

Davie ObGyn Rahil Malik MD

www.Davieobgyn.com



All images are obtained from copyright free sources such as Pexels or AI generated via Canva and similar platforms. Any copyright infringement is accidental, and all images are used for patient education and not for commercial use.





































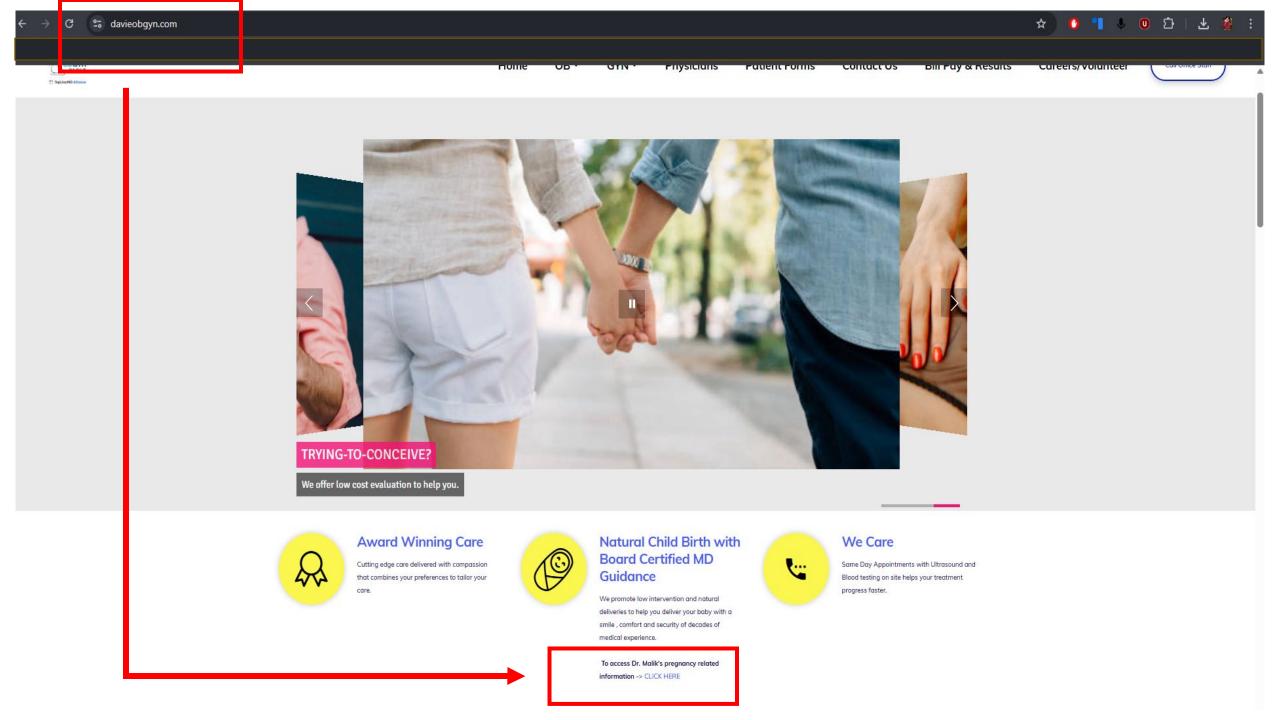


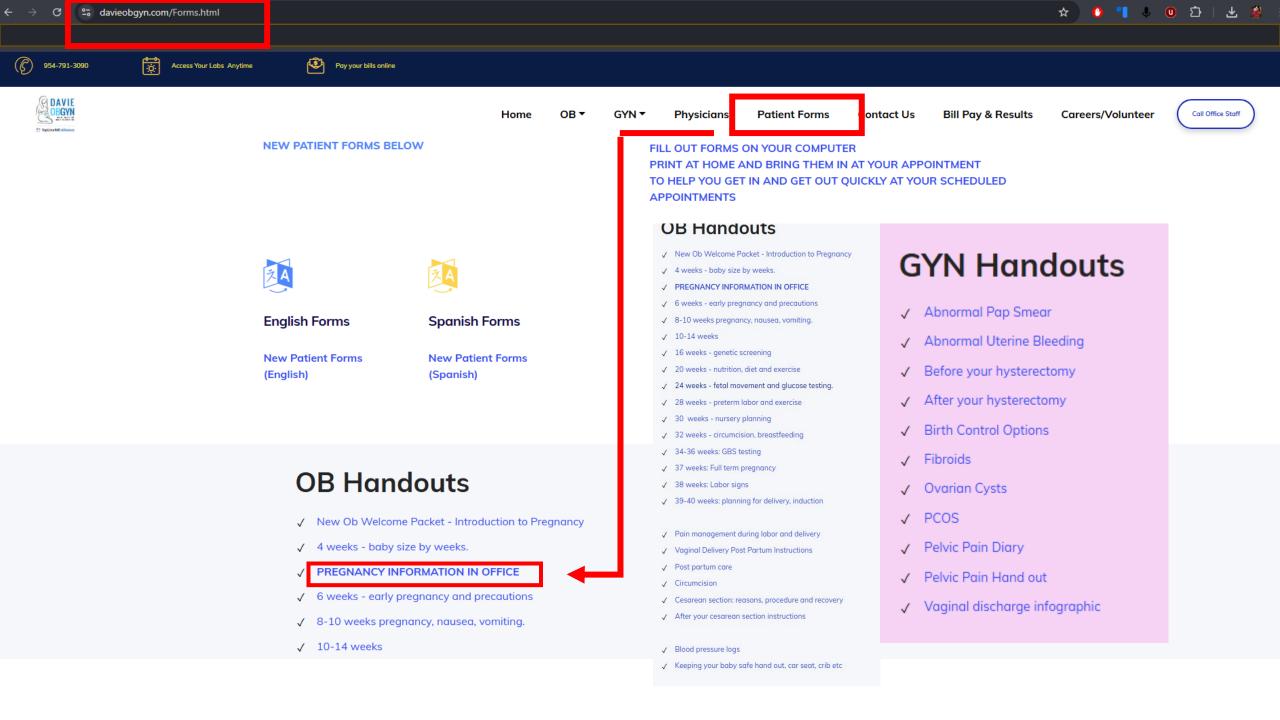












Changes During Pregnancy

Month 1 to 2 Weeks 1 to 8

- The egg is fertilized by sperm and a growing ball of cells called the blastocyst implants in the uterus.
- Week 5 begins the embryo stage of development.
- > The brain and spine begin to form, followed by the
- Cardiac fissue starts to develop
- Parts of the face take shape and the inner ear begins to develop.
- Arm and leg buds appear, and then webbed fingers
- The long tube that will become the digestive tract takes shape.

By the end of week 8, the embryo is about half an inch long.

Month 3

- Cartilage for the limbs, hands. and feet is farming but won't harden into bones for a forw woods
- Evelids form but remain closed.
- The head develops a rounded shape.
- Week 11 begins the fetus stage of development.
- The fetus makes breathing-like movements and swallows amniotic fluid.
- The kidneys are making urine, the pancreas is making insulin, and fingernals have formed.

By the end of week 12, the fetus is about 2 inches long and weighs about half an ounce.

Month 4 Weeks 13 to 16

- By week 13, all major organs have formed and will confinue to develop.
- Bones are hardening. especially the long bones

Month 7

Weeks 25 to 28

The fetus can respond with movement to familiar

The lungs are now fully

formed but not yet

ready to function

oulside the uterus.

pulling in arms and leas.

needed for breathing after birth.

long and weighs about 2½ pounds.

sounds, such as

your voice.

felus warm.

protects the skin.

- The skin is thin and seethrough but will start to thicken soon
- At week 14, the neck is defined, and the lower limbs are developed.
- The fetus's hearing begins to develop.
- I The lungs begin to form tissue that will allow them to exchange oxygen and carbon diaxide after birth.
- Limb movements become more coordinated.

Loud sounds may make the fetus respond by

The lungs begin making surfactant, a substance

At 27 weeks, more fat is being added to keep the

develop. Vernix acts as a waterproof barrier that

A greasy material called vernix has started to

By the end of week 28, the felus is nearly 15 inches

By the end of week 16, the lefus is more than 4 inches long and weighs more than 3 ounces.

Changes In Your Body

The First Trimester

- Your period stops.
- Your breasts may become larger and more fender.

How the Uterus Grows During Pregnancy The size of your uterus can help show how long you have been

preamant. The uterus fits inside

week 36, the top of the uterus is under your rib cage.

the pelvis until week 12. By

- Your nipples may stick out more.
- You may need to urinate more often.
- You may feel very fired.
- You may feel nauseated and may vamil
- You may crave certain foods or lose you appelle.
- You may have heartburn or indigestion.
- You may feel bloated and have excess ggs.
- You may be constipated.
- You may gain or lose a few pounds

The Second Trimester

- Your appette increases and nausea and fatigue may ease.
- Your abdomen begins to expand. By the end of this trimester, the top of your uterus will be near your rib cage.
- You will begin to feel the fetus move
- The skin on your abdomen stretches and may feel tight and libby. You may see
- Your abdomen may ache on one side or the other as the ligaments that support your uterus are stretched.
- You may get brown patches, called the "mask of pregnancy," on your face.
- Your areolas, the darker skin around your nicoles, may darken.
- Your feet and ankles may swell.

Month 5 Weeks 17 to 20

- The fetus is more active now, and cardiac activity may be seen on an ultrasound exam.
- At week 18, the fetus can hear sounds.
- . The part of the brain that controls motor movements is fully formed.
- The digestive system is working.
- At week 19, the ears, nose, and lips may be recognizable on an ultrasound exam.
- Soft, downy hair called lanugo is starting to form all

By the end of week 20, the fetus is more than 6 inches long. and weighs less than 11 ounces.

Month 6 Weeks 21 to 24

- The fetus's kicks and turns are stronger now.
- If the hand floats to the mouth, the felus may suck its thumb.
- Eyebrows are visible.
- At week 23, most of the fetus's sleep time is spent in rapid eve movement (DEM) sleen.
- Fidges are forming in the hands and feet that later will be fingerprints and footprints.
- The lungs continue to develop.

By the end of week 24, the fetus is about 12 inches long

and weighs about 1% pounds.

Month 8 Weeks 29 to 32

- The fetus can stretch. kick, and make grosping motions.
- The eyes can open and close and sense changes
- The bone marrow is forming red blood cells.
- At week 31, major development is finished, and the fetus is gaining weight very quickly.
- In boys, the testicles have begun to descend into
- At week 32, the fine hair that covered the fetus's body (lanugo) begins to disappear.

By the end of week 32, the fetus is almost 17 inches long and weighs a little more than 4 pounds.





- The bones harden, but the skull remains
- More fat is forming
- the ends of
- During week 36 or 37, most fetuses turn to a head-down position for birth.

By the end of week 36, the fetus is about 18 inches long and weighs a little more than 6 pounds.



- The lungs, brain, and nervous system continue to develop
- The circulatory system is complete, and so is the musculoskeletal
- The fetus is taking up a lat of space in the amniation
- sac and you should continue to feel movement
- By now, the fetus's head may have dropped lower into position in your pelvis. By the end of week 40, the fetus is 20 inches long and

may weigh 71/2 to 8 pounds.

The Third Trimester

- You can feel the fetus's movements strongly.
- You may need to urinate more often as the fetus drops and puts extra pressure.
- Colostrum—a yellow, watery premit.—may leak from your nipples.
- Your navel may slick out
- You may have contractions (abdominal tightening or pain). These can signal false or

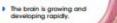




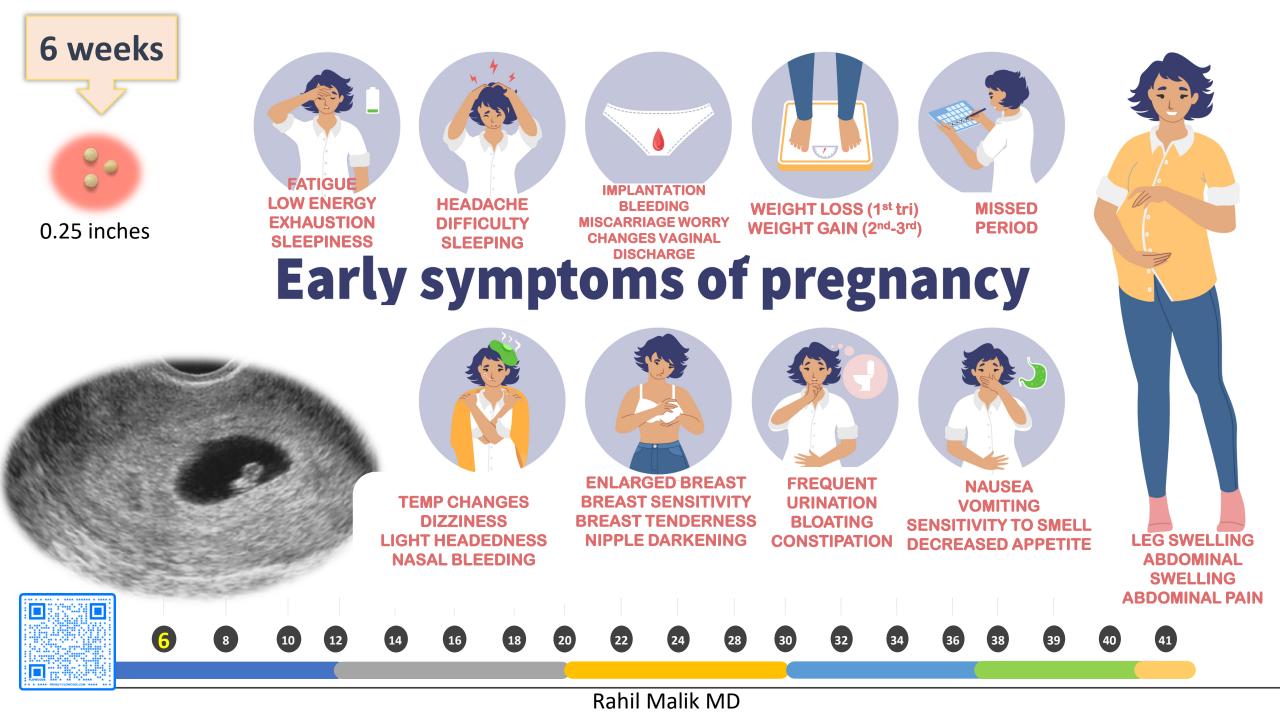








- soft and flexible.
- under the skin.
- The fingemails have grown to the fingers.



When do I go to the hospital?

In Office evaluation during regular office hours:

Abnormal Vaginal Discharge (Fungal, bacterial infection)
Abnormal Small amounts of Leakage of Fluids
Abnormal Vaginal Bleeding / Light Spotting
Persistent Pelvic Pain
Decreased or Absent Fetal movement after 24 weeks
Dizziness or Fainting

Hospital Evaluation:

Unable to see Physician right away.

Time sensitive evaluation (le after hours and next appointment is not readily available)

Not feeling baby move (usually > 24 weeks)

Gush of fluid, persistent or intermittent

Concerns for labor (contractions every 10-15 mins for 2 hours)

Deteriorating maternal condition



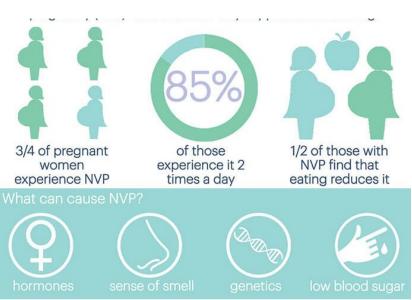
















41











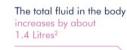
6 weeks DIZZINESS / LIGHTHEADEDNESS





During pregnancy...

an increased fluid intake is needed to cope with the demands of your changing body¹



Drinking enough water prevents dehydration.
Dehydration can lead to symptoms like thirst, fatigue, dark urine, dizziness and headaches³



Blood volume increases by about 50% more than non-pregnancy levels²



The recommended adequate intake of fluid for pregnant women is 2.3 Litres per day¹

While breastfeeding...

Water accounts for 87% of breast milk



Keeping a water bottle handy when feeding your baby or when out, will help remind you to keep hydrated



Breastfeeding mothers experience an increased water loss via breast milk of approx. 700 mL per day¹



The recommended adequate intake of fluid for breastfeeding mothers is 2.6 Litres per day¹



































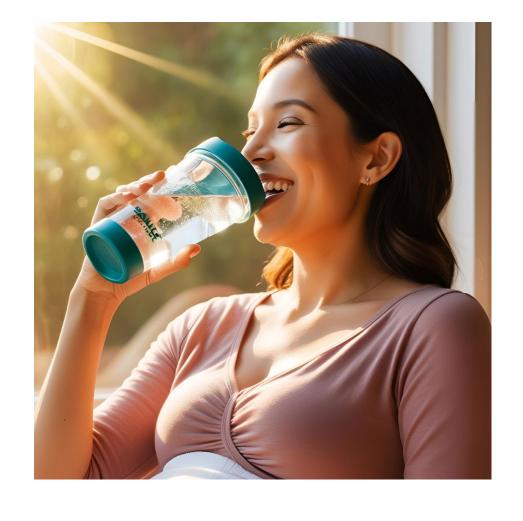
















GENETIC DISEASES CONCEPTS







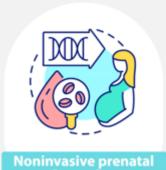






















1.25 inches

Syphilis Urine culture Genetic Carrier Screen Blood Type HIV

Hepatitis Thalassemia Sickle cell STDs etc.





https://myquest.questdiagnostics.com/web/home











Team































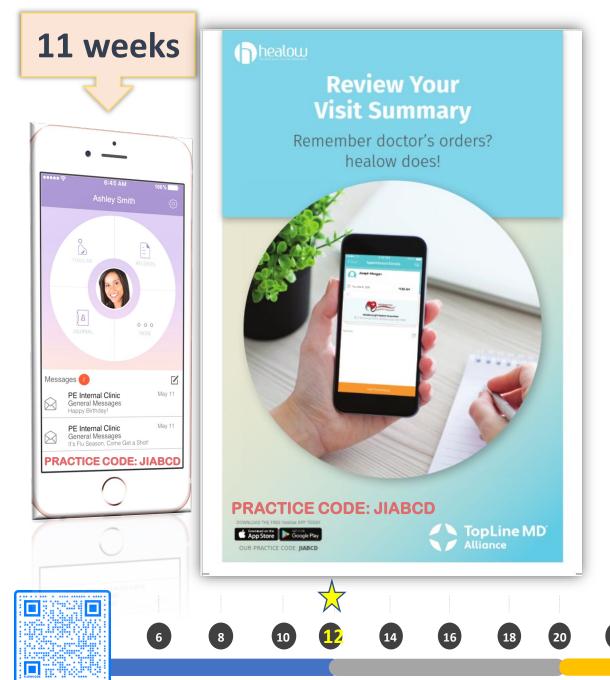


















https://myquest.questdiagnostics.com/web/home



Modern Times Women's OB-GYN Associates,

DOE, JANE 01/01/2001

1200 N UNIVERSITY DR STE 1, PLANTATION, FL 33322-4724 \$ 954-791-3090

FINAL RESULT

Requesting Physician: Malik, Rahil

Ordering Physician: Malik, Rahil

QHerit 421 Diseases, Female 12593

NAME	VALUE	LAB
F PATIENT ETHNICITY	Not Provided	KLB
F OVERALL INTERPRETATION	POSITIVE FOR ONE OR MORE VARIANTS TESTED	KLB
F DISEASE(S)	See Note	KLB

Disease Name: BETA HEMOGLOBINOPATHIES

Result: HBB: c.20A>T (p.E7V) [Hb S]

Summary: POSITIVE

Interpretation: This individual is a heterozygous carrier for the pathogenic c.20A>T (p.E7V) [Hb S] variant in the HBB gene, which is associated with sickle cell anemia. Carriers may be at risk for symptoms during physical exertion, high altitudes or when dehydrated. Reproductive risk for Beta hemoglobinopathies is dependent on the partner's genetic status, therefore testing of the partner is recommended. Genetic counseling is recommended.

Disease Name: SPINAL MUSCULAR ATROPHY

Result: SMN1: 2 copies, g.27134T>G present

Summary: DOSTITVE

1200 N UNIVERSITY DR STE 1, PLANTATION, FL 33322-4724 \$\,\mathcal{\mathcal{k}}\$ 954-791-3091

FINAL RESULT

Requesting Physician: Malik, Rahii Ordering Physician: Malik, Rahii

QNATAL(R) ADVANCED (92777)

NAME	VALUE		LAB
F NUMBER OF FETUSES?	1		EZ
F ADVANCED MATERNAL AGE?	NO	•	EZ
F ABNORMAL MSS?	NO		EZ
F ABNORMAL US?	NO		EZ
F PERSONAL/FAM HISTORY?	NO		EZ
F INTERPRETATION	SEE NOTE		EZ
This specimen showed an expected rep	resentation of		
chromosome 21, 18, and 13 material.	See "Limitations" l	below.	
F TRISOMY 21 (T21)	Negative		EZ
F TRISOMY 18 (T18)	Negative		EZ
F TRISOMY 13 (T13)	Negative		EZ
F Y CHROMOSOME	Detected		EZ
F Y CHR. INTERPRETATION	SEE NOTE		EZ
Consistent with a male fetus.			
F SEX CHROMOSOME	No aneuploidy		EZ
F SEX CHROMOSOME INTERP	SEE NOTE		EZ
No apparent abnormality was detected. See "Limitations"			
below.)	
F MICRODELETION	Not detected		EZ
F MICRODELETION INTERP	SEE NOTE		EZ
No apparent abnormality was detected	. See "Limitations"	•	
below.			
F GESTATIONAL AGE(IN WEEKS)	12		EZ
F GESTATIONAL AGE (IN DAYS)	5		EZ
F FETAL FRACTION	9.40%		EZ

11 -13 weeks

Patient Information

Patient Name: Jane Doe Date of Birth: 11/08/1975

Maternal Age at EDD: 37

Gestational Age: 11 weeks/0 days

 Maternal Weight:
 N/A

 Patient ID:
 P99457

 Medical Record #:
 M84555

 Collection Kit:
 123233-2-N

 Reference ID:
 254233-2-N

 Accessioning ID:
 C47695

 Case File ID:
 159466

Test Information

Ordering Physician: Dr. Rahil Malik

Clinic Information: Natera, Inc. Additional Reports: N/A

Report Date: 02/01/2013
Samples Collected: 01/31/2013
Samples Received: 02/01/2013
Mother Blood



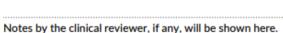
ABOUT THIS SCREEN: Panorama™ is a screening test, not diagnostic. It evaluates genetic information in the maternal blood, which is a mixture of maternal and placental DNA, to determine the chance for specific chromosome abnormalities. The test does NOT tell with certainty if a fetus is affected, and only tests for the conditions ordered by the healthcare provider. A low risk result does not guarantee an unaffected fetus.

TEST SELECTED: Sex of Fetus, 22q11.2 Deletion

FINAL RESULTS SUMMARY

Result Fetal Sex Fetal Fraction
LOW RISK Male 8.3%





RESULTS DETAILS: ANEUPLOIDIES

Condition tested ¹	Result	Risk Before Test ²	Panorama Risk Score ³
Trisomy 21	Low Risk	1/152	<1/10,000
Trisomy 18	Low Risk	1/111	<1/10,000
Trisomy 13	Low Risk	1/357	<1/10,000
Monosomy X	Low Risk	1/256	<1/10,000
Triploidy	Low Risk		

RESULTS DETAILS: MICRODELETIONS

Condition tested ¹	Result	Risk Before Test ²	Risk After Test
22q11.2 deletion syndrome	Low Risk	1/2,000	1/13,300

^{1.} Excludes cases with evidence of fetal and/or placental mosaicism. 2. Based on maternal age, gestational age, and/or general population, as applicable. References available upon request. 3. Based on a priori risk and results of analysis of circulating placental DNA.





















11-13 weeks

FINAL RESULTS SUMMARY

Result

LOW RISK





Q

Fetal Fraction

8.8%



RESULT DETAILS: ANEUPLOIDIES

Condition tested ¹	Result	Risk Before Test ²	Risk After Test ³
Trisomy 21	Low Risk	1/870	<1/10,000
Trisomy 18	Low Risk	1/1,765	<1/10,000
Trisomy 13	Low Risk	1/5,621	<1/10,000
Monosomy X	Low Risk	1/255	<1/10,000
Triploidy	Low Risk		

RESULT DETAILS: MICRODELETIONS

Condition tested1ResultRisk Before Test2Risk After Test322q11.2 deletion syndromeLow Risk1/2,0001/9,000

1. Excludes cases with evidence of fetal and/or placental mosaicism. 2. Based on maternal age, gestational age, and/or general population, as applicable. References available upon request. 3. Risk after test for aneuploidy incorporates results from the Panorama algorithm and data from a published study of 17.885 women [Dar et al. Am J Obstet Gynecol. 2014. Nov.211(5):527.e1·27.e17] and are reported as PPV (high risk) and NPV (low risk). Maternal age is utilized in this calculation, however the "risk after test" may not reflect the actual PPV for this patient, as additional risk factors, including but not limited to: results of other screening, ultrasound findings, personal/family history, are not included in the risk assessment. 4. Risk after test for microdeletion(s) incorporates results from the Panorama algorithm and data from published studies. [Martin et al. Clin Genetics. 2017 Jul 11, Wapner R J et al. Am J Obstet Gynecol. 2015 Mar:212 (3):332 .e1·9] and are reported as PPV (high risk) and NPV (low risk). Risk for microdeletions is independent of maternal age. Fetal fraction (FF) is utilized in this calculation. Depending upon FF, in some cases only the paternal allele is evaluated (see page 2). The "risk after test" may not reflect the actual PPV for this patient, as additional risk factors, including but not limited to: results of other screening, ultrasound findings, personal/family history, are not included in the risk assessment.













































11 -13 weeks

Patient Information

Patient Name: Jane Doe Date of Birth: 11/08/1975

Maternal Age at EDD: 37

Gestational Age: 11 weeks/0 days

 Maternal Weight:
 N/A

 Patient ID:
 P99457

 Medical Record #:
 M84555

 Collection Kit:
 123233-2-N

 Reference ID:
 254233-2-N

 Accessioning ID:
 C47695

 Case File ID:
 159466

Test Information

Ordering Physician: Dr. Rahil Malik

Clinic Information: Natera, Inc. Additional Reports: N/A

Report Date: 02/01/2013
Samples Collected: 01/31/2013
Samples Received: 02/01/2013
Mother Blood



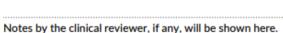
ABOUT THIS SCREEN: Panorama™ is a screening test, not diagnostic. It evaluates genetic information in the maternal blood, which is a mixture of maternal and placental DNA, to determine the chance for specific chromosome abnormalities. The test does NOT tell with certainty if a fetus is affected, and only tests for the conditions ordered by the healthcare provider. A low risk result does not guarantee an unaffected fetus.

TEST SELECTED: Sex of Fetus, 22q11.2 Deletion

FINAL RESULTS SUMMARY

Result Fetal Sex Fetal Fraction
LOW RISK Male 8.3%





RESULTS DETAILS: ANEUPLOIDIES

Condition tested ¹	Result	Risk Before Test ²	Panorama Risk Score ³
Trisomy 21	Low Risk	1/152	<1/10,000
Trisomy 18	Low Risk	1/111	<1/10,000
Trisomy 13	Low Risk	1/357	<1/10,000
Monosomy X	Low Risk	1/256	<1/10,000
Triploidy	Low Risk		

RESULTS DETAILS: MICRODELETIONS

Condition tested ¹	Result	Risk Before Test ²	Risk After Test
22q11.2 deletion syndrome	Low Risk	1/2,000	1/13,300

^{1.} Excludes cases with evidence of fetal and/or placental mosaicism. 2. Based on maternal age, gestational age, and/or general population, as applicable. References available upon request. 3. Based on a priori risk and results of analysis of circulating placental DNA.

















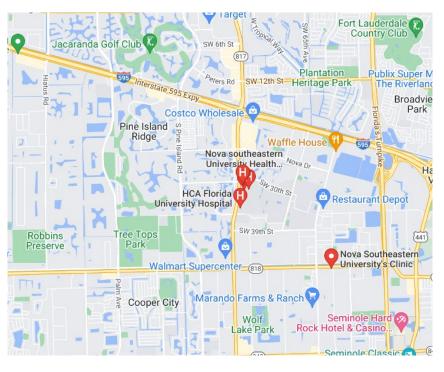








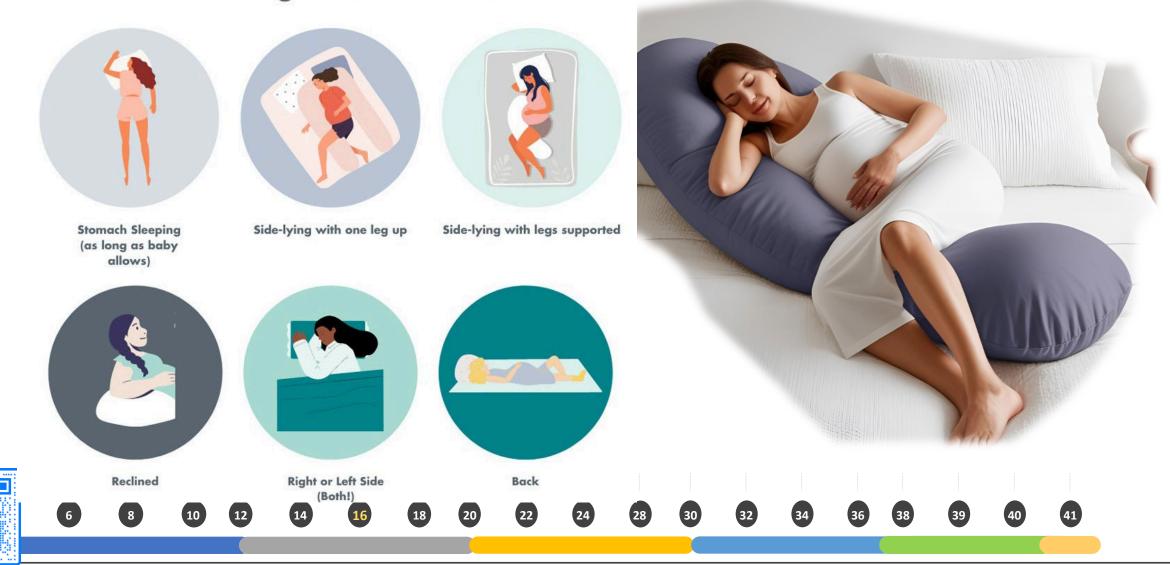
Recommend maternity tour at 28-32 weeks



12 weeks

Sleeping Positions

for Pregnant Women



15-17 weeks

SLEEP AIDS















































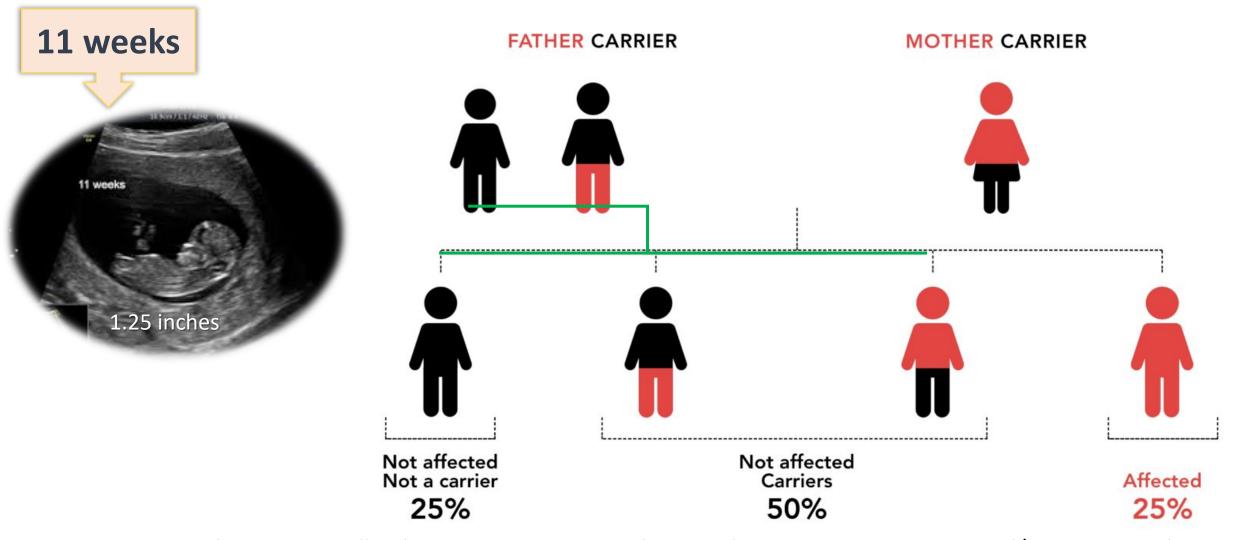




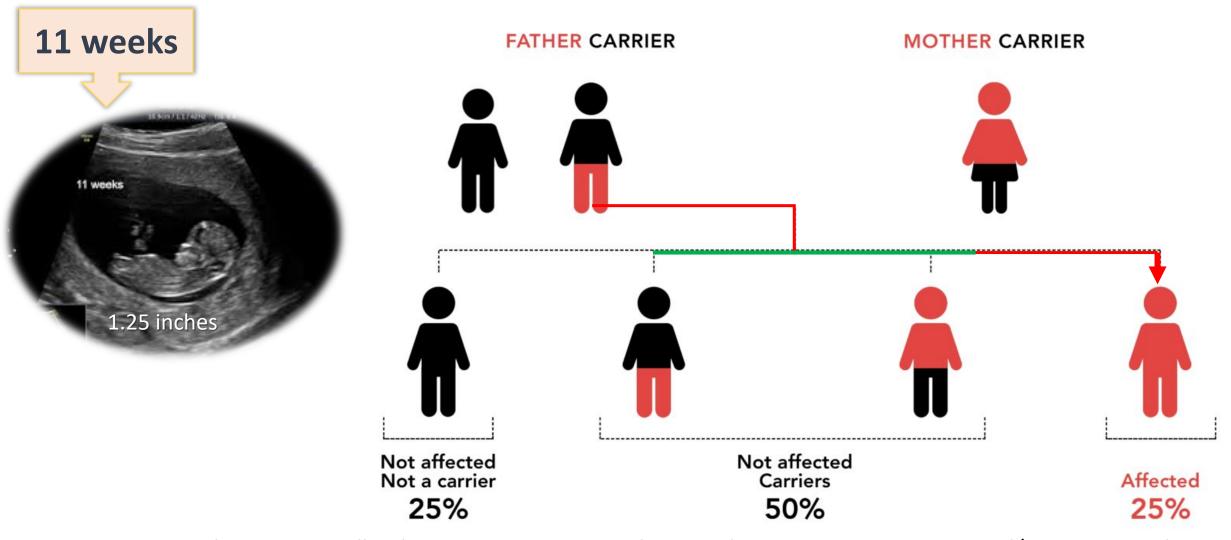
Next time?

- Blood Work Next time (Not Fasting)
- Screen For Neural Tube Defects
- Expect call from Perinatologist Office for anatomy scan

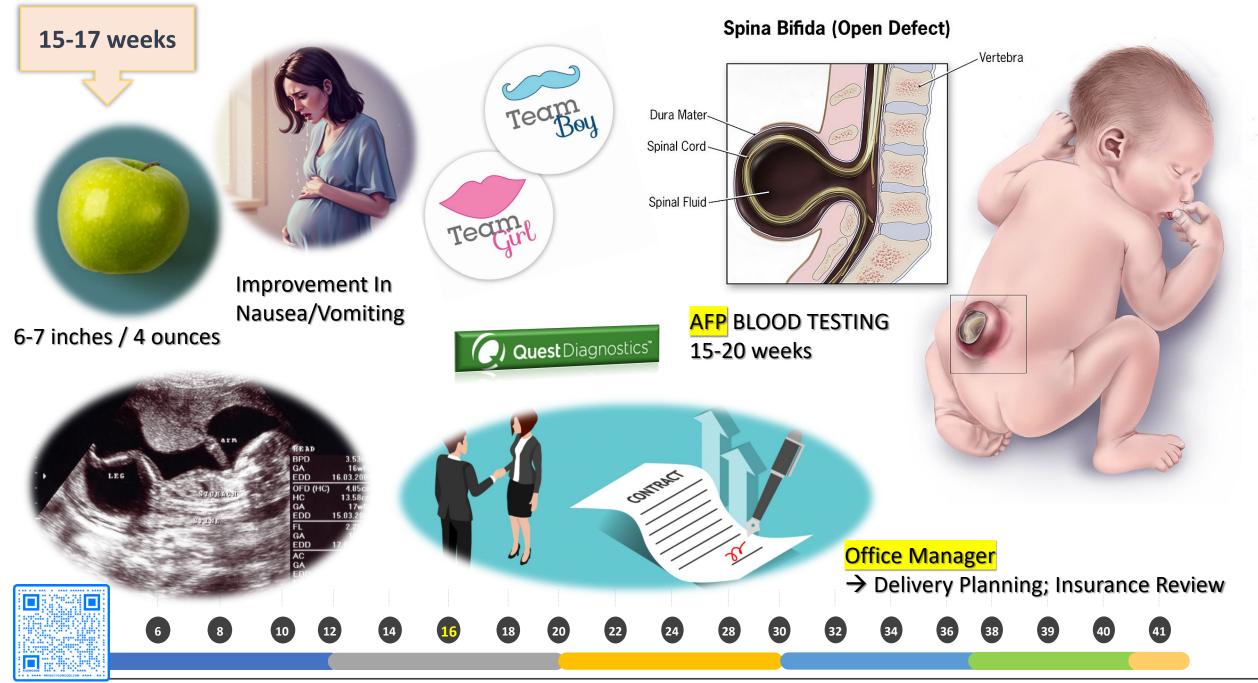


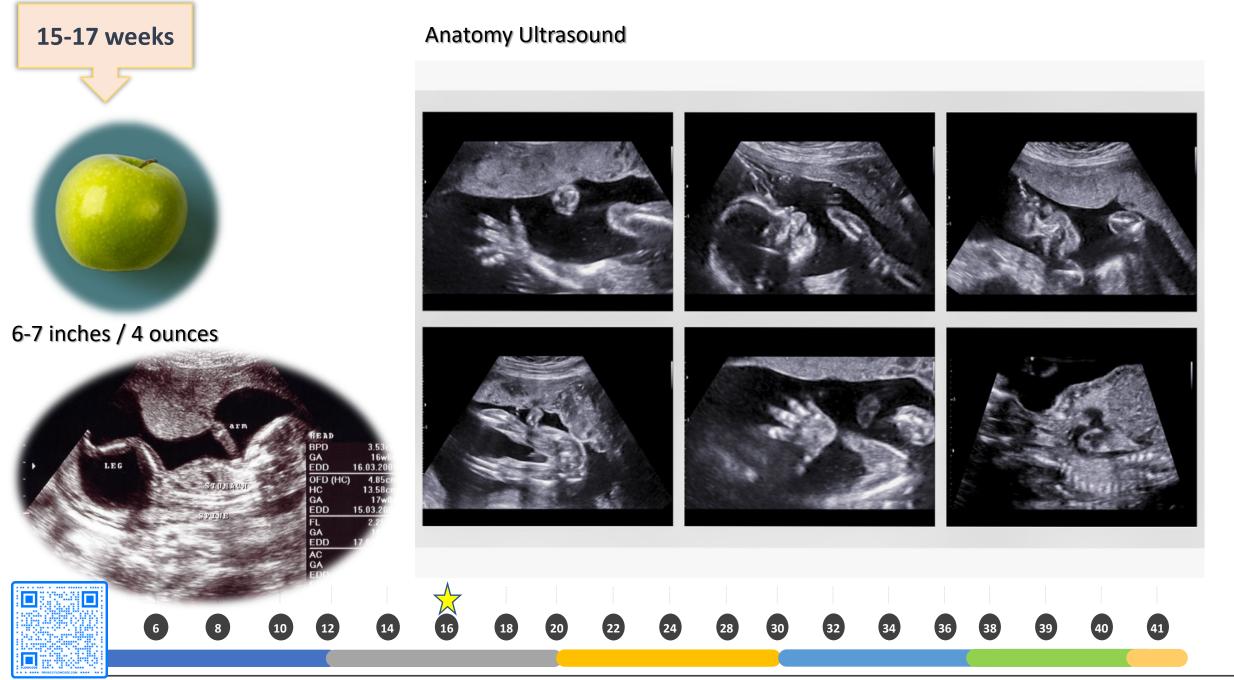


This is NOT an all inclusive, screening test and cannot detect DeNovo Mutations and/or mosaic conditions.



This is NOT an all inclusive, screening test and cannot detect DeNovo Mutations and/or mosaic conditions.







FETAL MOVEMENTS



6-7 inches / 4 ounces





Feeling butterflies



Spinning baby



Soft as a ballerina



The boxer



Playing hide and seek



Party Night









































10 Best Vegetables for















Cauliflower

Spinach



Carrot

Broccoli









CONSTIPATION..







Peas



Cabbage





COLACE





Veggies "Your Digestive **Superheroes Against** Constipation."















































15-17 weeks

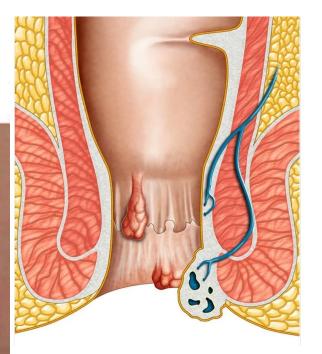
HEMORRHOIDS

Reasons 4-why

Hemorrhoids

appear during **Pregnancy**

- The enlarged uterus will compress the blood vessels in the abdomen, causing the vessels to have difficulties in carrying blood back to the heart.
- Hormones during pregnancy contribute to the enlargement of blood vessels, which results in further congestion of blood.
- Constipation that occurs during pregnancy is one of the contributing factors of hemorrhoids as well.
- Standing or sitting for a long period of time can also trigger hemorrhoids.



















































15-17 weeks

Heartburn





HEARTBURN DURING PREGNANCY

CAUSES OF HEARTBURN













HABITS



Dietary Changes

- Frequent small meals every 3 hours
- Avoid eating 3 hours before bed
- Elevate head of bed





















































PELVIC PAIN

The Common Causes



Weight Gain.

In a healthy pregnancy, women gain 25 to 35 pounds weight.



Avoid Slouching.



- Pregnancy shifts the center of gravity.
- Hormonal Changes.
- The hormonal changes in the body make the spine lose the ligament support.
- Muscle Separation.
- When the uterus expands the muscles separate from the center seam.

Regular Exercise

Simple walk, stretching, cycling can make the muscles strong and boost flexibility.



Better Posture

Slouching puts strains on the spine. Maintain right postures while standing, working or sitting.



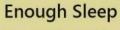
Vitamin Supplements

Prenatal vitamins are important the role of right food with mineral, vitamin, protein and fiber cannot be ignored.



Heat And Cold Application

Applying heat and cold to the back may help reduce inflammation and improve muscle relaxation.



Women in the first trimester of pregnancy need more sleep than usual.







6









































15-17 weeks

EXERCISE IN PREGNANCY































































20 weeks

1-1.5 lbs 12 inches

Fetal Movement & Baby Kick Count

While feeling the baby moving is the highlight of pregnancy for many women, monitoring patterns can help them ensure their **baby's well-being** and detect **potential complications** early on.

FETAL MOVEMENT BABY KICK COUNT When to Start Counting When Can I Feel It After 28 weeks of pregnancy Any time between 13-25 weeks, **How Often** but most commonly between Twice daily or more 16 - 22 weeks At the same time each day What Does It Feel Like **How to Count Baby Kicks** Initially: subtle flutters & wiggles Sit comfortably or lie on a side Later: kicks, punches & rolls Record time of 1st movement. Count until 10 movements How Frequent Is It Record time of 10th movement Varies from baby to baby Should feel 10 movements in 2 hours or sooner Vigorous kicks until 32nd week Afterwards, changes to rolls









My Pregnancy Plate

Choose 2 to 3 servings of nonfat or 1% milk or yogurt (cow, soy or almond). A serving is 8 oz. Choose yogurt with less than 15 g of sugar per serving.



Choose large portions of a variety of non-starchy vegetables, such as leafy greens, broccoli, carrots, peppers or cabbage.

Choose small amounts of healthy oils (olive and canola) for cooking or to flavor foods. Nuts. seeds and avocados contain healthy fats.





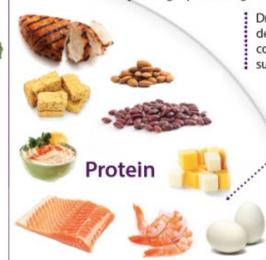
Choose a variety of whole fruits. Limit juice and dried fruits.

Fruit is great for snacks and dessert, too.

Aim for at least 30 minutes of walking or another physical activity each day.







Drink mainly water, decaf tea or decaf coffee and avoid sugary beverages.



Choose protein sources such as poultry, beans, nuts, low-mercury seafood, eggs, tofu or low-fat cheese. Limit red meat and avoid cold cuts and other processed meats.



Choose whole grains, such as whole wheat bread or pasta, brown rice, quinoa or oats and other healthy starches like beans. lentils, sweet potatoes or acorn squash. Limit white bread, white rice and fried potatoes.



















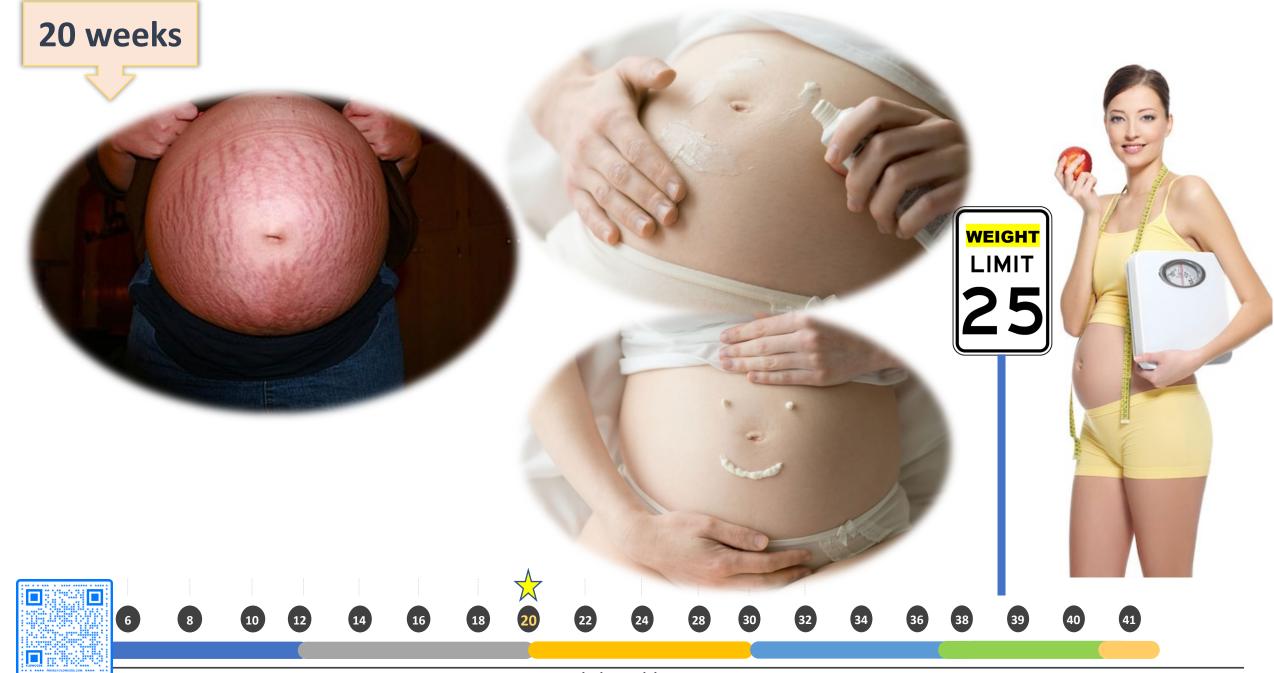




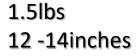
Non-starchy

vegetables













Glucose Drink

FETAL MOVEMENTS



Feeling



Spinning baby



Soft as a ballerina



The boxer



Playing hide and seek



Party Night



1 hour later, blood draw

DO NOT come on a **Empty stomach** (please have regular meal prior to your appointment)

DO NOT drink sugary beverage immediately before your appt.



































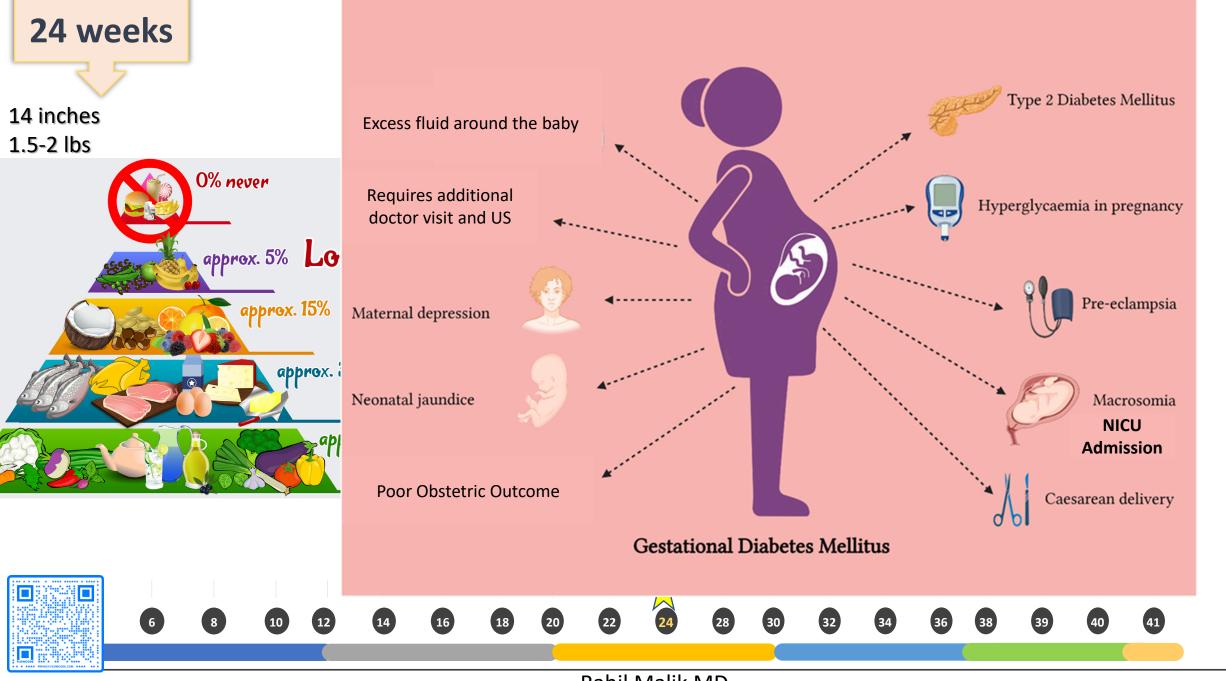








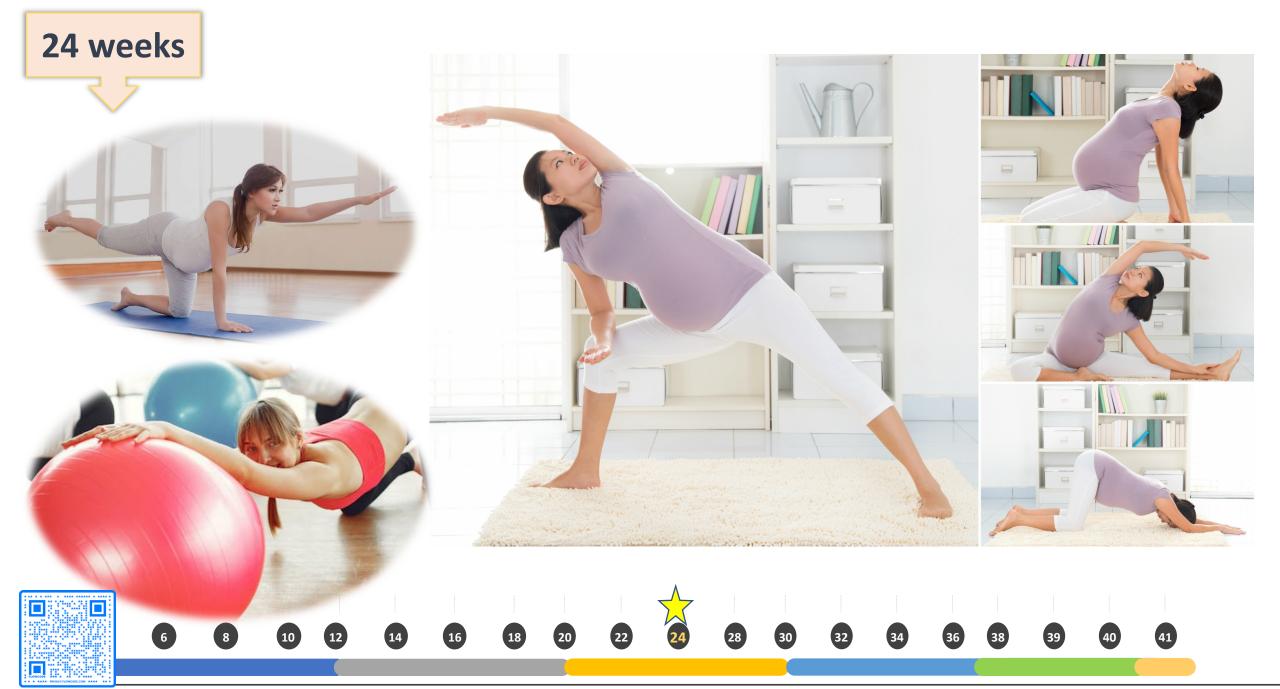




Safe Exercise During Pregnancy







Rahil Malik MD

24-28 weeks

EXERCISE IN PREGNANCY



















































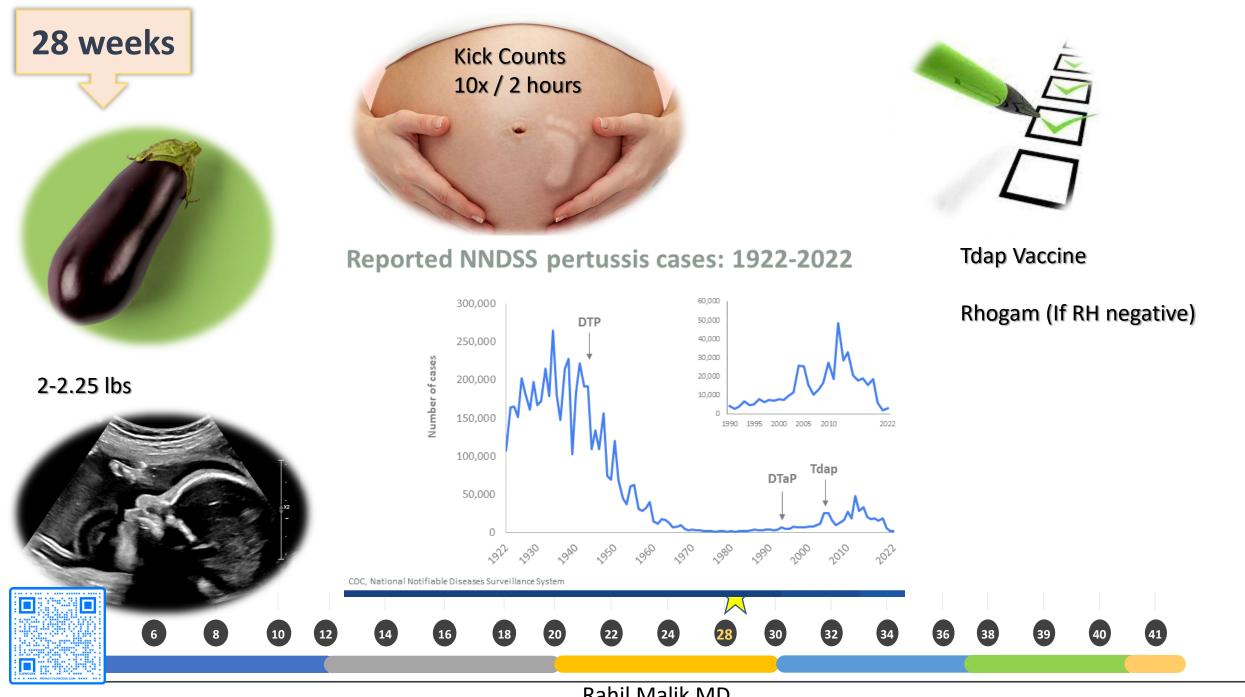












DIFFERENCE BETWEEN BRAXTON HICKS AND REAL CONTRACTIONS

Braxton Hicks

- Occur after week 20
- Painless
- Irregular
- Infrequent
- Don't get stronger or closer together
- Lessen with change of position



Real Contractions

- Occur after weeks 37-40
- Getting painful over time
- Regular & rhythmic
- Intensify and get closer together
- Don't subside with change of position



and lasting for 1 minute each











15 inches 2.5-3.5 lbs









Mother

- ID Cards, Insurance Information
- Comfortable Undergarments
- Slippers
- Pillow, Blanket optional
- Eye Cover
- Nursing Bras
- Pajamas, Sleep Attire
- Nipple soothing pads
- Robe +/-
- Compression Binder

Baby

- Diapers,
- Breast Pump
- Newborn Clothes (2-3 sets)

Camera

Aroma Therapy Appliance +/-

















































4-4.5 lbs



CBC (Anemia, platelet check **HIV and Syphilis**



















































PAIN CONTROL IN LABOR







Warm Compresses, Massage, Breathing Techniques, Positional changes



Intravenous Pain Medications



Epidural













IV Pain Medications

Intravenous (IV) pain meds allow the following

- 1. Decrease in pain assoc with contractions
- Sedation allows you to sleep during labor
- 3. Does not affect labor
- Last for 1 hour -> require redosing every
 1-2 hours for pain control .
- 5. Patient controlled You have autonomy when you can request it.
- **6. NOT** available once you're ready to push.

Remember to use this every 1-2 hours before you get your **epidural AFTER 4-5 cm**.

































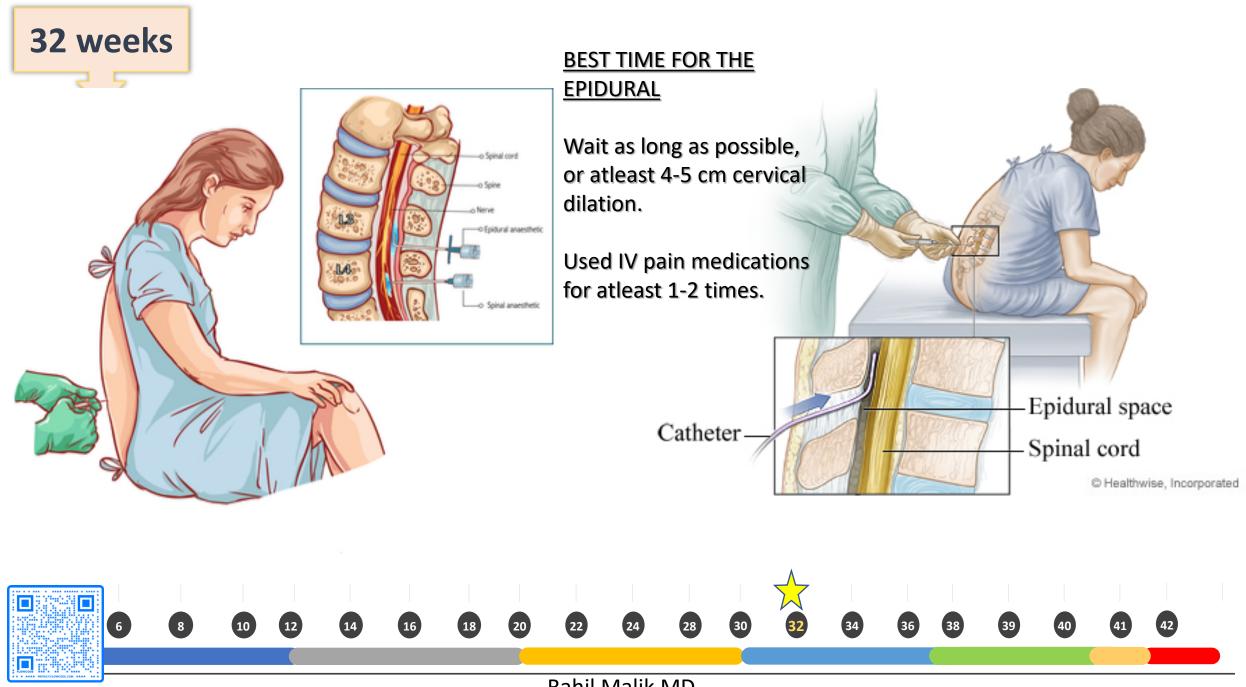








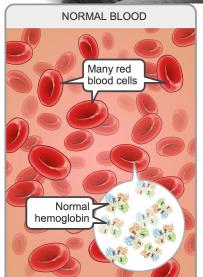


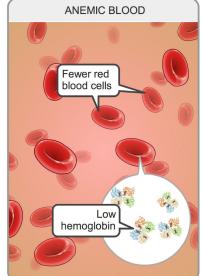


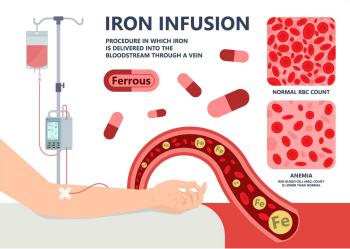
















16 inches 3-4 lbs



































28

RISKS AND REMEDIES

WHAT IS CORD BLOOD?

It is the blood that remains in the baby's umbilical cord

after it is cut. Considered a rich source of stem cells, this blood is used for treating critical diseases



CURE

Cancer: Acute and chronic leukemia

2 Blood disorders: Aplastic
anaemia, thalassemia

3 Immune disorders: Histiocytic disorders

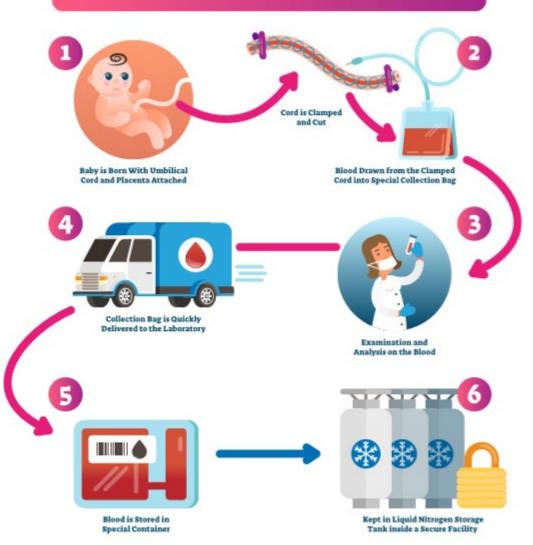
4 Inborn errors of metabolism: Hurler syndrome, Krabbe syndrome

cord blood bank | It is a place where umbilical cord can be stored for future use. While government blood banks accept donations from anyone, private ones allow families to preserve their blood for their own use for a fee

KEY CONCERN | Most diseases currently treatable by cord blood stem cell transplant are hereditary. The genetic defect for which a treatment is sought is likely to be present in the cord blood as well. So, it cannot be used

WAY FORWARD | Public banking should be promoted. It helps increase the donor pool for patients suffering from blood-related disorders. Those donating their children's cord blood may get preference

CORD BLOOD BANKING













From PerkinElmer





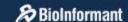




THE BEST CORD **BLOOD BANK OF 2022**

Which One Should You Choose?



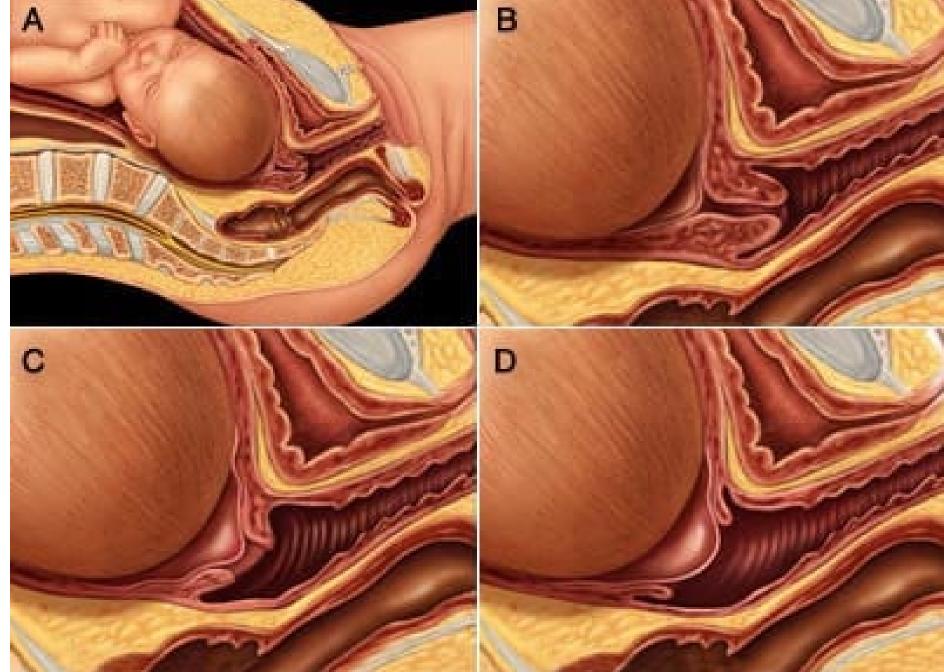


Blood Pressure Log **Preeclampsia PREECLAMPSIA** LIVER KIDNEYS PREECLAMPSIA is a Pregnancy Complication Characterized by HIGH BLOOD Pressure and Signs of DAMAGE to Another Organ System, Most Often the LIVER and KIDNEYS PROTEINURIA Breakdown of Red Blood Cells and Protein in Urine, The **Complications With Liver** Condition is Often a Sign of **Kidney Disease** SYS 140 DIA **Blood Pressure** That Exceeds 140/90 mm Hg Or Greater Water Retention and Swelling **OTHER SYMPTOMS DELIVERY** Severe Changes in Upper Abdominal Pain Nausea or **Decreased Urine** Shortness Headaches Vision Vomiting of Breath Output 34 16 20 22 24 32 38 12 14 18 28 41





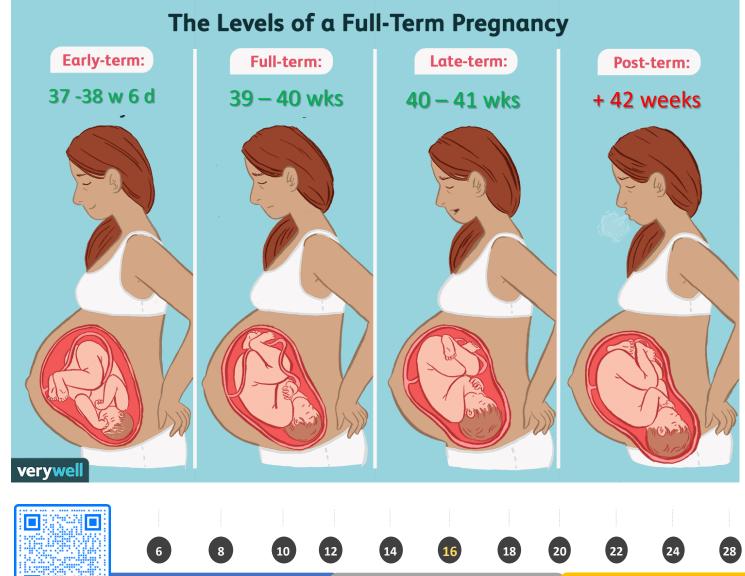


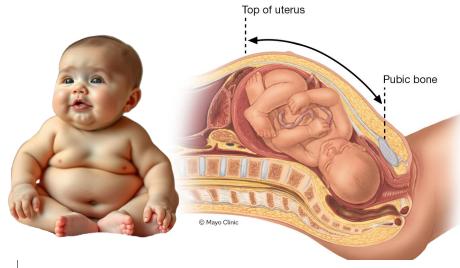


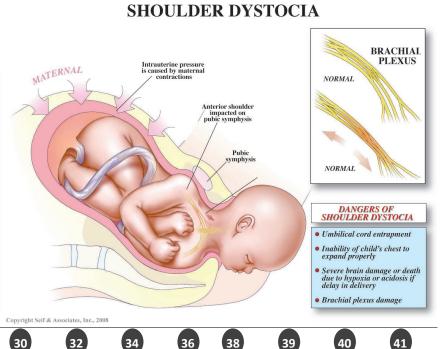


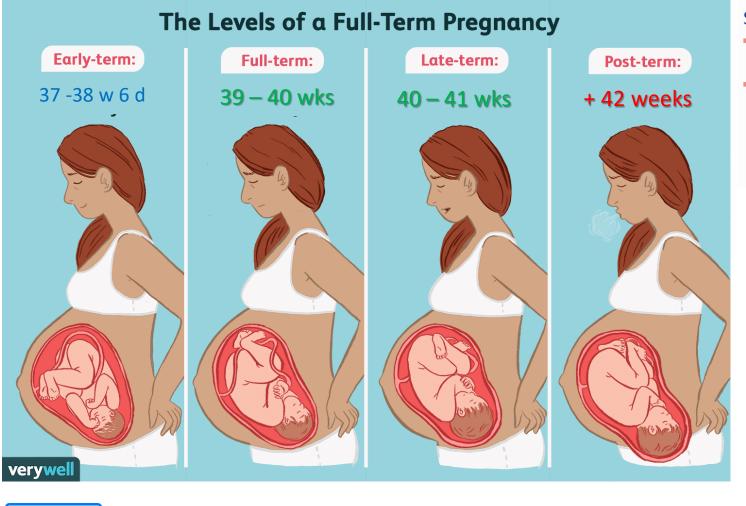


When to go to the hospital 5-1-2 RULE **Amniotic** Upon Evaluation, the hospital Emergency OB doc will notify fluid leakage the office.



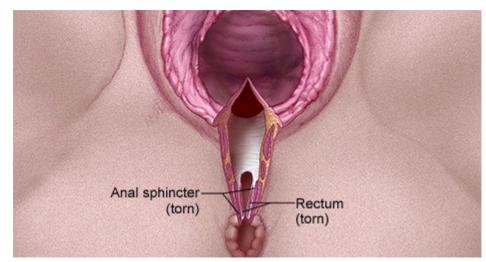








Shoulder dystocia incidence rates vary by weight: + 0.6-1.4% of infants with a birth weight of 5 lb, 8 oz to 8 lb, 13 oz + 5-9% among infants weighing 9 lb, 14 oz or more













































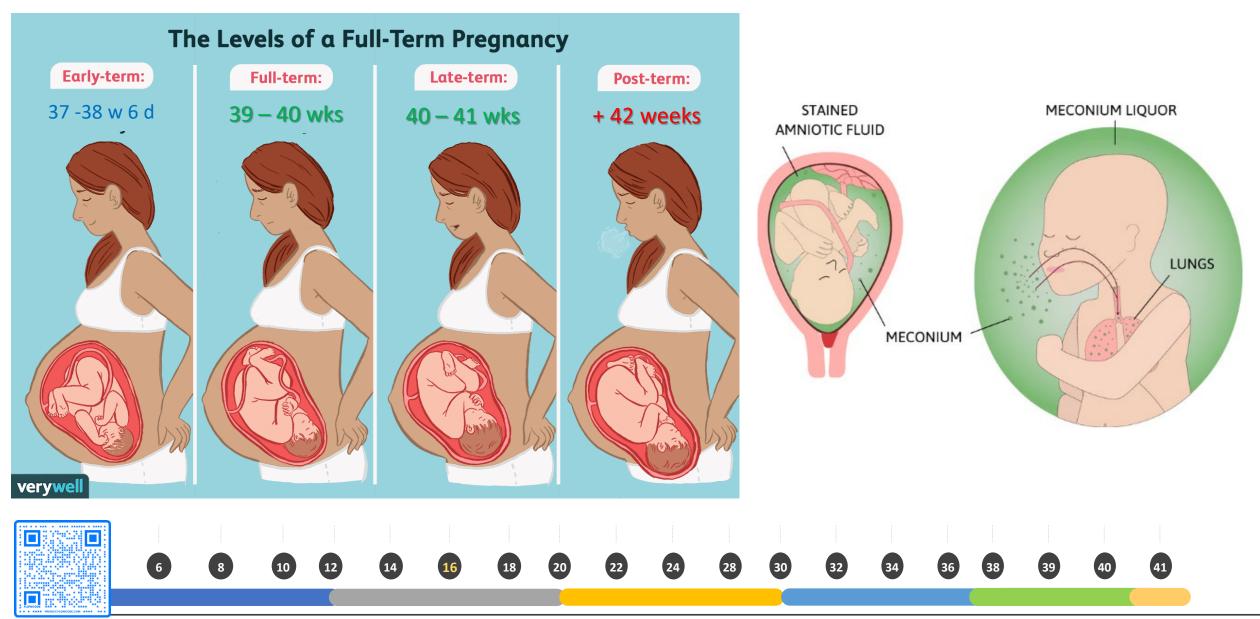








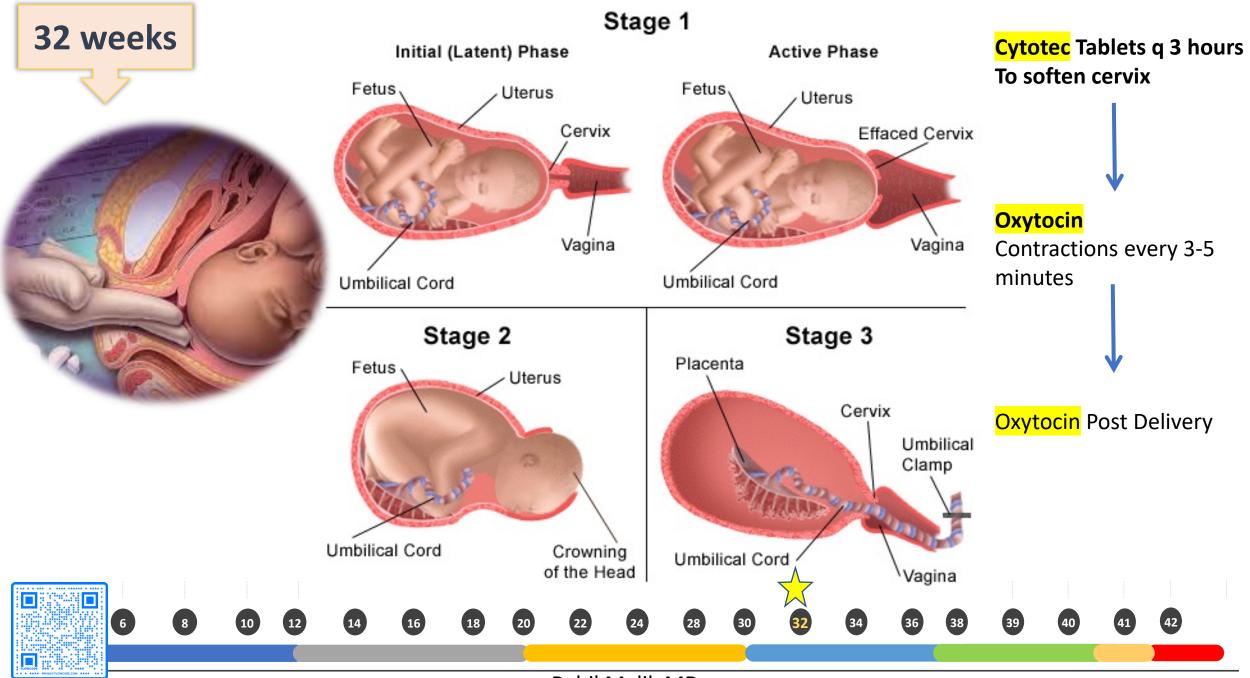






Conditions that require early delivery

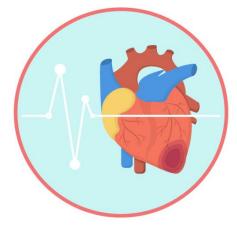
- Low Amniotic Fluid
- High Amniotic Fluid
- Elevated Blood pressures
- Chronic Hypertension
- Preeclampsia
- Gestational Diabetes
- Type 1 Diabetes
- Type 2 Diabetes
- Twins
- Maternal Age > 35
- Fetal Growth Restriction
- Macrosomic or Large fetus
- HIV
- Liver disorder of pregnancy
- Ruptured Membranes
- History of complicated childbirth, fetal demise.
- High Risk Pregnancy



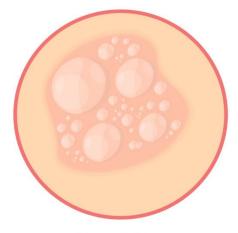
MEDICAL REASONS FOR A C-SECTION



Fetal Decelerations



HEALTH PROBLEMS SUCH AS HEART DISEASE



ACTIVE GENITAL HERPES



PROBLEMS WITH UMBILICAL CORD



BABY IN BREECH POSITION



PLACENTA PROBLEMS



STALLED LABOR



PREVIOUS CESAREAN DELIVERY



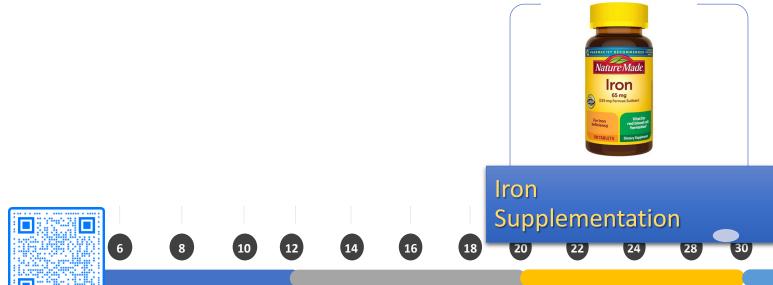
18 inches 5 lbs





Tdap Vaccine





32

18 inches 5 lbs

FETAL

Spontaneous abortion Preterm birth Stillbirth Pneumonia Sepsis Meningitis



MATERNAL

Preterm labor Spontaneous abortion Bacteremia/sepsis Mastitis Hemorrhage UTI/pyelonephritis Puerperal infection Death



from the lower genital tract



















































Circumcision

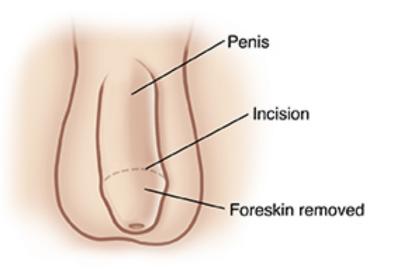
ELECTIVE

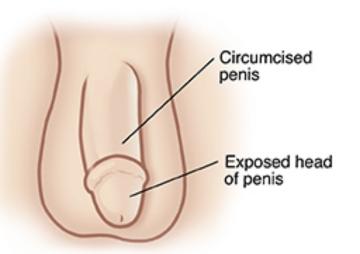
BASED ON

- -PERSONAL BELIEFS
- -RELIGIOUS BELIEFS
- -FATHER MATCHING

MEDICALLY

- -SMALL DECREASE IN STD transmission
- -SMALL DECREASED IN Penile Cancer





WHEN

> 24 hours after Birth

POST SURGICAL CARE

- VASELINE on the exposed head of The penis and adjacent area to prevent Scarring

COMPLICATIONS

Bleeding
Infection
Poor cosmetic outcome
Need for surgical revision











































Vaseline











Find A pediatrician

Ideally within 15 minutes

Accepts your insurance

Has hours of operation that works for your schedule







































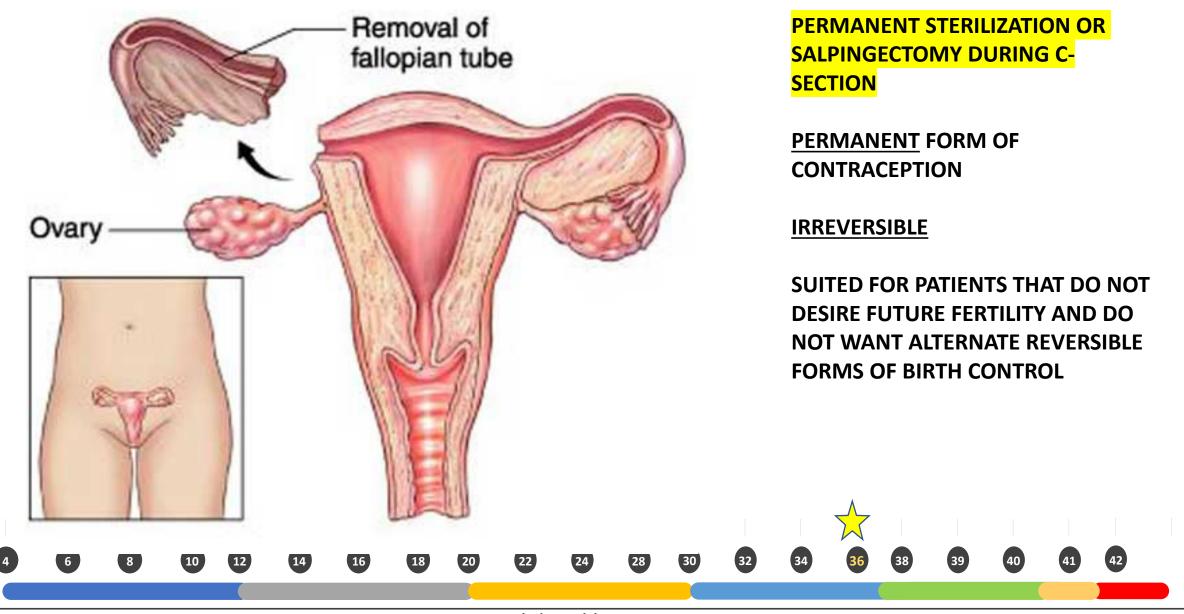








DONE WITH KIDS? CONSIDERING PERMANENT STERILIZATION?







Address: 7600 SW 36th St, Davie, FL 33328

Labor and delivery 3rd floor

Tel:954-475-5758

















































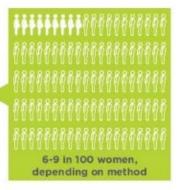
HOW WELL DOES BIRTH CONTROL WORK?

What is your chance of getting pregnant?

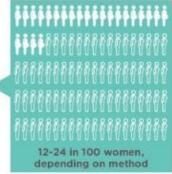
















8





Postpartum Contraception (Birth Control) Guide



Key

N

No hormones



Progestin hormone



Progestin and estrogen hormones

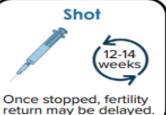


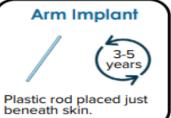
How often to use/take/change

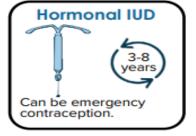
Can start using right after delivery

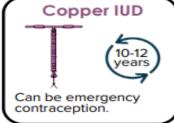
In-person visit to start

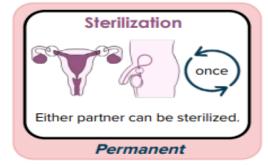
May be able to start during delivery stay before going home











Prescription to start

May be able to fill prescription while pregnant







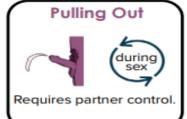
Plan your contraception before you deliver

It is possible to get pregnant 25 days after giving birth. It is helpful to talk to your provider about your contraception options during a prenatal visit and to leave the hospital after delivery with a contraception plan.

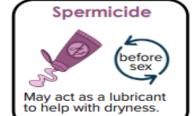
All methods are safe to use while breast/chestfeeding in terms of parent and infant health, initiation, milk quality and quantity.

Start on your own













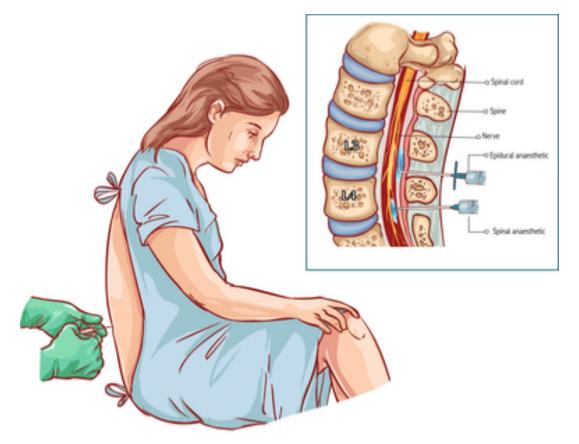


Must follow instructions perfectly:

- Must be exclusively nursing no pumping, formula, or other beverages or food.
- Must nurse at least every 4 hours during the day and 6 hours at night.
- Must be within 6 months of delivery.
- Must not have had your period return.



When to go to the hospital? 5-1-2 RULE Amniotic fluid leakage



BEST TIME FOR THE EPIDURAL

Wait as long as possible, or atleast 5 cm cervical dilation.

Used IV pain medications for atleast 1-2 times.













































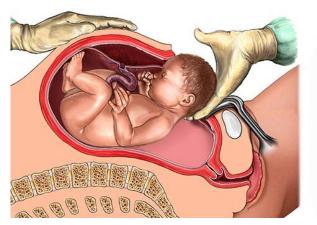


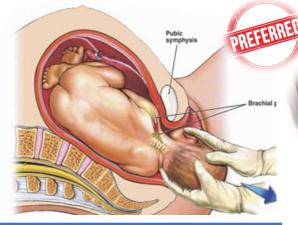


C Section

VS

Natural Delivery







Additional bleeding?	Timing of Delivery?
Longer Recovery? (maybe)	Induction after due date? Longer process – uncertain outcome
Impact on multiple future pregnancy?	Failed Induction? Arrest of labor?
	Heart rate abnormality?
	Perineal Laceration?
	Shoulder dystocia? (assoc fetal complications)















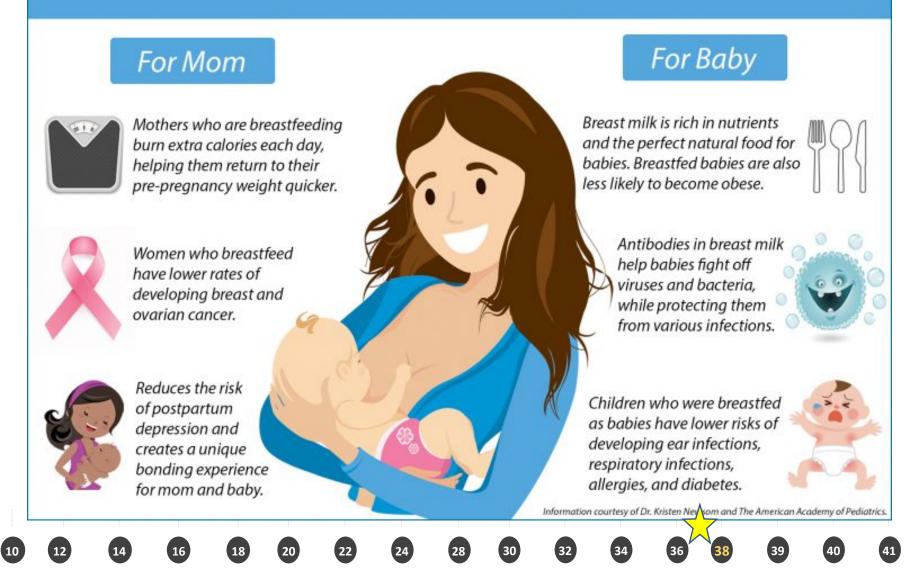


8

37 weeks Perineal muscles Skin torn torn sphincter Vaginal lo episiotom Opening Head of Baby First Degree Tear Second Degree Tear Vaginal -opening Rectum Anal ___ sphincter torn torn Location Anus of Possible **Episiotomy** Third Degree Tear Fourth Degree Tear 16 6 10 12 18 20 22 24 39 41 34

19 inches 6 lbs

BENEFITS OF BREASTFEEDING





Get more rest

Prioritize resting as often as possible. You want to think of rest as therapy and not a luxury.

A hot shower improves circulation and can stimulate the let down of your milk.

Relax: Stress can cause a decrease in your milk supply. Take time for yourself,



Maternity Comfort Solutions



· Spinach

· Apricots

supplys

Sweet-Potato

· Garlic



Hydrate, Hydrate, Hydrate

. Beer (Preferably dark beer, not too much, alcohol can decrease your milk









Get more rest































19 inches 6 lbs

HOW TO INCREASE

MILK SUPPLY

DRINK MORE WATER

Keep a water bottle with you at all times.



PUMP AFTER NURSING



Try power pumping - pump 10 mins then rest 10 mins repeat 3x.

LESS SUPPLEMENTING



Offer fewer bottles of formula.

CHECK THE LATCH



Is your latch OK?
Ask a lactation specialist for help.

SKIN TO SKIN



Strip down with baby and cuddle up

NURSE FREQUENTLY

Put baby to the breast as often as you can.



EAT YOUR GREENS

Eat lactogenic foods - broccoli, oatmeal, fennel, almonds.

USE YOUR HANDS

Try compressing your breast gently during feeding



AVOID PACIFIERS

Baby's suckle for comfort but also to increase mama's supply.



REST MORE



Look after yourself and get as much rest as possible.





















18





























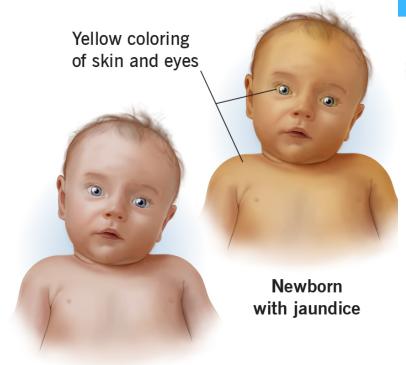






NEONATAL JAUNDICE

Jaundice in Newborns



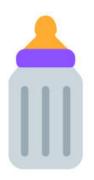
Healthy newborn

Supplementing Breast Milk with Formula

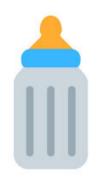
Mix in Same Bottle



Mix breast milk and formula in the same bottle Feed a "Chaser"



Feed breast milk first, then as much formula as needed Separate Feedings



Some feedings are only breast milk and some only formula













































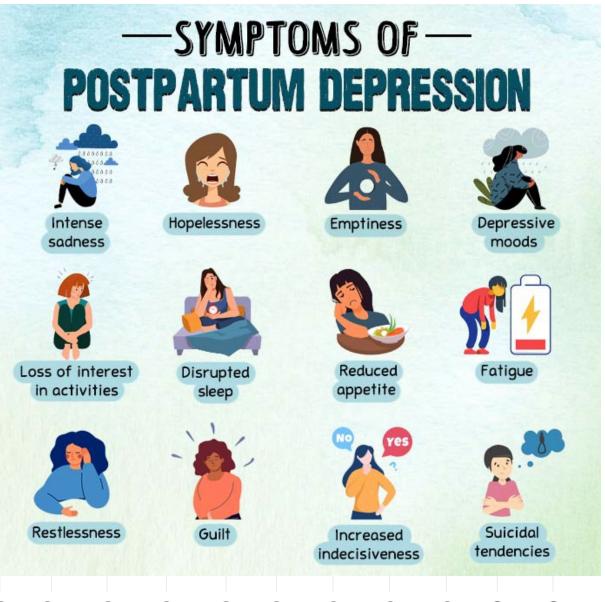




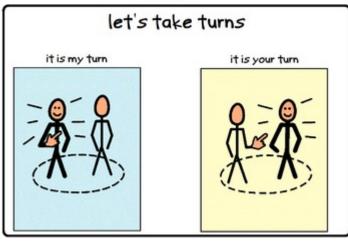
19 inches 6 lbs

POST PARTUM DEPRESSION









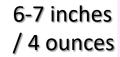




38 weeks When to go to the hospital 19 inches 6-8 lb 5-1-2 RULE 1.00 Contraction 1 min. Amniotic minute duration fluid leakage











Thoughts



A seemingly perfect parent creates a destination that can never be reached, but one who admits their mistakes, and shows how to learn from them, is blazing a trail to success that their child can follow for the rest of their lives.



VBAC considerations and risks Late Presentation **Early Presentation Full-thickness** tear of anterior uterine wall Previous incision site for cesarean delivery Initial tearing along previous scar **Blood flowing** out into abdomen Anterior View of Uterus

<u>Important Factors to Consider</u>

Success rate is Lower in patients that have a CS due to arrest of labor

1% risk of Uterine Rupture

Epidural is a MUST

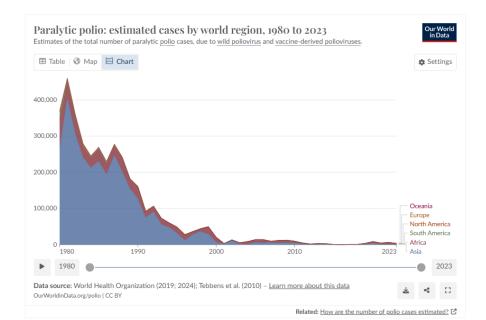
Must be in active labor to be admitted

Induction is **NOT** an option with patients with history of prior CS

Lower weight gain, normal size fetus and pelvis improves chances of a successful VBAC

Our Ultimate Goal: Safe Delivery for MOM and Baby

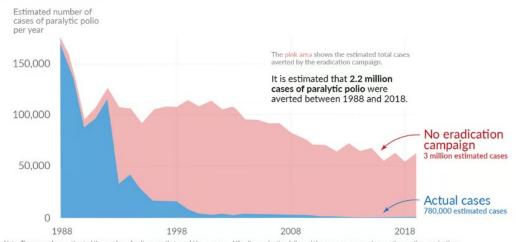
Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mc	os	9 mos	12 mos	15 mos
Respiratory syncytial virus () (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status, See <u>Notes</u>					1 dose (8 through 19 months), See <u>Notes</u>			
Hepatitis B () (HepB)	1 st dose	←2 ^{nc}	ⁱ dose→			←3 rd dose→			
Rotavirus (RV) (1) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See <u>Note</u>				
Diphtheria, tetanus, & acellular pertussis (1) (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dos				←4 th dose→
Haemophilus influenzae type b () (Hib)			1 st dose	2 nd dose	See <u>Note</u>				or 4 th dose, <u>Notes</u> →
Pneumococcal conjugate (1) (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dos			←4 ^t	^h dose→
Inactivated poliovirus (IPV) (IPV)			1 st dose	2 nd dose	←3 rd dose→				
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					1 or more doses of 2024–2025 vaccine (See <u>Notes</u>)				
Influenza (IIV3, ccIIV3) 📵					1 or 2 doses annually				



How many cases of paralytic polio were averted by the Global Polio Eradication Initiative (GPEI)?



With the GPEI, 105 countries received support for surveillance, childhood immunizations and campaigns to control new outbreaks.



Note: The researchers estimated the number of polio cases that would have occurred if polio vaccination followed the same coverage rates as other moutine vaccinations.

Source: Kimberly M Thompson and Dominika A Kalkowska (2021). An updated economic analysis of the Global Polio Eradication Initiative (GPEI), Risk Analysis.

OurWorldinData.org - Research and data to make progress against the world's largest problems.

Licensed under CC-BY by the author Saloni Dattani





ARRIVE Trial

- Mar 2014-2017 across 41 facilities in the USA
- 22533 Women identified, 6000 women randomized
- Arm 1 -> 39.0-39.4 weeks, low risk
- Arm 2 -> <40.5 weeks, low risk
- Arm1
 - No difference in baby outcomes
 - Higher Perceived control during childbirth
 - Lower cesarean delivery rate
 - Lower Rate of Gestational Hypertension,
 Preeclampsia
 - Increased length of stay
 - Decreased need for neonatal respiratory support within the first 72 hours of life
 - Decrease rates of 3rd or 4th degree laceration
 - Decrease rates of Operative vaginal birth