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### **Third Trimester**

**Anesthesia Plan:** You have the options of comfort measures, narcotic pain control, or epidural anesthesia during labor. For cesarean sections, it depends on the hospital and/or anesthesia provider, but either an epidural or spinal will be done.

**Fetal Movement Monitoring:** During a normal day, without focusing on movements, you should feel your baby move 10 times in 12 hours. Your baby will have normal cycles of being less active throughout the day and night where he or she is sleeping or resting. This is normal. As you get further in pregnancy, your baby will develop patterns of movement. If you are not feeling your baby's normal patterns, please do fetal kick counts (please see attached information).

**Labor Signs and Symptoms:** The definition of labor is contractions that cause the cervix to open or thin out. **Preterm labor** is labor before 37 weeks. You should call the office if you notice any of the following:

- Change in type or amount of vaginal discharge (watery, mucus, or bloody)
- Pelvic or lower abdominal pressure
- Constant low, dull backache
- Regular or frequent contractions or uterine tightening
- Ruptured membranes (your water breaks with a gush or a trickle of fluid)
- Decreased fetal movements

**Term labor** is labor at or after 37 weeks. You should go to labor and delivery if you notice any of the following:

- Regular or frequent contractions or uterine tightening, 3-5 minutes apart for 2 or more hours
- Ruptured membranes (your water breaks with a gush or a persistent trickle of fluid)
- Vaginal bleeding
- Decreased fetal movements

**Gestational Hypertension or Preeclampsia:** Please call if you have any of the following:

- Severe headache unrelieved with Tylenol and cold compress
- Visual changes, such as blurring, dimness or flashes of light in front of your eyes, that do not go away.
- Nausea, vomiting, and/or diarrhea that does not go away.
- Severe heartburn that does not go away with usual measures like Tums, Zantac, Prevacid, or Prilosec
- Severe pain in the right upper part of your abdomen by your liver.

**Post-term Pregnancies:** Some pregnancies will continue into the 41st or 42nd week. This will be discussed, if applicable, as your pregnancy nears closer to 40 weeks.

**Circumcision:** Circumcision is the surgical removal of the foreskin, which is the layer of skin that covers the head of the penis. The penis and foreskin are cleaned. A special clamp is attached to the penis and the foreskin is cut and removed. After the procedure, petroleum jelly is placed over the wound to protect it from rubbing against the diaper. Pain medication is safe and effective in reducing the pain associated with newborn circumcision. The obstetricians perform the circumcision, typically prior to discharge from the hospital. Circumcision is an elective procedure and may not be covered by your insurance. To find out if your policy

covers the procedure, call your health insurance provider. One reason why parents circumcise their newborn sons is for health benefits, such as decreased risk of urinary tract infection during the first year of life and decreased risk of sexually transmitted infections later in life. Others may choose circumcision so that the child does not look different from his father or other boys. For some people, circumcision is a part of cultural or religious practices. Some parents choose not to circumcise their sons because they are worried about the pain the baby feels or the risks involved. Some parents also may worry that circumcision harms a man's sexual function, sensitivity, or satisfaction. However, current evidence shows that it does not. Others believe it is a decision a boy should make himself when he is older. However, recovery may take longer when circumcision is done on an older child or adult. The risk of complications also is increased when circumcision is done later. All surgical procedures carry some risk. Complications from a circumcision are rare, but they can occur. When they do occur, they usually are minor. Possible complications include bleeding, infection, or scarring. In rare cases, too much of the foreskin or not enough foreskin is removed. The American Academy of Pediatrics (AAP) found that the health benefits of circumcision in newborn boys outweigh the risks of the procedure. The AAP also found the benefits are not great enough to recommend that all newborn boys be circumcised.

### **Postpartum Depression:**

About 2–3 days after childbirth, some women begin to feel depressed, anxious, and upset. They may feel angry with the new baby, their partners, or their other children. They also may cry for no clear reason, have trouble sleeping, eating, and making choices, and question whether they can handle caring for a baby. These are called baby blues and usually go away within the first 1-2 weeks after delivering. However, women with postpartum depression have intense feelings of sadness, anxiety, or despair that prevent them from being able to do their daily tasks. Sometimes they have thoughts of hurting themselves, others, or their baby. If you experience symptoms of postpartum depression, please call our office. If you are actively having thoughts of hurting yourself or others, please go to the nearest emergency room.

**Newborn Car Seat:** Please make sure you have a newborn car seat to take to the hospital with you. You can call local fire departments if you would like them to do a car seat safety check. If you do not have the ability to obtain a car seat or safe sleep area for the baby, please let us know.

**Family Medical Leave Forms:** Please see our front office staff for our policy and to fill out the FMLA release form. In short, FMLA forms are free of charge for the first set. Each additional set incurs additional charges based on the number of pages in the form. Disability papers have a charge for each set that must be filled out. We require 5-10 business days for the completion of forms.

**Patient Portal:** This is for non-emergency questions or concerns. Please do not send portal messages regarding decrease fetal movement, concerns of water breaking or being in labor. Please call our office or report to Labor & Delivery.

### **36 week labs: GBS and CBC**

**Vaginal/Rectal GBS culture:** GBS is commonly found in the lower part of the digestive system (colon) and, in women, the vagina. In healthy adults, GBS is not harmful and does not cause medical problems. But in pregnant women and newborn infants, being infected with GBS can cause serious illness. Pregnant women who carry GBS can pass on the bacteria to their newborns, and some of those babies become infected with GBS. Newborns who are infected with GBS can develop pneumonia (lung infection), septicemia (blood infection), and/or meningitis (infection of the lining of the brain and spinal cord). These complications can be prevented by giving an intravenous antibiotic during labor to any woman who is at risk of GBS infection. You are at risk of GBS infection if you have a urine culture during your current pregnancy showing GBS, you have a vaginal and rectal swab culture during your current pregnancy showing GBS, or you had an infant infected with GBS in the past.

**CBC:** This is bloodwork that screens for anemia.

If you had or will be having a CESAREAN SECTION:

\*No swimming, tub baths or anything in your vagina until you are seen by our office at your postpartum visit.

\*You may drive when you are not taking narcotics for pain control and can slam on the car brakes, let the seat belt get very tight and not be in pain. This is typically about one week.

\*FOLLOW UP: Please call our office (if you have not already scheduled it while in the office) for a postpartum visit 6 weeks after your delivery. You do not need to be seen sooner unless advised to do so by one of our physicians or you have concerns.

If you had or will be having a VAGINAL DELIVERY:

\*No swimming, tub baths or anything in your vagina until you are seen by our office at your postpartum visit.

\*You may drive when you feel up to it.

\*FOLLOW UP: Please call our office (if you have not already scheduled it while in the office) for a postpartum visit 6 weeks after your delivery. You do not need to be seen sooner unless advised to do so by one of our physicians or you have concerns.

## **38 weeks:**

### **The ARRIVE Trial**

#### **The Background**

Historically it was thought that the rate of cesarean section and poor outcomes to the baby in women who have not delivered a baby would be less by waiting for induction until 41 to 42 weeks. It was thought that the c-section rate would be higher with induction before 41 weeks because the cervix is typically not favorable (or “ready”) among women who have not had a baby.

However, there was recently a trial called the “ARRIVE” trial that evaluated (among women who had never given birth) the rate of cesarean delivery when induced between 39 weeks to 39 weeks and 4 days (the induction group) to women who waited to undergo induction until at least 40 weeks and 5 days but no later than 42 weeks and 2 days (the expectant management group). It also looked at poor outcomes to the baby with induction versus expectant management.

It found that statistically fewer women in the induction group had a cesarean section than women in the expectant management group. It also found that women in the induction group had less problems with high blood pressure, preeclampsia, less cesarean section complications, less pain, and more perceived control during childbirth.

Women in the induction group spent more time in the labor and delivery unit as the inductions tend to be longer, but the length of their postpartum hospital stay was shorter. There was no difference in outcomes of the baby with either group.

#### **What does this mean for you?**

With this information, you do have the option to consider induction of labor at or beyond 39 weeks for any reason, regardless of your cervical exam (how much your cervix is dilated or thinned out). This does lower your cesarean section and high blood pressure risk and lends the other benefits as noted above.

However, the induction can be a long process *if* your cervix is not favorable for induction. Thus, if you choose to go this route, we like to advise to expect a 24-72 hour induction. The long induction time is mentally and physically tiring and may increase the cost of your hospital stay (longer labor time but, per the study, shorter postpartum stay). Thus, sometimes during this process, we will pause the induction for 6 hours while we let you rest, eat, and shower. This allows you a mental break from the long process of not eating or drinking.

We will do a cervical exam at roughly 38 weeks and discuss this trial again at that appointment. If you choose to proceed with scheduling an induction, the date and time is subject to hospital availability. This is still considered a non-medically indicated induction by the hospital. Thus, if they have another patient with a medical indication for induction (like preeclampsia, gestational diabetes, growth restriction, etc) who must be induced that day and the induction spots are all full, you may be moved to a different date and/or time by the hospital.