



The Ottawa Hospital

Department of Obstetrics, Gynecology and Newborn Care

Attending Physician Policy Statement

Policy Statement:

The Department of Obstetrics, Gynecology and Newborn Care is dedicated to providing patient-centered care and ensuring a supportive partnership between you and the health care team throughout your pregnancy and birth.

While your primary physician will oversee your prenatal care, please note that due to the nature of physician on-call schedules, your doctor may not be present at the time of your delivery. During your hospital stay, you will be cared for by a skilled team of physicians and nurses.

We are unable to accommodate requests based on the gender, race, or religious background of the healthcare providers involved in your care. Please be assured that every member of the team is qualified and committed to providing high-quality care to you and your baby.

My signature confirms that I have read and fully understand the policy statement above and that I agree to receive care from the on-call team when indicated. I acknowledge that my questions have been answered to my satisfaction.

Patient's Signature: _____ **Date:** _____

Dr. Yaa Amankwah MBChB, FRCSC

Obstetrics and Gynecology

Origyns Medical Clinic
Suite 205, 1355 Bank Street, K1H 8K7. Tel 613-721-2907
Fax 613-518-6555 email: askus@origynsmedical.com

Congratulations on your pregnancy !!!

I am privileged that you have chosen my team to provide you with prenatal care.

Thank you for allowing me to be part of this important journey.

My team will endeavour to provide you with the best care possible to ensure you have a positive experience.

Please note : Dr. Amankwah delivers babies at the Ottawa Hospital General Campus. She shares on call duties with a team of (14) Obstetricians. There is always an Obstetrician at the hospital to take care of you.

Dr. Amankwah's antenatal clinic days are generally on Wednesdays from 8:30 am – 3:30 pm .

You may book several appointments ahead of time (based on the recommended follow up schedule) to allow for your planning.

***** Please book your next appointment before you leave the office *****

EMERGENCY ACCESS TO CARE

- For pregnancies under 20 weeks : Present yourself to the Emergency department at the nearest hospital, but preferably The Ottawa Hospital General Campus
- After 20 weeks gestation : Call the **Obstetric Triage Unit** (The Ottawa Hospital, General Campus – 8 th floor) at **613-737-8012** .

This is the same area/unit you will present to when the time comes to have your baby.

CONCERNING SIGNS WARRANTING A TIMELY/URGENT ASSESSMENT AT THE HOSPITAL:

- ✓ Vaginal bleeding or sudden severe pelvic/abdominal pain
- ✓ Fever, severe vomiting or any serious health concerns
- ✓ Sudden gush of fluid from your vagina
- ✓ Menstrual like cramps, contractions, persistent backache unrelated to posture associated with pelvic pressure
- ✓ Severe headaches, flashes of light, nausea, and abdominal pain as a constellation of symptoms
- ✓ Decreased fetal movements (less than 6 movements in 2 hours after 28 weeks)

IMMUNIZATIONS RECOMMENDED DURING PREGNANCY

- Whooping cough vaccine (Pertussis) at 21-32 weeks
- Flu shot whenever available
- RSV vaccine (to mom OR newborn baby).

Dr. Yaa Amankwah MBChB, FRCSC

Collaborative Team Approach to Antenatal Care in the Office

Dr. Amankwah has experienced registered nurses working with her in the clinic to provide antenatal care. At each visit, your weight and blood pressure will be taken. Your baby's heart sounds will also be listened for unless you have had an ultrasound prior to your appointment on the same day.

Some clinic appointments may require us to explain test results, discuss upcoming tests and answer questions you may have. Other appointments may be very straightforward and uncomplicated. In the case of the latter, you may see the nurse only who subsequently reports to Dr. Amankwah after you have left the office. This may happen one of every 3 visits.

Please note that even if you see the nurse only on a particular visit, Dr. Amankwah is physically present in the office, often in an adjacent examination room and is always available to address your questions/concerns. Please let the nurse know if you wish to see Dr. Amankwah after the nurse has completed her assessment.

If for 2 consecutive visits you happen to see the nurse only, please ask to see Dr. Amankwah on the 3rd visit as this is our policy to ensure you have adequate contact time with the doctor.

RECOMMENDED ACTIVITIES /ACTION ITEMS:

- Attend prenatal classes in the community : see list attached
- After 28 weeks, register in person for your delivery at the Admitting department (main level) of the Ottawa Hospital – General campus .

SCHEDULE OF TESTS , ULTRASOUNDS, EXAMINATIONS IN PREGANCY

- ✓ A dating ultrasound during the first trimester to establish your due date
- ✓ Blood tests: During one of the initial examinations, to identify blood type and Rh (rhesus) factor, screen for anemia, check for immunity to rubella, and test for hepatitis B, syphilis, and HIV and other sexually transmitted diseases.

Depending on racial, ethnic, or family background, you may be offered tests to assess risks for diseases such as thalassemia and sickle cell anemia.

Tests for exposure to diseases such as toxoplasmosis and varicella (the virus that causes chickenpox) may also be done if needed.

- ✓ Genetic tests for Down's syndrome (eFTS) at 11+6 to 13+6 weeks or MSS at 15-18 weeks will be offered
- ✓ Ultrasound at 18-20 weeks for fetal morphology
- ✓ Blood work at 24 -28 weeks to screen for gestational diabetes and anemia
- ✓ Rhogam Injection at 28 weeks for RH negative (negative blood group) mothers
- ✓ Ultrasound at 32-34 weeks for your baby's growth
- ✓ Group B streptococcus (GBS) swab (vaginal/rectal) will be collected at 35-36 weeks
- ✓ Pelvic exam will be offered at 40 weeks or earlier if indicated, to check for cervical dilation. A sweep of the membranes will be offered as well based on your preference.
- ✓ Post-dates ultrasound on or shortly after the due date for fetal well being

Dr. Yaa Amankwah MBChB, FRCSC

Recommended Schedule for a Healthy Pregnancy

For a healthy pregnancy we will like to want to see you on the following recommended schedule of prenatal visits:

- Weeks 4 to 28: 1 prenatal visit a month
- Weeks 28 to 36: 1 prenatal visit every 2 weeks
- Weeks 36 till delivery : 1 prenatal visit every week
- Post-partum visit is 6 weeks after delivery

Be sure to stick to the schedule even if life gets hectic. Prenatal care is important for both your health and your baby's health. In fact, when a mother doesn't get prenatal care, her baby is three times more likely to have a low birth weight. When we see you regularly, we can detect problems early and manage them so that you can have the healthiest pregnancy possible.

Induction of labour is recommended 10 days after the due date (41+3 weeks) but may be recommended sooner with medical indications.

Risk Factors That May Require More Visits

The recommended schedule isn't set in stone. We will decide how often to see you based on your individual health picture. We may want to see you more often if you had any health problems before you became pregnant or if problems develop during your pregnancy. You also may need additional tests to ensure that you and your baby stay healthy.

If you have any of these risk factors, we may increase the number of your prenatal visits:

- **Pre-existing health problems.** If you have a history of diabetes or high blood pressure, we will probably want to see you more often. We will work with you to closely manage these health conditions so they don't affect your pregnancy or your baby's health. Other health problems such as abnormal placentation, bleeding, and obesity may also require more visits.

Dr. Yaa Amankwah MBChB, FRCSC

- **Medical problems that develop during pregnancy.** During prenatal visits, we will look for complications that can occur after you've become pregnant. These include preeclampsia, or pregnancy-related high blood pressure, and gestational diabetes, a type of diabetes that occurs during pregnancy. If you develop any of these health conditions, you may need to come in more often so we can keep close tabs on your health.
- **Risk of preterm labor.** If you have a history of preterm labor or a premature birth, or if you start showing signs of preterm labor or a documented short cervix on ultrasound, we want to monitor you more closely.

Seeing your doctor for regular prenatal care can help put your mind at ease. You'll know that you're doing all you can to have a healthy baby and safe pregnancy

OVER THE COUNTER MEDICATIONS CONSIDERED SAFE IN PREGNANCY

Tylenol for headaches

Robitussin DM for cough and cold

Bradosol lozenges for sore throat

Colace, Metamucil, Restorolax for constipation

Anusol, Preparation H for hemorrhoids

Gravol regular or ginger gravol for nausea

Tums, Gaviscon for heartburn

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When are ultrasounds performed during pregnancy?

Ultrasounds may be done at various times throughout pregnancy for several reasons:

First Trimester

- To establish the due date (this is the most accurate way of determining the due date)
- As part of screening tests for Down's syndrome: Enhanced first trimester screening (eFTS)
- To determine the number of fetuses and identify placental structures
- To diagnose an ectopic pregnancy or miscarriage
- To examine the uterus and other pelvic anatomy

Mid-trimester (also called the 18 to 20 week scan)

- To confirm the due date if not done earlier in the pregnancy (a due date set in the first trimester is rarely changed)
- To examine the fetal anatomy for abnormalities
- To assess the location of the placenta
- To measure the length of the cervix if indicated

Third Trimester (After 28 weeks up to 10 days after your due date)

- To monitor fetal growth
- To check the amount of amniotic fluid
- To conduct the biophysical profile test
- To determine the position of the fetus



MONARCH

MATERNAL AND NEWBORN HEALTH

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About Us

We've created a New Centre for the New Centre of the Universe. This is how we like to think of ourselves at Monarch. Across Ontario, the length of postpartum hospital stay has transitioned to a new model: "one sleep" for vaginal delivery, and "two sleeps" for cesarean sections. This new discharge model brings with it many advantages— as long as it is accompanied by strong, evidence-based care for mom and baby. That's where we come in.

At Monarch, we coordinate discharge directly with your hospital providers, to make sure that mom and baby are discharged when ready, and when it is medically appropriate. Upon coordinated discharge from hospital, Monarch is here for that transition— that soft landing— as you begin life at home with your new family. We have created a welcoming place where you can access the combined skills of experienced, committed, and passionate newborn-health physicians, nurses and lactation consultants.

From newborn screening and postpartum services to breastfeeding consultation, counseling and special procedures, at Monarch, we love our job almost as much as you love your baby. The best possible care – that's our promise to both of you.

Monarch Centre is an innovative multi disciplinary maternal and newborn health clinic providing evidence based comprehensive care. Following the birth of your baby, you and your baby will need extra support and follow

Latest Articles

› [Tongue Tie Assessments](#)

› [Returning to Work/School as a Breastfeeding Mom](#)

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will be referred to the Monarch Centre for your care.
At the Monarch Centre, we have Registered Nurses, Board Certified Lactation Consultants and Family Doctors who specialize in maternal and newborn care. We provide all necessary breastfeeding support, bilirubin checks for jaundice and full post partum check up and follow up for mom and baby.

What to expect on the first visit:

Baby:

- A nurse who is also a lactation consultant will see you initially. She will ask questions about the baby's feedings and how the last 24 hours have been with wet and dirty diapers.
- We will evaluate your baby for jaundice by testing the bilirubin level.
- We also provide all follow up care and coordinate treatment if required
- Newborn Screen for serious metabolic diseases will be completed if needed
- We will ensure that proper follow up is provided with your family doctor or pediatrician.
- If you do not have a primary care provider, we will help you find one
- Feeding advice and recommendations will be made no matter how you choose to feed your newborn.

Mom:

- A nurse/lactation consultant will see you initially. She will ask questions about your postpartum experience so far and answer any questions you may have. She will provide any follow up care as required.
- The physician will complete any exam required
- Staple removal and wound care as needed
- Mental health screening and support

How long do I have access to Monarch services:

- Most people come for 1-3 visits on average
- Except under exceptional circumstances babies are referred to Monarch in the first week of life as part of your discharge planning from the hospital

What happens to when I am discharged from the Monarch Centre?

- Your records and important details of your care will be forwarded to your doctor
- If you do not have a doctor, we will help you find one

Can anyone Access Monarch services:

- For **immediate postpartum care**, we currently support follow up care from the Ottawa Hospital with a referral
- We are able to support mothers and babies in **midwifery care** as needed who delivered at The Ottawa Hospital with a referral
- **Hospital grade pump rentals and lactation aids** are accessible to all without appointment or referral.
- **Breastfeeding and Parenting prenatal classes** are accessible to all and pre-registration and payment is required – see section on parenting classes for more details
- **Monarch vaccination program** for TDaP is accessible to all pregnant mothers with a prescription from their primary care provider. We also provide the Flu shot to all of our mothers as well as any pregnant woman on a walk in basis.
- **Tongue tie assessments and Breastfeeding consults** require a referral – please use our referral form

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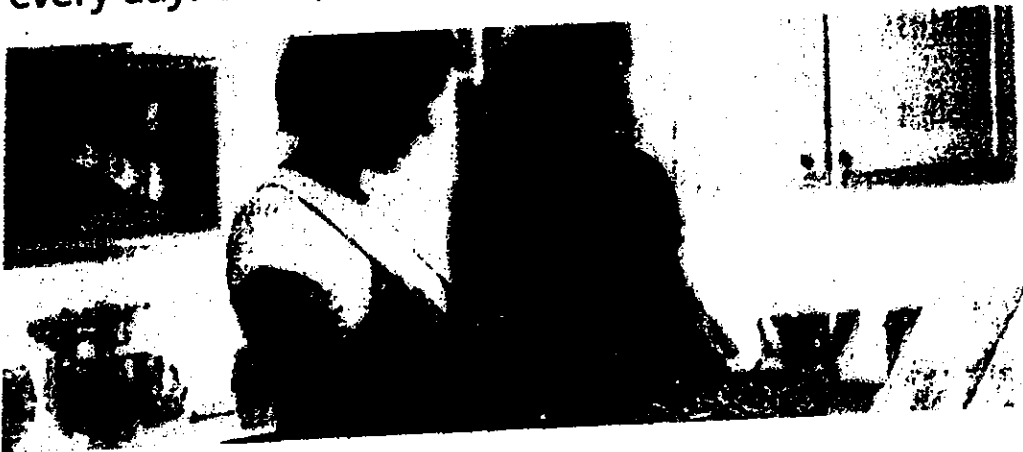


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Healthy eating and pregnancy

Healthy eating plays an important role in a healthy pregnancy. Eating well contributes to your baby's successful growth and development. It will also help you feel better, give you more energy and help you gain the healthy amount of weight.

When you are pregnant or breastfeeding, you need more nutrition in your diet. Pregnant and breastfeeding women should eat a little more food every day. Often, one extra snack per day is enough.



On this page:

- [Should I take supplements?](#)
- [What can I eat?](#)
- [How much extra food should I eat?](#)
- [What foods should I avoid?](#)
- [How much weight should I gain?](#)

Should I take supplements?

two nutrients you need. A daily multivitamin should have 0.4 milligrams (mg) of folic acid and 16 to 20 mg of iron. A health care provider can help you choose the multivitamin that is right for you.

Take your daily multivitamin with folic acid for at least three months before pregnancy. Make sure to keep taking your multivitamin during pregnancy.

What can I eat?

If you are pregnant or breastfeeding, follow Canada's Food Guide. It will help you choose the right amount and type of food that is best for you and your baby.

It is important to keep variety in your diet while you are pregnant.

- Eat plenty of vegetables and fruit. Choose dark green and orange vegetables each day. Examples might include spinach or broccoli, and squash or carrots.
- Choose whole grain foods like bread, rice and pasta.
- Dairy products like yogurt and cheese contribute to healthy bones for you and your baby. Drink fortified soy beverages if you do not drink milk.
- Choose lean meats, dried peas, beans, tofu and lentils. Have cooked fish each week. Health Canada has advice to help you choose fish low in mercury.

How much food should I eat?

During the second and third trimesters, you need a few more calories each day. This supports the growth of your baby. Most of the time, it means you may need a little more food each day. You can add an extra healthy snack

or extra food to your meal.

Here are some examples:

- fruit and yogurt
- cereal with milk
- half a bagel with cheese
- one extra piece of toast at breakfast and milk at supper
- spinach salad made with spinach, hard-boiled egg and walnuts
- half of an English muffin topped with Swiss cheese and sliced pear
- a bowl of cooked oatmeal made with ground almonds, applesauce and cinnamon to taste

What foods should I avoid?

When you are pregnant or breastfeeding, food safety is very important. Follow Health Canada's [food safety advice for pregnant women](#). Avoid eating foods that are a higher risk to you and your growing baby during pregnancy. A food is considered "high risk" when there is a high chance it could be contaminated by unsafe bacteria.

Higher risk foods include:

- **Raw fish** - especially shellfish, oysters and clams
- **Undercooked meat, poultry, seafood**
- **Hot dogs and deli meats** (for example, non-dried deli-meats, pâté, refrigerated smoked seafood and fish)
- **Raw or lightly cooked eggs** (homemade Caesar vinaigrette, runny eggs)
- **Unpasteurized milk products** - soft and semi-soft cheeses like brie or Camembert
- **Unpasteurized juices** - unpasteurized apple cider

- **Raw sprouts** - especially alfalfa sprouts

Remember, there is **no safe amount of alcohol** to drink during pregnancy or when planning to be pregnant.

How much weight should I gain?

When you are pregnant, gaining weight will support your baby's growth and prepare you for breastfeeding. How much you need to gain depends on your weight before pregnancy. Most of your weight gain will happen during your second and third trimester.

Visit the [Pregnancy Weight Gain Calculator](#) to learn how much weight is healthy for you. Keep in mind, your weight gain depends on what your body mass index (BMI) was before you became pregnant. BMI is a number based on comparing your weight to your height.

Gaining a healthy amount of weight during pregnancy can:

- help your baby have a healthy start
- reduce your risk of complications during pregnancy and at delivery, and
- improve your long-term health by maintaining a healthy body weight

For more information

- [The Sensible Guide to a Healthy Pregnancy](#)
- [Canada's food guide](#)
- [Food and Nutrition: Prenatal Nutrition](#)
- [Prenatal nutrition guidelines for health professionals - Frequently Asked Questions](#)

Healthy Weight Gain During Pregnancy

Gaining weight is a natural part of pregnancy. It helps your baby grow and develop, and prepares you for breastfeeding.

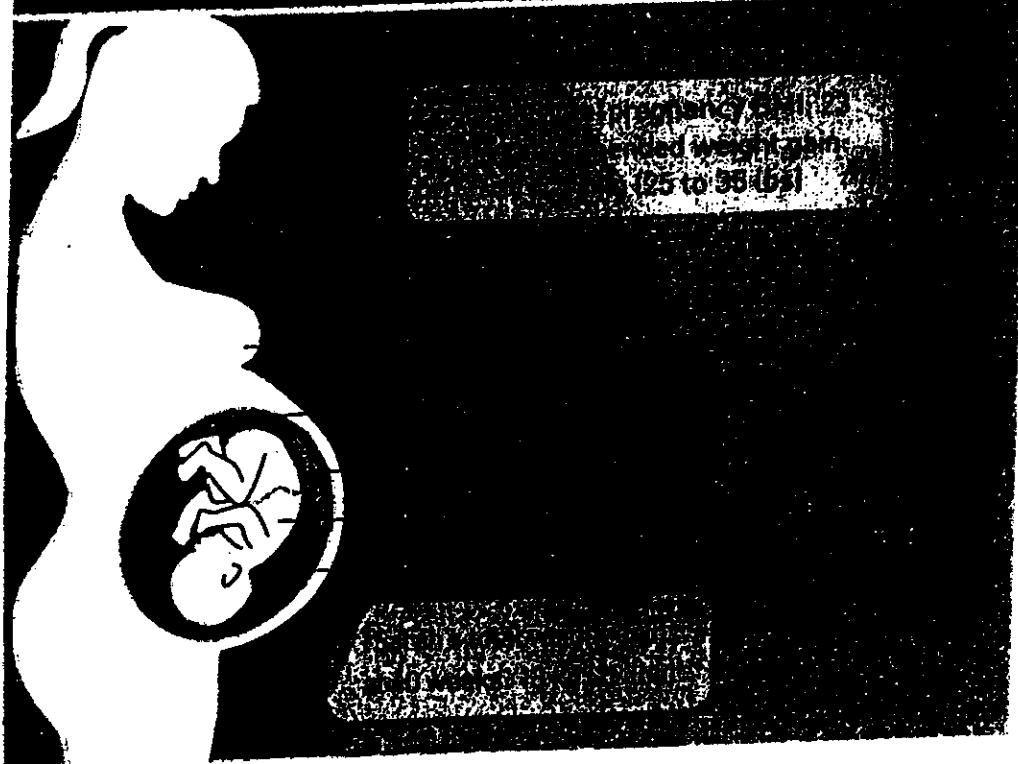
How much weight you should gain depends on your Body Mass Index before you became pregnant (your pre-pregnancy BMI).

Find out your pre-pregnancy BMI and your recommended weight gain at healthcanada.gc.ca/pregnancy-calculator and talk to your health care provider.



Most of this weight gain will happen in the second and third trimesters, as your baby and the tissues that support your pregnancy continue to grow.

Where does the weight go?



- it helps your baby have a healthy start;
- it can reduce your risk of complications in pregnancy and at delivery; and
- it improves your long-term health.

Enjoy being active.

- Add up activities like brisk walking or swimming in periods of at least 10 minutes, for a total of about 30 minutes of activity each day.
- Remember to talk to your health care provider before increasing your activity level or starting an exercise program.

Eat "twice as healthy" not "twice as much".

- One extra snack each day is often enough. For example, have an apple or a pear with a small piece of cheese (50 grams or 1 ½ oz) as an afternoon snack.
- Follow *Eating Well with Canada's Food Guide* to eat the amount and type of food that is right for you and your baby.



ADVICE ABOUT EATING FISH

For Women Who Are or Might Become Pregnant, Breastfeeding Mothers, and Young Children

Eating fish when pregnant or breastfeeding can provide health benefits.

Fish and other protein-rich foods have nutrients that can help your child's growth and development. As part of a healthy eating pattern, eating fish may also offer heart health benefits and lower the risk of obesity.



Nutritional Value of Fish

The 2015-2020 Dietary Guidelines for Americans recommends:

- At least 8 ounces of seafood (less for young children) per week based on a 2,000 calorie diet
- Women who are pregnant or breastfeeding to consume between 8 and 12 ounces of a variety of seafood per week, from choices that are lower in mercury.

Fish are part of a healthy eating pattern and provide:

- Protein
- Healthy omega-3 fats (called DHA and EPA)
- More vitamin B₁₂ and vitamin D than any other type of food
- Iron which is important for infants, young children, and women who are pregnant or who could become pregnant
- Other minerals like selenium, zinc, and iodine.

Choose a variety of fish that are lower in mercury. (See chart on other side of page.)

While it is important to limit mercury in the diets of women who are pregnant and breastfeeding and young children, many types of fish are both nutritious and lower in mercury.

This advice supports the recommendations of the 2015-2020 Dietary Guidelines for Americans, developed for people 2 years and older, which reflects current science on nutrition to improve public health. The Dietary Guidelines for Americans focuses on dietary patterns and the effects of food and nutrient characteristics on health. For advice about feeding children under 2 years of age, you can consult the American Academy of Pediatrics.

Prenatal Resources and Classes

Thinking of having a baby and wondering about breastfeeding?

Perhaps you're already pregnant and thinking about how you and your baby will learn to breastfeed?

Do you want to include breastfeeding in your birth plan?

Looking for the support of other breastfeeding families?

We hope that the information you'll find here will help you to prepare for a rewarding breastfeeding experience.



Breastfeeding may be the natural way to feed our babies, but it is also a learned skill for both mother and baby. Gathering information and establishing support systems before your baby arrives is an important part of setting yourself up for breastfeeding success.

Ottawa offers many different options for prenatal breastfeeding education.

Breastfeeding Specific Classes

In Community Health Centres, taught by an International Board Certified Lactation Consultant (IBCLC), made possible by funds provided by the Government of Ontario.

Others

- Mothercraft Breastfeeding Classes, taught by an International Board Certified Lactation Consultant (IBCLC), 613-728-1839 x 248
- Milkface Breastfeeding Classes, taught by an International Board Certified Lactation Consultant (IBCLC), 613-596-1170
- Birth to Breastfeeding prenatal breastfeeding class, taught by a Certified Lactation Educator (CLE) email
- City View Centre
- Monarch Centre Breastfeeding Classes

Prenatal Consults with an IBCLC:

All of the Ottawa area IBCLCs (International Board Certified Lactation Consultants) offer prenatal breastfeeding consultations. This is an excellent option if you prefer to have a consultation in the privacy of your own home, if you have struggled with breastfeeding issues in the past, or if your medical history puts you at increased risk of breastfeeding challenges (for example, previous breast surgery, premature baby, multiples etc).

Peer Support

Peer support is an excellent way to learn more about breastfeeding and establish a support network before your baby arrives.

"buddy" who provides telephone information when your baby arrives, or after for up to 6 months. Your Buddy can help to provide you with prenatal breastfeeding and after delivery breastfeeding support.

La Leche League Canada (LLLCC) has numerous meetings throughout Ottawa, and pregnant women are welcome and encouraged to attend meetings. Call the warmline at 613-238-5919 for details.

Canadian Perinatal Nutrition Program for young mothers or mothers with various needs to connect with each other, learn to cook, eat, take some food home, and learn about your baby. Contact: 613-749-4584 or www.ottawayoungparents.com

Prenatal Classes

Most prenatal classes include a section on breastfeeding.

City of Ottawa Free online and in person classes available

Ottawa Childbirth Education Association

Canadian Mothercraft

Healthy Beginnings

Lamaze Ottawa Young4Ever birth and Yoga

Birth to Breastfeeding

Prenatal Breastfeeding Information Sessions organized by Carlington Community Health Center

Multiple Birth Families Association

To find a class within Ontario: <https://ontariodirectoryprenataleducation.ca>

Select Language



Events Calendar

30-Oct-19 1:00 PM - 3:00 PM

Kanata Breastfeeding Support Drop-In

Breastfeeding support provided by an International Board Certified Lactation Consultants (IBCLC) Hosted by Sonya Boersma RN, IBCLC, Doula, BN, MScN & Sue Theriault Valin BSc, IBCLC Services also offered in French Fees are \$40 for the 1st visit and \$20 for subsequent visits Sonya - 613-355-1615 Sue - 613-276-7793

30-Oct-19 1:30 PM - 3:00 PM

Carlington CHC



When You Come to the Hospital

Registration Information

When you arrive to have your baby, you will finish your registration. Bring your **valid** Ontario Health Insurance Card and information on any other health insurance you have.

If you do not have Ontario Health Insurance, we will connect you to the finance department to discuss payment options.

Scheduled Caesarean Birth

If you are having a scheduled caesarean birth, your surgery date will be booked ahead by your doctor. You will be admitted to the hospital the day of your baby's birth. Your doctor will talk to you about the details of your admission.

- [Planning Your Scheduled Caesarean Birth](#)

Parking at The Ottawa Hospital

You have to pay for parking in Hospital parking lots. You can buy parking passes if you are staying for longer than 3 days.

Where to Park:

- Civic Campus: You can park in the multi-level parking garage (P1), the Emergency Department parking lot, or the Ruskin Street Parking lot.
- After 11:00 p.m., enter the hospital through the Emergency Department doors.
- General Campus: You can park in the multi-level parking garage.
- After 11:30 p.m., enter the hospital through the Emergency Department doors.

Parking Passes:

- Civic Campus: You can buy monthly and weekly passes at the Parking Garage.
- General Campus: You can buy monthly or weekly passes at the information desk in the main lobby.

Parking in an Emergency

If you need immediate help, you may enter the hospital through the Emergency Department entrance. If you park in front of the Emergency Department, you have to move your vehicle right after you drop the patient off.

What to bring with you

As closet space is limited, please bring only a few items for your personal use:

- Nightgowns/pyjamas
- Underwear – including supportive bra
- Non-slip footwear
- Toiletries (toothpaste, tooth brush, deodorant, soap, shampoo, comb, hairbrush, etc.)
- Sanitary Pads one package (maxi)
- Breast pads if breastfeeding
- Diapers
- Baby wipes
- Car seat

You may bring

- Electric hair dryer or curling iron under 800 watts
- Your lap top or other small computer. It cannot be plugged into the hospital's network or phone line, but you can access our Wi-Fi network
- Your own pillow(s)
- If you are donating your baby's cord blood to the national public Cord Blood Bank, please remember to pack your **signed Permission to Collect** consent form.

Please do not bring:

- Valuables (including jewellery)
- Large sums of money

The hospital is not responsible for your belongings

Are you a patient who needs a **Sign Language Interpreter** or a **Cultural Language Interpreter** when you come to The Ottawa Hospital? Please visit our [Accessibility](#) page for more information.

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Exercise During Pregnancy

- Is it safe to exercise during pregnancy?
- Are there certain conditions that make exercise during pregnancy unsafe?
- What are the benefits of exercise during pregnancy?
- How much should I exercise during pregnancy?
- What changes occur in the body during pregnancy that can affect my exercise routine?
- What precautions should I take when exercising during pregnancy?
- What are some safe exercises I can do during pregnancy?
- What exercises should I avoid during pregnancy?
- What are warning signs that I should stop exercising?
- Why is it important to keep exercising after my baby is born?
- Glossary

Is it safe to exercise during pregnancy?

If you are healthy and your pregnancy is normal, it is safe to continue or start regular physical activity. Physical activity does not increase your risk of miscarriage, low birth weight, or early delivery. However, it is important to discuss exercise with your **obstetrician** or other member of your health care team during your early prenatal visits. If your health care professional gives you the OK to exercise, you can discuss what activities you can do safely.

Are there certain conditions that make exercise during pregnancy unsafe?

Women with the following conditions or pregnancy **complications** should not exercise during pregnancy:

- Certain types of heart and lung diseases
- **Cervical insufficiency** or **cerclage**
- Being pregnant with twins or triplets (or more) with risk factors for **preterm** labor
- **Placenta previa** after 26 weeks of pregnancy
- Preterm labor or ruptured membranes (your water has broken) during this pregnancy regular physical activity
- **Preeclampsia** or pregnancy-induced high blood pressure
- Severe **anemia**

What are the benefits of exercise during pregnancy?

Regular exercise during pregnancy benefits you and your fetus in these key ways:

- Reduces back pain
- Eases constipation
- May decrease your risk of **gestational diabetes**, preeclampsia, and **cesarean delivery**
- Promotes healthy weight gain during pregnancy
- Improves your overall general fitness and strengthens your heart and blood vessels
- Helps you to lose the baby weight after your baby is born

How much should I exercise during pregnancy?

Ideally, pregnant women should get at least 150 minutes of moderate-intensity aerobic activity every week. An aerobic activity is one in which you move large muscles of the body (like those in the legs and arms) in a rhythmic way. Moderate intensity means you are moving enough to raise your heart rate and start sweating. You still can talk normally, but you cannot sing.

Examples of moderate-intensity aerobic activity include brisk walking and general gardening (raking, weeding, or digging). You can divide the 150 minutes into 30-minute workouts on 5 days of the week or into smaller 10-minute workouts throughout each day.

If you are new to exercise, start out slowly and gradually increase your activity. Begin with as little as 5 minutes a day. Add 5 minutes each week until you can stay active for 30 minutes a day.

If you were very active before pregnancy, you can keep doing the same workouts with your obstetrician's approval. However, if you start to lose weight, you may need to increase the number of calories that you eat.

What changes occur in the body during pregnancy that can affect my exercise routine?

Your body goes through many changes during pregnancy. It is important to choose exercises that take these changes into account:

- **Joints**—The **hormones** made during pregnancy cause the ligaments that support your joints to become relaxed. This makes the joints more mobile and at risk of injury. Avoid jerky, bouncy, or high-impact motions that can increase your risk of being hurt.
- **Balance**—The extra weight in the front of your body shifts your center of gravity. This places stress on joints and muscles, especially those in your pelvis and lower back. Because you are less stable and more likely to lose your balance, you are at greater risk of falling.
- **Breathing**—When you exercise, **oxygen** and blood flow are directed to your muscles and away from other areas of your body. While you are pregnant, your need for oxygen increases. This may affect your ability to do strenuous exercise, especially if you are overweight or obese.

What precautions should I take when exercising during pregnancy?

There are a few precautions that pregnant women should keep in mind during exercise:

- Drink plenty of water before, during, and after your workout. Signs of **dehydration** include dizziness, a racing or pounding heart, and urinating only small amounts or having urine that is dark yellow.
- Wear a sports bra that gives lots of support to help protect your breasts. Later in pregnancy, a belly support belt may reduce discomfort while walking or running.
- Avoid becoming overheated, especially in the first trimester. Drink plenty of water, wear loose-fitting clothing, and exercise in a temperature-controlled room. Do not exercise outside when it is very hot or humid.
- Avoid standing still or lying flat on your back as much as possible. When you lie on your back, your **uterus** presses on a large vein that returns blood to the heart. Standing motionless can cause blood to pool in your legs and feet. These positions may cause your blood pressure to decrease for a short time.

What are some safe exercises I can do during pregnancy?

Experts agree these exercises are safest for pregnant women:

- **Walking**—Brisk walking gives a total body workout and is easy on the joints and muscles.
- **Swimming and water workouts**—Water workouts use many of the body's muscles. The water supports your weight so you avoid injury and muscle strain.
- **Stationary bicycling**—Because your growing belly can affect your balance and make you more prone to falls, riding a standard bicycle during pregnancy can be risky. Cycling on a stationary bike is a better choice.
- **Modified yoga and modified Pilates**—Yoga reduces stress, improves flexibility, and encourages stretching and focused breathing. There are prenatal yoga and Pilates classes designed for pregnant women. These classes often teach modified poses that accommodate a pregnant woman's shifting balance. You also should avoid poses that require you to be still or lie on your back for long periods.

If you are an experienced runner, jogger, or racquet-sports player, you may be able to keep doing these activities during pregnancy. Discuss these activities with your obstetrician or other member of your health care team.

What exercises should I avoid during pregnancy?

While pregnant, avoid activities that put you at increased risk of injury, such as the following:

- Contact sports and sports that put you at risk of getting hit in the abdomen, including ice hockey, boxing, soccer, and basketball
- Skydiving
- Activities that may result in a fall, such as downhill snow skiing, water skiing, surfing, off-road cycling, gymnastics, and horseback riding

- “Hot yoga” or “hot Pilates,” which may cause you to become overheated
- Scuba diving
- Activities performed above 6,000 feet (if you do not already live at a high altitude)

What are warning signs that I should stop exercising?

Whether you're a seasoned athlete or a beginner, watch for the following warning signs when you exercise. If you have any of them, stop and call your obstetrician:

- Bleeding from the vagina
- Feeling dizzy or faint
- Shortness of breath before starting exercise
- Chest pain
- Headache
- Muscle weakness
- Calf pain or swelling
- Regular, painful contractions of the uterus
- Fluid gushing or leaking from the vagina

Why is it important to keep exercising after my baby is born?

Exercising after your baby is born may help improve mood and decreases the risk of **deep vein thrombosis (DVT)**, a condition that can occur more frequently in women in the weeks after childbirth. In addition to these health benefits, exercise after pregnancy can help you lose the extra pounds that you may have gained during pregnancy.

Glossary

Anemia: Abnormally low levels of red blood cells in the bloodstream. Most cases are caused by iron deficiency (lack of iron).

Cerclage: A procedure in which the cervical opening is closed with stitches to prevent or delay preterm birth.

Cervical Insufficiency: A condition in which the cervix is unable to hold a pregnancy in the second trimester.

Cesarean Delivery: Delivery of a fetus from the uterus through an incision made in the woman's abdomen.

Complications: Diseases or conditions that happen as a result of another disease or condition. An example is pneumonia that occurs as a result of the flu. A complication also can occur as a result of a condition, such as pregnancy. An example of a pregnancy complication is preterm labor.

Deep Vein Thrombosis (DVT): A condition in which a blood clot forms in veins in the leg or other areas of the body.

Dehydration: A condition that happens when the body does not have as much water as it needs.

Gestational Diabetes: Diabetes that starts during pregnancy.

Hormones: Substances made in the body that control the function of cells or organs.

Obstetrician: A doctor who cares for women during pregnancy and their labor.

Oxygen: An element that we breathe in to sustain life.

Placenta Previa: A condition in which the placenta covers the opening of the uterus.

Preeclampsia: A disorder that can occur during pregnancy or after childbirth in which there is high blood pressure and other signs of organ injury. These signs include an abnormal amount of protein in the urine, a low number of platelets, abnormal kidney or liver function, pain over the upper abdomen, fluid in the lungs, or a severe headache or changes in vision.

Preterm: Less than 37 weeks of pregnancy.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus.

If you have further questions, contact your obstetrician–gynecologist.

FAQ119: This information was designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. Please check for updates at www.acog.org to ensure accuracy.

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GUIDE

Counting Your Baby's Movements

The Ottawa | L'Hôpital
Hospital d'Ottawa



Disclaimer

This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified healthcare provider. Please consult your healthcare provider who will be able to determine the appropriateness of the information for your specific situation.

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Counting Baby's Movements

This is a simple way you can play an important part in helping us check the health of your baby when you are more than 28 weeks pregnant. Research has shown that baby movements are a good measure of a baby's health.

Some babies are more active than others and each baby has its own pattern of activity. The total number of movements each day is important only if there are less than 6 within the 2 hour time period that you are counting or if there is a change in your baby's usual pattern. Studies show that most babies sleep for 20 – 40 minutes at a time and rarely longer than 90 minutes.

Each day choose a 2-hour period of time, which suits you, ideally, early morning or evening when you can lie down or sit comfortably. In your logbook, mark down your starting time in the box labeled, 'Start time'. Count the number of movements your baby makes until you have reached 6. Mark down that time in the column labeled 'Finish time'.

For example, if you start counting movements on Monday at 8:00 a.m., write down 8:00 in the 'Start time' box. If you have counted 6 movements by 8:30 a.m., mark down 8:30 in the 'Finish time' box. The finish time in this example should not be later than 10:00 a.m.

Doctor: _____

High risk unit: _____

Maternal fetal medicine: _____

Obstetrical Assessment Unit:

General Campus: _____

Civic Campus: _____

Notes

Important

If you feel less than 6 movements in 2 hours, or you notice that your baby's movements throughout the day are different than usual, change your position, have something to eat, get comfortable and then begin the count for another 2 hour period. If there are still less than 6 movements in this second 2-hour period, call your health care provider. If after office hours, call or go to the Obstetrical Assessment Unit (Triage) at the hospital where you are planning to give birth so you and your baby's health can be checked. It is important to know that most babies, even if they have less than 6 movements, are healthy.

INFORMATION FOR PATIENTS

Tdap Vaccination During Pregnancy

ADVANCED COLLABORATION



THE TDAP VACCINE IS RECOMMENDED IN EVERY PREGNANCY FROM 21 TO 32 WEEKS.

THIS PROTECTS YOUR BABY FROM A POTENTIALLY DANGEROUS INFECTION CALLED PERTUSSIS (WHOOPIING COUGH).

TALK TO YOUR CARE PROVIDER TO FIND OUT HOW YOU CAN GET YOUR VACCINE.

WHAT IS THE TDAP VACCINE?

The Tdap vaccine is a combination vaccine that protects against tetanus, diphtheria, and pertussis. Vaccination in pregnancy allows transfer of protective antibodies to your newborn which provides protection until they can receive their first vaccines.

WHAT IS PERTUSSIS & HOW SERIOUS IS IT?

Pertussis, also called whooping cough, is a very contagious infection of the lungs and airways, caused by the bacteria *Bordetella pertussis*.

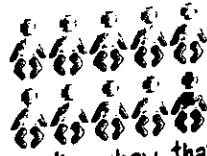
HOW COMMON IS PERTUSSIS?

The number of whooping cough cases in Canada have been declining since the pertussis vaccine became available.

Unfortunately, pertussis outbreaks are sporadic and difficult to predict. There have been recent increases in cases across Canada.

70% of hospital admissions for whooping cough occurred in infants younger than 4 months, and almost all deaths were in infants younger than 2 months.

The most vulnerable babies are those who are too young to be vaccinated and don't have passive immunity from you receiving the Tdap vaccine in pregnancy.



Studies show that 1 out of 10 infants under 3 months old are protected after Tdap vaccination in pregnancy.

Your baby can experience symptoms such as:

- Coughing fits
- Difficulty breathing
- Vomiting

which can last for several weeks or even months.

Severe complications for babies can include:

- Pneumonia
- Seizures
- Brain damage
- Death

WHEN SHOULD I GET THE TDAP VACCINE?

All pregnant people should get the Tdap vaccine between 21 - 32 weeks gestational age.

Your body needs time to create protective antibodies and pass them to your baby before birth. Tdap antibodies decrease over time, so it is recommended that you get the vaccine each time you are pregnant and even if you were not vaccinated in a previous pregnancy.

WHAT ARE THE RISKS?

The Tdap vaccine is very safe and has been a recommended part of prenatal care for many years.

Side effects:

- | | |
|--------------------|--------------------|
| Most common | Less common |
| • Redness | • Body aches |
| • Swelling | • Fatigue |
| • Pain | • Fever |
| • Tenderness | |

IMPORTANT NOTE:

Everyone in contact with the baby should get the Tdap vaccine including partners, grandparents, siblings, and caregivers.

CAN I STILL GET THE FLU AND COVID VACCINES?

Yes! There is no required delay between Tdap and the COVID-19 or influenza vaccines.

Handout is based on recommendations by The Canadian National Advisory Committee on Immunization (NACI) and The Society of Obstetricians and Gynecologists of Canada (SOGC).

This material is intended for use by Canadian residents only. It is solely intended for informational and educational purposes. The information presented in these handouts is not to be used as a substitute for medical advice, independent judgment, or proper clinical assessment by a physician. The content of each case and individual needs differ between patients and this material cannot be applied without consultation with a trained doctor. This information handout is not intended for the diagnosis of health concerns or to take the place of the care of a medical professional. This material reflects the information available at the time of preparation.



Group B strep test

Overview

Group B streptococcus — also called group B strep — is a common bacterium often carried in the intestines or lower genital tract. Although group B strep is usually harmless in adults, it can cause complications during pregnancy and serious illness in newborns. If you're pregnant, your health care provider will likely recommend a group B strep test during the third trimester.

During a group B strep test, your health care provider will swab your vagina and rectum and send the samples to a lab for testing. In some cases, you might receive instructions on how to collect the samples yourself. You'll need to repeat the group B strep test each time you're pregnant.

If the group B strep test is negative, no action is needed. If the group B strep test is positive, you'll be given antibiotics during labor to prevent group B strep disease in your baby.

Why it's done

The group B strep test is done during pregnancy to identify women who carry this common bacterium.

Group B strep is usually harmless in adults. Rarely, however, group B strep can cause health problems during pregnancy, including:

- Urinary tract infection
- Infection of the placenta and amniotic fluid (chorioamnionitis)
- Pneumonia
- Bacteria in the blood (bacteremia)
- Life-threatening infection in the blood (sepsis)

Rarely, group B strep can contribute to inflammation and infection of the membrane lining the uterus (endometritis) after delivery. Group B strep also increases the risk of wound infection after a C-section.

The primary concern with group B strep, however, is the risk to the baby.

Group B strep can spread to the baby during a vaginal delivery if the baby is exposed to fluids containing the bacterium. While only a few babies who are exposed to group B strep develop an

Results

If you test positive for group B strep, it doesn't mean that you're ill or that your baby will be affected. It simply means the potential for newborn infection exists.

Talk with your health care provider about a plan for labor and make sure you remind your health care team of your group B strep status during labor. Also tell your health care provider if you're allergic to any medications.

Your reminders will help your health care team provide the best possible care during labor and delivery.

By Mayo Clinic Staff

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