



The Ottawa Hospital | L'Hôpital
d'Ottawa

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. Megan Gomes MSChQ, MD, FRCSC

Ottawa, ON K1H8K7
Tel: (613) 721-2907
Fax: (613) 518-6555
askus@origynsmedical.com

Congratulations on your pregnancy!

Thank you for entrusting us with this precious occasion.

Your first visit will take place early in your pregnancy. During your first visit we will take your history, evaluate your general health, elicit any Obstetrical risks and plan for your pregnancy and labour. You will also listen to your baby's heart sounds.

Follow-up visits are typically:

- every 4 weeks until 28 weeks
- then every 2 weeks until 36 weeks
- then weekly until delivery

Please ensure that you book your follow-up appointment before leaving the office.
Your post-partum follow-up is 6 weeks after delivery. This can be with your family doctor or with Dr Gomes. Please call the office to book this appointment shortly after your delivery.

The following are important tests and activities we will undertake during your pregnancy:

- A dating ultrasound during your first trimester
- First Trimester Screening (FTS) will be offered at 11+6 - 13+6 weeks to screen for genetic disorders
- At 18-20 weeks a morphology ultrasound will be ordered
- At 24-28 weeks a glucose tolerance test will be ordered to screen for gestational diabetes
- At 28 weeks you will receive an injection (Rhogam) if your blood group is negative
- At 30-32 weeks an ultrasound may be done to check the baby's growth
- At 35-36 weeks a swab will be collected to test for Group B Streptococcus (GBS)
- At 39 - 40 weeks a pelvic exam is completed to check the cervical dilation
- Induction of labour will be offered at 41 weeks + 3 days

If you notice any of the following "Alarming Signs" PLEASE CONTACT:

Dr Gomes' office at 613-721-2907 or the obstetrical triage department at the Ottawa General Hospital at **613-737-8012** (available after hours when you are over 20 weeks). If you are under 20 weeks, present to the emergency department.

- 1) Reduction in fetal movements (<6 movements in 2 hours after 24 weeks)
- 2) Sudden gush of fluids
- 3) Cramps, contractions, backache and pressure in the pelvis
- 4) Bleeding or sudden severe pain
- 5) Severe headaches or flashes of light, nausea, and abdominal pain
- 6) Fever and severe vomiting or any serious health concerns



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Ottawa, ON K1H 8K7
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Fax: (613) 518-6555
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Where will I deliver my baby?

Dr Gomes undertakes deliveries at **The Ottawa Hospital General Campus** where she shares on call duties with a group of 12 Obstetricians. An Obstetrician is available in hospital at all times. Labour and delivery is located on the 8th floor of the General Hospital.

The following immunizations are recommended during pregnancy:

Whooping cough (Pertussis) vaccine between 21-32 weeks
Flu shot, based on seasonal availability

The following medications are considered safe during pregnancy:

For headaches: Tylenol
For Cough & Cold: Robitussin DM
For sore throat: Bradosol Lozenges
For constipation: Restorolax, Metamucil and Colacé
For Hemorrhoids: Proctosedyl or Anusol
For Heartburn: Tums or Gaviscon
For Nausea and Vomiting: Diclectin

Recommended Resources:

Healthy Beginnings: Giving your baby the best start, from preconception to birth
www.pregnancyinfo.ca
Online Prenatal class – <https://www.ottawaceea.com>

Yours sincerely,

Dr Megan Gomes MD, FRCSC



The American College of
Obstetricians and Gynecologists

FAQ

FREQUENTLY ASKED QUESTIONS
FAQ001
PREGNANCY

Nutrition During Pregnancy

- How can I plan healthy meals during pregnancy?
- How does MyPlate work?
- What are the five food groups?
- Are oils and fats part of healthy eating?
- Why are vitamins and minerals important in my diet?
- How can I get the extra amounts of vitamins and minerals I need during pregnancy?
- What is folic acid and how much do I need daily?
- Why is iron important during pregnancy and how much do I need daily?
- Why is calcium important during pregnancy and how much do I need daily?
- Why is vitamin D important during pregnancy and how much do I need daily?
- How much weight should I gain during pregnancy?
- Can being overweight or obese affect my pregnancy?
- Can caffeine in my diet affect my pregnancy?
- What are the benefits of including fish and shellfish in my diet during pregnancy?
- What should I know about eating fish during pregnancy?
- How can food poisoning affect my pregnancy?
- What is listeriosis and how can it affect my pregnancy?
- Glossary

How can I plan healthy meals during pregnancy?

Planning healthy meals during pregnancy is not hard. The United States Department of Agriculture has made it easier by creating www.choosemyplate.gov. This web site helps everyone from dieters and children to pregnant women learn how to make healthy food choices at each mealtime.

How does MyPlate work?

With MyPlate, you can get a personalized nutrition and physical activity plan by using the "SuperTracker" program. This program is based on five food groups and shows you the amounts that you need to eat each day from each group during each *trimester* of pregnancy. The amounts are calculated according to your height, prepregnancy weight, due date, and how much you exercise during the week. The amounts of food are given in standard sizes that most people are familiar with, such as cups and ounces.

What are the five food groups?

1. Grains—Bread, pasta, oatmeal, cereal, and tortillas are all grains.
2. Fruits—Fruits can be fresh, canned, frozen, or dried. Juice that is 100% fruit juice also counts.
3. Vegetables—Vegetables can be raw or cooked, frozen, canned, dried, or 100% vegetable juice.
4. Protein foods—Protein foods include meat, poultry, seafood, beans and peas, eggs, processed soy products, nuts, and seeds.
5. Dairy—Milk and products made from milk, such as cheese, yogurt, and ice cream, make up the dairy group.

Are oils and fats part of healthy eating?

Although they are not a food group, oils and fats do give you important *nutrients*. During pregnancy, the fats that you eat provide energy and help build many fetal organs and the placenta. Most of the fats and oils in your diet should come from plant sources. Limit solid fats, such as those from animal sources. Solid fats also can be found in processed foods.

Why are vitamins and minerals important in my diet?

Vitamins and minerals play important roles in all of your body functions. During pregnancy, you need more folic acid and iron than a woman who is not pregnant.

How can I get the extra amounts of vitamins and minerals I need during pregnancy?

Taking a prenatal vitamin supplement can ensure that you are getting these extra amounts. A well-rounded diet should supply all of the other vitamins and minerals you need during pregnancy.

What is folic acid and how much do I need daily?

Folic acid, also known as folate, is a B vitamin that is important for pregnant women. Taking 400 micrograms of folic acid daily for at least 1 month before pregnancy and 600 micrograms of folic acid daily during pregnancy may help prevent major birth defects of the baby's brain and spine called *neural tube defects*. It may be hard to get the recommended amount of folic acid from food alone. For this reason, all pregnant women and all women who may become pregnant should take a daily vitamin supplement that contains the right amount of folic acid.

Why is iron important during pregnancy and how much do I need daily?

Iron is used by your body to make a substance in red blood cells that carries oxygen to your organs and tissues. During pregnancy, you need extra iron—about double the amount that a nonpregnant woman needs. This extra iron helps your body make more blood to supply oxygen to your baby. The daily recommended dose of iron during pregnancy is 27 milligrams, which is found in most prenatal vitamin supplements. You also can eat iron-rich foods, including lean red meat, poultry, fish, dried beans and peas, iron-fortified cereals, and prune juice. Iron also can be absorbed more easily if iron-rich foods are eaten with vitamin C-rich foods, such as citrus fruits and tomatoes.

Why is calcium important during pregnancy and how much do I need daily?

Calcium is used to build your baby's bones and teeth. All women, including pregnant women, aged 19 years and older should get 1,000 milligrams of calcium daily; those aged 14–18 years should get 1,300 milligrams daily. Milk and other dairy products, such as cheese and yogurt, are the best sources of calcium. If you have trouble digesting milk products, you can get calcium from other sources, such as broccoli; dark, leafy greens; sardines; or a calcium supplement.

Why is vitamin D important during pregnancy and how much do I need daily?

Vitamin D works with calcium to help the baby's bones and teeth develop. It also is essential for healthy skin and eyesight. All women, including those who are pregnant, need 600 international units of vitamin D a day. Good sources are milk fortified with vitamin D and fatty fish such as salmon. Exposure to sunlight also converts a chemical in the skin to vitamin D.

How much weight should I gain during pregnancy?

The amount of weight gain that is recommended depends on your health and your *body mass index* before you were pregnant. If you were a normal weight before pregnancy, you should gain between 25 pounds and 35 pounds during pregnancy. If you were underweight before pregnancy, you should gain more weight than a woman who was a normal weight before pregnancy. If you were overweight or obese before pregnancy, you should gain less weight.

Can being overweight or obese affect my pregnancy?

Overweight and obese women are at an increased risk of several pregnancy problems. These problems include *gestational diabetes*, high blood pressure, *preeclampsia*, *preterm* birth, and *cesarean delivery*. Babies of overweight and obese mothers also are at greater risk of certain problems, such as birth defects, *macrosomia* with possible birth injury, and childhood obesity.

Can caffeine in my diet affect my pregnancy?

Although there have been many studies on whether caffeine increases the risk of *miscarriage*, the results are unclear. Most experts state that consuming fewer than 200 milligrams of caffeine (one 12-ounce cup of coffee) a day during pregnancy is safe.

What are the benefits of including fish and shellfish in my diet during pregnancy?

Omega-3 fatty acids are a type of fat found naturally in many kinds of fish. They may be important factors in your baby's brain development both before and after birth. To get the most benefits from omega-3 fatty acids, women should eat at least two servings of fish or shellfish (about 8–12 ounces) per week and while pregnant or breastfeeding.

What should I know about eating fish during pregnancy?

Some types of fish have higher levels of a metal called mercury than others. Mercury has been linked to birth defects. To limit your exposure to mercury, follow a few simple guidelines. Choose fish and shellfish such as shrimp, salmon, catfish, and pollock. Do not eat shark, swordfish, king mackerel, or tilefish. Limit white (albacore) tuna to 6 ounces a week. You also should check advisories about fish caught in local waters.

How can food poisoning affect my pregnancy?

Food poisoning in a pregnant woman can cause serious problems for both her and her baby. Vomiting and diarrhea can cause your body to lose too much water and can disrupt your body's chemical balance. To prevent food poisoning, follow these general guidelines:

- Wash food. Rinse all raw produce thoroughly under running tap water before eating, cutting, or cooking.
- Keep your kitchen clean. Wash your hands, knives, countertops, and cutting boards after handling and preparing uncooked foods.
- Avoid all raw and undercooked seafood, eggs, and meat. Do not eat sushi made with raw fish (cooked sushi is safe). Food such as beef, pork, or poultry should be cooked to a safe internal temperature.

What is listeriosis and how can it affect my pregnancy?

Listeriosis is a type of food-borne illness caused by bacteria. Pregnant women are 13 times more likely to get listeriosis than the general population. Listeriosis can cause mild, flu-like symptoms such as fever, muscle aches, and diarrhea, but it also may not cause any symptoms. Listeriosis can lead to miscarriage, stillbirth, and premature delivery. **Antibiotics** can be given to treat the infection and to protect your unborn baby. To help prevent listeriosis, avoid eating the following foods during pregnancy:

- Unpasteurized milk and foods made with unpasteurized milk
- Hot dogs, luncheon meats, and cold cuts unless they are heated until steaming hot just before serving
- Refrigerated pate and meat spreads
- Refrigerated smoked seafood
- Raw and undercooked seafood, eggs, and meat

Glossary

Antibiotics: Drugs that treat certain types of infections.

Body Mass Index: A number calculated from height and weight that is used to determine whether a person is underweight, normal weight, overweight, or obese.

Cesarean Delivery: Delivery of a baby through surgical incisions made in the mother's abdomen and uterus.

Gestational Diabetes: Diabetes that arises during pregnancy.

Macrosomia: A condition in which a fetus grows very large.

Miscarriage: Loss of a pregnancy that occurs before 20 weeks of pregnancy.

Neural Tube Defects: Birth defects that result from incomplete development of the brain, spinal cord, or their coverings.

Nutrients: Nourishing substances supplied through food, such as vitamins and minerals.

Preeclampsia: A condition of pregnancy in which there is high blood pressure and protein in the urine.

Preterm: Born before 37 weeks of pregnancy.

Trimester: Any of the three 3-month periods into which pregnancy is divided.

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

FAQ001: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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FDA Issues Guidelines on Maternal Fish Consumption

- **Pregnant women should consume 8 to 12 ounces of a variety of different forms of fish per week.**
 - **Fish with a higher concentration of omega-3 PUFAs and lower concentrations of mercury are preferred. The most favorable balance of PUFAs:mercury is found in salmon, anchovies, herring, shad, Atlantic and Pacific mackerel, pollock, and freshwater trout.**
 - **Oysters also have a good ratio of PUFAs:mercury, but women should only consume cooked seafood during pregnancy.**
 - **Albacore and bluefin tuna contain higher levels of mercury, but light canned tuna, although lower in PUFAs, also has substantially lower levels of mercury. Therefore, light canned tuna is reasonable for consumption during pregnancy.**
 - **Other commonly consumed seafood, such as cod, catfish, tilapia, and shrimp, may not possess the high concentrations of PUFAs of fish such as salmon, but they also feature lower mercury levels and may be recommended during pregnancy.**
 - **However, pregnant women should not consume shark, swordfish, king mackerel, or tilefish from the Gulf of Mexico because of unacceptably high concentrations of mercury.**
 - **The recommendations suggest that PUFA supplements are a weak alternative to the consumption of dietary seafood, as supplements do not contain all of the other healthy nutrients that seafood does.**
 - **Pregnant women are reminded that consuming seafood should not result in excessive caloric intake. Healthy means of preparing seafood (eg, broiled vs fried) are stressed.**
 - **Pregnant women should pay attention to the source of seafood caught in freshwater bodies. Fish from water bodies with an advisory are to be avoided. If no advisory system is in place for a particular water source, adults should limit their consumption of seafood from that source to 6 ounces per week, and children should only consume 1 to 3 ounces per week.**
 - **The recommendations for seafood consumption among children mirror those for pregnant women. Children younger than 6 months should not be given seafood, and children younger than 6 years should consume 3 to 5 ounces of fish per week. This total can be increased to 4 to 6 ounces per week among children between ages 6 and 8 years, and older children can eat 8 to 12 ounces of seafood per week.**
 - **The same recommendations stressing low-mercury fish and avoiding fish known to have high levels of mercury apply to children.**
-
- ***The current recommendations from the FDA promote consumption of 8 to 12 ounces of seafood per week among pregnant women and young children. Seafood with low concentrations of mercury is preferred, including salmon, light canned tuna, anchovies, herring, and freshwater trout.***

Infant seat

How to keep your child safe in the car

A rear-facing seat gives the best protection for your baby's head, neck and spine in a sudden stop or crash. You can use either a rear-facing only seat or a larger, rear-facing convertible seat as long as your baby fits correctly.

How to use your child's infant car seat

Make sure the harness straps are in the slot level with or below your child's shoulders.

Tighten the harness straps. You should not be able to pinch the harness at the shoulder.

The harness should be flat with no twists.

Place the chest clip at your baby's armpit level.

Place the handle where the instructions tell you. All seats are different.

Place the car seat in the back seat, facing the back of the vehicle.

Attach the seat using the lower anchors (UAS) or seat belt and tighten.

If you use the seat belt, it must be locked.

The seat should move less than 1 inch (2.5 cm) where it is attached to the car.

Adjust the seat to recline at the correct angle. Check your instructions.



Read your vehicle manual and follow the instructions for your seat.

Infant seat

How to keep your child safe in the car

Helpful tips for using your infant seat

- Install the seat at the most reclined angle allowed for your newborn. Check your instructions.
- Do not use items that did not come with your seat.
- Dress your baby in light layers and add blankets over top once he or she is safely buckled. Bulky coats and bunting bags are not safe for the car seat.
- Take your baby out of the car seat when you arrive. A car seat is not a safe place for your baby to sleep.
- Make sure your seat is safe to use. You can find a checklist, videos and other resources on our website.



When is your baby ready for the next seat?



- Check the labels on your seat to find out when your baby will reach the seat's height or weight limits.
- Once your child has outgrown the infant seat, use a larger, rear-facing seat.
- Keep your child rear facing for as long as he or she still fits the larger, rear-facing seat.

Parachute

PREVENTING INJURIES. SAVING LIVES.

www.parachutecanada.org

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Here for you.

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NAUSEA AND VOMITING IN PREGNANCY



THE SOCIETY OF
OBSTETRICIANS AND
GYNAECOLOGISTS
OF CANADA

www.sogc.org

education

Nausea and vomiting is a normal part of pregnancy, but there are steps you can take to feel better.

If you are pregnant and have nausea and vomiting, you're not alone. Over half of all pregnant women suffer from this common ailment, sometimes called 'NVP'.

The symptoms can be very unpleasant and can interfere with your daily routine. The good news is that nausea and vomiting isn't usually harmful to you or your unborn child.

And, there are many ways of easing your nausea and vomiting. Your doctor, nurse or midwife can help you find the right solution for a comfortable and healthy pregnancy.

'Nausea and vomiting of pregnancy' is also called 'morning sickness' — even though it can happen at any time of the day.

What causes nausea and vomiting?

No one knows exactly why women have nausea and vomiting when they are pregnant. It's probably due to all of the changes taking place in your body, such as high levels of hormones in your blood.

However, it could be due to an illness or other medical problem. Not all nausea and vomiting is related to pregnancy.

How long will these symptoms last?

Nausea and vomiting usually starts around the sixth week of pregnancy and stops around the 12th week. However, you may still have queasiness after that, often up until your 20th week. Some women will have nausea and vomiting for longer, maybe even until the end of pregnancy.

Should I be worried?

Nausea and vomiting isn't usually harmful for pregnant women and their babies. For most women, nausea and vomiting doesn't last all day and there are times when they feel hungry and can keep food down.

However, in severe cases you may not be getting the nutrients and fluids that you and your baby need. Speak with your health-care provider if you are so sick that you miss meals day after day.

What if I just can't keep anything down?

About one per cent of pregnant women in Canada have 'hyperemesis gravidarum'. This is when you are so sick that the lack of fluids and nutrients being taken in may be dangerous for you and your baby.

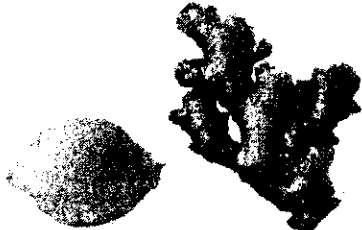
The biggest worry is dehydration. If you don't have to go pee very often or have dark yellow urine, and you cannot drink enough liquid to correct this condition, call your health-care provider. You should also get help if you are so sick that you are losing weight rapidly.

Nausea and vomiting can be difficult to control; the sooner you are diagnosed and get treatment, the more likely you will be to avoid severe symptoms.

Helpful tips to control nausea and vomiting:

What you eat, and when

- In the morning, eat a few crackers and rest for 15 minutes before getting up.
- Get up slowly and do not lie down right after eating.
- Eat small meals or snacks often so your stomach does not become empty (for example, every two hours). Try not to skip meals.
- Eat what you feel like and eat when you are hungry, though you may want to avoid cooking or eating spicy, fatty or fried foods because of the smell.
- If cooking smells bother you, open windows and turn on the stove fan. If possible, ask someone else to cook. Eat cold food instead of hot, as it may not smell as strongly.
- Sniffing lemons or ginger can sometimes help an upset stomach.
- Eating salty potato chips can help settle the stomach enough to eat a meal.



Tips to get enough fluids

- Sip small amounts of fluid often during the day.
- Avoid drinking fluids during, just before or immediately after a meal.

Food ideas to help relieve nausea

- Salty: Chips, pretzels
- Tart/sweet: Pickles, lemonade
- Earthy: Brown rice, mushroom soup, peanut butter
- Crunchy: Celery sticks, apple slices, nuts
- Bland: Mashed potatoes, gelatin, broth
- Soft: Bread, noodles
- Sweet: Cake, sugary cereals
- Fruity: Watermelon, fruity popsicles
- Liquid: Juice, seltzer, sparkling water, ginger ale
- Dry: Crackers

Getting enough rest

- Get plenty of rest, and try napping during the day; nausea tends to worsen when you are tired. Many women find they need more sleep in the first three months of pregnancy.
- You may need to take some time off work or make other arrangements for household chores and childcare.
- Get help and support from friends and family.



Lifestyle strategies

- Get plenty of fresh air and avoid warm places as feeling hot can add to nausea.
- Try acupressure wrist bands.
- Acupuncture can help some women. Speak to your health-care professional first and look for an experienced and licensed acupuncturist.
- Try ginger, an alternative remedy thought to settle the stomach. Doses of up to 250 mg four times a day appear to be safe.
- If multivitamins make your nausea worse, try taking your prenatal vitamins with food or just before bed. There are also pills that are smaller or have lower iron content. If you can't take any multivitamin, take a folic acid pill (0.4 to 1.0 mg) alone until you feel better.

Is there medication that can help?

Many women want to avoid taking medicine when they are pregnant. However, changing your diet and daily routine might not be enough to relieve your symptoms. You shouldn't feel guilty about wanting to feel better, and your health-care provider can prescribe medication to help reduce your nausea and vomiting.

In Canada, *Didectin*® is the only medication approved for the treatment of nausea and vomiting in pregnancy. It contains doxylamine (an antihistamine) and pyridoxine (vitamin B6). Its safety and effectiveness for pregnant women is recognized by Health Canada and studies have shown no evidence that harmful effects are experienced by babies.

If this medication does not ease your symptoms, speak with your health-care professional to discuss other solutions.

Are natural products safe?

People often assume that 'natural' products or remedies are safer than prescription medications. However, many of these natural or herbal products have not been clinically tested to evaluate their safety and effectiveness. Even fewer products have been properly tested during pregnancy. Ask your health-care provider before taking any herbal remedies.

Should I worry if I don't have nausea and vomiting?

No. Every pregnancy is unique: the severity of nausea and vomiting you experience may be different from other women, and may even be different each time you are pregnant.

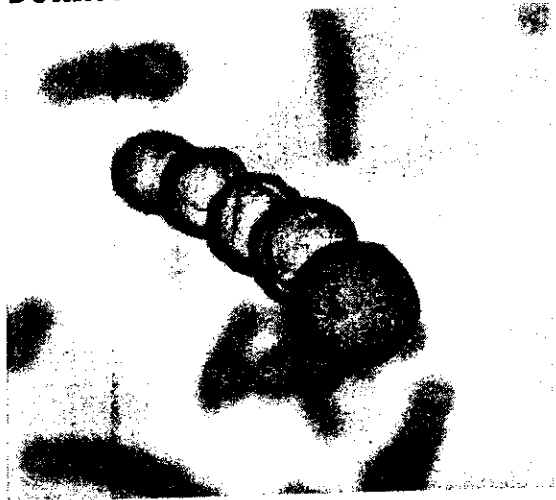
Further resources:

For advice on nausea and vomiting in pregnancy, you can call the *Motherisk* program of the Hospital for Sick Children in Toronto toll-free at 1-800-436-8477. For information on the safety and risks of medications during pregnancy and breastfeeding, call the *Motherisk* program at 1-877-439-2744 or visit www.motherisk.org.

Other resources from the Society of Obstetricians and Gynaecologists of Canada:

- Brochures available online at www.sogc.org:
 - Medications and drugs: Before and during pregnancy
 - Medications and drugs while breastfeeding
 - Healthy eating, exercise and weight gain before and during pregnancy
- The book, "Healthy Beginnings: Giving your baby the best start from preconception to birth", available at www.sogc.org/healthybeginnings

GROUP B STREPTOCOCCUS (GBS) INFECTION DURING PREGNANCY



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Screening for GBS, and having treatment if needed, is a common and routine part of pregnancy.

Group B streptococcus (GBS) are common bacteria which are often found in the vagina, rectum or urinary bladder of women. This is not the same bacteria which causes strep throat. Infections from GBS are usually not serious for a woman and are readily treated with antibiotics. However, when a woman becomes pregnant, the whole outlook changes. There is no sure way to prevent the GBS bacteria from being passed to a newborn at the time of birth and although it is very rare, and despite medical treatment, some babies still die as a result of complications from a GBS infection. Your doctor would like to help prevent this from happening. GBS usually does not cause infections in pregnant women, the concern is for the baby. Read this pamphlet to find out about group B streptococcus infections (GBS).

About group B streptococcus (GBS)

When GBS bacteria reach a woman's bladder, kidneys or uterus they can cause an infection. Infections can cause inflammation and pain. A woman can have these bacteria in her body and not know it. If a woman has these bacteria in her vagina and rectum without having any symptoms, she is said to be colonized (positive). It is estimated that 15 - 40% of all pregnant women are GBS colonized. Between 40 - 70% of colonized mothers pass the bacteria onto their babies during the birthing process. While most babies are not affected by the bacteria, a very small number (1- 2%) of these babies will go on to develop a GBS infection. Babies who are infected with GBS may have mild to severe problems which may affect their blood, brain, lungs and spinal cord. No one method of screening (testing) and treatment will prevent all GBS infant deaths.

Screening (testing) for GBS

Doctors agree that there are two acceptable options for screening, (testing) for GBS. A doctor may choose to routinely culture (test) all the pregnant women under his or her care between the 35th and 37th week of pregnancy, and treat the mothers who are GBS colonized (positive) with antibiotics when labour starts. Or a doctor may choose not to routinely test every woman, but rather to treat only those mothers who are at risk of passing the bacteria to their babies (Table 1) during the birth process. If cultures were not done around the time of the woman's 35th - 37th week of pregnancy, or if the test results are not available at the time of delivery, it is essential that women at risk are treated with antibiotics.

In addition, particularly if the woman has a history of bladder or kidney infections, a doctor may also test a woman's urine for the bacteria. If the bacteria are found in the urine but not found in the vagina or rectum, the woman is still considered colonized (positive) and will still be treated with antibiotics when she goes into labour.

Risk factors for GBS infections

Women are at high risk to pass GBS on to their babies if they:

1. Start labour before they reach 37 weeks gestation (with or without ruptured membranes).
2. Reach full term, but their membranes rupture (water breaks) and it seems as though the labour will last more than 18 hours.
3. If they have an unexplained, mild fever during labour.
4. If they have already had a baby who had a GBS infection.
5. If they have (or had) a bladder or kidney infection which was caused by the GBS bacteria.

How is the test done?

This simple and painless test is done by inserting a Special Q-tip into a woman's vagina and rectum. The Q-tip is then placed in a special solution to see if the bacteria grow. This is called doing a Culture. If bacteria grow, the woman is said to be colonized (positive) If no bacteria grow, the test is negative.

Treatment for mother

Expectant mothers who tested positive for GBS bacteria will be treated with antibiotics when they go into labour or if their membranes rupture (water breaks) early. If a mother is not tested but is thought to be at high risk (Table 1) for passing the bacteria on to her baby during the birth process, she will also be treated with antibiotics to kill the bacteria during her labour and birth. Studies show that it is not beneficial to give antibiotics during pregnancy, as in more than 65% of cases, the bacteria have time to re-grow before labour begins.

Be sure to tell your doctor if you think you have had an allergic reaction to antibiotics in the past.

TWO types of GBS infections in newborns

There are two types of GBS infections that can happen to newborn babies. The most common type is called early-onset disease. In this case, the babies are almost always infected during their journey down the birth canal because the bacteria were in their mother's vagina. The symptoms of early-onset infections show up before the baby is seven days old. Some babies show signs of this infection as early as six hours after birth. Early-onset disease can cause infections in a baby's lungs, brain, spinal cord or blood. This type of GBS infection can be very serious and frequently hard for a newborn baby to fight off. This is the infection that antibiotic treatment in labour is aimed at preventing.

The second type is called late-onset disease. In this case, the babies don't show signs of a GBS infection until after they are more than seven days old. About half of these babies were also infected during their birth. The other half became infected after the birth by being in contact with their GBS positive mother, or another person who is a carrier of the disease. Late-onset infections can also cause serious problems for the newborn. The most common problem is meningitis - an infection of the membranes which surround the brain and spinal cord. The risk of late-onset disease is not decreased by antibiotic treatment in labour but antibiotics are available for the baby once it is born. Babies with early-onset disease are more likely to die than those babies with late-onset disease.

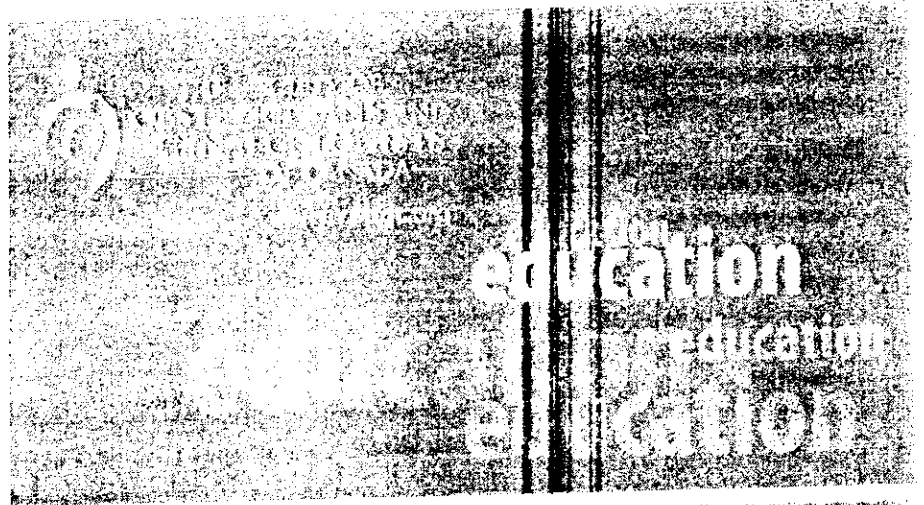
Treatment for baby

All newborn infants are watched closely for symptoms of an infection, particularly when the mother was GBS positive at some point in her pregnancy, and no matter whether she was treated with antibiotics or not. While it is true that the chances are small that an expectant mother who was treated with antibiotics during pregnancy will pass the bacteria on to her baby - it can happen. Babies who show signs of a GBS infection after birth will also be treated with antibiotics. If available, a baby specialist (paediatrician) may be asked to help look after a baby with a GBS infection.

Further resources from the Society of Obstetricians and Gynaecologists of Canada

- Guideline available at www.sogc.org:
 - The Prevention of Early-Onset Neonatal Group B Streptococcal Disease
- The book, "Healthy Beginnings: Giving your baby the best start from preconception to birth", available at www.sogc.org/healthybeginnings

HEALTHY EATING, EXERCISE AND VITAMIN SUPPLEMENTS BEFORE AND DURING PREGNANCY



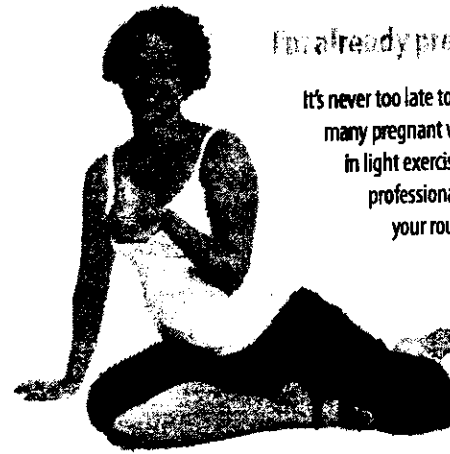
A balanced diet, regular and consistent exercise, and vitamin supplements promote good health, lower your risk of disease, and improve your energy levels during pregnancy.

How do I prepare for pregnancy?

Women with healthy eating and exercise patterns before pregnancy enjoy reduced health risks for both themselves and their babies during pregnancy. By following a balanced diet and participating in regular exercise, you should work towards maintaining a Body Mass Index (BMI) below 30, and ideally between 20 and 25. Women who have BMIs over 30 when they conceive are at increased risk for complications during pregnancy.

Eating a balanced diet before you become pregnant will help your body meet the nutritional needs of your developing baby when you become pregnant. Follow *Canada's Food Guide* — this promotes eating a variety of healthy foods and has tips and advice for women at all stages of life.

As well, scientific evidence shows that women who are physically fit before pregnancy have fewer aches and pains and feel they have more energy during their pregnancies. Aim for at least 30 minutes of moderate exercise (that makes you sweat), five days a week, to enjoy long-term good health. This will also prepare you for the physical challenges of pregnancy and labour, and help you maintain or achieve a healthy BMI for pregnancy.



I'm already pregnant: is it too late?

It's never too late to start improving your diet, and many pregnant women can begin participating in light exercise. Speak with your health-care professional before making any changes to your routine.

What is a healthy weight gain during pregnancy?

Weight gain during pregnancy supports the growth of your baby and the placenta, as well as changes in your body (such as an increased volume of blood and fluid, larger breast size, and some storage of fat). Evidence shows that women who gain the recommended amount of weight during pregnancy have fewer complications, such as caesarean section, gestational hypertension, and low or high birth weight.

The following guidelines may be useful for you, but keep in mind that weight gain will be different for everybody. Speak with your health-care professional if you are concerned that you are gaining too much or too little weight.

BMI before pregnancy	Recommended weight gain
Less than 18.5	12.5 to 18 kg (28 to 40 lb)
Between 18.5 and 24.9	11.5 to 16 kg (25 to 35 lb)
Between 25 and 29.9	7 to 11.5 kg (15 to 25 lb)
More than 30	At least 7 kg (15 lb)
Twin pregnancies	16 to 20.5 kg (35 to 45 lb)

Body Mass Index (BMI) is used to estimate a healthy weight range for a person over 18, based on his or her height. Keep in mind that this measurement does not take into account factors such as genetics and bone structure, which will also influence a person's weight. If you have concerns about your weight, speak to your health-care professional.

To calculate your BMI and to see ranges for your optimal BMI, visit the Health Canada resource at the end of this pamphlet and search for 'BMI.' Or, you can use this formula: $BMI = \text{weight(kg)} / \text{height(m)}^2$.

Example: You are 160 cm tall and weigh 65 kg.

$$BMI = \frac{65}{1.60^2} = \frac{65}{2.56} = 25.4$$

Having excess weight before pregnancy, particularly a BMI over 30, can increase your risk of serious health problems and is linked with many complications in pregnancy that affect both you and your baby.

Risks for you

- Gestational diabetes
- Gestational hypertension
- Caesarean section (as well as increased risks for complications)
- Increased risk of excess blood loss
- Early labour and birth
- Miscarriage
- Infertility

Risks for your baby

- Baby growing too big (causing problems during birth for mother and baby)
- Difficulty monitoring fetal heart rate
- Needing to stay in hospital after birth
- Birth defects, including neural tube defects
- Stillbirth

If you were active for at least six months before your pregnancy, ask your health-care professional about whether you may continue your sports or workouts safely. As you move further into your pregnancy and your body changes, you may feel mild aches and pains due to looser joints and shifting of your body weight. You may need to revise your exercise program every trimester to reduce the risk of falls and limit high-impact activities.

If you have not been active before your pregnancy, start low and go slow. Try regular brisk walking, swimming, strength training for pregnant women, or other activities that will strengthen your heart and lungs and tone your muscles. It is recommended that you wait until the second trimester to start your program.



Healthy eating during pregnancy

What's more important than how much weight you gain during pregnancy? *What you eat and how often you eat.*

Pregnant women should eat small amounts of food often and avoid long periods without eating — ideally, three meals and three snacks spread throughout the day.

You may not need to increase your caloric intake during the first trimester, but should eat to satisfy your appetite. During your second and third trimesters your energy needs will increase, even if you feel less hungry because your growing baby is putting pressure on your stomach. For most pregnant women, this means eating an extra two or three servings per day from any of the food groups in *Canada's Food Guide*.

For more information on healthy eating during pregnancy, including which foods you should limit or avoid and which nutrients you may need more of, consult the resources at the end of this pamphlet. If you have special nutritional needs, or nausea and vomiting which prevent you from getting the food you need, get support from your health-care professional, who may refer you to a dietitian.

Resources for healthy eating during pregnancy

- The Society of Obstetricians and Gynaecologists of Canada's book "Healthy Beginnings: Giving your baby the best start from preconception to birth": www.sogc.org/healthybeginnings
- The Society of Obstetricians and Gynaecologists of Canada's guideline "Obesity in pregnancy": www.sogc.org/guidelines
- The Society of Obstetricians and Gynaecologists of Canada's brochure "Folic acid: For preconception and pregnancy": www.sogc.org/health/pamphlets_e.asp
- Information from Health Canada on BMI and "Canada's Food Guide": www.hc-sc.gc.ca



MONARCH

MATERNAL AND NEWBORN HEALTH

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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

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Will be referred to the Monarch Centre for...
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

- 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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