Welcome and congratulations on your pregnancy!

7-11 Weeks
- Pregnancy confirmation (transvaginal) ultrasound in office
- Optional genetic testing discussion (can be discussed at the pregnancy confirmation, nurse history intake or physical exam with physician)
- Nurse history intake to gather pertinent medical history and provide counseling on diet/exercise/genetics/prenatal labs and any other educational needs (this may be done with paperwork for some patients)
- Physical exam with provider (including transvaginal ultrasound) and pap smear (if due) with standard culture(s)
- **Monthly visits will start**

11-13 Weeks
- Prenatal labs to be completed by or around this timeframe
- Timeframe to complete any selected optional genetic testing

19-21 Weeks
- Second trimester fetal well being ultrasound (with maternal fetal medicine). This ultrasound will screen for any evidence of birth defects.

26-28 Weeks
- Third trimester standard lab testing: glucose testing (screening for gestational diabetes), blood count (CBC), hepatitis B, HIV, and syphilis

28 Weeks
- Rhogam provided (if negative blood type).
- Tdap vaccination is offered
- **Twice monthly visits begin**

36 Weeks
- Group B strep culture will be collected
- **Weekly visits begin**

The above guide is a general outline of routine prenatal care to be used as a reference. Your individual care schedule, appointments and lab testing may be different than outlined above based on your particular health care needs during pregnancy.

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Trinity Health IHA Medical Group

Homework

Lab Tests

- For a full list of lab locations, please visit: ***stjoeshealth.org/find-a-service-or-specialty/lab-services***

Anatomy Ultrasound

- Schedule between 19-21 weeks

Choose Your Child's Pediatrician

- Choose your child's pediatric provider

-or-

- Sign up to meet a provider

Third Trimester Class

- Sign up for the virtual class

Post-Partum Class

- Sign up for a Virtual Post-Partum Class

FMLA/Disability Paperwork

- Do not procrastinate. Bring your FMLA and/or disability paperwork to the office ASAP

Discussion

- Discuss Hepatitis B vaccine and circumcision

Car Seat

- Purchase your car seat and have it installed

Birth Wishes

- Review your plan for: ***pain management, breastfeeding, cord blood donation***

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Formal First Trimester Ultrasound

We are pleased to provide you with a formal first trimester ultrasound. This is completed between 11-14 weeks of pregnancy. This is recommended for all patients, especially those with multi-gestation pregnancies, history of fetal anomalies, history of chromosomally abnormal infants or advanced maternal age.

This is a unique time to evaluate the fetus, as the period of organ development is complete, and the fetal anatomy is large enough to see with high level ultrasound. The ultrasound will assess the nasal bone, face/profile, chest/heart position and the early appearance of abdominal wall, bladder, stomach, spine and extremities. It will also measure the thickness of the back of the fetal neck called the nuchal translucency.

Your ultrasound will be performed by a Registered Diagnostic Medical Sonographer (RDMS) who has special training in high-risk obstetrical ultrasound. **The ultrasound may require both abdominal and vaginal ultrasound to obtain optimal views.** This ultrasound appointment will take approximately 30 minutes for each fetus you are carrying.

Your sonographer cannot give you the results of the ultrasound. A physician is required to read and interpret these images and you can expect to hear from your primary obstetricians office regarding your result once the report is released to them.

It is important to understand that this ultrasound is not a guarantee of healthy baby(ies) or a normal pregnancy. There are many diagnoses that are not picked up on pregnancy ultrasound that may have a significant impact on your children's lives (e.g. diabetes). It does not tell us that your pregnancy will go to term or that you will deliver vaginally or without complications

Day of appointment reminders:

- **Wear a two-piece outfit.**
- **One adult 18 or older is allowed to join the patient** as a visitor.
- **Do not take video, pictures or facetime during the ultrasound** while the sonographer is working. We can give you pictures at the conclusion of the study.
- **Empty your bladder 1 hour prior to your appointment. 30 minutes before your appointment start time, drink 16oz of fluid and do not empty your bladder again prior to the ultrasound.** Your sonographer will notify you when you can empty your bladder after initial imaging. The full bladder helps give the best views of the fetus.

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Screening Ultrasound

We are pleased to provide you a screening ultrasound. This ultrasound has three main purposes:

1. Evaluate the measurements of your baby(ies),
2. Review the anatomy of your baby(ies) and
3. Look at your anatomy (e.g. uterus, ovaries, and cervix)

Your ultrasound will be performed by a Registered Diagnostic Medical Sonographer (RDMS) who has special training in high-risk obstetrical ultrasound. Your ultrasound appointment will take 40-60 minutes per baby. Factors that increase the time of the ultrasound include the position of your baby(ies) and maternal obesity. Your sonographer (the person doing your ultrasound) will make their best attempt at taking pictures of your baby(ies) for our physicians, who will be responsible for "approving" these pictures.

At times, the diagnosing physician will decide that additional pictures are necessary, and you will receive a phone call to set up an additional appointment within 1-2 weeks. This alone does not mean that there is something wrong with your baby(ies). Our physician will send your obstetrician or midwife a report of your ultrasound within 1-2 working days, and you should review your ultrasound results with your obstetrician.

Your sonographer cannot give you the results of your ultrasound. If there is a concern regarding your ultrasound, you will speak with your obstetrician or midwife regarding these findings. Our physicians are happy to provide you with a face-to-face consultation appointment to discuss your ultrasound as well, as you and your provider see fit. We anticipate that you will be pleased with your screening ultrasound and we welcome any feedback you have about your experience.

It is important to understand that this ultrasound is not a guarantee of healthy baby(ies) or a normal pregnancy. There are many diagnoses that are not picked up on pregnancy ultrasound that may have a significant impact on your children's lives (e.g. diabetes). It does not tell us that your pregnancy will go to term or that you will deliver vaginally or without complication.

- **Wear a two-piece outfit.**
- **One adult 18 or older allowed. No children.**
- **Do not take video, pictures or facetime during the exam. We will give you pictures of the baby or babies as a memento.**
- **Empty your bladder 60 minutes before the exam. After emptying your bladder, consume two 8 oz glasses of fluid (water, milk, etc.). Do not urinate after drinking the fluid.**

Best of luck with your pregnancy!

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IHAcares.com

Trinity Health

IHA Medical Group

Dear Patient:

As a Trinity Health IHA Medical Group Obstetrics patient, we want to ensure you have chosen a pediatric provider for your newborn prior to your delivery.

You have the opportunity to choose a physician who focuses in one of three areas of medicine:

- **Pediatric physicians** care for a broad spectrum of health services ranging from preventive health care to the diagnosis and treatment of acute or chronic diseases, consulting and making use of other specialists when needed.

- **Internal Medicine-Pediatric (Med-Peds) physicians** provide healthcare for the entire family but have additional specialty training in pediatrics to care for their younger patient population.

- **Family Medicine physicians** provide comprehensive health care for the entire family, from newborns to seniors, oftentimes caring for the same patients throughout their lifespan.

We encourage you to visit the IHAcares.com website to review our Pediatric and Primary Care practice locations and providers or call 844-IHA-DOCS (844-442-3627). For your convenience, the QR codes below will take you to the Pediatrics, Internal Medicine-Pediatric and Family Medicine pages of our website with a complete provider listing. Each provider has their own page that provides their biography, including medical school and residency information.

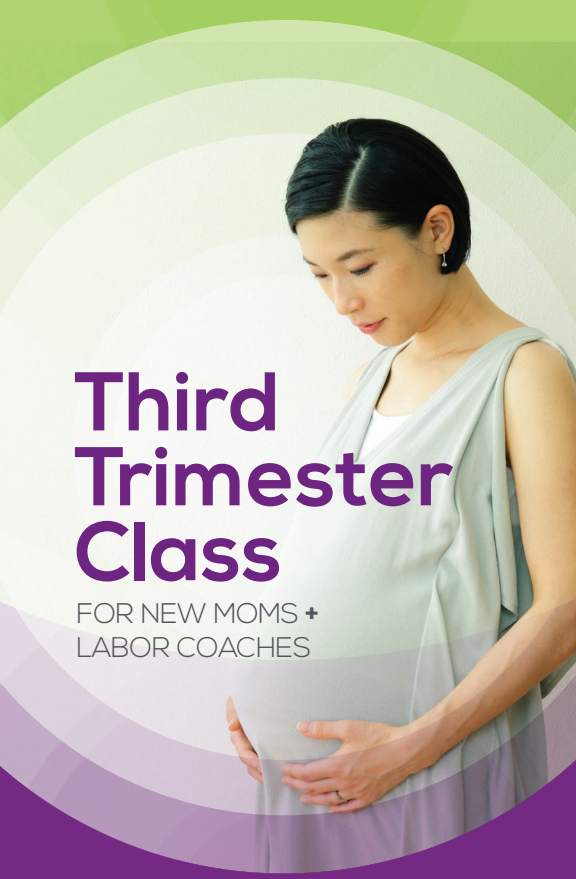
Pediatrics

Internal Medicine-Pediatrics

Family Medicine

If you have already selected your child's pediatrician, please let us know at your next appointment so we can update your prenatal chart in preparation for your delivery.

Sincerely,
Trinity Health IHA Medical Group Obstetrics & Gynecology Division



Third Trimester Class

FOR NEW MOMS + LABOR COACHES

Free + Virtual

Third Wednesday of the Month

7:00 PM

Scan to register!

Trinity Health

IHA Medical Group

Life with Baby

Postpartum Class

Free + Virtual

First Tuesday of the Month

6:00 PM

Scan to register!

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Donor Human Breast Milk for Your Baby on the Mother Baby Unit

How does breast milk benefit your baby?

A mother's own milk is the best food for her baby. It has benefits that no infant formula can provide. It provides the best nutrition and promotes growth and development. It has factors that protect a baby from infections and other illnesses and it helps to develop the infant's immune system. It is easier to digest than infant formulas. A newborn's gastrointestinal (GI) tract is immature. Breast milk contains growth factors that protect the lining and help the GI tract mature.

What is donor human breast milk?

Donor human milk is breast milk that is donated by women who have more than enough for their own babies. It is processed by a milk bank that follows safety guidelines set by the Human Milk Banking Association of North America (HMBANA). At St. Joseph Mercy Hospital, we use donor milk from the Bronson Mothers' Milk Bank located in Kalamazoo, MI. Donor human milk is pasteurized, a process that uses high heat to kill known bacteria and viruses. The milk is then tested to make sure it is germ-free. Most of the unique factors found only in human milk remain after the heat treatment.

Continued →

Who can donate breast milk?

Milk is donated by healthy women who are nursing their own babies and have extra milk to donate to the milk bank. All donors provide milk on a voluntary basis. The donors are carefully screened. Only healthy women who are non-smokers and have a healthy life-style are accepted as donors. The donor's blood is screened for HIV, HTLV, syphilis, and hepatitis. The milk from several donors is screened and pooled before it is heat-treated. We do not recommend that you get donor breast milk on your own from a friend, relative, or on-line source. This milk would not meet the same safety standards.

Potential uses for donor human milk

When a mother plans to breastfeed and her own breast milk is not yet available and the baby needs additional milk due to a medical condition, donor milk from a donor milk bank is the next best option. Some situations in which use of donor milk may be considered include:

1. Infant has hypoglycemia (low blood sugar)
2. Infant has excessive weight loss in the first few days of life
3. Infant has significant jaundice (high intermediate/ high risk)
4. Infant is having significant feeding problems in the first few days of life despite help from a lactation consultant

What are the risks of donor human milk?

The risks of using donor breast milk are very small. The risk of infections, however slight, cannot be reduced to zero.

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Request For Disability Forms

Please allow at least 7-10 business days for forms to be completed.

Today's date: _____ Patient's date of birth: _____

Patient's name: _____

Person requesting disability leave: ☐ Self ☐ Support person

Support person's name: _____

Support person's date of birth: _____

Contact phone number(s): _____

Physician's name: _____

PREGNANCY ONLY:

Expected delivery date: _____ Actual delivery date (if delivered): _____

☐ Vaginal Delivery ☐ Cesarean Section Delivery

Hospital admission date: _____ Discharge date: _____

Last date worked: _____

Reason you were taken off work: _____

Disability DOES NOT COVER time BEFORE baby is born unless your physician takes you off for medical reasons. Our physicians allow 8 weeks of recovery time for Cesarean delivery only.

GYN SURGERIES ONLY:

Type of surgery: _____

Date of surgery: _____ How many weeks you will be off work: _____

Hospital where surgery will take place: _____

From (Patient): I authorize the use or disclosure of the above named patient's health information as described below, and I am authorized to make this disclosure.

I) I understand that this authorization will not expire after I have signed the form. I understand that I may revoke this authorization at any time by notifying the providing organization in writing, and it will be effective on the date notified, except to the extent, action has already been taken in reliance upon it. I understand that the information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer be protected by federal privacy regulations. By authorizing this release of information, my health care and payment for my health care will not be affected if I do not sign.

2) I understand that in compliance with the state of Michigan laws pertaining to record copies, I will pay a fee if charged by the practice. There is no charge for medical records if copies are sent to facilities for specialist care, school purposes, insurance billing, or for workman's compensation.

Signature of patient: _____ Date: _____

Disabilities + Pregnancy

Pregnancy is a time in a woman's life that is filled with many joyous moments, excitement and anticipation. As the months go by and the baby and uterus start to increase in size, it is natural for women to experience a number of symptoms that are normal occurrences in pregnancy.

Below are common questions women have about disabilities and pregnancy.

WHAT TYPE OF SYMPTOMS MAY I EXPERIENCE?

- Lower back pain
- Pelvic discomfort
- Swelling of the arms and legs
- Decrease in energy level
- Fatigue
- Insomnia
- Lower back or pelvic soreness with walking

While we recognize how uncomfortable these symptoms can be in pregnancy, these symptoms do not constitute a disability.

WHEN SHOULD I STOP WORKING?

- There is no "set time" when pregnant women should stop working assuming there are no medical reasons to stop working.
- If there are no medical reasons to place someone off work, the time off prior to delivery will not be considered a disability.
- Typically your Human Resources department will ask for a note from your doctor with a date to stop working.
- The patient/employee should use accumulated vacation time, accrued sick time, or take the time off without pay (such as using part of your allotted FMLA time). Speak to your employer about which option(s) best suits your particular situation.
- Your estimated delivery date does not equate with a medical indication to stop working. Therefore, in these instances, our office can only file the diagnosis of "pregnancy" on any disability paperwork, as any other diagnosis would be considered disability fraud.

HOW DO I KNOW IF I HAVE A MEDICAL DISABILITY?

We consider medical disability to be: **• 6 weeks for vaginal delivery • 8 weeks for cesarean section**

- Some employers or disability companies consider medical disability to shorter than 6 or 8 weeks. In these instances, the additional weeks may not be paid for by your disability policy, unless you have a medically recognized complication.
- We can only fill out paperwork to reflect actual restrictions. It is your responsibility to know the policies of your employer or disability company.
- If you are medically ready to return to work sooner after your delivery, it is possible be cleared sooner.

DO I HAVE A COMPLICATED PREGNANCY?

- If your pregnancy is complicated by a recognized medical condition and your physician has directed you to be off work prior to delivery, our office will coordinate disability paperwork that may need to be filed with your employer on your behalf.

Our goal is to provide you with the best care possible!

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Educational videos for your family!

A Mother's Touch-Breast feeding in the first hour.

This video provides demonstrations of breast feeding and milk expression, with an emphasis on breastfeeding in the first hour of birth.

Time: 11:10 minutes

Understanding Breastfeeding

This video will help you get breastfeeding off to a good start by reviewing the benefits of breastfeeding for mothers and infants, discussing the importance of skin to skin contact, how to position and help your baby latch, and how to know that breastfeeding is going well.

Time: 36:12 minutes
Password Required: baby

Use QR code above to access Understanding Breastfeeding and Donor Milk Consent. Scroll to correct video.

Donor Milk Consent

Dr. Ivacko, a Neonatologist at St. Joes Hospital, answers common questions about the use of donor milk for your infant.

Time: 3:21 minutes

Rear-facing Car Seats for Babies: Safety Tips.

This video reviews rear-facing car seat safety and installation of a car seat.

Time: 7:12 minutes

References:

Injoy Health Education. Understanding Breastfeeding video used with licensing agreement.

Morton, J. (2017) A Mother's Touch-Breast feeding in the first hour [Video file]. Retrieved from: med.stanford.edu/newborns/professional-education/breastfeeding/breastfeeding-in-the-first-hour.html

Children's Hospital of Philadelphia. Rear-facing car seats for babies: Safety tips [Video file]. Retrieved from: chop.edu/video/rear-facing-car-seats-babies- safety-tips

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Lactation and Breastfeeding Medicine

Our International Board Certified Lactation Consultants (IBCLC) and Certified Lactation Consultants (CLC) are board-certified pediatricians or registered nurses who can provide you with expert care before, during and after your baby is born to ensure that you have the support and education you need to feel comfortable and confident in your decision to breastfeed. All lactation consultants provide breastfeeding support consistent with the recommendations of both the American Academy of Pediatrics, the International Board of Lactation Consultant Examiners and the Academy of Lactation Policy and Practice.

Lactation consultants are available for **one-on-one breastfeeding assistance**. They can handle many types of breastfeeding issues including, but not limited to:

- Basic breastfeeding education
- Support and encouragement
- Help continuing with breastfeeding after returning to work or school
- Latch-on problems
- Sore nipples or engorgement
- Slow weight gain of infant
- Insufficient breast milk
- Medical conditions such as prematurity, Down syndrome, cleft lipand/or palate
- Breastfeeding multiples

We believe breastfeeding is best and the absolute healthiest nutrition for your baby.

GOOD FOR BABY

- Breast milk offers immediate protection against allergies, diabetes and obesity
- Breast milk has the perfect balance of protein, fat, mineral and vitamins

GOOD FOR MOM

- Breastfeeding leads to a lower risk of certain types of breast cancer, Type 2 diabetes and ovarian cancer
- Reduces the risk of osteoporosis, which helps protect against bone fractures in older age

To make an appointment at one of these convenient locations, please call:

Trinity Health Academic Family Medicine - Brighton • **810-844-7950**
Trinity Health IHA Medical Group Breastfeeding Medicine - Ann Arbor Campus • **734-213-3680**
Trinity Health IHA Medical Group Pediatrics - Arbor Park • **734-434-3000**
Trinity Health IHA Medical Group Pediatrics - Cherry Hill Village • **734-398-7899**
Trinity Health IHA Medical Group Pediatrics - Genoa • **810-494-6820**
Trinity Health IHA Medical Group Pediatrics - Schoolcraft Campus • **734-884-5200**
Trinity Health IHA Medical Group Pediatrics - West Arbor • **734-971-9344**

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Did you know?

You are situated near three excellent hospitals with labor and delivery services: Trinity Health Livonia, Trinity Health Ann Arbor, and Trinity Health Oakland.

Talk with your provider about the best location for you to deliver your baby.

SCAN OR CLICK TO LEARN MORE ABOUT THE BIRTH CENTERS

https://bit.ly/4bDj1Rz

SCAN OR CLICK TO LEARN ABOUT OUR MIDWIFERY PRACTICES

https://bit.ly/3Vp6ZWo

SCAN OR CLICK TO LEARN ABOUT OUR OBGYN PRACTICES

https://bit.ly/3R7g3wa

Trinity Health
Livonia Hospital
36475 Five Mile Road
Livonia, Michigan 48154

Trinity Health
Ann Arbor Hospital
5301 McAuley Drive
Ypsilanti, Michigan 48197

Trinity Health
Oakland Hospital
44405 Woodward Avenue
Pontiac, MI 48341

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IHA Medical Group

IHAM W08707-2404

Delivery Services

	ANN ARBOR	LIVONIA	OAKLAND
Deliveries	any gestational age	35 weeks or greater	any gestational age
Labor Rooms	16 labor rooms 6 antepartum rooms	20 labor, delivery, recovery, postpartum rooms	12 labor rooms
Labor room accommodations	Shower in all rooms - rooms with labor jacuzzi tubs available	Shower in all rooms - rooms with inflatable labor tub available	Shower in all rooms - rooms with labor jacuzzi tubs
Nursing care	1 to 1 nursing care for labor	1 to 1 nursing care for labor	1 to 1 nursing care for labor
Lactation consultants	✓ Baby-Friendly Accredited Hospital*	✓	✓ Baby-Friendly Accredited Hospital*
Gift of Life placental donation	✓	✓	✓
Nitrous Oxide	✓	✓	not available
Neonatal Services	NICU, 24 hour neonatologist & pediatrician	24 hour neonatology nurse practitioner (neonatologist on backup)	NICU, 24 hour neonatologist & pediatrician

**UNICEF and WHO launched the Baby-Friendly Hospital Initiative to encourage health facilities worldwide to better support breastfeeding*

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IHAM W08708-2404

The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Frequently Asked Questions for Patients Concerning

Influenza (Flu) Vaccination During Pregnancy

I am pregnant. Should I get the influenza vaccine (flu shot)?

Yes. Getting a flu shot is the best way to protect you and your baby from serious illness from the flu. Pregnant women and their fetuses have a higher risk of serious complications from the flu. The flu shot given during pregnancy protects women and their newborns. You need a flu shot each year because the flu viruses targeted by the vaccine can change from year to year. The flu shot has been safely given to millions of pregnant women for many years.

How does my flu shot protect my newborn?

When you get a flu shot, your body makes antibodies that also pass to your fetus. This means your baby has protection against the flu after birth. This is important because infants less than 6 months of age are too young to get the flu shot.

Why is it important for pregnant women to get the flu shot?

The flu is a mild-to-severe illness that also often includes fever, body aches, sore throat, cough, and fatigue. Pregnant women who get the flu can become much sicker than women who get the flu when they are not pregnant. Pregnant women who get the flu have a higher chance of the flu turning into pneumonia than women who are not pregnant. Pneumonia is a serious infection in the lungs that usually requires treatment in the hospital. Pregnant women who get the flu often need more medical visits and frequently need to be admitted to the hospital for observation and treatment.

During which trimester is it safe to get a flu shot?

The flu shot can be safely given during any trimester. Pregnant women can get the flu shot at any point during the flu season (typically October through May). Pregnant women should get the shot as soon as possible when it becomes available. If you are pregnant, talk with your obstetrician–gynecologist (ob-gyn) or other health care provider about getting the flu shot.

Which flu vaccine should pregnant women get?

Pregnant women should receive any licensed, recommended, age-appropriate inactivated flu vaccine. The Advisory Committee on Immunization Practices and the American College of Obstetricians and Gynecologists do not recommend one type of flu shot over another.

Will the flu shot give me the flu?

No. You cannot get the flu from getting the flu shot.

I got the flu shot, so why did I still get sick?

The flu shot does not protect against all strains of the flu virus. Experts do their best to determine the virus strains that are most likely to cause illness the following season. Sometimes additional strains end up causing illness. After your flu shot, it takes about 2 weeks for your body to develop antibodies, which are what protects you from the flu. So, if you are exposed to the flu during the time immediately after your flu shot, you can still get the flu. That is why it is important to get the flu shot before flu season becomes very active. The flu shot does not protect against the common cold or other respiratory viruses. During the flu season, you can still get a respiratory illness that is not the flu, even though you got a flu shot.

What are the side effects of the flu shot?

Low-grade fevers, headaches, and muscle aches can occur as temporary (1–2 days) side effects in some people after getting the flu shot. According to the Centers for Disease Control and Prevention, these risks are outweighed by the risks of the flu, which is a serious illness that can make you or your baby seriously ill for much longer.

(see reverse)

Is there any reason I should not get the flu shot?

There are very few reasons that a pregnant woman should not get a flu shot. A history of egg allergy, including hives, is not a reason to avoid the flu shot. However, if you have had a severe allergic reaction after a previous flu shot, you should not get another flu shot. Talk with your ob-gyn or other health care provider about any reactions you may have had with past flu shots.

Are preservatives in flu vaccines safe for my baby?

Yes. Thimerosal is a mercury-containing preservative used in very small amounts in some flu shots. There is no scientific evidence that thimerosal causes health or developmental problems for pregnant women or children born to women who received thimerosal-containing shots during pregnancy. Thimerosal-free types of the flu shot also are available. Pregnant women can get the flu shot with or without the preservative.

What else can I do to keep my baby healthy and free of the flu?

Getting your flu shot while you are pregnant is the best step in protecting yourself and your fetus against the flu. Data show that babies born to women who got the flu shot while pregnant have much lower rates of flu compared with babies whose mothers did not get the shot. Breastfeeding your baby and making sure family members and caregivers get the flu shot also will protect your baby.

I am breastfeeding my baby. Is it safe for me to get the flu shot?

Yes. It is safe and recommended if you did not get a flu shot during pregnancy. The antibodies your body makes after the flu shot can be passed to your baby through breast milk. This reduces your baby's chance of getting sick with the flu.

Is it safe to get a flu shot at my local pharmacy?

Yes. Pharmacists are well trained to give immunizations. Flu shots are available at most major pharmacies. You can find a location for a flu shot at www.vaccinefinder.org. This is a good option if your ob-gyn or other health care provider does not offer the flu shot in his or her office. Be sure to let your ob-gyn or other health care provider know when you have gotten the flu shot so that your medical record can be updated. The pharmacy also should provide you with documentation of your flu shot.

What should I do if I think I have the flu?

Although the flu shot is the most effective way to prevent the flu, there is still a chance you might get the flu. If you think you have the flu, contact your ob-gyn or other health care provider right away. Be sure to tell your health care provider that you are pregnant. If you have severe symptoms, such as a fever higher than 100.0°F and trouble breathing, dizziness when standing, or pain in your chest, contact your ob-gyn or other health care provider and seek immediate medical attention. You also should contact your ob-gyn or other health care provider if you have had close contact with someone likely to have been infected with the flu.

Can I get the tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis shot and flu shot at the same time?

Yes. You can get the tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) shot and the flu shot in the same visit. Receiving these shots at the same time is safe and effective.

Resources

American College of Obstetricians and Gynecologists
Immunization for Women: Influenza Overview for Patients
www.immunizationforwomen.org/patients/diseases-vaccines/influenza/influenza.php

American College of Obstetricians and Gynecologists
Immunization for Women
www.immunizationforwomen.org

Centers for Disease Control and Prevention
Seasonal influenza: Pregnant Women and Influenza (Flu)
www.cdc.gov/flu/protect/vaccine/pregnant.htm

American College of Obstetricians and Gynecologists, 409 12th Street SW, PO Box 96920, Washington, DC 20090-6920

AA572 12345/21098

Marijuana Fact Sheet

What You Need to Know About Marijuana Use and Pregnancy

Marijuana use during pregnancy can be harmful to your baby's health. The chemicals in marijuana (in particular, tetrahydrocannabinol or THC) pass through your system to your baby and can harm your baby's development.[1–7]

Although more research is needed to better understand how marijuana may affect you and your baby during pregnancy, it is recommended that pregnant women do not use marijuana.[17]

What are the potential health effects of using marijuana during my pregnancy?

- Some research shows that using marijuana while you are pregnant can cause health problems in newborns— including low birth weight.[10,11]
- Breathing marijuana smoke can also be bad for you and your baby. Marijuana smoke has many of the same chemicals as tobacco smoke and may increase the chances for developmental problems in your baby.[12,13]

Can using marijuana during my pregnancy negatively impact my baby after birth?

- Some research shows marijuana use during pregnancy may make it hard for your child to pay attention or to learn; these issues may only become noticeable as your child grows older.[1–7]
- Separate from the direct, chemical effects of marijuana on a baby, use of marijuana may affect a mother's ability to be able to properly care for her baby.

Does using marijuana affect breastfeeding?

- Chemicals from marijuana can be passed to your baby through breast milk. THC is stored in fat and is slowly released over time, meaning your baby could still be exposed even after you stop using marijuana.
- However, data on the effects of marijuana exposure to your baby through breastfeeding are limited and conflicting. To limit potential risk to the infant, breastfeeding mothers should avoid marijuana use.[11, 14–16]

Fast Facts

- Using marijuana during pregnancy may impact your baby's development.[1–7]

- About 1 in 20 women in the United States reports using marijuana while pregnant.[8]

1 IN 20
use marijuana while pregnant

- The chemicals in any form of marijuana may be bad for your baby – this includes eating or drinking, creams or lotions applied to skin, smoking, vaping and dabbing.[9]
- If you're using marijuana and are pregnant or are planning to become pregnant, talk to your doctor.

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
@CDCChronic | www.cdc.gov/chronicdisease

CS279682S

For more information, visit:

- Smoking During Pregnancy: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/index.htm
- Treating for Two: https://www.cdc.gov/pregnancy/meds/treatingfortwo/index.html

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3. Leech, SL, et al. (1999). Prenatal substance exposure: effects on attention and impulsivity of 6-year-olds. Neurotoxicol Teratol. 21(2): p. 109-18.
4. Goldschmidt, L, et al. (2008). Prenatal marijuana exposure and intelligence test performance at age 6. J Am Acad Child Adolesc Psychiatry. 47(3): p. 254-63.
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WOMEN'S HEALTH CARE PHYSICIANS

Frequently Asked Questions for
Pregnant Women Concerning Tdap Vaccination

What is pertussis?
Pertussis (also called whooping cough) is a highly contagious disease that causes severe coughing and difficulty breathing. People with pertussis may make a "whooping" sound when they try to breathe and gasp for air. Pertussis can affect people of all ages, and can be very serious, even deadly, for babies less than a year old. In recent outbreaks, babies younger than 3 months have had the highest risk of severe disease and of dying from pertussis.

What is Tdap?
The tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine is used to prevent three infections: 1) tetanus, 2) diphtheria, and 3) pertussis.

I am pregnant. Should I get a Tdap shot?
Yes. All pregnant women should get a Tdap shot in the third trimester, preferably between 27 weeks and 36 weeks of gestation. The Tdap shot is a safe and effective way to protect you and your baby from serious illness and complications of pertussis.

When should I get the Tdap shot?
Experts recommend that you get the Tdap shot during the third trimester (preferably between 27 weeks and 36 weeks) of every pregnancy. The shot will help you make protective antibodies against pertussis. These antibodies are passed to your fetus and protect your baby until he or she begins to get vaccines against pertussis at 2 months of age. Receiving the shot early in the 27–36-weeks-of-gestation window is best because it maximizes the antibodies present at birth and will provide the most protection to the newborn.

Is it safe to get the Tdap shot during pregnancy?
Yes. The shot is safe for pregnant women.

Can newborns be vaccinated against pertussis?
No. Newborns cannot start their vaccine series against pertussis until they are 2 months of age because the vaccine does not work in the first few weeks of life. This is one reason why newborns are at a high risk of getting pertussis and becoming very ill.

What else can I do to protect my newborn against pertussis?
Getting your Tdap shot during pregnancy is the most important step in protecting yourself and your baby against pertussis. It also is important that all family members and caregivers are up-to-date with their vaccines. Adolescent family members or caregivers should receive the Tdap vaccine at 11–12 years of age. If an adult (older than 18 years) family member or caregiver has never received the Tdap vaccine, he or she should get it at least 2 weeks before having contact with your baby. This makes a safety "cocoon" of vaccinated caregivers around your baby.

I am breastfeeding my baby. Is it safe to get the Tdap shot?
Yes. The Tdap shot can be given safely to breastfeeding women if they did not get the Tdap shot during pregnancy and have never received the Tdap shot before. There also may be added benefit to your baby if you get the shot while breastfeeding.

(see reverse)

I did not get my Tdap shot during pregnancy. Do I still need to get the vaccine?

If you have never had the Tdap vaccine as an adult, and you do not get the shot during pregnancy, be sure to get the vaccine right after you give birth, before you leave the hospital or birthing center. It will take about 2 weeks for your body to make protective antibodies in response to the vaccine. Once these antibodies are made, you are less likely to give pertussis to your baby. But remember, your newborn still will be at risk of catching pertussis from others. If you received a Tdap vaccination as an adolescent or adult but did not receive one during your pregnancy, you do not need to receive the vaccination after giving birth.

I got a Tdap shot during a past pregnancy. Do I need to get the shot again during this pregnancy?

Yes. All pregnant women should get a Tdap shot during each pregnancy, preferably between 27 weeks and 36 weeks of gestation. Receiving the vaccine as early as possible in the 27–36-weeks-of-gestation window is best. This is important to make sure that each newborn receives the highest possible protection against pertussis at birth.

I received a Tdap shot early in this pregnancy, before 27–36 weeks of gestation. Do I need to get another Tdap shot between 27 weeks and 36 weeks of gestation?

No. A Tdap shot later in the same pregnancy is not necessary if you received the Tdap shot before the 27th week of your current pregnancy.

Can I get the Tdap shot and influenza shot at the same time?

Yes. You can get these two shots, Tdap and influenza, in the same visit. Receiving these vaccinations at the same time is safe.

What is the difference between DTaP, Tdap, and Td?

Children receive the diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. Adolescents and adults are given the Tdap vaccine as a booster to the vaccines they had as children. Adults receive the tetanus and diphtheria (Td) vaccine every 10 years to protect against tetanus and diphtheria. The Td vaccine does not protect against pertussis.

RESOURCES

The American College of Obstetricians and Gynecologists
www.acog.org

Immunization for Women
www.immunizationforwomen.org

Centers for Disease Control and Prevention
https://www.cdc.gov/vaccines/vpd/pertussis/index.html

Society for Maternal–Fetal Medicine
www.smfm.org

The American College of Obstetricians and Gynecologists, 409 12th Street SW, PO Box 96920, Washington, DC 20090-6920

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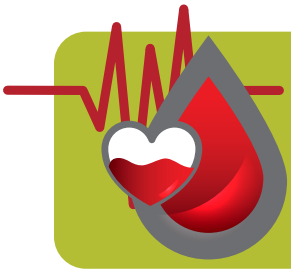

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