

PERINATAL INFORMATION

Congratulations on your pregnancy!

The CW Wiebe Medical clinic has a group of family doctors and obstetricians who care for expectant mothers and deliver their babies. They work as a team. There is always an experienced and well-trained physician at the Boundary Trails Health Centre to assist with after-hours concerns, emergencies, and labour and delivery. This may be a different provider than the one you see for your prenatal appointments.

At each appointment, the nurse or doctor will check your growing baby and listen to your baby's heartbeat, they will also check your blood pressure and find out how you are doing overall. You may see our Maternity Nurse, Kelly Ihme, at your first visit, 36 weeks and as needed throughout your pregnancy and for breastfeeding support.

First Trimester (First 14 weeks of pregnancy): Due Date & A Healthy Start

In certain circumstances, an early ultrasound may be ordered to check the pregnancy. Your due date is initially determined by the first day of your last menstrual period, but this is sometimes adjusted if an ultrasound has been done. Every woman is recommended to have an ultrasound between 18-22 weeks, which may also change your due date.

Folic Acid & Prenatal Vitamins:

We recommend you take a prenatal vitamin containing folic acid when you begin trying to get pregnant and for the duration of the pregnancy. This lowers the chance of heart defects and spina bifida. The recommended dose is almost always less than 1000mcg and your health care provider can tell you if you require more based on your health. Taking Vitamin D 1000 units a day is recommended during pregnancy and postpartum while breastfeeding.

What to expect at your first doctor's visit:

The first prenatal visit includes a complete history and physical exam. We will arrange for you to do blood and urine testing. We recommend testing for infections that can spread from mom to baby including hepatitis B, rubella, chicken pox, syphilis, gonorrhoea, chlamydia and HIV. We also ask if you have ever had genital herpes so that we can give you a medication to reduce the chance of spread to your baby.



Did you know?

The CW Wiebe Medical clinic has dietitians and a kinesiologist to answer questions and help support you as needed with healthy eating, weight gain and exercise in pregnancy

Healthy Weight Gain & Physical Activity is Important!

Weight gain is expected in pregnancy and recommended. Specific targets for weight gain will depend on your starting weight (see handout). We also recommend continuation of moderate exercise, but avoidance of high intensity exercise.

Try to do something active every day for 30 minutes even just going for a walk. This reduces your chance of some complications of pregnancy.

There are certain foods that you should avoid, or be more careful about in pregnancy (see handout). You should limit caffeinated beverages to 1-2 cups a day. Please avoid sugary drinks such as pop, fruit juices and energy drinks. It is also recommended not to smoke, drink, or do drugs (including cannabis) during your pregnancy.

For more information on eating well and being active during pregnancy visit:

Health Canada: Guide to a Healthy Pregnancy www.healthcanada.gc.ca/foodguide-pregnancy
www.canada.ca/en/public-health/services/pregnancy/guide-healthy-pregnancy.html.

Manitoba Prenatal Benefit

This is a monthly benefit that provides funding to families who qualify to help with the cost of groceries to support healthy food choices. To determine if you are eligible please visit: www.manitoba.ca/healthybaby or call 1-888-848-0140. Application forms are available online or at the Doctors office.

Is it safe?

Check with your physician regarding medications that are safe.

Do **NOT** take Anti-inflammatories (such as Advil, Naproxen).

Examples of medications that are safe in pregnancy include Tylenol, Gravol and Benadryl.

ALWAYS check with your doctor before taking any medications, herbs or supplements.

Get more questions answered about what is safe or not safe in pregnancy including xrays, swimming, foods and more by visiting:

www.gov.mb.ca/healthychild/healthybaby/kits/is_it_safe_during_pregnancy_and_for_mom_and_baby.pdf

Common Changes*	What You Can Do*
Menstrual period stops	Wear pads if you have spotting. While spotting in the first trimester is very common, call your health care provider or HealthLinks at 1 888 315 9257
Tender, painful, larger breasts; darkening around the nipple; small lumps	Wear a comfortable, supportive bra, even at night. If you notice a new lump or have any concerns, talk with your health care provider.
Mood Changes	Share your feelings, eat well and exercise. Call your health care provider if you think you might be depressed. Fear, uncertainty, excitement Find support groups for pregnant people or new parents
Tiredness	Rest when you can
Headaches	Use good posture. Drink lots of water. Don't strain your eyes. Put a cool or warm washcloth on your forehead or neck. Get a massage. Try Tylenol (acetaminophen)
Need to pee a lot	Limit caffeine
Morning sickness/Nausea	Eat smaller amounts more often. Have a small snack, like crackers, a few minutes before you get out of bed. Sip water, unsweetened apple juice, sparkling water or ginger ale. Eat cold meals, avoid greasy food and have someone else cook. Wear loose clothing and let fresh air into your home. Switch to liquid prenatal vitamins. To protect your enamel, don't brush teeth right after vomiting. Instead, rinse with water, mouthwash or baking soda mixed with water. If you're considering using cannabis to help with morning sickness, learn about the risks and talk with your health care provider about safer options
Thin, milky vaginal secretions	Wear small pads, cotton underwear and looser pants. Contact your health care provider if you're itchy or have frothy, smelly or coloured discharge
Shortness of breath	Normal, but contact your health care provider if you have a family history of heart problems. Seek emergency care if your symptoms come on suddenly and you have chest pain, or if the shortness of breath makes it hard to lie flat or speak
Light-headedness	Stand up slowly and eat regularly

*Reference Baby's Best Chance: <https://www.healthlinkbc.ca/hlbc/files/bbc-7th-edition-final-nov2019.pdf>

Second Trimester (14-27 weeks)

Genetic screening — These are optional blood tests you will be offered.

There are two types of blood tests in Manitoba that can determine your chance of having a baby with Down's Syndrome and other certain genetic syndromes. The first is called the Maternal Serum Screen which is free, and done between 15 to 21 weeks. The second is the Non-Invasive Prenatal Test that is around \$500 and offered after 10 weeks. If this test shows that you have a higher chance of having an affected baby, then your doctor will discuss further testing.

Routine Ultrasound – to be done between 18-22 weeks

We arrange for an ultrasound to confirm that your baby and placenta is developing normally. Sometimes the technician is unable to clearly see all aspects of the baby (ie. heart) and you may need to return for a repeat ultrasound for a better picture. This does not mean there is a problem with the baby. They may be able to tell you the sex of your baby from this ultrasound, however this is not always 100% accurate. In addition, not all problems with the baby will be seen on the ultrasound. They might only be discovered after birth.

Did You Know?

The CW Wiebe Medical Clinic has a maternity nurse specializing in supportive care and education during and after pregnancy, contact the clinic to book an appointment or talk with the nurse regarding questions, concerns and education about your pregnancy, labour, delivery, breastfeeding and postpartum care.



Common Changes*	What You Can Do*
Red, inflamed gums	Floss and brush regularly. See a dental professional and tell them you're pregnant.
Leaky breasts	Use breast pads in your bra and change them whenever they're wet
Stuffy nose; nose bleeds	Drink plenty of water. Avoid smoke. Massage your sinus area. Breathe in steam or cool mist, place warm, moist towels on your face, or try nose drops made of ¼ teaspoon salt in 1 cup warm water. Don't take antihistamines unless recommended by your doctor.
Feeling baby move	Note the date, and tell your health care provider on your next visit
Low back pain	Use good posture and wear supportive shoes. Don't lift heavy items. Get a massage (by someone specially trained in prenatal massage only) or apply heat or cold. Sleep on your left side with a pillow between your knees
Pubic pain	Don't push heavy things with your feet or open your knees wide
Throbbing legs; varicose veins	Stay active. Sleep on your side with a pillow between your legs. Don't cross your legs. Do ankle and foot exercises and prop up your legs when sitting. Wear support hose if advised by your doctor.
Swelling of ankles, feet, hands and face and tingling in hands ("edema")	Stay active. Sleep on your left side. Prop up your legs. Avoid tight socks, rings and watches. If you have a lot of swelling or if you also have headache, blurred vision or stomachache, seek medical attention right away
Constipation	Drink lots of water, eat high-fibre foods and stay active. Don't hold back or force bowel movements. Don't use suppositories, mineral oil, laxatives or enemas unless recommended by your doctor.
Line running from belly button to pubic area	darkening of face Line may remain after birth

*Reference Baby's Best Chance: <https://www.healthlinkbc.ca/hlbc/files/bbc-7th-edition-final-nov2019.pdf>

Third Trimester (27 weeks to end of pregnancy)

Hemoglobin (blood count/iron check) - pregnant women can develop low iron or blood counts (anemia). To treat anemia, you might need to take iron supplements. Your hemoglobin is checked throughout your pregnancy.

Gestational Diabetes - This is a type of diabetes that can develop during pregnancy and then goes away after the baby is born. Diabetes is when the sugar in your blood is too high. This is treated with diet changes, if it cannot be controlled with diet then your doctor may start you on medication such as insulin.

www.diabetes.ca/diabetes-and-you/living-with-gestational-diabetes.ca

Antibodies – If you have a negative blood type, your body can develop antibodies that can harm a future baby. To prevent this, we recommend a blood product injection called WinRho, this injection is given around 28 weeks in pregnancy and again after delivery if needed.

Vaccinations

Recommended vaccinations in pregnancy:

- *Flu shot*: available at any gestational age.
- *TDAP*: (tetanus, diphtheria, pertussis) pregnant women should get the TDAP vaccine in every pregnancy to protect their newborn infant from pertussis (whooping cough). Optimal timing is between 27-32 weeks gestation, although it can be given at any time during pregnancy.

Did you know?

Childhood immunizations are available at the CW Wiebe medical clinic in conjunction with your postpartum follow up appointments or with your local public health nurse. For information on childhood immunizations visit:

www.manitoba.ca/health/publichealth/cdc/div/index.html

Group B Strep bacteria (GBS).

GBS bacteria is a normal part of a woman's vaginal or rectal environment. However, if a baby gets this bacteria in their mouth during labour, it can travel to the baby's brain or the lungs and cause serious infection. We recommend a swab of the vagina and rectum between 35-37 weeks to test for the presence of the bacteria. If it is present, we recommend antibiotics to be given in labour to protect the baby.

HDP – hypertensive disorders of pregnancy

We check your blood pressure at every visit and may ask you to check your blood pressure at home. High blood pressure in pregnancy can be treated using medications that are safe for baby. Symptoms of high blood pressure can include headaches, blurred vision or seeing black spots, abdominal pain, nausea and emesis, excessive swelling. Should you develop these symptoms you need to seek medical attention.

Feeding Your Baby

You will need to consider how you will feed your baby. This is a good time to start thinking about that decision. Breastfeeding is recommended, making an informed decision is best. If you choose to try breastfeeding, you can begin hand expression at 36 weeks to help with breast milk production and release hormones that prepare your body for labour. Breastfeeding is a learning process that will take time and support. Your nurses in the hospital will help with the initial steps in establishing effective breastfeeding, a public health nurse may also provide support once you have gone home. The Maternity Nurse at the clinic is available before you deliver and after to help you with breastfeeding. If your choice is to formula feed, the maternity nurse and the nurses at the hospital will also provide teaching and guidance on how to feed your baby with formula. Please visit www.wpgbreastfeedingcentre.com for videos and information.

Common Changes*	What You Can Do*
Stretch Marks on stomach, breasts, thighs	Will usually fade after birth
Dry, Itchy Skin	Try glycerin soap or calamine lotion. Moisturize. Avoid long, hot baths.
Fatigue Rest	Get help with chores. Consider stopping work early. Take naps and rest when you can
Doubt, fear about labour	Meet with maternity nurse for prenatal education and think about your plans for labour. Talk with trusted friends and family members. Tell your health care provider
Pre-labour contractions (“Braxton Hicks”)	As you approach your due date, contractions will increase. Braxton Hicks contractions aren’t harmful and aren’t a sign that you’re about to go into labour. Try physical activity
Leg muscle cramps	Drink milk and eat calcium-rich foods. Before bed, take a warm bath and stretch your lower legs.
Hemorrhoids	Apply ice wrapped in a cloth. Avoid constipation and straining. Sleep on your side with a pillow between your knees. Don’t sit or stand for long periods. Try pelvic floor Kegel exercises
Heartburn	Eat small, frequent meals, avoid greasy and spicy foods and drink plenty between meals. Raise your head and shoulders when lying down. Don’t bend or lie down right after a meal. Avoid tight waistbands. Chew non-peppermint gum with xylitol. If heartburn is making it hard to eat or sleep, ask your health care provider about medications that can help.
Sudden groin pain	Avoid sudden movement. Bend at the hips when you cough or sneeze. Shortness of breath Take deep, slow breaths through your mouth. Wear loose clothing. Use good posture
Difficulty sleeping Exercise	Before bed, try a warm bath, a warm decaffeinated drink and snack, deep breathing and relaxing music. Use extra pillows to support your body
Increased need to pee	Avoid caffeine and try Kegel exercises

*Reference Baby’s Best Chance: <https://www.healthlinkbc.ca/hlbc/files/bbc-7th-edition-final-nov2019.pdf>

Going to the Hospital

Many women stay at home during early labour. But it is important you know when to go to the hospital. It is always a good idea to call the hospital on your way so they can be ready for your arrival. Call BTHC at 331 8800 and ask for the obstetrics unit. The nurse will ask you a few questions. When you arrive at the hospital you will be seen in the Triage room to check on you and your baby and then decide on what is needed next.

When to go to the Hospital

- If you have regular contractions every 5 minutes over several hours (or sooner if your drive is greater than 30 minutes, or if you have had a fast labour to get to the hospital)
- If you are breathing through your contractions and would like medication for pain
- If you have a sudden release of fluid from your vagina. It is possible to mistake a leak of amniotic fluid for a problem with bladder control, but your doctor and nurses will need to assess.
- If you are not feeling the baby move or feeling decreased movement
- If you have bright red bleeding (This is an emergency)
- If you are having severe abdominal pain in between contractions (This is an emergency)
- If you have had contractions that are more than 5 minutes apart, but are keeping you awake. Especially if this has occurred for more than 24 hours.
- If you have the feeling something is wrong.

It's Time for Your Baby to Arrive!

Pain Management in Labour

There are many options for pain management in labour. Having a baby is hard work, and part of that hard work is getting through the pain. There are more ways than ever to manage that pain, and you don't have to choose just one. It is difficult to know what is going to work until you are in it, and what helps at one point can change five minutes later. Labour pain can vary from abdominal period cramps to aching back pain, to throbbing hip pain. It is important to keep an open mind. Pain management in labour can include relaxation techniques, breathing, position changes, water therapy (warm shower), counter pressure/massage, epidural, opioid medications such as Morphine or Fentanyl, sterile water injections, Entonox. Your nurse and doctor will offer you choices according to what is appropriate at your stage of labour when you are ready for a pain management option.

Standard Recommended Treatment following Delivery

Oxytocin – is a hormone produced in our bodies that is naturally released during childbirth and helps with milk letdown during lactation. It also prevents excessive bleeding after birth. It is recommended that you receive a dose of oxytocin through a needle in your upper arm or thigh immediately following delivery.

Vitamin K - is a vitamin helps regulate our bleeding. Newborn babies do not have enough of this vitamin when they are born, which puts them at risk for excessive bleeding. It is recommended that all newborn babies receive a dose of Vitamin K through a needle in their thigh

When Pregnancy Goes Past your Due Date

The length of pregnancy is around 40 weeks. It is not unusual for pregnancies to last longer than 40 weeks. Anywhere between 37 and 42 is considered a term pregnancy and safe to deliver. If you go over 41 weeks, we arrange for an ultrasound or non-stress test (a check of the baby's heart rate done at Boundary Trails Health Centre) to check the health of the baby.

In some situations your doctor may discuss options of putting your body into labour. There are several methods that this can be done and your doctor will discuss which option is best for you.

Operative Delivery (Using a vacuum or forceps to assist in delivering your baby)

The goal is never to have to pull out a baby, but there are some situations where it will be recommended. This is about 5-7% of the time. This may include when the baby is very close to being born, but its heart rate drops, or it is too exhausting to continue pushing on your own. In a serious emergency, the birth attendant may have to act quickly and pull the baby out. This is extremely rare. In the majority of the time, you will have the opportunity to ask questions and discuss alternatives like c-section.

Hospital Stay

Welcome your new baby to the world! You are encouraged to hold your baby skin to skin as much as possible, which means the baby is in their diaper held against mom or dad's chest covered with a blanket. This skin to skin time is important for you and your baby, it promotes brain development, stable body temperatures, breastfeeding, regulation of heart rate, breathing and blood sugar levels and bonding with your baby. Your nurses will help you establish feeding your baby, your baby will typically feed every 3-4 hours in the first day then more often at least every 2-3 hours including overnight, a newborn baby does need to be woken up to feed. This is normal behavior but it can be tiring for the new mother. Try to rest when your baby is sleeping.

Let us know if you need a breast pump as many drug plans cover them as medical devices with a prescription.

After 24 hours of age your baby will be screened for jaundice (yellowing of the skin), oxygen levels, weight, screening blood test for metabolic disorders (PKU) and offered a hearing screening.

Length of Stay and Discharge

24 - 48 hours or sooner after vaginal birth with no complications for mom or baby

48 - 72 hours or sooner after a c section birth with no complications for mom or baby

You will have a 1-2 week follow up with a doctor after going home, and further visits will be planned from there. If you have concerns, you have several options:

- Your family doctor
- The doctor that you saw for prenatal care
- Walk-in clinic or Urgent care clinic
- Emergency department at your nearest hospital
- Emergency department at Boundary Trails Health Centre (as they will have your information)

Postpartum Depression

This is a common problem, and do not be shy to reach out for help. It is normal to feel overwhelmed, anxious, or upset in the first few weeks. If you have thoughts of harming yourself or others, or if you are losing the ability to care for yourself and perform daily tasks, please let us know.

www.ppd.manitoba.ca

<http://mooddisordersmanitoba.ca/services/onlinepeersupport/>

Baby's Best Chance **Parents' Handbook of Pregnancy and Baby Care** <http://www.healthlinkbc.ca/babys-best-chance>

Phone numbers to know:

Boundary Trails Health Centre: 204 331 8800

Health Links: 1 888 315 9257

CW Wiebe Medical Clinic: 204 325 4312

Menzies Medical Clinic: 204 822 4474

Other information resources:

Canada SOGC website www.sogc.org



Congratulations On Your Pregnancy

From Your CW Wiebe Medical Team



As providers we are here to ensure you and your baby receive the care and support you need during your pregnancy and postpartum

CW Wiebe Medical Clinic – 204 325 4312



