

How to prepare for labor

Abnormal symptoms • Tdap vaccine • Preterm labor • Group B strep screening



Abnormal symptoms in pregnancy

If you have any of the following symptoms, you should call your obstetrician or certified nurse midwife. Trust your instincts. If you have a concern about your well-being or the well-being of your baby, please call your provider.

Signs of preterm labor

- If you feel frequent cramping (more than two times in 20 minutes or six times in one hour), empty your bladder, recline on your left or right side and drink water. If cramping/tightening continues at same rate, call your provider.
- Contractions may feel like menstrual cramps or tightening of the uterus; it may or may not be painful.
- Uterine contractions may be accompanied by dull lower-back pain or a feeling of pelvic pressure.
- Your vaginal discharge changes — becoming bloody, watery or mucus-filled — or increases.

See the “Preterm labor” page in this packet for more information.

Premature rupture of the membranes (water bag breaks)

- It is normal to have a milky white vaginal discharge in pregnancy. It is not normal to have a clear watery or bloody discharge.
- If you experience a gush of water or a persistent trickle of fluid, call your provider immediately.

Vaginal bleeding

- Call your provider if you have bleeding before 37 completed weeks of pregnancy.
- After 37 weeks of pregnancy, you might experience light bleeding with mucous or pink-tinged urine (this is especially true if you are having contractions or have had a recent vaginal exam by your provider).
- Bright red bleeding like a menstrual period is never normal.

Decrease in the baby's movement

- Most patients first feel their baby move between 18 and 25 weeks of pregnancy. It will not be regular at first. The baby is moving, but his or her movement is still too small to feel on a regular basis.
- When you are in your third trimester, you will become aware of your baby's normal activity pattern.
- If you notice your baby is not moving as often or as vigorously as usual, do a kick count:
 - It is best to do a kick count after you have eaten or had something cold to drink.
 - Lie down on your left side.
 - Have something to note the movements.
 - Note the time you start.
 - The goal is to feel 10 movements within two hours.
 - Any movement counts — kicking, rolling, jabbing and fluttering.
- If you do a kick count and do not feel 10 movements in two hours, or you do not feel the baby moving at all, go to our labor and delivery unit.

Excessive vomiting

- If you have the flu or food poisoning that is causing vomiting, try to take sips of water or an electrolyte drink.
- If you are unable to keep any fluids down, call your provider.

High blood pressure

- Contact your provider if you have the following symptoms during your third trimester:
 - Severe headaches
 - Changes in vision: blurred vision or spots in your vision
 - Severe pain in the upper right side of your abdomen
 - Sudden, severe vomiting
 - Sudden weight gain and swelling in your face and hands
- Having these symptoms may not mean you have severe high blood pressure, but they could be warning signs that require further testing.

Tdap vaccine: frequently asked questions

The Tdap vaccine for adults is a combination vaccine to prevent three serious diseases: tetanus, diphtheria and — most important for a pregnant mother and her baby — pertussis, or whooping cough.

What is pertussis (whooping cough)?

Pertussis, or whooping cough, is a severe cough that is highly contagious. It gets its name from the “whooping” sound people with pertussis make when they breathe. In newborns, whooping cough can be a life-threatening illness that makes it tough for them to eat or even breathe. The Tdap vaccine can prevent it.

Should I get a Tdap shot if I’m pregnant?

Absolutely. The Tdap vaccine should be given between 27 and 36 weeks of pregnancy and with each pregnancy. The Tdap vaccine is safe for pregnant women, and you may pass on your whooping cough immunity and protection to your baby.



Can newborns get this vaccine?

No. That’s why it’s important for moms-to-be to get it. Infants cannot be vaccinated for whooping cough until they are 2 months old. In the meantime, they are at risk of catching this serious illness. This is why it is important for moms and other close contacts to be vaccinated as well.

I didn’t get a Tdap vaccine during pregnancy. Do I still need it?

Yes, if you needed the vaccine and did not get it, make a point to get your Tdap shot immediately after your baby is born.

I’m breastfeeding my baby. Is it safe for me to get the Tdap vaccine?

Yes. A Tdap shot is a safe option for breastfeeding mothers (and their babies) who did not get the vaccine while they were pregnant. You may pass on some antibodies to your baby in your breast milk that can help protect against whooping cough. It takes about two weeks for your body to pass on these protective antibodies. That is why it’s best to get the vaccine while you’re pregnant. That way, you pass on immunity to your baby starting with your very first feeding.

Are there other ways to protect my baby against whooping cough?

The best thing you can do is to get your Tdap vaccine. Also, make sure that all family members and any caregivers are up to date on their vaccines. If necessary, ask that they get a Tdap vaccination at least two weeks before being in close contact with your baby. Do your best to surround your baby with a “safe cocoon” of vaccinated caregivers.

Preterm labor: what you should know

Understanding preterm labor

According to the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM), a full-term pregnancy is 39 weeks. Early term is 37 to 38 weeks. Late preterm is another category of babies born between 34 weeks and 36 weeks and 6 days.

Preterm labor, or premature labor, means you go into labor before 37 weeks. If you are in preterm labor, it means one or more of the following:

- You are having uterine contractions and your cervix is beginning to change.
- Your water (the amniotic sac) has broken.
- Your cervix is dilating.

Symptoms

Your symptoms may vary, but these are some of the most common:

- Your **water breaks**, which may come as an uncontrollable gush or as a steady trickle.
- You **feel pressure** in your pelvis or lower abdomen.
- You have dull **lower back pain** that is nearly constant.
- You feel **cramping** in your abdomen (and may have diarrhea).
- Your **vaginal discharge changes** — becoming bloody, watery or mucus-filled — or increases.
- You feel your **uterus contracting/tightening** regularly (which may or may not be painful).

The symptoms of preterm labor may resemble other medical conditions. If you feel as if you may be going into premature labor, call your obstetric provider right away.

Causes

We don't always know the exact reason why a woman goes into premature labor. There are some risk factors you can control and others you cannot. The most common cause of preterm labor is a woman's water breaking too early — known as early rupture of membranes.

Other reasons for early labor:

- A previous premature birth
- A short cervix
- Previous surgery on the uterus or cervix
- Pregnancy complications, including vaginal bleeding or carrying multiples (twins, triplets, etc.)
- Back-to-back pregnancies (with only a short amount of time in between)
- Smoking or substance abuse during pregnancy
- Low prepregnancy weight

Preterm labor and premature birth

Premature babies — babies born before 37 completed weeks of pregnancy — often have a low birth weight (less than 5.5 pounds) and are small. Because their organs are not fully mature, they have a higher risk of complications. It is harder for them to stay warm and fight off infections. They may also have trouble breathing or with eating and digestion. Babies who are born before 28 weeks are even more vulnerable because their bodies are not ready for life outside the womb.

Generally, the earlier babies are born, the more likely they are to have serious and long-lasting health problems, including developmental disabilities. Medications used to treat preterm labor also carry some risks to the mother and baby.



Diagnosis

If your provider suspects you are in early labor, they may send you to our labor and delivery unit for evaluation. Your medical team will likely place an electronic monitor over your abdomen to check how often you are having contractions and to monitor your baby's heartbeat.

Treatment

To determine the best treatment, your provider will take the following factors into consideration:

- Your pregnancy, overall health and medical history
- How serious the condition is
- Whether the condition is expected to worsen
- How well you tolerate and respond to specific therapies and medications
- Your personal treatment preferences

You might be given medications to temporarily delay delivery, prevent infection and help protect your baby's lungs and brain.

Preventing preterm labor in future pregnancies

Sometimes, preterm labor can be prevented from reoccurring in future pregnancies. Research has indicated that progesterone supplements can help reduce the risk of preterm labor for women who have delivered premature babies before. Your doctor may prescribe this for you if you are at risk.

Group B strep screening: frequently asked questions

What is Group B streptococcus (GBS)?

Group B streptococcus (also called Group B strep, or GBS) is a kind of bacteria that lives naturally in the digestive, urinary and reproductive tracts of men and women. In women, it often lives in the vagina and rectum. GBS is not sexually transmitted and usually does not cause serious illness. You can carry the bacteria without showing any symptoms. This means you are “colonized” by the bacteria; however, it is not contagious. Also, how much bacteria you carry can change. Your number of bacteria may reach such a low level that it can’t even be detected.

Why do I need a GBS screening test?

Most pregnant women colonized with GBS experience no symptoms and do not notice any health effects. However, for some women, GBS can cause infection during pregnancy. The most serious issue is that a woman carrying GBS close to her delivery can transmit it to her baby. This can be life threatening for the newborn.

When should I get tested for GBS?

You will be tested for GBS between 35 and 37 weeks of your pregnancy. Your health care provider will use a swab to take a sample from your vagina and rectum.

What if I test positive?

You will most likely be treated with antibiotics during labor to prevent you from passing GBS to your baby. Antibiotics help eliminate some of the bacteria that can harm your baby during birth. Antibiotics for GBS are effective only if they are administered while you are in labor. If you are treated earlier in your pregnancy, the bacteria could regrow by the time you are in labor.

The most common antibiotic for GBS is penicillin. If you’re allergic to penicillin, your health care provider will prescribe an alternative.

What if I already had a baby with a GBS infection?

If GBS was present in a previous delivery, you are considered high risk for passing GBS to your baby during labor and delivery. You do not need to undergo a GBS screening — you will automatically be treated with antibiotics during labor.

