheeses are pasteurized.

**Cook Eggs Thoroughly:** Undercooked eggs may contain Salmonella. Cook eggs until the yolks and whites are firm to kill germs. If you are making a casserole or other dish containing eggs, make sure the dish is cooked to a temperature of 160°F. Make sure that foods that contain raw or lightly cooked eggs are made only with pasteurized eggs. Do not eat foods that may contain raw eggs, such as:

Homemade eggnog Raw cake/cookies batter Homemade Caesar salad dressing Tiramisu Eggs Benedict Homemade ice cream Freshly made or homemade hollandaise sauce.
Don’t Eat Premade Meat or Seafood Salad (Such as Deli Chicken or Tuna Salad): Avoid premade ham salad, chicken salad, or seafood salad which may contain Listeria. These items are commonly found in delis.

Do Not Eat Raw Sprouts: Raw or undercooked sprouts, such as alfalfa, clover, mung bean, and radish may contain E. coli or Salmonella. Cook sprouts thoroughly.

Avoid Undercooked Meat and Poultry: Meat and poultry should be thoroughly cooked before eating. A food thermometer should be used to ensure that the meat has reached the USDA-recommended safe minimum internal temperature.

Following the minimum recommend internal temperature is important because meat and poultry may contain E. coli, Salmonella, Campylobacter, or Toxoplasma gondii.

Reheat Hot Dogs and Luncheon Meats: Reheat these meats to steaming hot or 165°F before eating, even if the label says precooked. These meat items may contain Listeria.

Hot dogs Luncheon (deli) meats Cold cuts Fermented or dry sausage.

Be Selective with Meat Spreads or Pâté: Do not eat refrigerated pâtés or meat spreads from a deli or meat counter, or from the refrigerated section of a store. They may contain Listeria. Meat spreads and pâté that do not need refrigeration before opening (products in cans, jars, or sealed pouches) are a safer choice. Refrigerate these foods after opening.

Don’t Eat Raw Dough: Sorry guys, raw or unbaked dough can make you sick. Flour hasn’t been treated to kill germs like E. coli. Raw eggs can contain Salmonella. Make sure batter is thoroughly baked or cooked before eating.
TRAVELLING WHEN YOU’RE EXPECTING

Traveling is a topic we are often asked about. Assuming that there are no complicating factors in your pregnancy, airplane travel is allowed. You need to consult with your airline regarding any restrictions. Travel letters will only state your current gestation. We will not write any letters stating that it is “safe to travel.”

Pregnant women are more likely to develop blood clots in their legs, so we recommend wearing support hose for long flights and performing the leg and ankle exercises recommended by the airlines. These recommendations may prevent blood clots from forming in your legs due to prolonged inactivity. Regardless of your mode of travel, we recommend getting up frequently to move around and stretch your legs to improve circulation.

If you have preterm labor during travel, you should expect to stay in the area until you are cleared. No transfer paper work will be authorized during a medical emergency.

DOULA POLICY

Doulas can offer tremendous support during the labor and delivery or postpartum period. Coordination with a doula can augment your experience by providing extra support and companionship you need.

Doulas are not mandatory for a “complete” labor experience so do not feel obligated to hire a doula. If you decide, however, to work with a doula than he or she needs to provide proof of certification, COVID results within 48 hours of labor, and meet with Dr. Phillips prior to labor.

If you are considering a doula and it is financially restrictive, then let the office know so we can explore available options with you.

It is important to acknowledge that doulas are for emotional, spiritual, and psychological support. Medical decisions should and will not be influenced by doula input. If you hire a doula, he or she is responsible for being with you during the entire course of labor including early labor or by 4 centimeters.

TWO RECOMMENDATIONS:
- boldoula.com
- belikeplants.com
Plan to pack your suitcase 1 month before your due date. It should be ready in time for you to go to the hospital.

**For You**

- A picture ID (driver's license or other ID)
- Your insurance card
- Any hospital paperwork you need including your bloodwork if you are a late transfer
- Your cell phone and charger with a long cord
- Back massager for labor
- Toiletries including toothbrush and toothpaste, deodorant, lotion, shampoo and conditioner, hairbrush, razor, makeup* Lip balm and hair ties
- Eyeglasses, contacts and solution
- Warm robe or sweater
- Nightgowns if you don’t want to wear the ones the hospital provides
- Slippers and /or non-skid socks (the hospital has non-skid socks)
- Comfortable nursing bras
- Several pairs of maternity underpants
- Your preferred sanitary pads*
- A going-home outfit that is roomy and easy to put on
- Healthy snacks like granola bars and anything with fiber
- Whatever will help you relax and feel comfortable i.e., music (handheld fan, honey sticks, clear liquids, laptop, pictures, essential oils)
  - Your personal pillow*
- A sleep mask and earplugs
For your Partner

- Phone or camera, computer, charger
- Toiletries
- Comfortable shoes and clothes
- Snacks (Hospital provides major meals)
- Money for parking and meals, change for vending machines

For Your Baby

- An installed car seat
- A first picture outfit if you decide to take pictures in the hospital
- A going-home outfit including socks or booties (if the clothing doesn't have feet) and a soft cap. Make sure the legs on your baby's clothes are separate so the car seat strap can fit between them.
- A blanket, especially if it is cold outside
- You do NOT need diapers, wipes, formula (if you decide not to breast feed)
  *(the hospital has these, but if you are particular than bring your own)*
Dear Dentist or Oral Surgeon,

Preventive screenings and cleanings can be scheduled throughout the pregnancy.

However, most unscheduled dental procedures are optimally performed in the second trimester, weeks 13 through 28.

For the care of our patients, we recommend the following:

- Treatment may include the following: Teeth cleaning, fillings, and/or extractions.
- Necessary radiographs will be taken using a double lead shield over the abdomen.
- Local anesthetics with epinephrine (e.g., bupivacaine, lidocaine) may be used.
- For non-narcotic pain management, OTC Acetaminophen is recommended.
- Narcotic pain relievers are acceptable for a limited period.
- For narcotic pain relief, Percocet may be prescribed.
- Aspirin and NSAIDs should be avoided.
- If antibiotic is needed, Amoxicillin or Clindamycin can be used.

We emphasize to our patients that good dental well-being before and during pregnancy is essential for both the mother and her developing baby.

Again, please don’t hesitate to call if we can be of assistance.

Sincerely,

Kameelah Phillips, M.D. IBCLC
Calla Women’s Health
LACTATION AND BABY CONSULTANTS

Pediatric Peace of Mind
Olena Brokowsky, MSN, RN, IBCLC, LCCE
Infant /Child CPR Instructor
Lamaze Certified Childbirth Educator
Infant Massage & Prenatal Yoga Instructor
908-347-0262
pedspeacenyc@gmail.com

Kimberly D. Newman, RN
American Heart Association
Certified Instructor
Infant/Child & Adult CPR
Private Classes
917-991-9465
Kimmienurse4@gmail.com

Flannery Fontinell, RN, IBCLC, LCCE
Home Lactation Visits
917-495-1950

Ever Latching Love
Stephanie Wagner, BSN, RN, IBCLC, RLC
Lactation Consultant
571-212-7673
stephwagner@everlatchinglove.com

Breast Pumps & Supplies
*Breast pumps are now covered by insurance, please consult your insurance on how to proceed.

Upper Breast Side
510 Amsterdam Avenue, NY, NY 10024
212-873-2653
www.upperbreastside.com

Yummy Mummy
1201 Lexington Ave, New York, NY 10028
212-879-8669
www.yummymummystore.com

Worldwide Surgical Equipment
877-605-6005
www.worldwidesurgical.com

Kings Pharmacy
www.KingsPharmacy.org

Carroll Gardens
525 Court St. Brooklyn, NY 11231
718-858-8299
### POSTPARTUM DEPRESSION (PPD)

#### WHAT IS POSTPARTUM DEPRESSION?

“Postpartum” means the time after childbirth. Most women get the “baby blues,” or feel sad or empty, within a few days of giving birth. For many people, the baby blues go away in 3 to 5 days. If your baby blues don’t go away or you feel sad, hopeless, or empty for longer than 2 weeks, you may have postpartum depression.

Feeling hopeless or empty after childbirth is not a regular or expected part of being a mother.

Postpartum depression is a serious mental illness that involves the brain and affects your behavior and physical health. If you have depression, then sad, flat, or empty feelings will not go away on their own and can interfere with your day-to-day life.

#### WHAT ARE THE WARNING SIGNS OF POSTPARTUM DEPRESSION?

Some normal changes after pregnancy can cause symptoms similar to those of depression. If you have any of the following symptoms of depression for more than 2 weeks, call your doctor:

- Feeling restless or moody
- Feeling sad, hopeless, or overwhelmed
- Crying a lot
- Having thoughts of hurting the baby
- Having thoughts of hurting yourself
- Not having any interest in the baby, not feeling connected, or feeling as if your baby is someone else’s baby
- Having no energy or motivation
- Eating too little or too much
- Sleeping too little or too much
- Having trouble focusing or making decisions
- Having memory problems
- Feeling worthless, guilty, or like a bad mother
- Losing interest or pleasure in activities you used to enjoy
- Withdrawing from friends and family
- Having headaches, aches and pains, or stomach problems that don’t go away

New parents may feel embarrassed, ashamed, or guilty about feeling depressed during a time when they are told they should feel happy.

There is help. We can help you figure out whether your symptoms are caused by depression or something else. Please reach out.
### HOW CAN FAMILY AND FRIENDS SUPPORT SOMEONE WITH POSTPARTUM DEPRESSION?

People with postpartum depression need lots of support. Here are some ways you can help:

- Know the signs of depression and anxiety
- Urge your friend or partner to seek medical care.
- Be a good listener. Let them know you’re there to listen and help.
- Perform (not just offer to do) daily tasks like cleaning and running errands.
- Watch the baby while they sleep or rest.
- Encourage them to seek help from a therapist or other mental health provider.
- Set up an appointment or go with them as a support person.

### WHY DO WE CARE?

Left untreated, postpartum depression can interfere with mother-child bonding and cause family problems.

- **For mothers.** Untreated postpartum depression can last for months or longer, sometimes becoming an ongoing depressive disorder. You may stop breastfeeding, have problems bonding with and caring for their infants, and be at increased risk of suicide or harm to the newborn. Even when treated, postpartum depression increases a person’s risk of future episodes of major depression.

- **For the other parent.** Postpartum depression can have a ripple effect, causing emotional strain for everyone close to a new baby. When a new parent is depressed, the risk of depression in the baby’s other parent may also increase.

- **For children.** Children of parents who have untreated postpartum depression are more likely to have emotional and behavioral problems, such as sleeping and eating difficulties, poor attachment and delays in language development.

### SOURCES

For more information, you may visit:

- OASH – Office on Women’s Health: [https://www.womenshealth.gov](https://www.womenshealth.gov)
- Mayo Clinic – Postpartum Depression Overview: [https://www.mayoclinic.org](https://www.mayoclinic.org)
### WHAT IS PREECLAMPSIA?

Preeclampsia is the new onset of high blood pressure and at least one associated symptom (see below) during pregnancy or after delivery.

Preeclampsia generally happens after 20 weeks of pregnancy; however, it can also happen as late as 6 weeks postpartum.

### WHAT ARE THE WARNING SIGNS OF PREECLAMPSIA?

The defining feature of preeclampsia is high blood pressure, protein in the urine, or other signs of damage to the kidneys, brain, or liver. You may have no noticeable symptoms. The first signs of preeclampsia are often detected during routine prenatal visits with a health care provider.

Along with high blood pressure, preeclampsia signs and symptoms may include:

- Headaches that do not go away
- Changes in vision, including temporary loss of vision, blurred vision or light sensitivity
- Excess protein in urine (proteinuria)
- Decreased levels of platelets in blood (thrombocytopenia)
- Pain in the upper belly, usually under the ribs on the right side
- Nausea or vomiting
- Increased liver inflammation
- Shortness of breath

Weight gain and swelling (edema) are typical during healthy pregnancies. However, sudden weight gain or a sudden appearance of edema — particularly in your face and hands — may be a sign of preeclampsia.

### WHEN TO SEE A DOCTOR?

Make sure you attend your prenatal visits so that we can monitor your blood pressure. Contact us immediately or go to an emergency room if you have:

- Severe headaches
- Blurred vision or other visual disturbances
- Severe belly pain
- Severe shortness of breath.

Headaches and nausea can be common pregnancy complaints. It is difficult to know when new symptoms are simply part of being pregnant or when they may signal a serious problem. If you’re concerned about your symptoms, please bring them up at your visit.
WHY DO WE CARE?

<table>
<thead>
<tr>
<th><strong>Risks of Preeclampsia to the mother during pregnancy:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Women with preeclampsia are at increased risk for damage to the kidneys, liver, and brain. Preeclampsia may also affect the placenta.</td>
<td></td>
</tr>
<tr>
<td>The condition can hurt pregnancies and sometimes require early delivery for the health of the birthing parent.</td>
<td></td>
</tr>
<tr>
<td>In severe cases, preeclampsia can develop into eclampsia, which includes seizures.</td>
<td></td>
</tr>
</tbody>
</table>

| **Risks of Preeclampsia to the parent after pregnancy:** |  |
| Your blood pressure can remain high for up to 6 weeks after delivery. You may be asked to take blood pressure medicine and continue to check your blood pressure. |  |
| If you are diagnosed with preeclampsia, it is important that you understand how it can impact your future health. |  |
| If you have preeclampsia, you are 4 times more likely to later develop hypertension and 2 times more likely to later develop heart disease, blood clots and stroke than people who did not have preeclampsia. |  |
| We will ask you to follow up with a cardiologist to evaluate you and minimize the risk of these negative side effects. |  |

| **Risks of Preeclampsia to the fetus:** |  |
| Preeclampsia may be related to problems with the placenta early in the pregnancy. Such problems pose risks to the fetus, including: |  |
| • Impaired fetal growth |  |
| • Preterm birth |  |
| • Stillbirth |  |
RESEARCH DATA ON RACE AND ETHNICITY

The risk of preeclampsia is not equally distributed.

Risks for preeclampsia are increased for:
- Black and Caribbean Women
- Older and younger women
- First or multiple pregnancies
- Pregnanacies from IVF
- Twins
- Overweight women
- A history of preeclampsia or high blood pressure

We may ask you to take Aspirin to help minimize your risk of developing preeclampsia. If you meet these criteria, we will ask you to take your blood pressure at home for up to 6 weeks postpartum.

SOURCES

For more information, you may visit:
- Healthline - Preeclampsia: https://www.healthline.com/
- NIH - National Institute of Child and Human Development: https://www.nichd.nih.gov/
- Mayo Clinic - Preeclampsia: https://www.mayoclinic.org/
# Gestational Diabetes

## What is Gestational Diabetes?
Gestational diabetes is a type of diabetes that develops during pregnancy. Diabetes means your blood sugar is too high.

Gestational diabetes is usually diagnosed in the 24th to 28th week of pregnancy. Managing your gestational diabetes can help you and your baby stay healthy.

## What Are the Warning Signs of Gestational Diabetes?
Gestational diabetes does not always have obvious signs or symptoms. We will test you for gestational diabetes at 24-28 weeks. This does not mean, however, that you may not develop diabetes at a later date.

If you do experience symptoms, they'll likely be mild. Diabetes symptoms may include:
- Fatigue
- Excessive thirst
- Excessive need to urinate
- Yeast infections
- Large baby
- Increased fluid in the uterus

## Why Do We Care?
### Risks of Gestational Diabetes to the Mother:
If you have gestational diabetes, you are more likely to develop preeclampsia.

Gestational diabetes may increase your chance of having a cesarean section because the baby is large.

If you have gestational diabetes, you are more likely to develop type 2 diabetes later in life.

### Risks of Gestational Diabetes to the Baby:
High blood glucose levels during pregnancy can cause problems for your baby, such as:
- Being born too early
- Weighing too much, which can make delivery difficult and injure your baby
- Having low blood glucose right after birth
- Having breathing problems
- Gestational diabetes can also make it more likely that your baby can grow up to be overweight and develop type 2 diabetes as they get older.
RESEARCH DATA ON RACE AND ETHNICITY

The risk of gestational diabetes increases with the following risk factors:
Being overweight
Asian, Hispanic, and African American patients

Having gestational diabetes increases your risk of developing Type 2 Diabetes later in life.

GESTATIONAL DIABETES DIET

It is important to eat a healthy diet if a person has gestational diabetes. The American Diabetes Association recommends using the diabetes plate method to help a person eat the right balance of nutritious foods.

To use this method, a person should fill half of a 9-inch plate with non-starchy vegetables, a quarter with lean protein, and a quarter with a carbohydrate, such as a whole grain or starchy vegetable.

The Diabetes Plate Method is the easiest way to create healthy meals that can help manage blood sugar. Using this method, you can create perfectly portioned meals with a healthy balance of vegetables, protein, and carbohydrates—without any counting, calculating, weighing, or measuring
## FOODS TO EAT

<table>
<thead>
<tr>
<th>NONSTARCHY</th>
<th>LEAN PROTEIN</th>
<th>CARBOHYDRATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>vegetables</td>
<td>chicken</td>
<td>brown rice</td>
</tr>
<tr>
<td>peppers</td>
<td>turkey</td>
<td>quinoa</td>
</tr>
<tr>
<td>spinach</td>
<td>eggs</td>
<td>bulgur wheat</td>
</tr>
<tr>
<td>carrot</td>
<td>salmon</td>
<td>oats</td>
</tr>
<tr>
<td>broccoli</td>
<td>tuna</td>
<td>sweet potato</td>
</tr>
<tr>
<td>cauliflower</td>
<td>lean cuts of red</td>
<td>parsnips</td>
</tr>
<tr>
<td>Brussels sprouts</td>
<td>meat</td>
<td>butternut squash</td>
</tr>
<tr>
<td>asparagus</td>
<td>beans</td>
<td>chickpeas</td>
</tr>
<tr>
<td>cucumber</td>
<td>lentils</td>
<td>fruits and dried</td>
</tr>
<tr>
<td>mushroom</td>
<td>hummus</td>
<td>fruit</td>
</tr>
<tr>
<td>zucchini</td>
<td>nuts</td>
<td>dairy products such as milk, yogurt, and milk substitutes</td>
</tr>
<tr>
<td>salad greens</td>
<td>nut butters</td>
<td></td>
</tr>
<tr>
<td>eggplant</td>
<td>tofu and tempeh</td>
<td></td>
</tr>
<tr>
<td>celery</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## FOODS TO AVOID

<table>
<thead>
<tr>
<th>SUGARY FOODS</th>
<th>HIGH-STARCH FOODS</th>
<th>HIDDEN SUGARS AND CARBOHYDRATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood sugar levels increase when people eat sugary foods, particularly refined or processed ones. People with gestational diabetes should avoid or limit foods with added sugar as much as possible.</td>
<td>Starchy foods are high in carbohydrates <a href="https://www.mayoclinic.org/">Trusted Source</a>, which can cause a rise in blood sugar. It is best to avoid or limit very starchy foods with a higher glycemic index, such as:</td>
<td>Some foods and drinks are not obvious sources of sugar or carbohydrates. However, they may still contain high levels of both. Examples of these products include:</td>
</tr>
</tbody>
</table>

- Sugary foods to avoid include:
  - cakes
  - cookies
  - candy
  - desserts
  - sweet pastries
  - soda
  - ice cream
  - fruit juice or sugary drinks

- White potatoes
- White bread
- White rice
- White pasta
- Highly processed foods
- Some condiments, such as dressings and ketchup
- Some fast foods
- Sugar-sweetened soda
- French fries
- Alcohol

## SOURCES

For more information, you may visit:

- Healthline - Gestational Diabetes: [https://www.healthline.com/](https://www.healthline.com/)
- Mayo Clinic – Gestational Diabetes: [https://www.mayoclinic.org/](https://www.mayoclinic.org/)
LABOR INDUCTION

WHAT IS LABOR INDUCTION?
Labor induction is prompting the uterus to contract during pregnancy before labor begins on its own. The goal for a labor induction is a vaginal birth.

We may recommend inducing labor for 2 major reasons—either for maternal or fetal health.

WHY IS LABOR INDUCTION DONE?
At every visit we are evaluating the health of the baby and you.

At later appointments, this may include checking your cervix.

A labor induction may be suggested if there’s cause for concern regarding the health of you or your baby.

Other reasons include:

• Predicted due date has come and gone
• Gestational diabetes
• Chorioamnionitis (an infection in the uterus)
• Babies measuring too big or too small for the gestational age
• Oligohydramnios (low amniotic fluid)
• Placental abnormalities
• The amniotic water has broken, but there are no contractions
• Signs of Preeclampsia (Elevated blood pressure, headache, vision changes, chest pain)
• You elect to induce your labor
# WHAT ARE THE RISKS OF LABOR INDUCTION?

Labor induction carries various risks, including:

- **I inform patients that there is also a small risk of C-section during an induction so we aim to avoid unindicated inductions. Please remember however that there is a small risk of C-section even with spontaneous labor.**
- **Failed induction** - It is uncommon that an induction does not get the uterus into labor at which point the uterus will assume contracting on its own. If none of our methods work to induce labor we will have a conversation regarding the next steps of care.
- **Non reassuring fetal status** - During contractions, the medications used to induce labor will cause the uterus to contract. The baby may experience stress as evidenced by changes in the heart rate.
- **Infection** - Similar to natural labor, infection can occur during an induction.
- **Uterine rupture.** This is a rare but serious complication in which the uterus opens along the scar line from a prior C-section or major uterine surgery. If you have had a myomectomy and are told not to labor, please notify the doctor. You are not a candidate for induction. If you have had a C-section, please provide your operative note from surgery to discuss the risk of induction after a C-section. It is your favor (to achieve vaginal delivery after a C-section) if you do not have to be induced.

If you have had a C-section and have labor induced, we will avoid certain medications to reduce the risk of uterine rupture.

Uterine rupture can also occur in women who have not had previous uterine surgery, although this is very rare.

If a uterine rupture occurs, an emergency C-section is needed to prevent life-threatening complications for you and the baby. In rare circumstances, the uterus might need to be removed.

- **Bleeding after delivery.** Labor induction increases the risk that the uterine muscles won't properly contract after giving birth, which can lead to serious bleeding after delivery.
- Labor induction isn't for everyone. It might not be an option if:
  - You've had a C-section with a classical incision or major uterine surgery
  - The placenta is blocking the cervix (placenta previa)
  - Your baby is lying buttocks first (breech) or sideways (transverse lie)
  - You have an active genital herpes infection
  - The umbilical cord slips into the vagina before delivery (umbilical cord prolapse)
HOW TO PREPARE FOR LABOR INDUCTION?

✓ **Ask questions.** Before you are induced, please understand the following.

- What’s the reason for the induction? (see above)
- What are the signs that make you a good candidate for induction?
- What’s your due date?
- What’s the condition of your cervix?
- What is the baby’s position? (head down)
- Will you be able to move around?
- What are the risks and benefits of induction? (see above)
- Will it hurt? What are your options for pain relief?
- What is the doctor or midwife’s plan if the chosen method for induction fails?
- At what point might you be sent home, with another induction rescheduled? • Will your doctor or midwife be available during the entire procedure?
- Will you be able to use the restroom?
- Do you have a prior medical condition or consideration that will affect this induction?

✓ **Set realistic expectations.** Induced labor is very different from naturally occurring labor, but that doesn’t mean you have to throw your entire birth plan out the window.

✓ **Take a moment to consider how you think and feel about your labor and delivery plan.** The mental and emotional aspects of labor and delivery are complicated enough, and getting induced has its own benefits and risks.

✓ **Pack entertainment.**

- Load an electronic device with movies, on-demand shows, and books and add them to your hospital bag.
- Pack a journal and plan on taking a few minutes to jot down your in-the-moment labor and delivery thoughts. Make a playlist of music for when you need calming and for when you need to push.
- Don’t forget to pack chargers for all electronic devices, a pair of headphones, and comfortable, loose clothing.

✓ **Eat something significant and with protein before coming in.** We do not feel you once contractions begin. Eat a large, healthy, and protein based meal—don’t stop at your favorite fast-food place on the way to the hospital.
WHAT TO EXPECT IN LABOR INDUCTION?

During the procedure

There are various ways of inducing labor—see below for details.

- **Ripen the cervix** - Sometimes prostaglandins, versions of chemicals the body naturally produces, are placed inside the vagina or taken by mouth to thin or soften (ripen) the cervix. After prostaglandin use, the contractions and the baby’s heart rate are monitored.

- **Foley catheter** - In other cases, a small tube (catheter) with an inflatable balloon on the end is inserted into the cervix. Filling the balloon with saline and resting it against the inside of the cervix helps ripen the cervix.

- **Sweep the membranes of the amniotic sac** - With this technique, also known as stripping the membranes, a gloved finger is moved over the covering of the amniotic sac near the fetus. This separates the sac from the cervix and the lower uterine wall, which might help start labor.

- **Rupture the amniotic sac** - With this technique, also known as an amniotomy, makes a small opening in the amniotic sac. The hole causes the water to break, which might help labor go forward. This is only done if the cervix is partially dilated and thinned, and the baby’s head is deep in the pelvis. The baby’s heart rate is monitored before and after the procedure.

- **Pitocin IV** - We commonly use Oxytocin (Pitocin) — a hormone that causes the uterus to contract — into a vein. Oxytocin is more effective at causing contractions and is a good compliment to the foley catheter. We will also monitor more contractions and the baby’s heart rate.

- How long it takes for labor to start depends on how ripe the cervix is when the induction starts, the induction techniques used and how the body responds to them. It can take minutes to hours.

After the procedure

In most cases, labor induction leads to a vaginal birth. A failed induction, one in which the procedure doesn’t lead to a vaginal birth, might require another induction or a C-section.

SOURCES

For more information, you may visit:

- Healthline- Labor Induction: [https://www.healthline.com/](https://www.healthline.com/)
- Mayo Clinic – Labor Induction: [https://www.mayoclinic.org/](https://www.mayoclinic.org/)
THANK YOU!