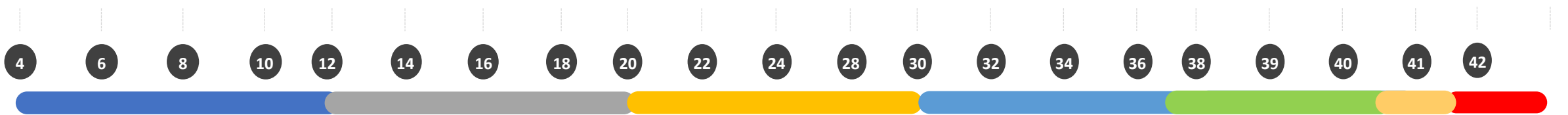


Davie ObGyn Rahil Malik MD

1200 N University Drive, Plantation, Florida

www.Davieobgyn.com



Rahil Malik MD

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 neural tube.
- Cardiac tissue 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 and toes emerge.
- 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 Weeks 9 to 12



- Cartilage for the limbs, hands, and feet is forming but won't harden into bones for a few weeks.
 - Eyelids 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 fingernails 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 continue to develop.
 - Bones are hardening, especially the long bones.
 - The skin is thin and see-through 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.
 - The lungs begin to form tissue that will allow them to exchange oxygen and carbon dioxide after birth.
 - Limb movements become more coordinated.
- By the end of week 16, the fetus is more than 4 inches long and weighs more than 3 ounces.

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 over the body.
- 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 fetus may suck its thumb.
 - Eyebrows are visible.
 - At week 23, most of the fetus's sleep time is spent in rapid eye movement (REM) sleep.
 - Ridges 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 1½ pounds.

Month 7 Weeks 25 to 28



- The fetus can respond with movement to familiar sounds, such as your voice.
 - The lungs are now fully formed but not yet ready to function outside the uterus.
 - Loud sounds may make the fetus respond by pulling in arms and legs.
 - The lungs begin making surfactant, a substance needed for breathing after birth.
 - At 27 weeks, more fat is being added to keep the fetus warm.
 - A greasy material called vernix has started to develop. Vernix acts as a waterproof barrier that protects the skin.
- By the end of week 28, the fetus is nearly 15 inches long and weighs about 2½ pounds.

Month 8 Weeks 29 to 32



- The fetus can stretch, kick, and make grasping motions.
 - The eyes can open and close and sense changes in light.
 - 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 the scrotum.
 - 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.

Month 9 Weeks 33 to 36



- The brain is growing and developing rapidly.
 - The bones harden, but the skull remains soft and flexible.
 - More fat is forming under the skin.
 - The fingernails have grown to the ends of the fingers.
 - During week 35 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.

Month 10 Weeks 37 to 40



- The lungs, brain, and nervous system continue to develop.
 - The circulatory system is complete, and so is the musculoskeletal system.
 - The fetus is taking up a lot of space in the amniotic 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 7½ to 8 pounds.

How the Uterus Grows During Pregnancy

The size of your uterus can help show how long you have been pregnant. The uterus fits inside the pelvis until week 12. By week 36, the top of the uterus is under your rib cage.

Weeks



Changes In Your Body

The First Trimester

- Your period stops.
- Your breasts may become larger and more tender.
- Your nipples may stick out more.
- You may need to urinate more often.
- You may feel very tired.
- You may feel nauseated and may vomit.
- You may crave certain foods or lose your appetite.
- You may have heartburn or indigestion.
- You may feel bloated and have excess gas.
- You may be constipated.
- You may gain or lose a few pounds.

The Second Trimester

- Your appetite 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 itchy. You may see stretch marks.
- 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 nipples, may darken.
- Your feet and ankles may swell.

The Third Trimester

- You can feel the fetus's movements strongly.
- You may be short of breath.
- You may need to urinate more often as the fetus drops and puts extra pressure on your bladder.
- Colostrum—a yellow, watery pre-milk—may leak from your nipples.
- Your navel may stick out.
- You may have contractions (abdominal tightening or pain). These can signal false or real labor.

FIGURE: This information is designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care. We do not claim any special or unique treatments or methods of care. It is not a substitute for a health care provider's independent professional judgment. The ACCO's complete database, visit www.acog.org/WomensHealthDatabase. Copyright October 2020 by the American College of Obstetricians and Gynecologists. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, posted on the Internet, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without your



6 weeks



0.25 inches



FATIGUE
LOW ENERGY
EXHAUSTION
SLEEPINESS



HEADACHE
DIFFICULTY
SLEEPING



IMPLANTATION BLEEDING
MISCARRIAGE WORRY
CHANGES VAGINAL DISCHARGE



WEIGHT LOSS (1st tri)
WEIGHT GAIN (2nd-3rd)



MISSED PERIOD

Early symptoms of pregnancy



TEMP CHANGES
DIZZINESS
LIGHT HEADEDNESS
NASAL BLEEDING



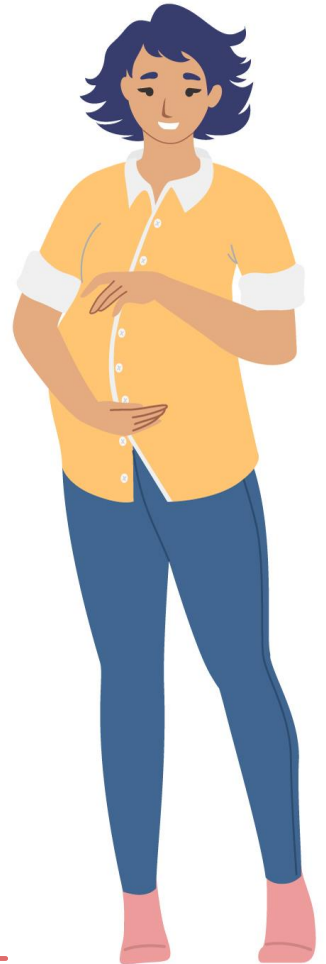
ENLARGED BREAST
BREAST SENSITIVITY
BREAST TENDERNESS
NIPPLE DARKENING



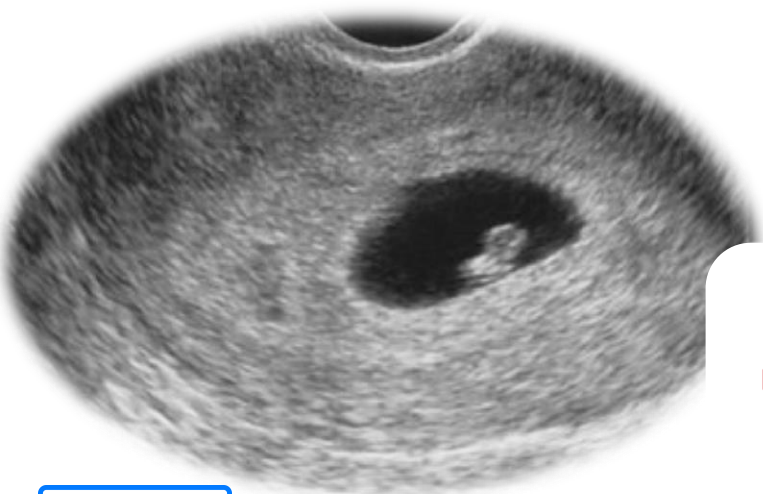
FREQUENT URINATION
BLOATING
CONSTIPATION



NAUSEA
VOMITING
SENSITIVITY TO SMELL
DECREASED APPETITE



LEG SWELLING
ABDOMINAL SWELLING
ABDOMINAL PAIN



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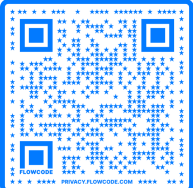
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6 weeks

HYPER-EMESIS



3/4 of pregnant women experience NVP



85% of those experience it 2 times a day



1/2 of those with NVP find that eating reduces it

What can cause NVP?

- hormones
- sense of smell
- genetics
- low blood sugar



What can help?

- Eat small but frequent nutritious meals & chew food thoroughly
- Always keep a snack (crackers, banana) on hand & stay hydrated
- Use fragrance free toiletries & cleaning products
- Keep your home well ventilated & go for walks to get fresh air
- Pregnancy friendly candles, oils & teas (ginger, lemon, etc.)



Eat small meal frequently



Drink enough water

How To Avoid Hyperemesis Gravidarum?



Eat dry toast or cracker



Avoid Food with strong odor



Prenatal Vitamins



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6 weeks

DIZZINESS / LIGHTHEADEDNESS



During pregnancy...

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

The total fluid in the body increases by about 1.4 Litres²

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

Water accounts for 87% of breast milk¹



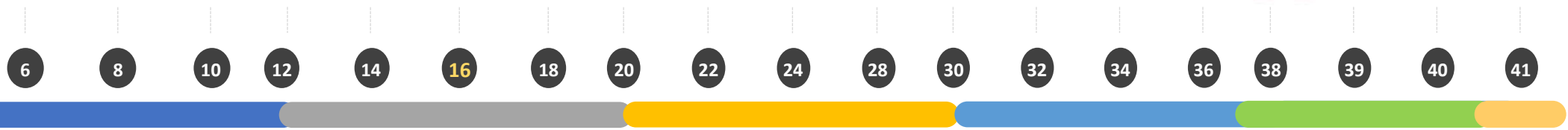
Keeping a water bottle handy when feeding your baby or when out, will help remind you to keep hydrated



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



11 weeks

GENETIC DISEASES CONCEPTS



DOWN SYNDROME



MUSCULAR DYSTROPHY



THALASSEMIA



PHENYLKETONURIA



MARFAN SYNDROME & DWARFISM



TAY-SACHS DISEASE



ALBINISM



HAEMOCHROMATOSIS



CYSTIC FIBROSIS



Chorionic villus Sampling



Amniocentesis



Noninvasive prenatal Screening



Carrier screening

Team Boy Team Girl



Ultrasound

Blood Type HIV Syphilis Urine culture Genetic Carrier Screen

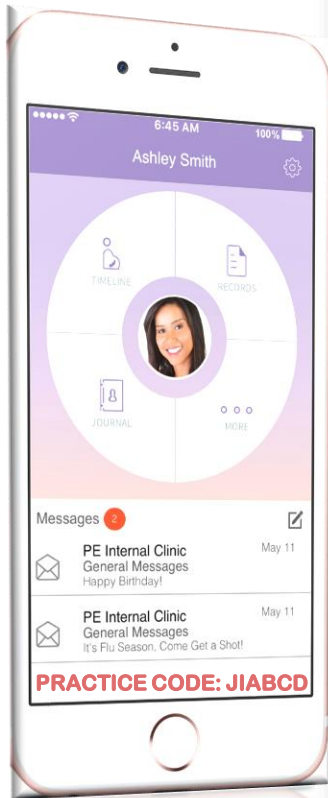
CBC Hepatitis Thalassemia Sickle cell STDs etc.



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



11 weeks



healow

Review Your Visit Summary

Remember doctor's orders? healow does!

PRACTICE CODE: JIABCD

DOWNLOAD THE FREE healow APP TODAY

OUR PRACTICE CODE: JIABCD

TopLine MD Alliance

natera[®]

Conceive. Deliver. Thrive.

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Quest Diagnostics[™]

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

healow
Health and Online Wellness

eClinicalWorks Blog



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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

LOW RISK



Fetal Sex

Male



Fetal Fraction

8.3%



Notes by the clinical reviewer, if any, will be shown here.

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.



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11-13 weeks

FINAL RESULTS SUMMARY

Result

LOW RISK



Fetal Sex

Female



Fetal Fraction

8.8%



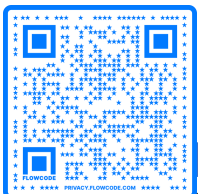
RESULT DETAILS: ANEUPLOIDIES

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 tested ¹	Result	Risk Before Test ²	Risk After Test ⁴
22q11.2 deletion syndrome	Low Risk	1/2,000	1/9,000

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 microdeletions 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.



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11 -13 weeks

Patient Information
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 Maternal Weight: N/A
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TEST SELECTED: Sex of Fetus, 22q11.2 Deletion

FINAL RESULTS SUMMARY

Result

LOW RISK



Fetal Sex

Male



Fetal Fraction

8.3%



Notes by the clinical reviewer, if any, will be shown here.

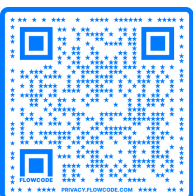
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Triploidy	Low Risk		

RESULTS DETAILS: MICRODELETIONS

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12 weeks

Sleeping Positions for Pregnant Women



Stomach Sleeping
(as long as baby allows)



Side-lying with one leg up



Side-lying with legs supported



Reclined



Right or Left Side
(Both!)



Back



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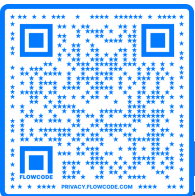
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15-17 weeks

SLEEP AIDS

TIPS FOR BETTER SLEEP

- 1 DAILY SCHEDULE
- 2 REGULAR WORKOUT
- 3 WALK MORE DURING THE DAY
- 4 AVOID HEAVY FOODS
- 5 DIGITAL DETOX
- 6 BATH BEFORE BED
- 7 KEEP YOUR ROOM DARK
- 8 COMFORTABLE BED

From the Makers of **VICKS** NyQuil[®]

ZzzQuil[™]

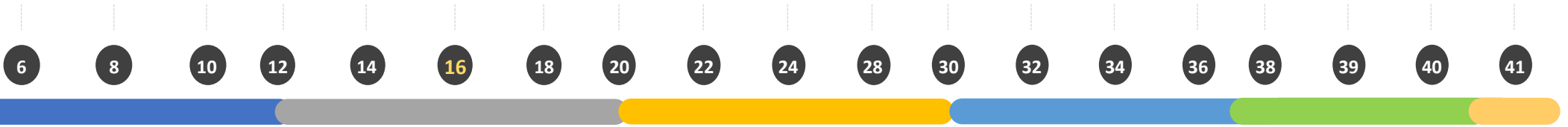
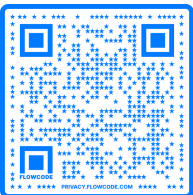
NIGHTTIME SLEEP-AID

Diphenhydramine HCl
Non-Habit Forming

Fall Asleep Fast

Not for Pain. Not for Colds. Just for Sleep.

12 LiquiCaps[™]

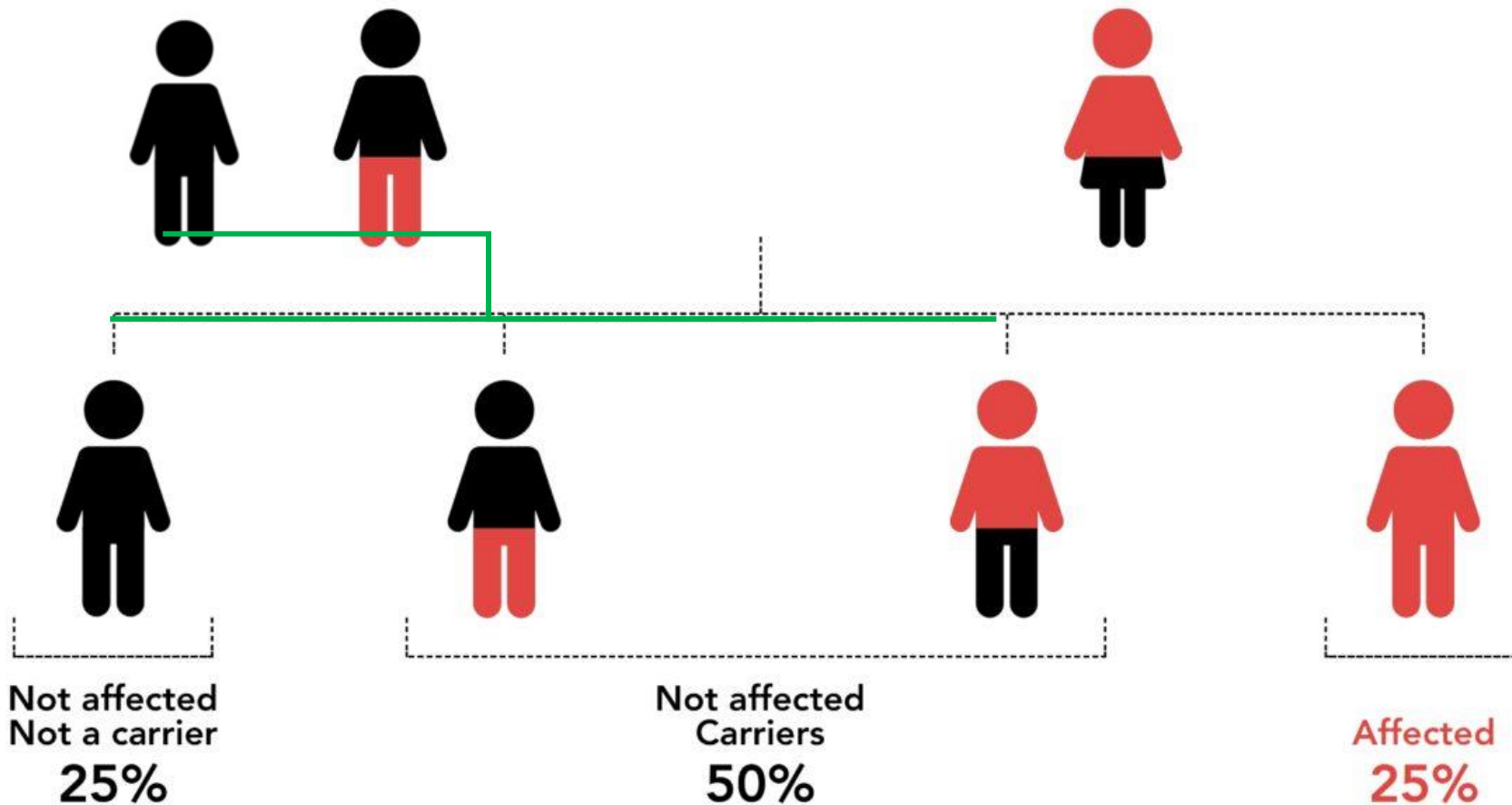


11 weeks



FATHER CARRIER

MOTHER CARRIER



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

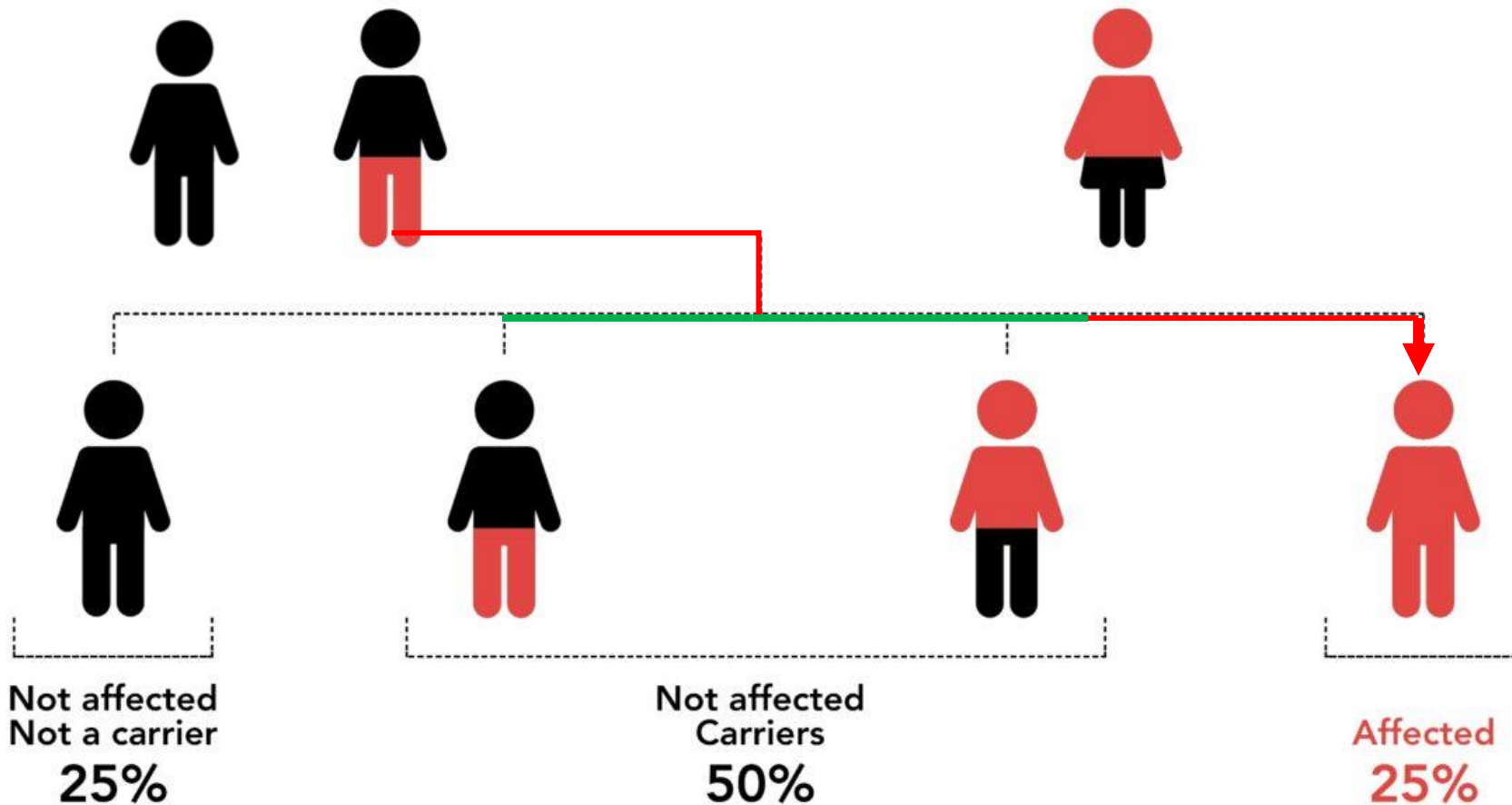


11 weeks

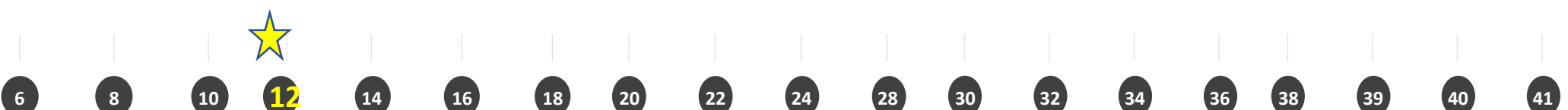


FATHER CARRIER

MOTHER CARRIER



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15-17 weeks

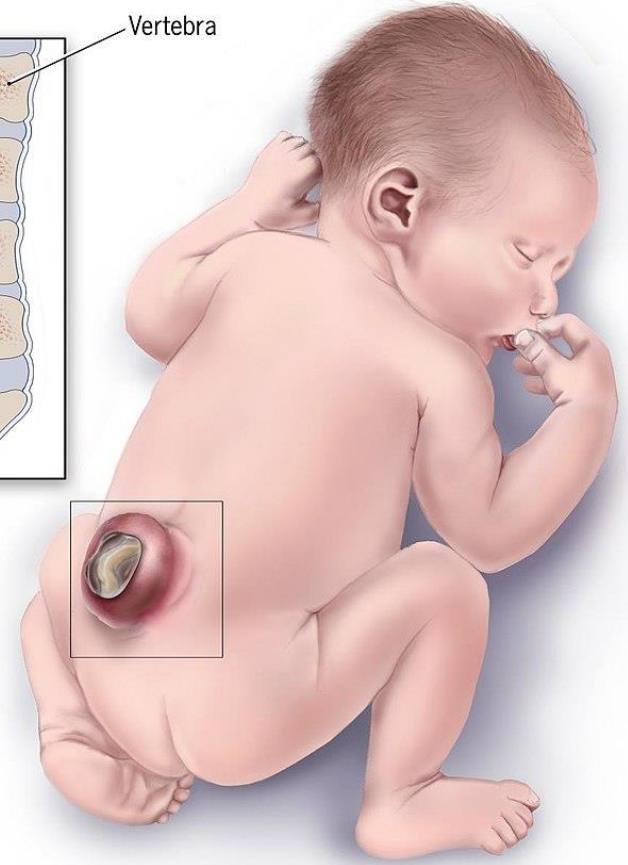
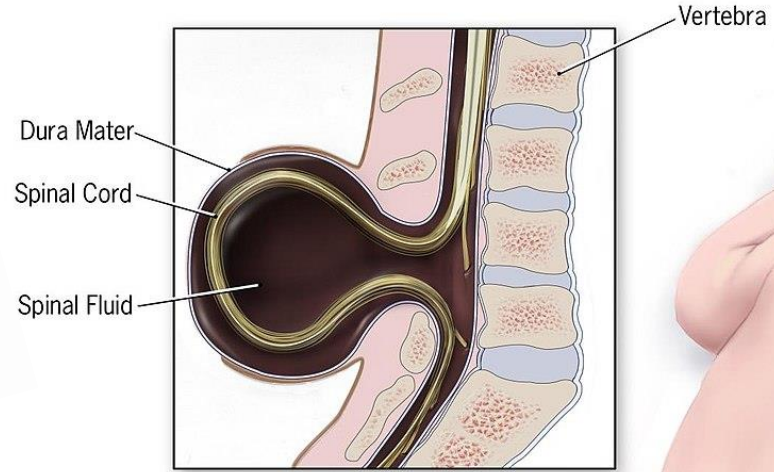


Improvement In Nausea/Vomiting

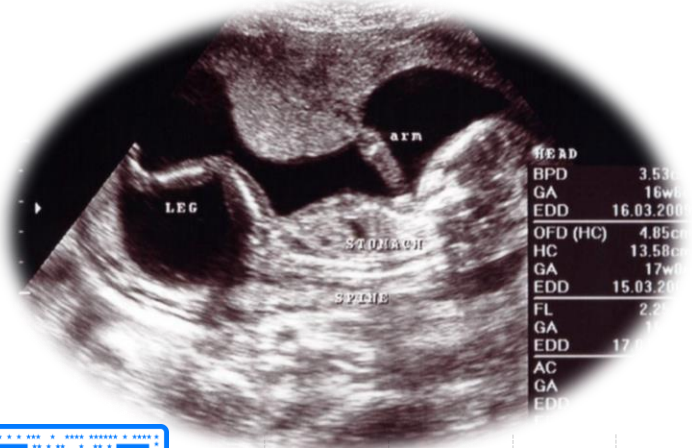
6-7 inches / 4 ounces



Spina Bifida (Open Defect)



AFP BLOOD TESTING
15-20 weeks



Office Manager

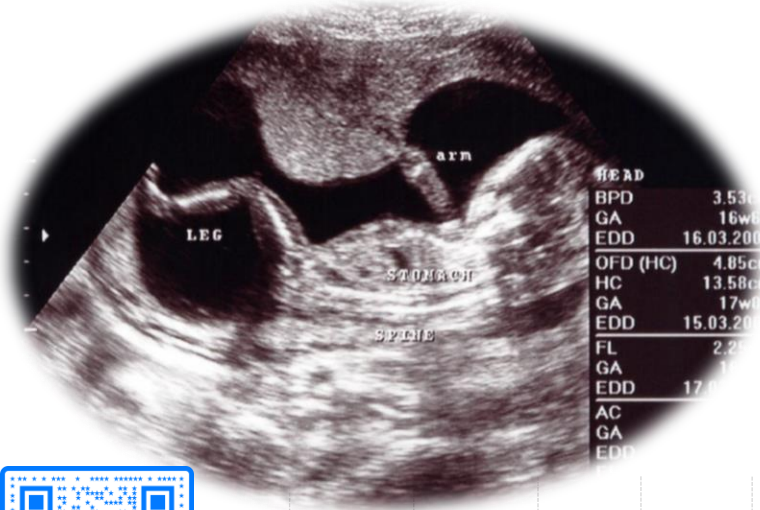
→ Delivery Planning; Insurance Review



15-17 weeks

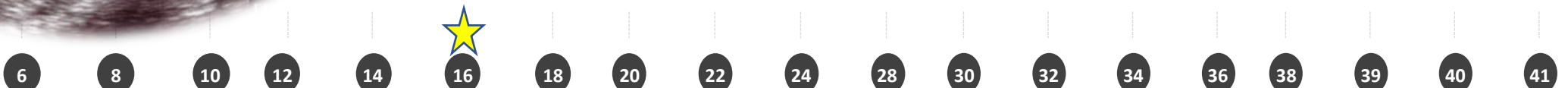


6-7 inches / 4 ounces



HEAD	
BPD	3.53cm
GA	16w0d
EDD	16.03.2008
OFD (HC)	4.85cm
HC	13.58cm
GA	17w0d
EDD	15.03.2008
FL	2.25cm
GA	17w0d
EDD	17.03.2008
AC	
GA	
EDD	

Anatomy Ultrasound

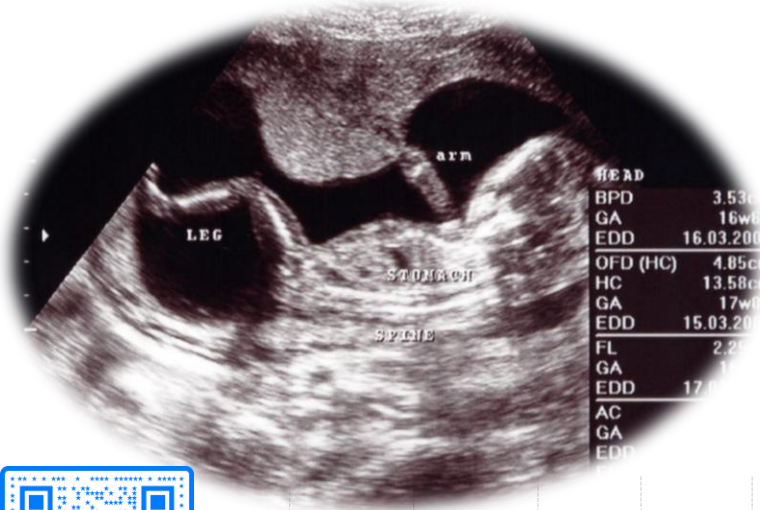


15-17 weeks

FETAL MOVEMENTS



6-7 inches / 4 ounces



Feeling butterflies



Soft as a ballerina



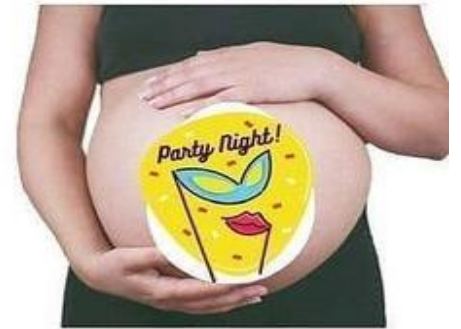
Playing hide and seek



Spinning baby



The boxer



Party Night

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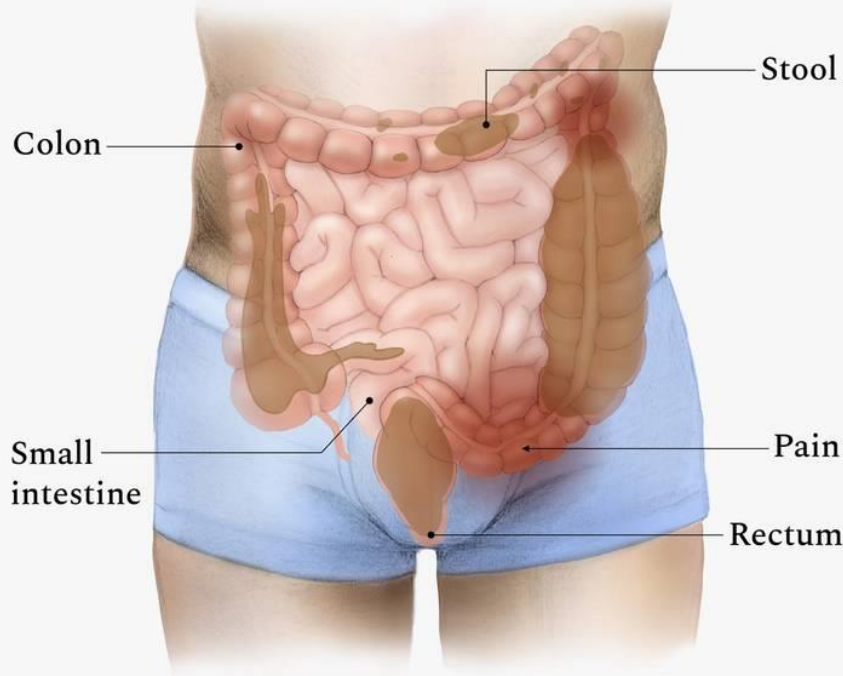
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15-17 weeks

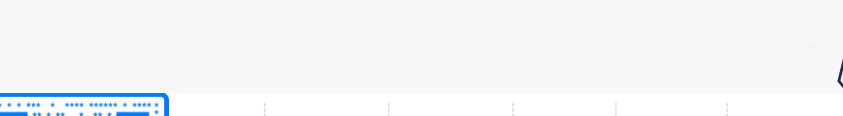
CONSTIPATION



1



3



2

4



5



CONSTIPATION..

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10 Best Vegetables for Constipation Relief



Spinach



Broccoli



Brussels Sprouts



Cauliflower



Carrot



Kale



Sweet Potatoes



Peas



Cabbage



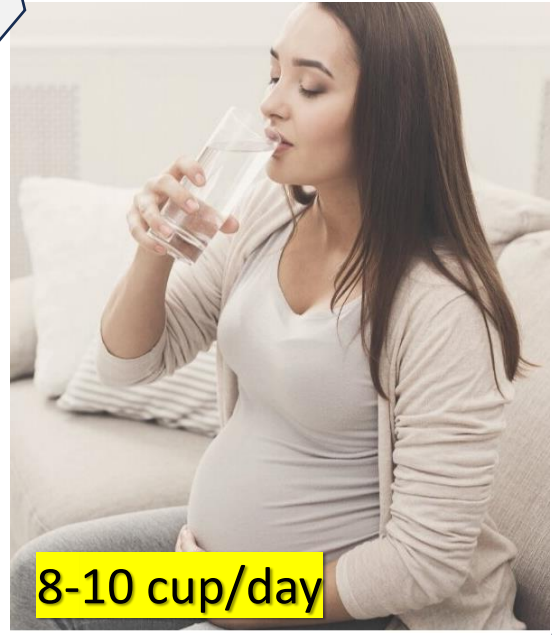
Bell pepper

Veggies
"Your Digestive Superheroes Against Constipation."



16

2



8-10 cup/day

3



Softening Agent

5

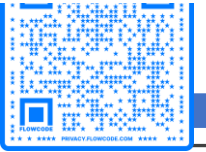


Laxative

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BULKING AGENT



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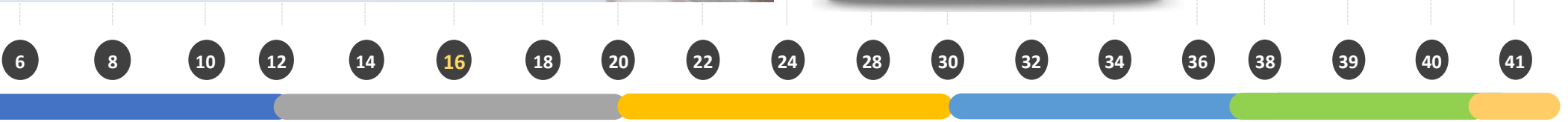
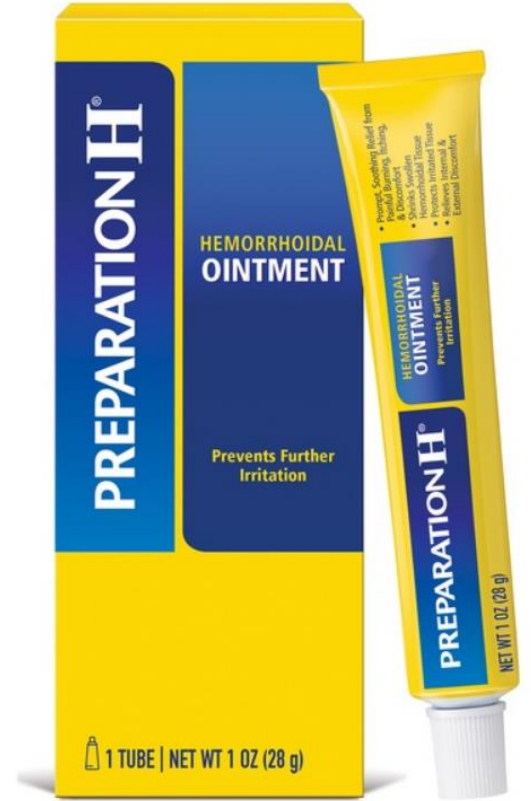
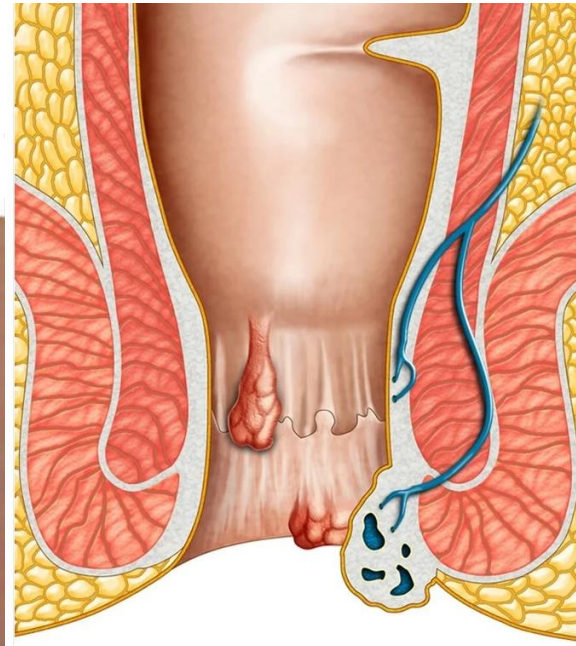
15-17 weeks

HEMORRHOIDS

4 Reasons why

Hemorrhoids appear during Pregnancy

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



15-17 weeks

Heartburn

HEARTBURN DURING PREGNANCY

CAUSES OF HEARTBURN

- CHANGING HORMONES
- CARDIAC SPHINCTER
- GROWING FOETUS
- UNHEALTHY LIFESTYLE
- POOR FOOD HABITS
- GASTRITIS PROBLEM



1

Dietary Changes

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



HOW TO TREAT **HEARTBURN** DURING PREGNANCY



EAT LESS, BUT MORE OFTEN



SLEEP ON YOUR LEFT SIDE



CHEW GUM



SIP ON WATER



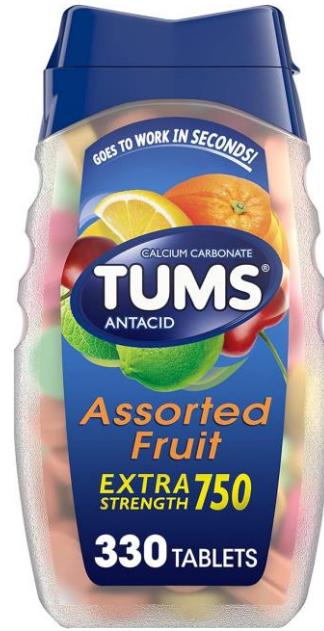
DRINK GINGER TEA



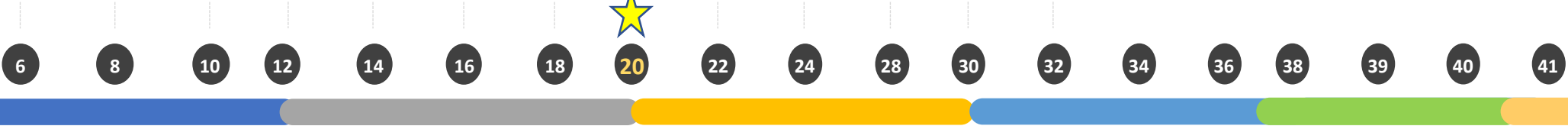
AVOID FATTY , GREASY LARGE MEALS



ELEVATE THE HEAD OF YOUR BED



No more than **6 tablets in 24 hours**



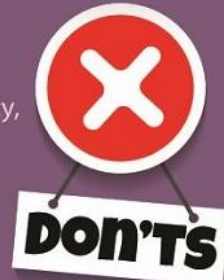
15-17 weeks

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.

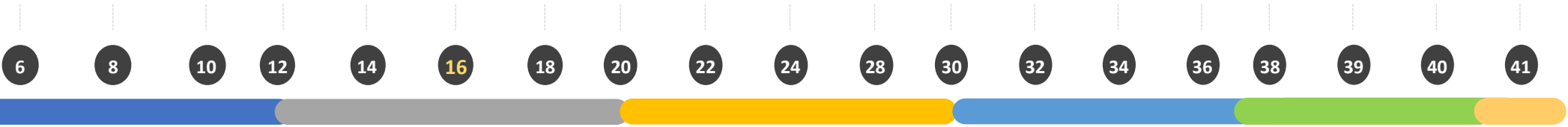


Enough Sleep

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



WEIGHT LIMIT 25



15-17 weeks

EXERCISE IN PREGNANCY



6

8

10

12

14

16

18

20

22

24

28

30

32

34

36

38

39

40

41

20 weeks

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.



1-1.5 lbs
12 inches

FETAL MOVEMENT

When Can I Feel It

- Any time between **13-25 weeks**, but most commonly between 16 - 22 weeks

What Does It Feel Like

- Initially:** subtle flutters & wiggles
- Later:** kicks, punches & rolls

How Frequent Is It

- Varies from baby to baby
- Vigorous kicks until 32nd week
- Afterwards, changes to rolls

BABY KICK COUNT

When to Start Counting

- After **28 weeks** of pregnancy

How Often

- Twice daily or more
- At the **same time** each day

How to Count Baby Kicks

- Sit comfortably or lie on a side
- Record time of 1st movement
- Count until 10 movements
- Record time of 10th movement
- Should feel 10 movements in 2 hours or sooner



6

8

10

12

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.



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



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

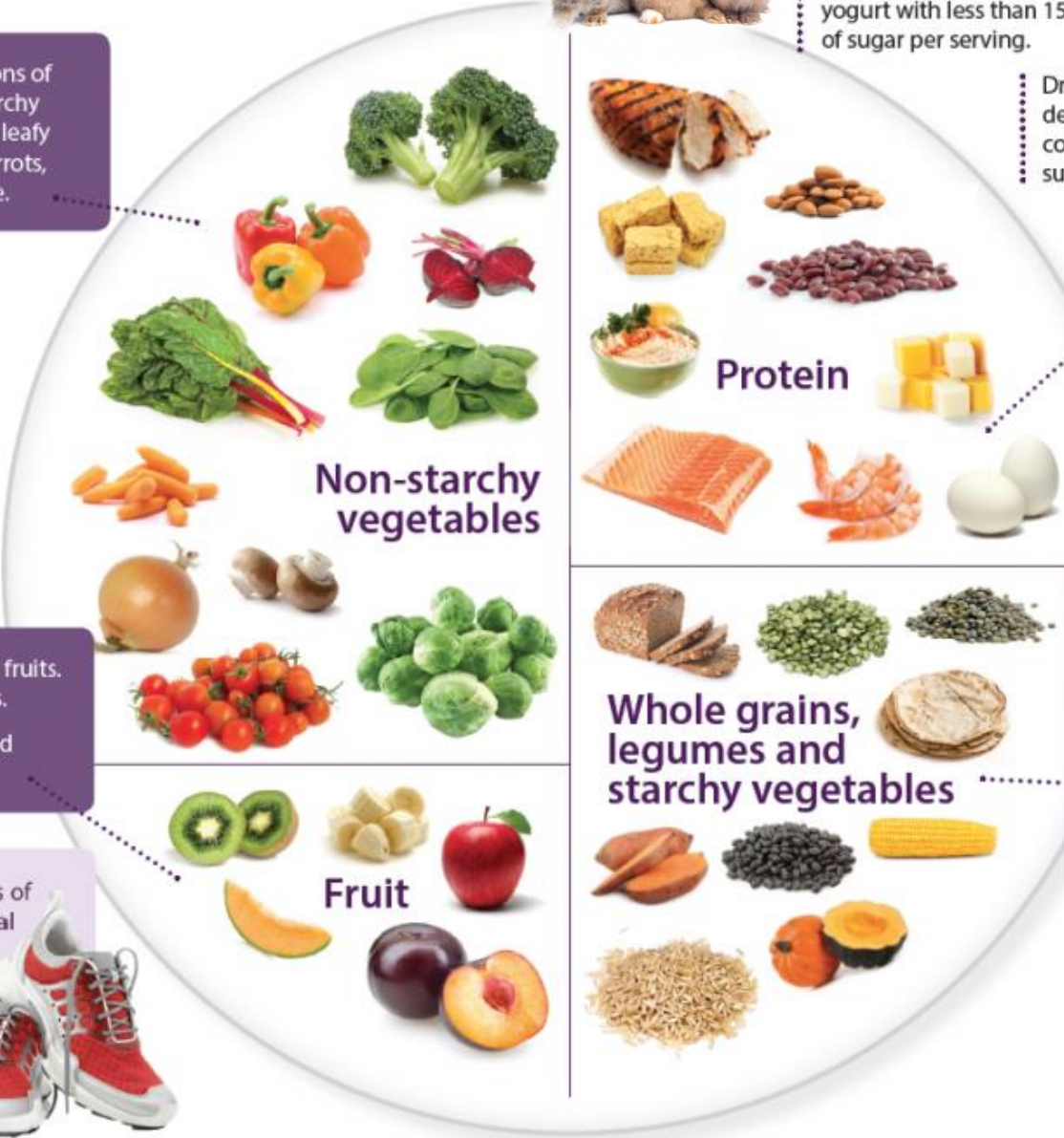
Choose small amounts of healthy oils (olive and canola) for cooking or to flavor foods. Nuts, seeds and avocados contain healthy fats.



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.



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.

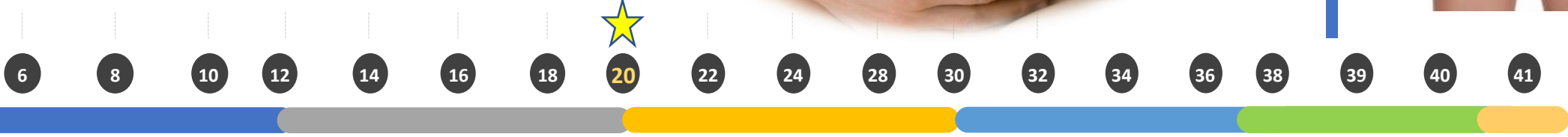
BAD CARBS



20 weeks



**WEIGHT
LIMIT
25**



24 weeks



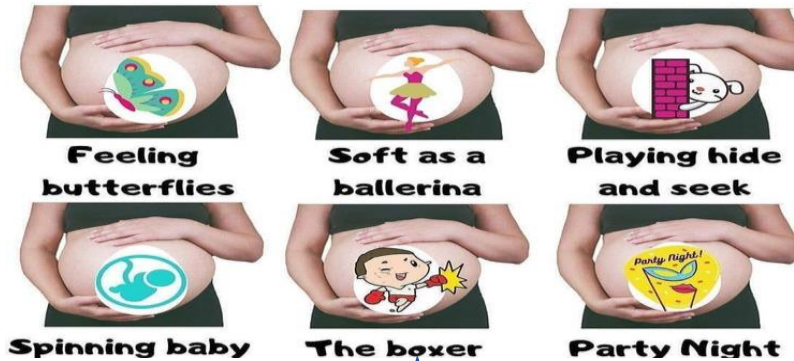
Glucose Drink

1 hour later, blood draw

1.5lbs
12 -14inches

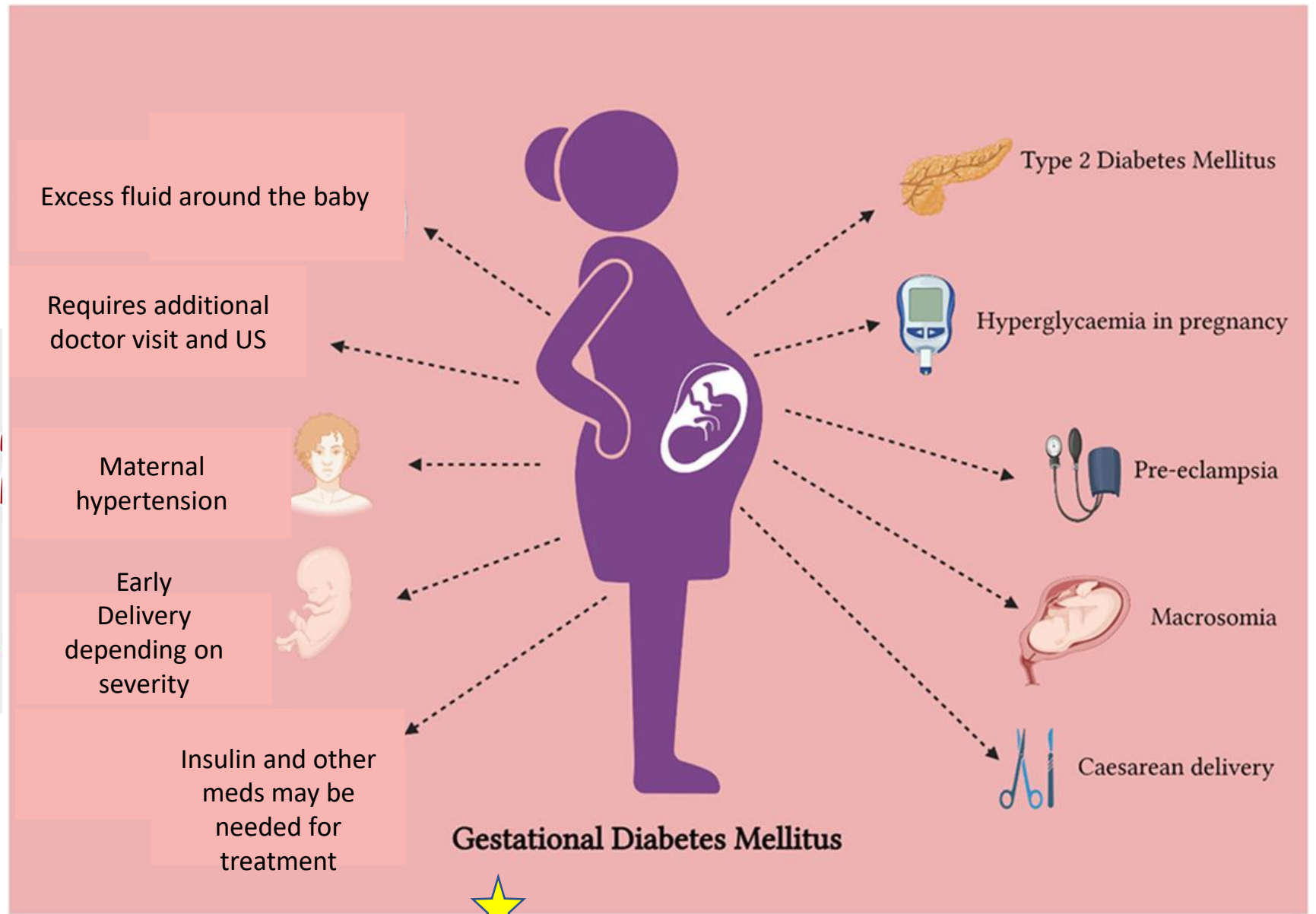
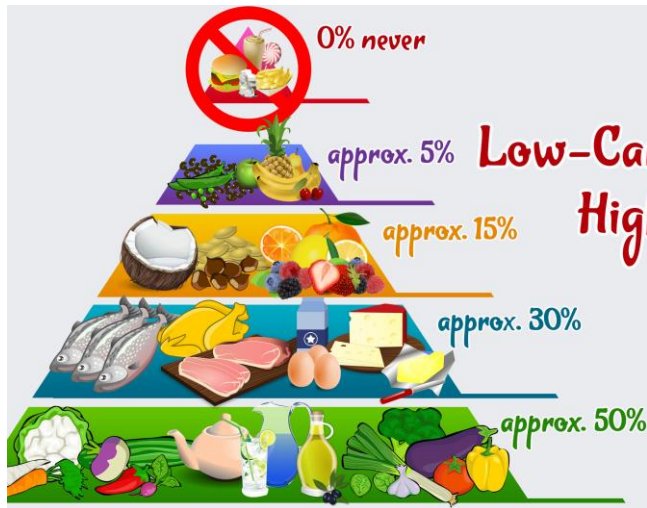
FETAL MOVEMENTS

DO NOT come on a **Empty stomach**
DO NOT drink **sugary beverage** immediately before your appt.



24 weeks

14 inches
1.5-2 lbs



24 weeks

Safe Exercise During Pregnancy

ALREADY EXERCISING

30 MINUTES
A DAY

NEW TO EXERCISE

10 MINUTES
A DAY



LOW IMPACT
ACTIVITIES

AVOID THE RISK OF
FALLING



YOGA
& STRETCHING
INCREASE FLEXIBILITY

5 LB'S
BICEP CURLS
STRONG ARMS



24 weeks



- 6
- 8
- 10
- 12
- 14
- 16
- 18
- 20
- 22
- 24
- 28
- 30
- 32
- 34
- 36
- 38
- 39
- 40
- 41

24-28 weeks

EXERCISE IN PREGNANCY



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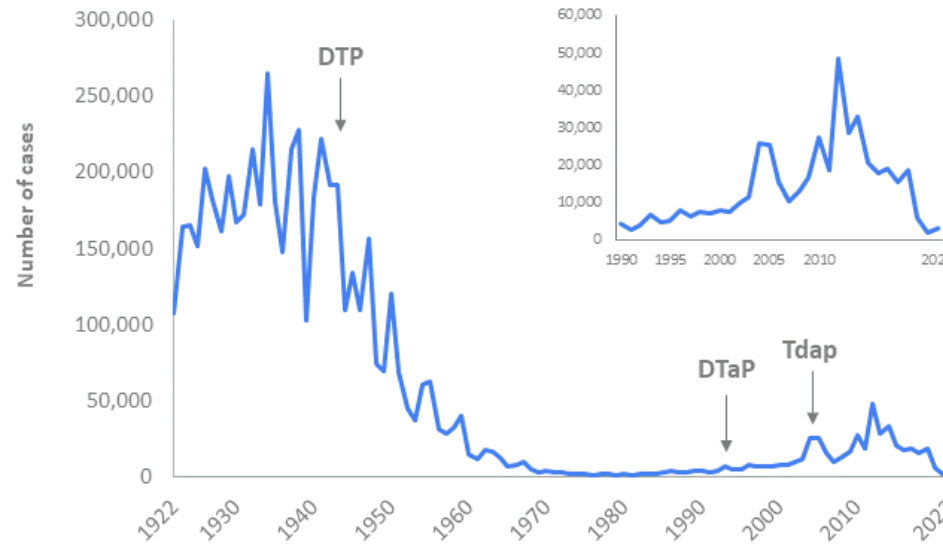
28 weeks



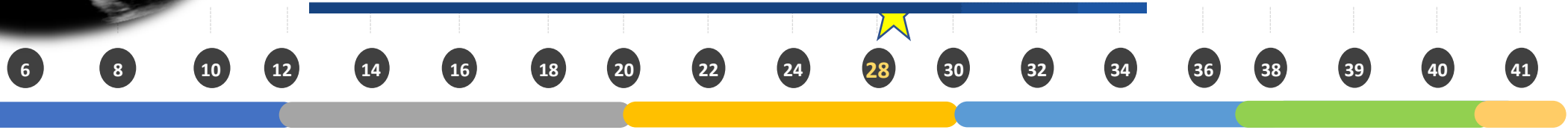
Tdap Vaccine

Rhogam (If RH negative)

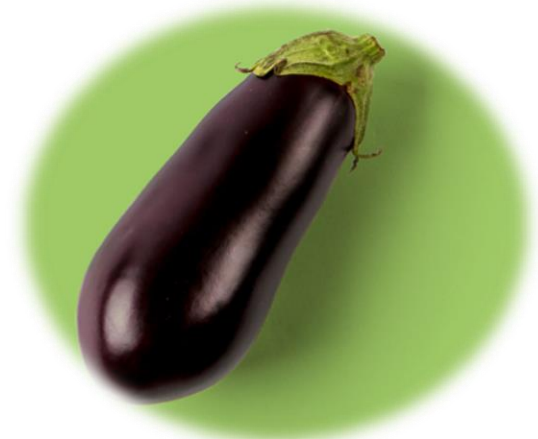
Reported NNDSS pertussis cases: 1922-2022



CDC, National Notifiable Diseases Surveillance System



Rahil Malik MD



2-2.25 lbs



DIFFERENCE BETWEEN BRAXTON HICKS AND REAL CONTRACTIONS

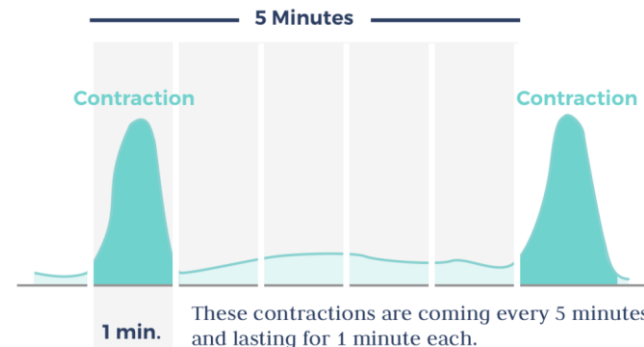
Braxton Hicks

- 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



28 weeks

15 inches
2.5-3.5 lbs



Rahil Malik MD

28 weeks

15 inches
2.5-3.5 lbs



Mother

- ID Cards, Insurance Information
- Comfortable Underwear
- 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 +/-



32 weeks

PAIN CONTROL IN LABOR



4-4.5 lbs



CBC (Anemia, platelet check
HIV and Syphilis



Warm Compresses,
Massage, Breathing
Techniques, Positional
changes



Intravenous Pain
Medications



Epidural



32 weeks

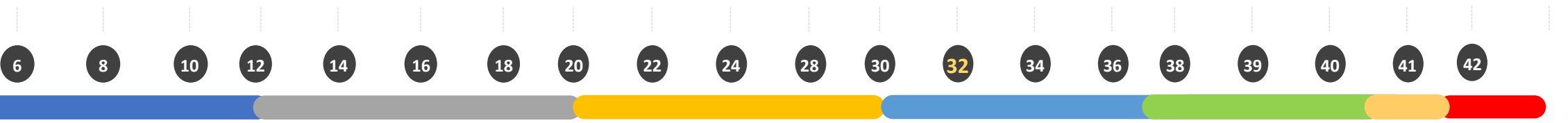


IV Pain Medications

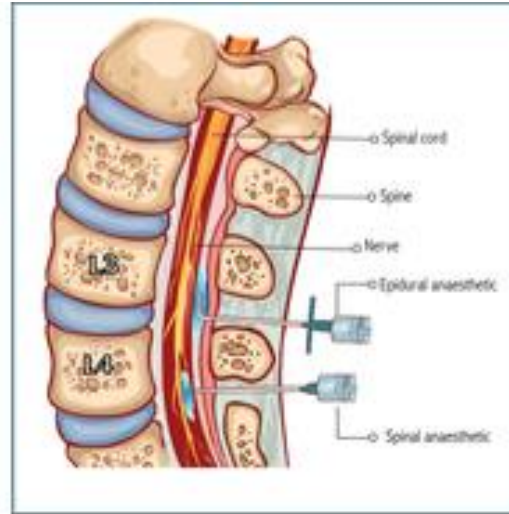
Intravenous (IV) pain meds allow the following

1. Decrease in pain assoc with contractions
2. Sedation – allows you to sleep during labor
3. Does not affect labor
4. 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.**



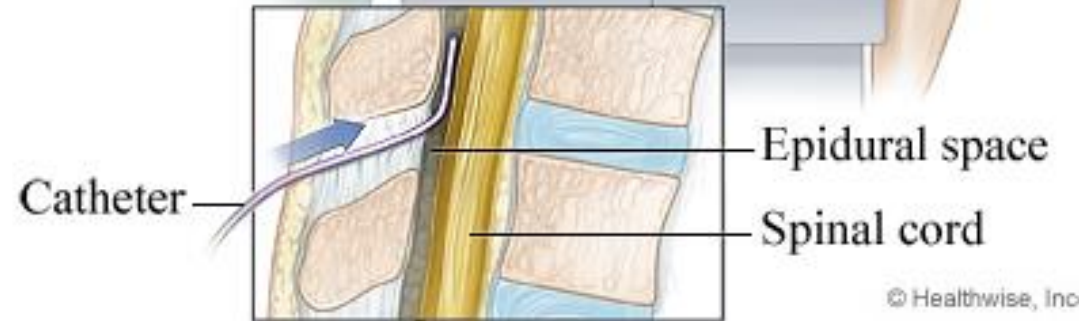
32 weeks



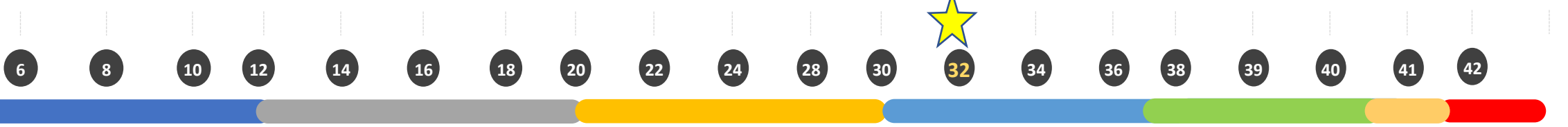
BEST TIME FOR THE EPIDURAL

Wait as long as possible, or at least 4-5 cm cervical dilation.

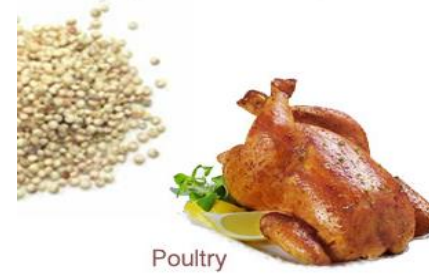
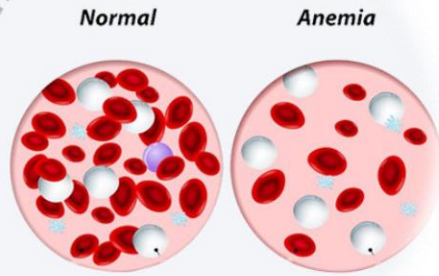
Used IV pain medications for at least 1-2 times.



© Healthwise, Incorporated

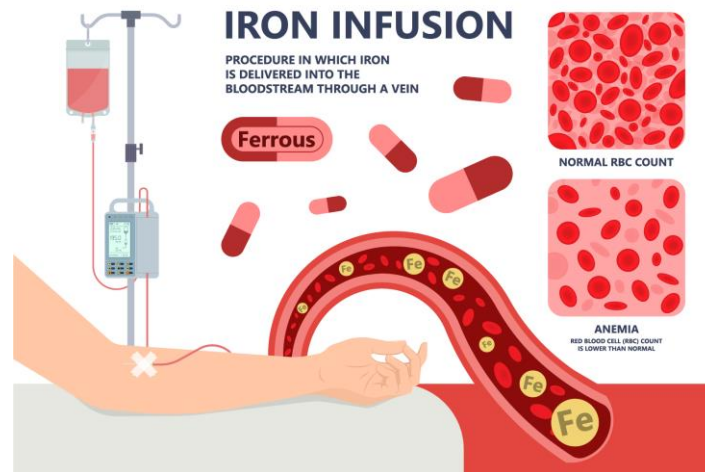
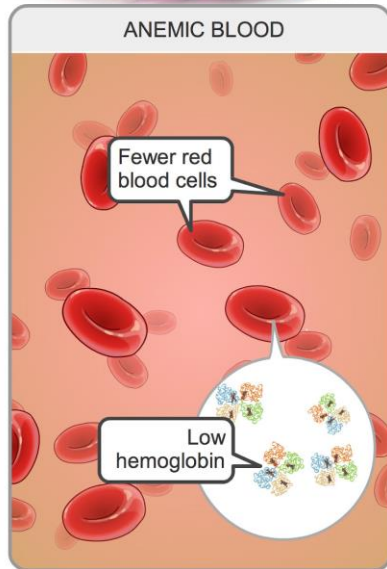
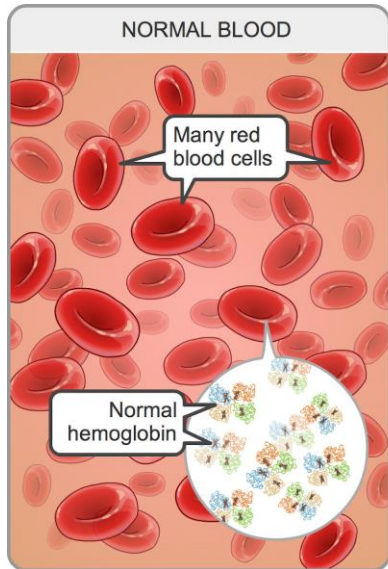


ANEMIA OF PREGNANCY



Vitamin C

Vitamin C helps the body absorb iron more efficiently



Blood Transfusion

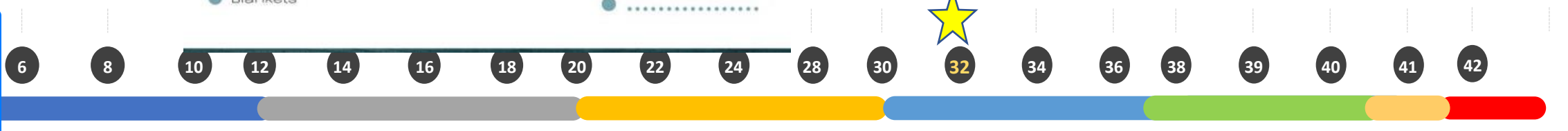


32 weeks

16 inches
3-4 lbs

Baby Checklist

- Nursery**
 - Crib
 - Crib Mattress
 - Crib Sheets
 - Bassinet
 - Rocking Chair
 - Dresser
 - Hamper
 - Storage bins
 - Sound Machine
 - Mattress protector
- Bath**
 - Bath tub
 - Bath towel
 - Wash cloths
 - Soap
 - Lotion
 - Hairbrush
- Feeding**
 - Bottles
 - Formula Container
 - Bottle Rack
 - Bibs
 - Bottle Nipples
 - Dishwasher Basket
 - Bottle Warmer
 - Burp Cloth
 - Bottle Sterilizer
 - Pacifier & Clip
- Baby Gear**
 - Car seat/ stroller
 - Car Mirror
 - Baby Carrier
 - Car seat Cover
 - Swing
 - Bouncer
 - Play gym
- Health**
 - Hygiene Kit
 - Humidifier
 - Baby Monitor
 - First Aid Kit
 - Toothbrush
 - Thermometer
- Nursing**
 - Breast Pump
 - Milk Storage Bags
 - Nipple Cream
 - Nursing Bras
 - Nursing Tanks
 - Nursing Pads
 - Nursing Cover
 - Nursing Pillow
 - Nipple Shield
- Clothing**
 - Baby Hangers
 - Onesies
 - Sleepers
 - Swaddles
 - Socks
 - Hat & Mittens
 - Blankets
- Diaper**
 - Diapers & Wipes
 - Changing Table
 - Changing Pad
 - Diaper Pail & Refills
 - Diaper Bag
 - Diaper Cream
- Extra**
 -
 -
 -
 -



32 weeks

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

- 1 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

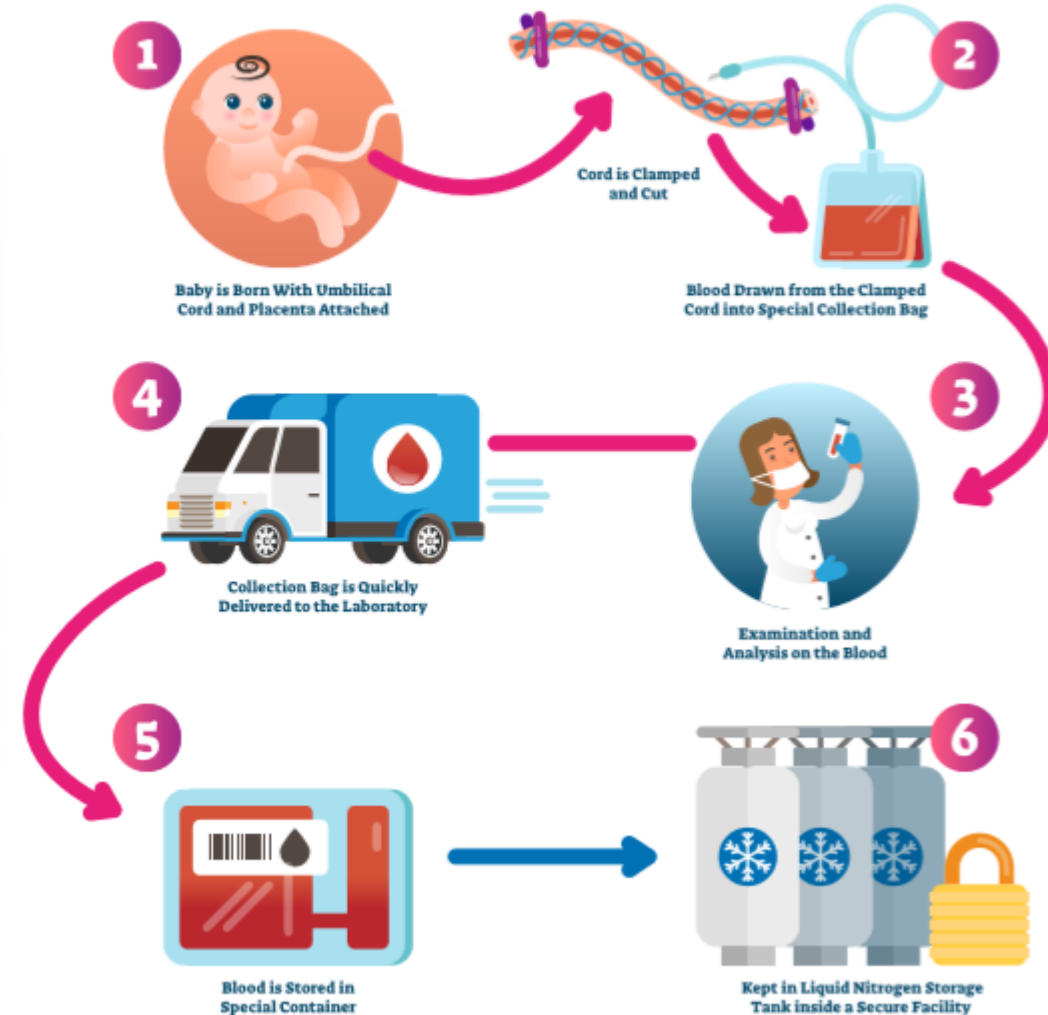


CORD BLOOD BANK | It is a place where umbilical cord can be stored for future use. While government blood banks accept donations from anyone, private ones allow families to preserve their blood for their own use for a fee

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



Cbr cord blood
registry®

 HealthBanks

VIACORD®
From PerkinElmer

CryoCell
INTERNATIONAL

 **StemCyte**
A Global Regenerative Therapeutics Company

 **Americord**
BEYOND CORD BLOOD BANKING

lifebank

 **Alphacord**
THE CORD BLOOD EXPERTS

THE BEST CORD BLOOD BANK OF 2022

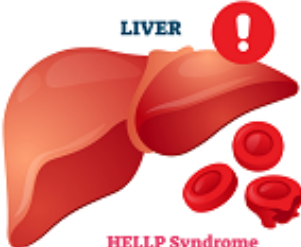
Which One Should
You Choose?



Preeclampsia

PREECLAMPSIA

PREECLAMPSIA is a Pregnancy Complication Characterized by **HIGH BLOOD** Pressure and Signs of **DAMAGE** to Another Organ System, Most Often the **LIVER** and **KIDNEYS**



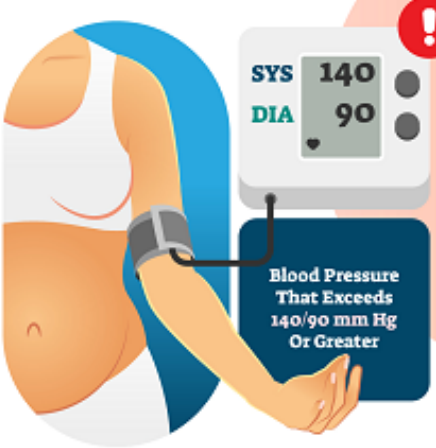
LIVER

HELLP Syndrome
Breakdown of Red Blood Cells and Complications With Liver

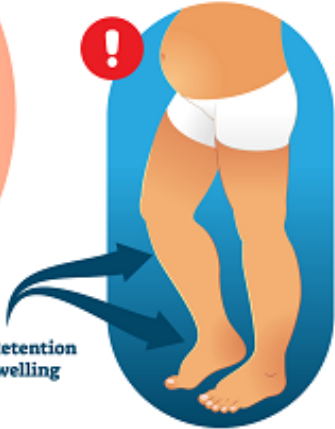


KIDNEYS

PROTEINURIA
Protein in Urine. The Condition is Often a Sign of Kidney Disease



Blood Pressure
That Exceeds
140/90 mm Hg
Or Greater



Water Retention and Swelling

Blood Pressure Log

Date	Time	Blood Pressure	Heart Rate	Activity / Notes



OTHER SYMPTOMS



Severe Headaches



Changes in Vision



Upper Abdominal Pain



Nausea or Vomiting



Decreased Urine Output



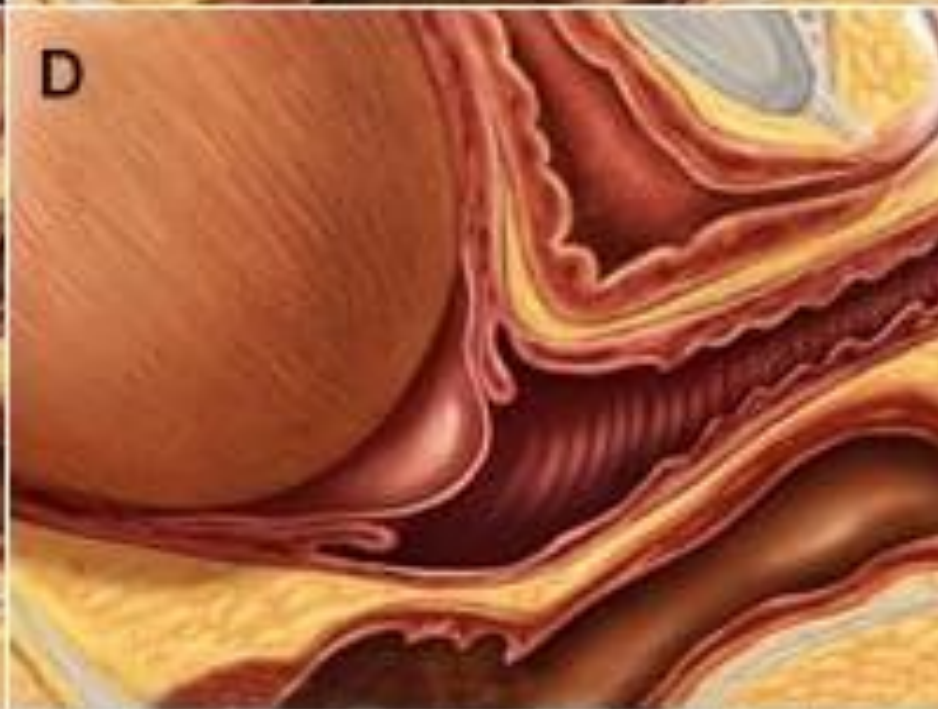
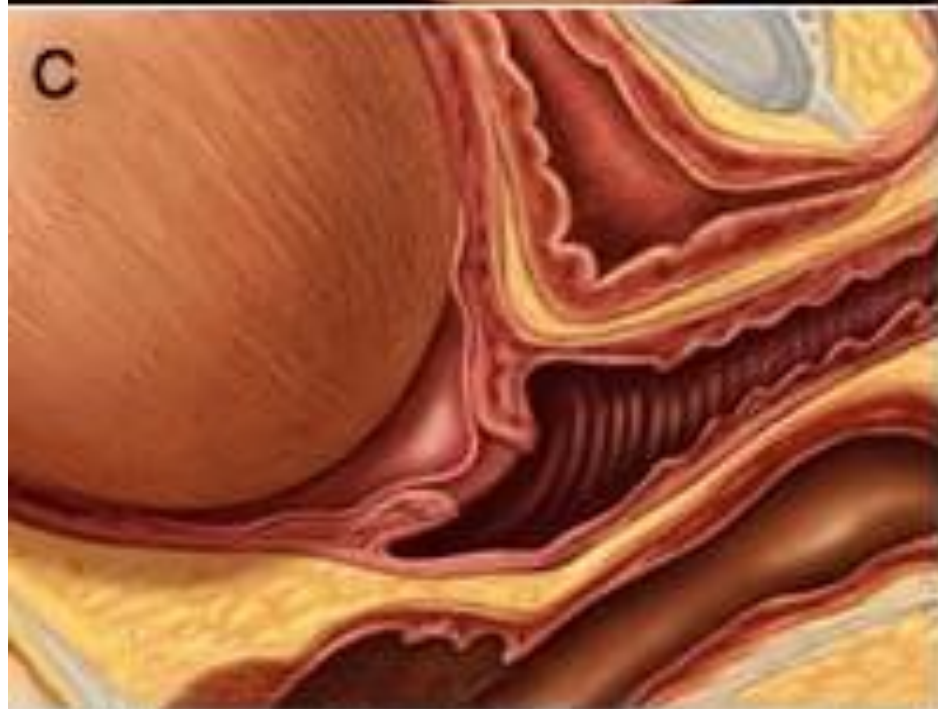
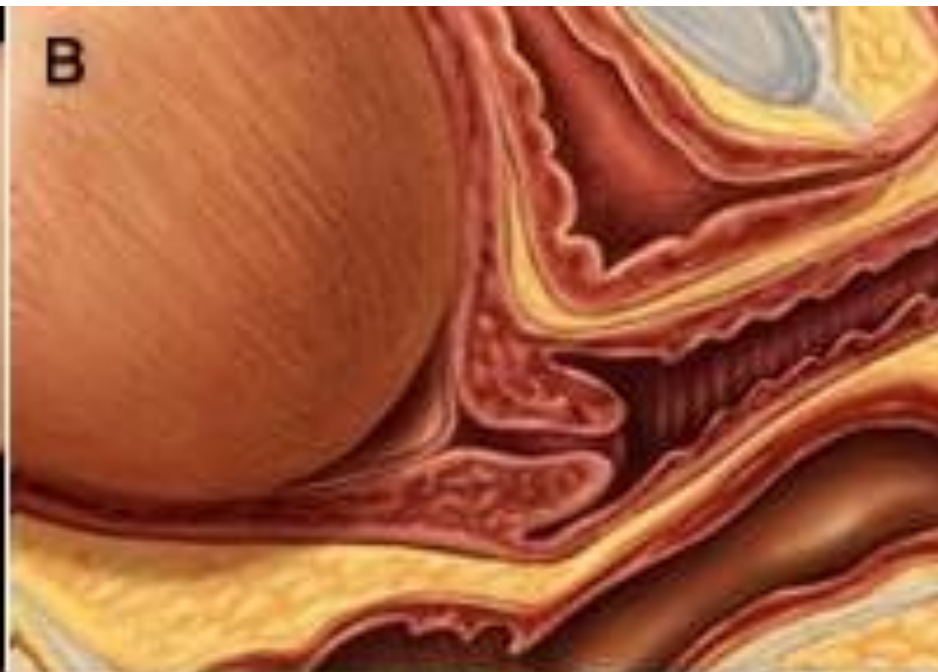
Shortness of Breath



- 6
- 8
- 10
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- 32
- 34
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- 40
- 41
- 42



32 weeks



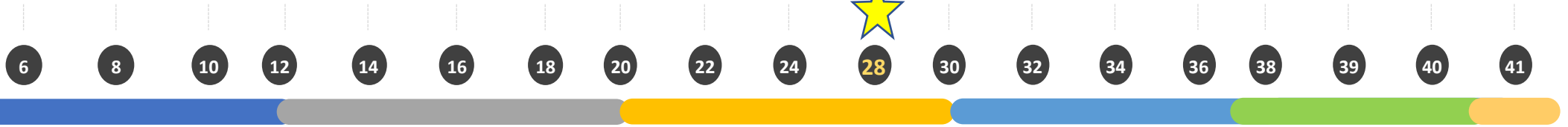
28 weeks

15 inches
2.5-3.5 lbs

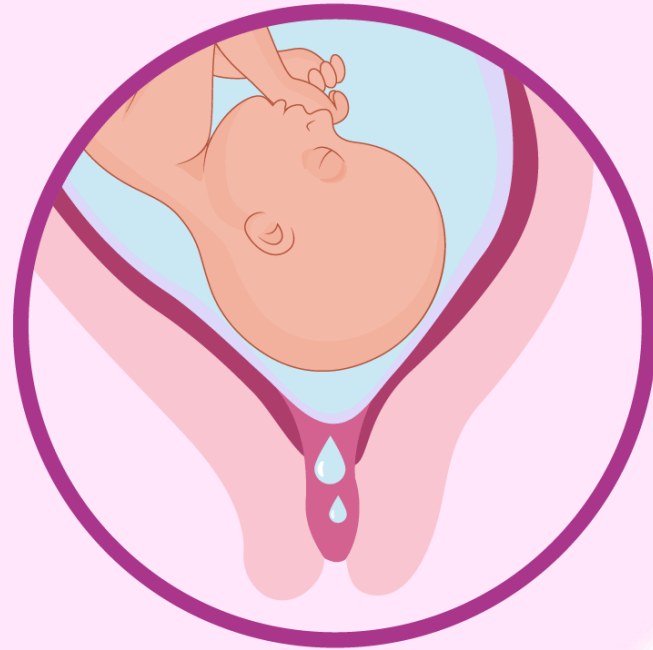
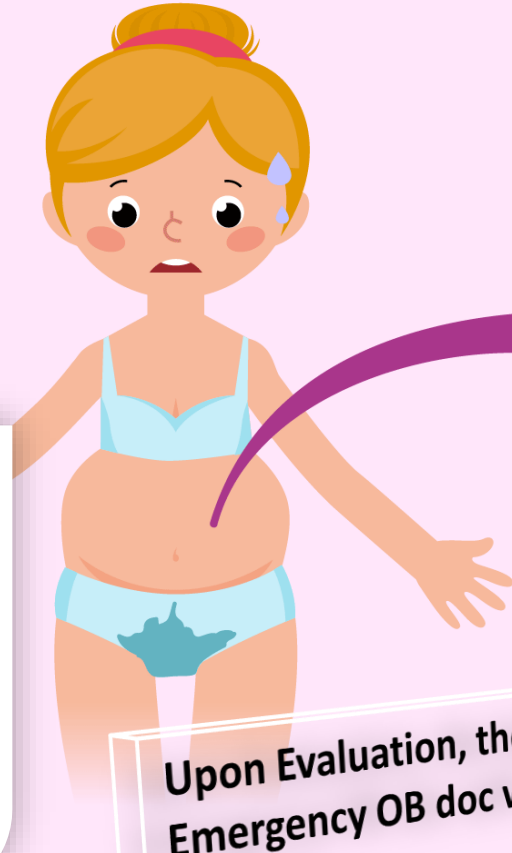
When to go to the hospital ??



Upon Evaluation, the hospital Emergency OB doc will notify the office.



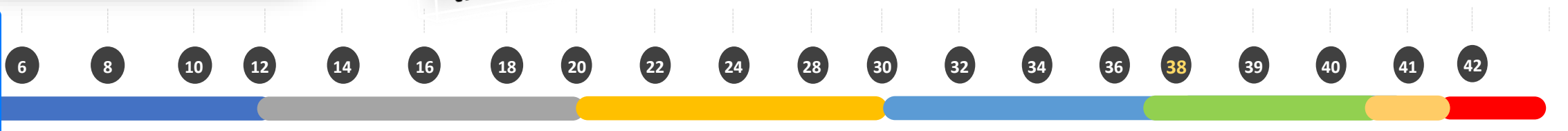
When to go to the hospital



Amniotic fluid leakage



Upon Evaluation, the hospital Emergency OB doc will notify the office.



Timing of Delivery

The Levels of a Full-Term Pregnancy

Early-term:

37 -38 w 6 d



Full-term:

39 – 40 wks



Late-term:

40 – 41 wks



Post-term:

+ 42 weeks



verywell



6

8

10

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32

34

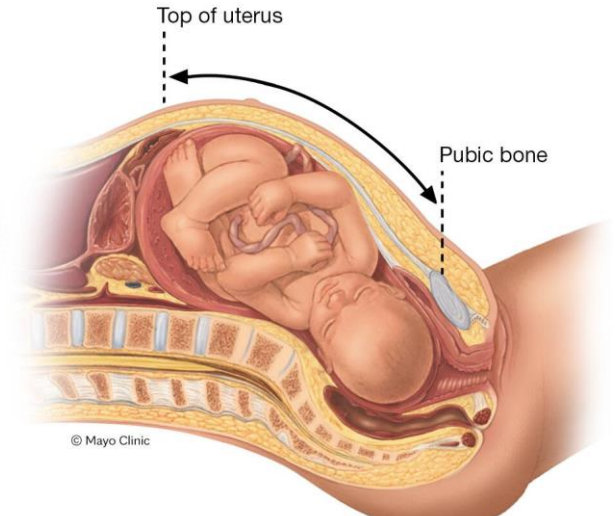
36

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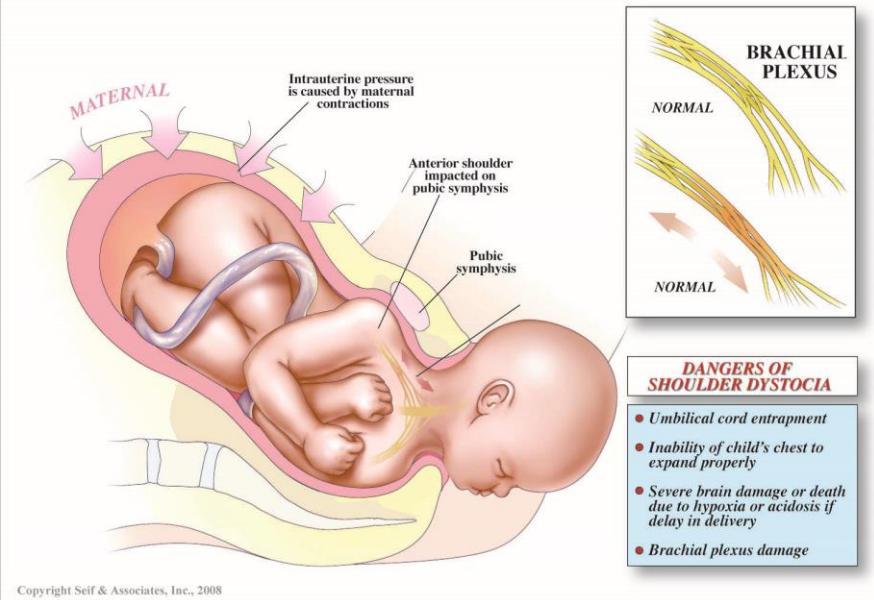
40

41



© Mayo Clinic

SHOULDER DYSTOCIA



Timing of Delivery

The Levels of a Full-Term Pregnancy

Early-term:

37 -38 w 6 d



Full-term:

39 – 40 wks



Late-term:

40 – 41 wks



Post-term:

+ 42 weeks

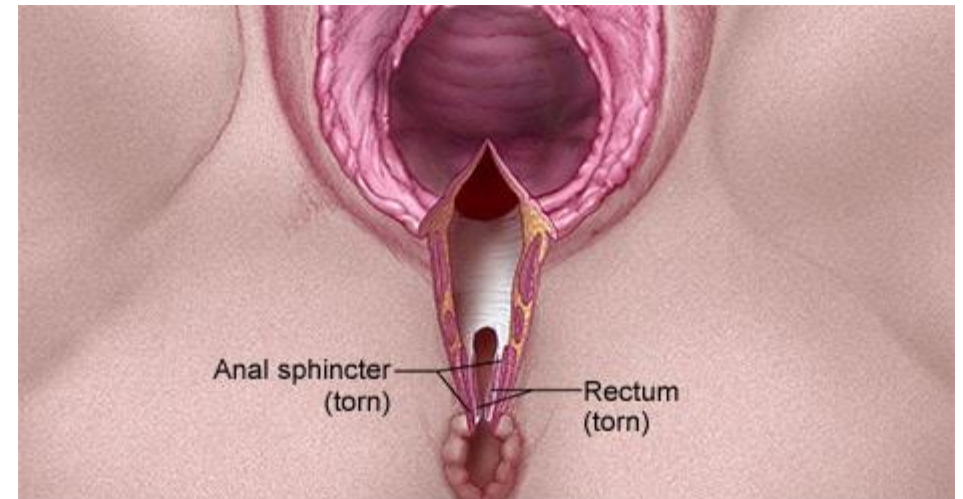


verywell

Shoulder Dystocia

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



Timing of Delivery

The Levels of a Full-Term Pregnancy

Early-term:

37 -38 w 6 d



Full-term:

39 – 40 wks



Late-term:

40 – 41 wks

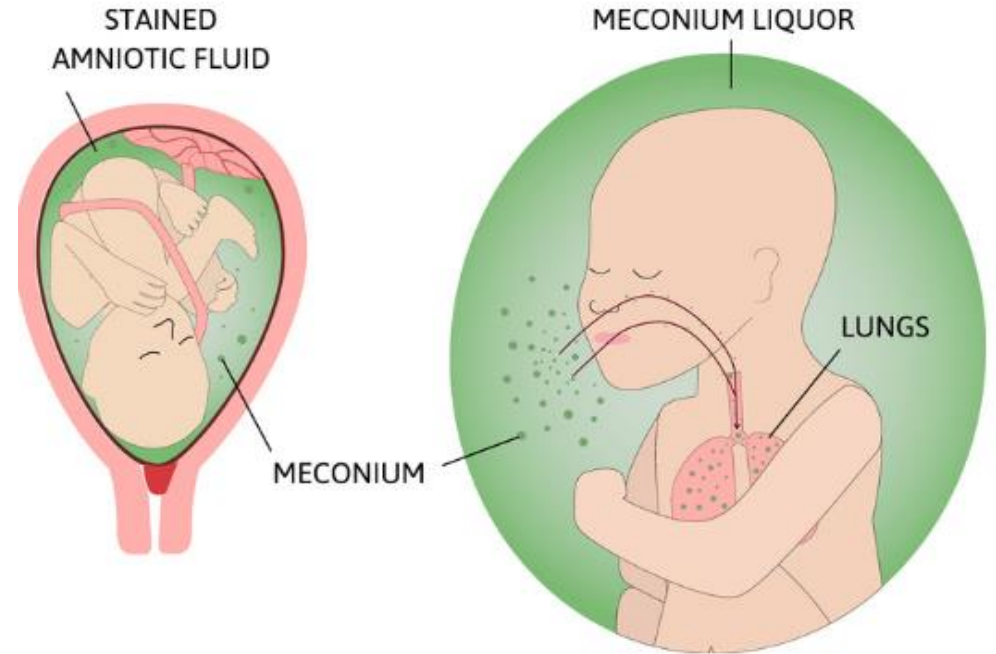


Post-term:

+ 42 weeks

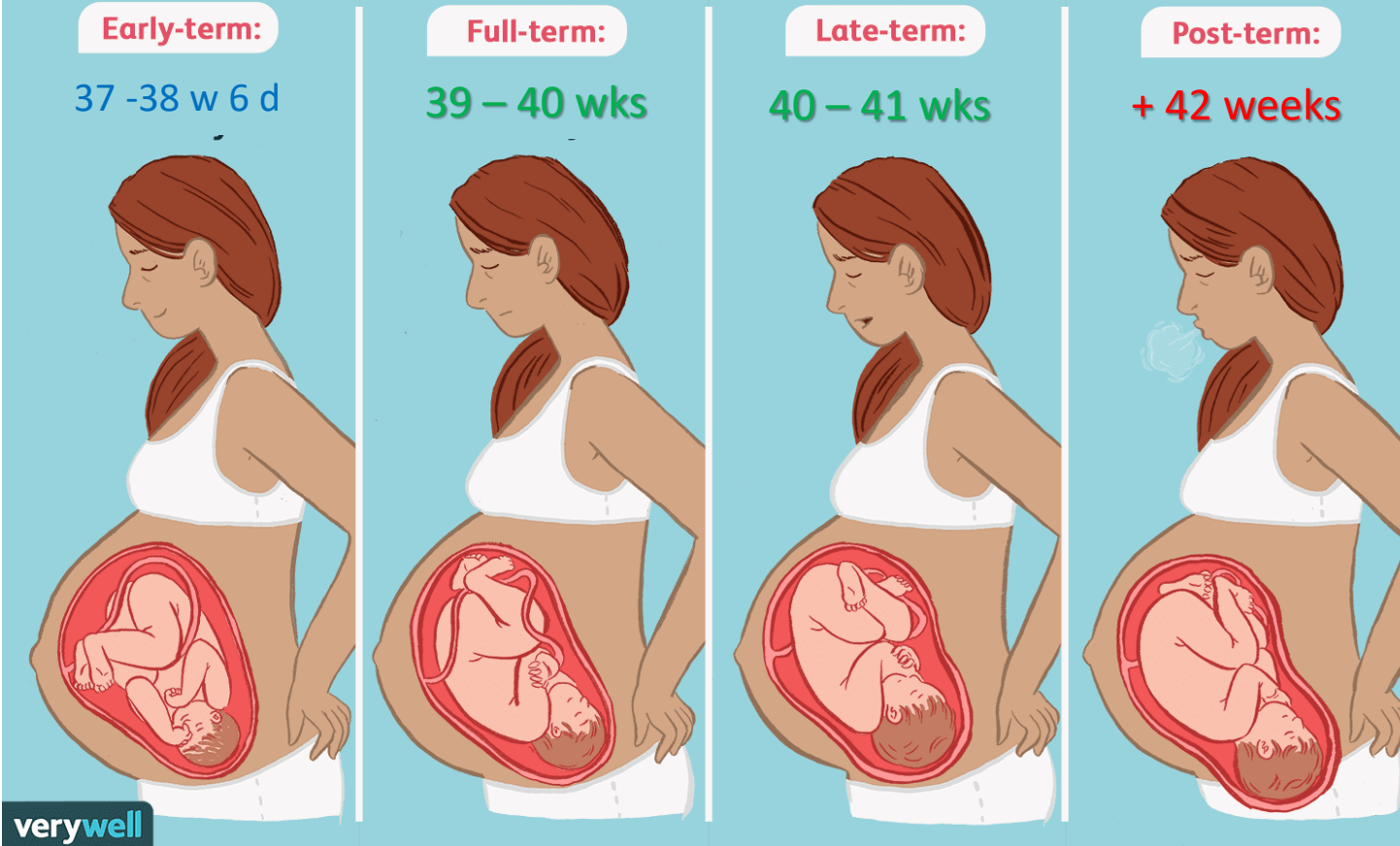


verywell



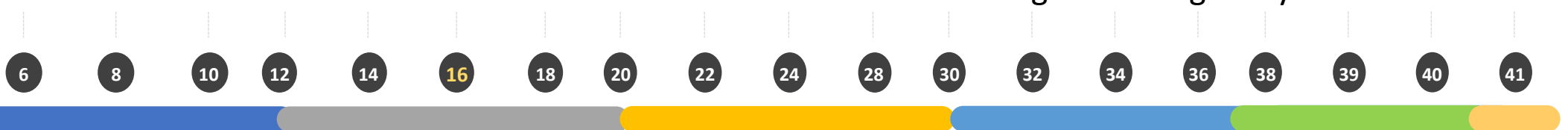
Timing of Delivery

The Levels of a Full-Term Pregnancy



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

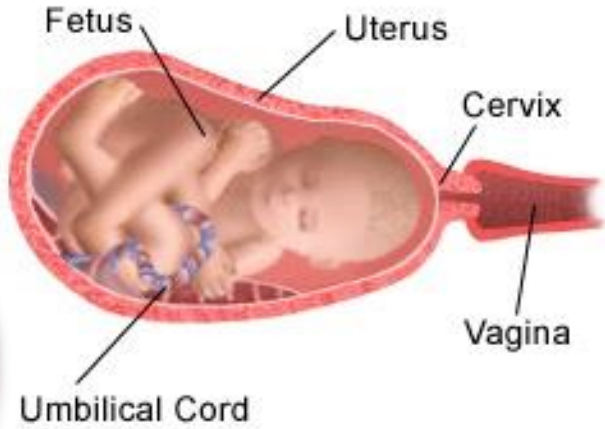


32 weeks

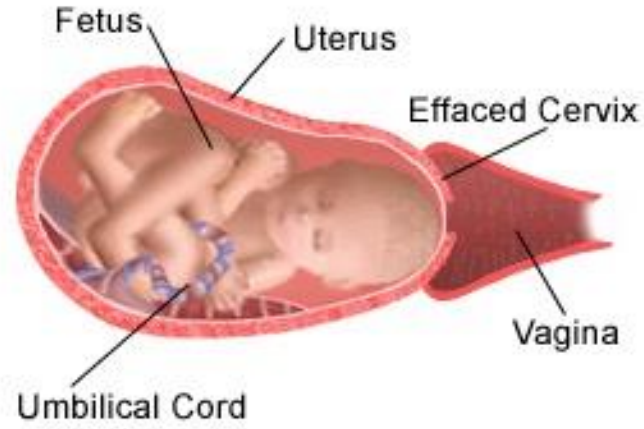


Stage 1

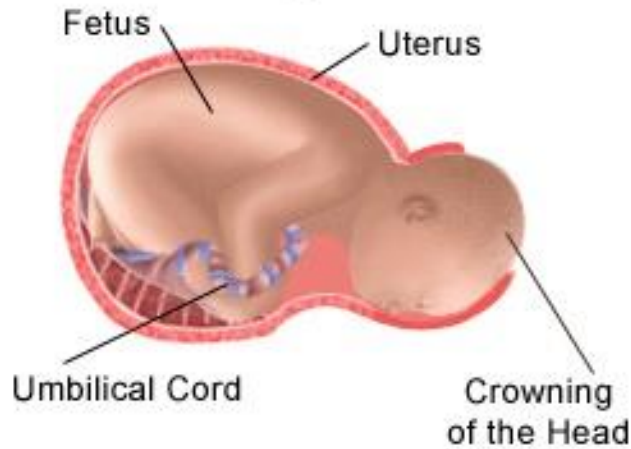
Initial (Latent) Phase



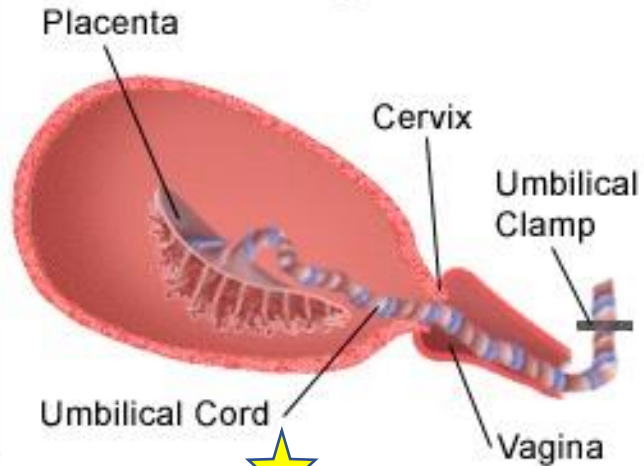
Active Phase



Stage 2



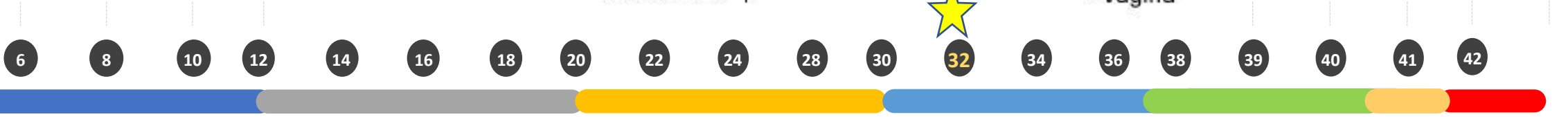
Stage 3



Cytotec Tablets q 3 hours
To soften cervix

Oxytocin
Contractions every 3-5 minutes

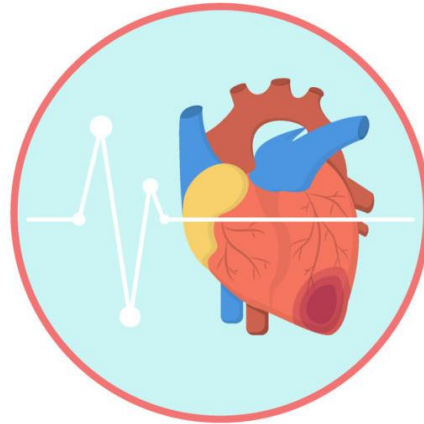
Oxytocin Post Delivery



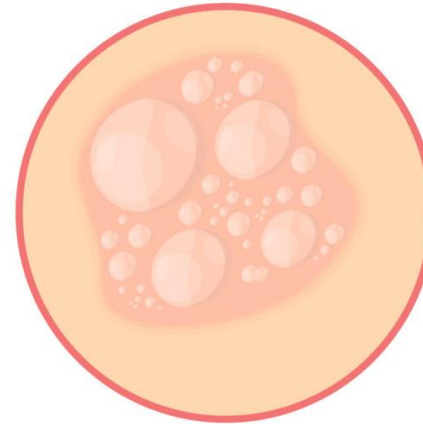
MEDICAL REASONS FOR A C-SECTION



BA Fetal Decelerations
PROBLEMS



HEALTH PROBLEMS SUCH AS
HEART DISEASE



ACTIVE GENITAL
HERPES



PROBLEMS WITH
UMBILICAL CORD



BABY IN BREECH
POSITION



PLACENTA
PROBLEMS



STALLED
LABOR



PREVIOUS CESAREAN
DELIVERY



35 weeks

18 inches
5 lbs



Delivery Bag



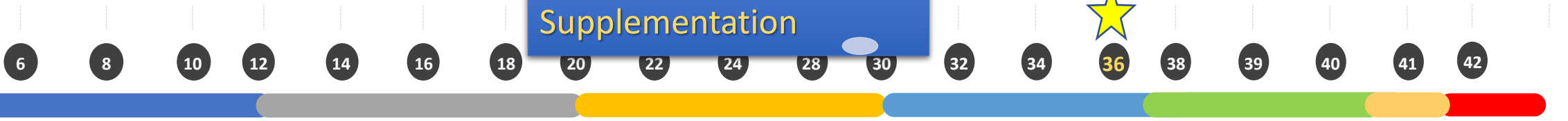
Tdap Vaccine



Cord Blood Banking



Iron
Supplementation



35 weeks

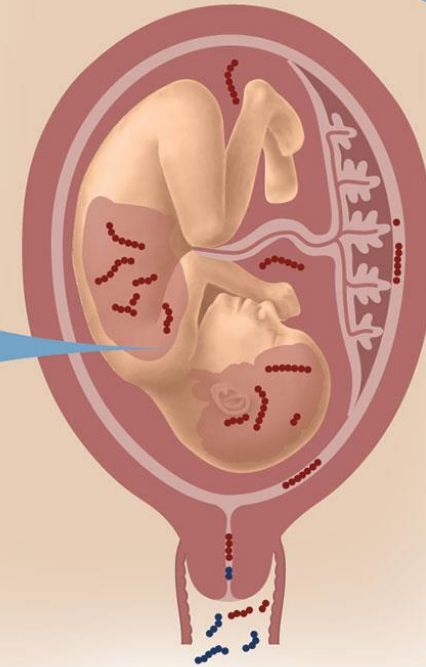
18 inches
5 lbs

FETAL

- Spontaneous abortion
- Preterm birth
- Stillbirth
- Pneumonia
- Sepsis
- Meningitis

MATERNAL

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



GBS

Ascending
Group B Streptococcus
from the lower
genital tract



Circumcision

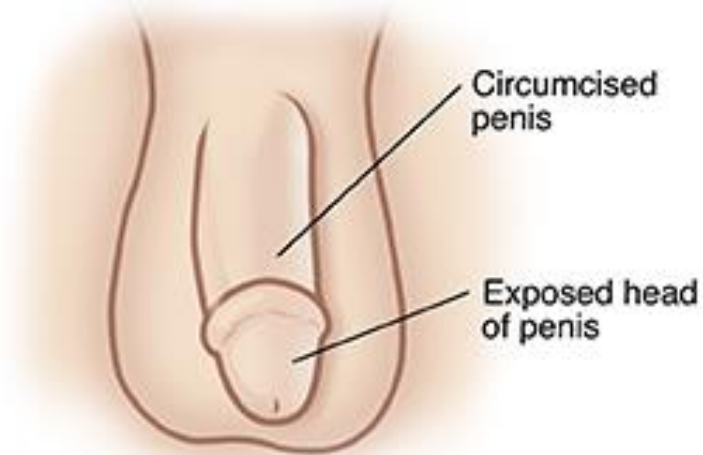
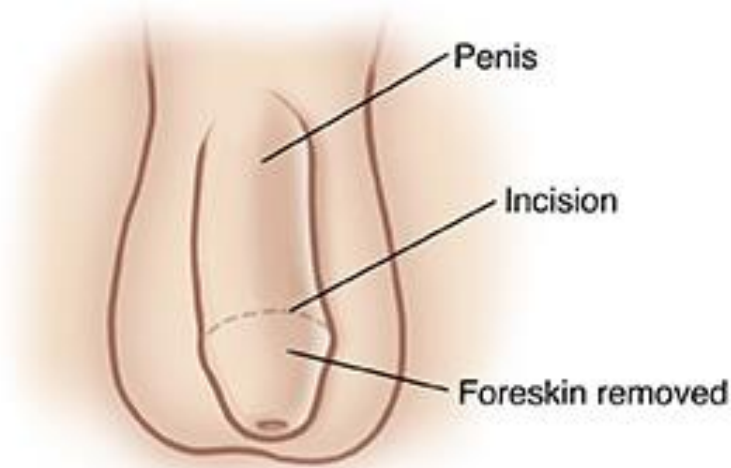
ELECTIVE

BASED ON

- PERSONAL BELIEFS
- RELIGIOUS BELIEFS
- FATHER MATCHING

MEDICALLY

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



WHEN

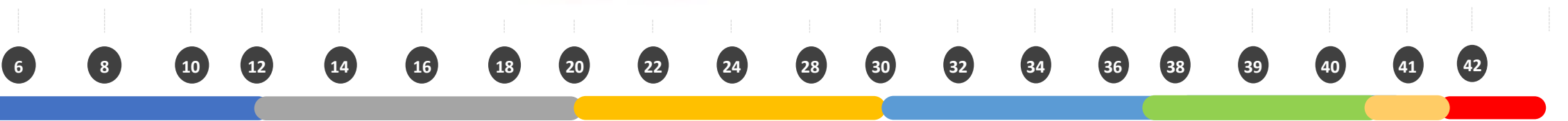
> 24 hours after Birth

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



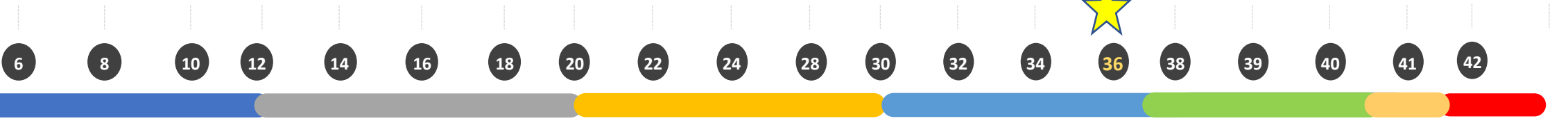


Find A pediatrician

Ideally within 15 minutes

Accepts your insurance

**Has hours of operation
that works for your
schedule**



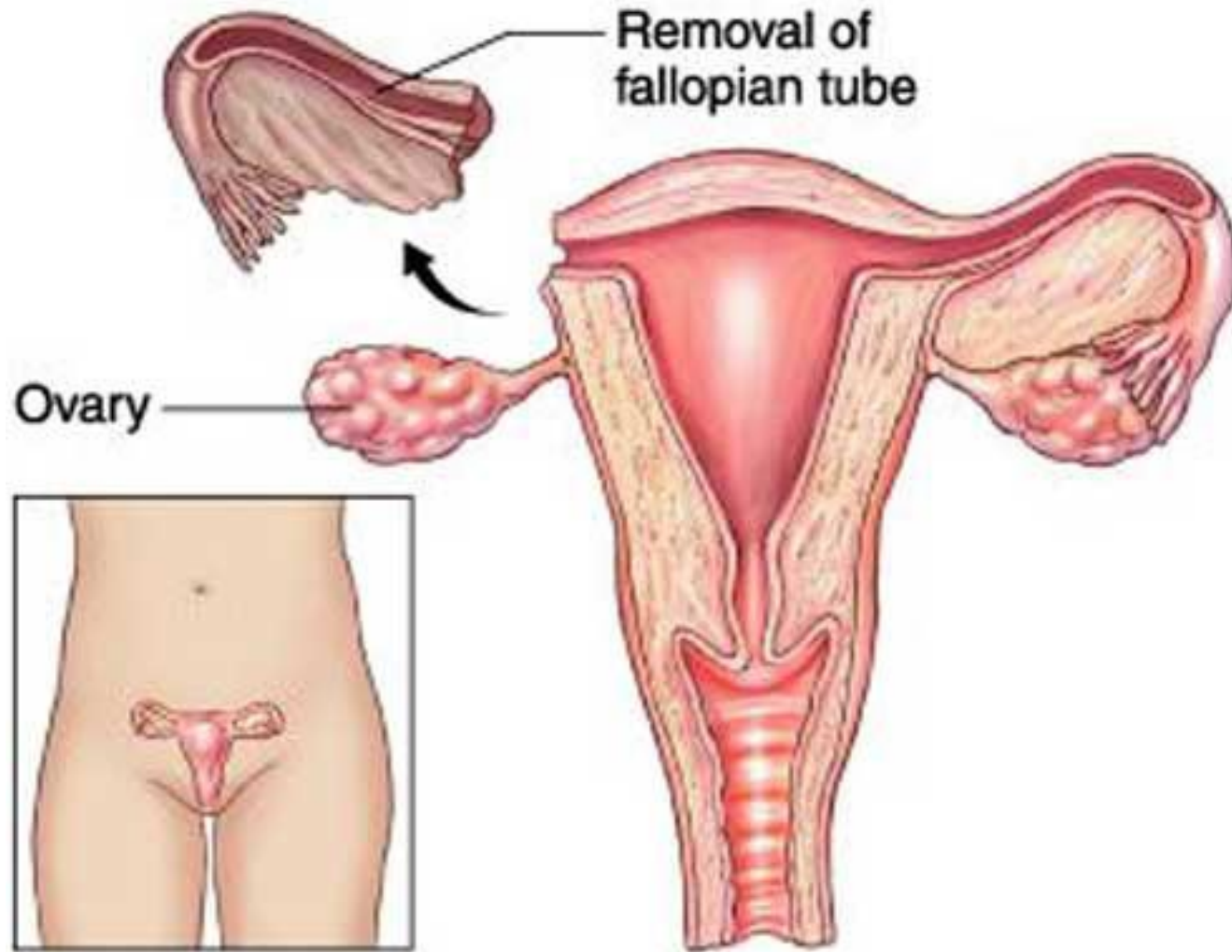
Rahil Malik MD

**PERMANENT STERILIZATION OR
SALPINGECTOMY DURING C-
SECTION**

**PERMANENT FORM OF
CONTRACEPTION**

IRREVERSIBLE

**SUITED FOR PATIENTS THAT DO NOT
DESIRE FUTURE FERTILITY AND DO
NOT WANT ALTERNATE REVERSIBLE
FORMS OF BIRTH CONTROL**

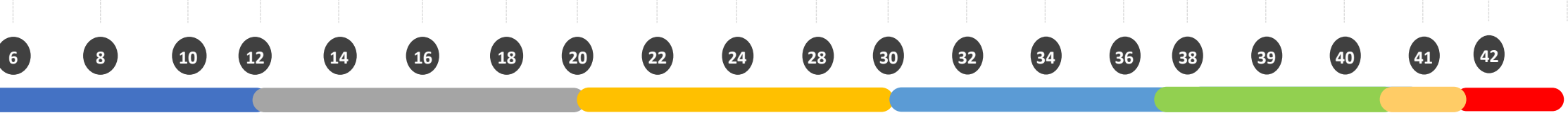
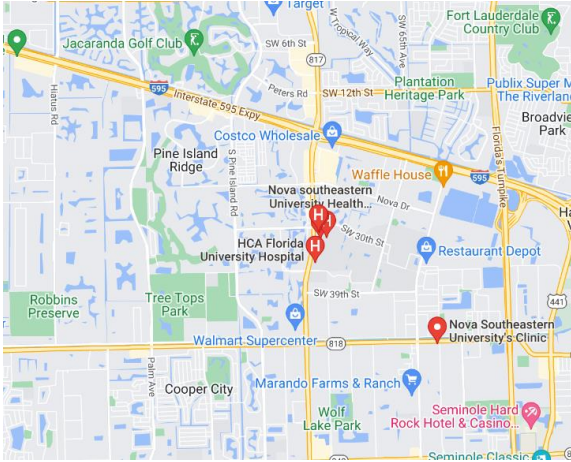


4 6 8 10 12 14 16 18 20 22 24 28 30 32 34 36 38 39 40 41 42

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

Labor and delivery
3rd floor

Tel:954-475-5758



HOW WELL DOES BIRTH CONTROL WORK?

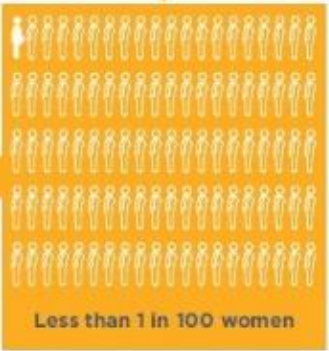
Really, really well

Works, hassle-free, for up to...

The Implant (Nexplanon)	IUD (Skyla)	IUD (Mirena)	IUD (ParaGard)	Sterilization, for men and women
3 years	3 years	5 years	12 years	Forever

No hormones

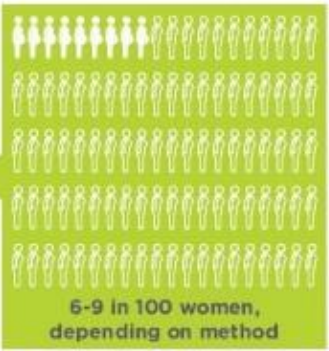
What is your chance of getting pregnant?



Okay

For it to work best, use it...

The Pill	The Patch	The Ring	The Shot (Depo-Provera)
Every. Single. Day.	Every week	Every month	Every 3 months



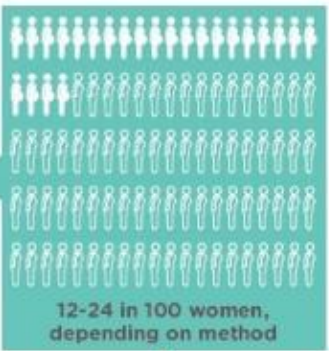
Not so well

For each of these methods to work, you or your partner have to use it every single time you have sex.

Withdrawal	Diaphragm	Fertility Awareness	Condoms, for men and women

Needed for STI protection

Use with any other method



FYI, without birth control, over 90 in 100 young women get pregnant in a year.



6

8

Postpartum Contraception (Birth Control) Guide

Key



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

Shot



Once stopped, fertility return may be delayed.

Arm Implant



Plastic rod placed just beneath skin.

Hormonal IUD



Can be emergency contraception.

Copper IUD



Can be emergency contraception.

Sterilization



Either partner can be sterilized.

Permanent

Prescription to start

May be able to fill prescription while pregnant

Progestin-Only Pills



Good bridge to estrogen-containing methods.

Phexxi® Vaginal Gel



May act as a lubricant to help with dryness.

Ella® Emergency Contraception



Works best for BMI <35.

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

Plan B® Emergency Contraception



Works best for BMI <26.

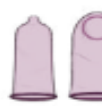
Pulling Out



Requires partner control.

Condoms

External or Internal



Can prevent sexually transmitted infections.

Spermicide



May act as a lubricant to help with dryness.

Breast/Chestfeeding as Contraception

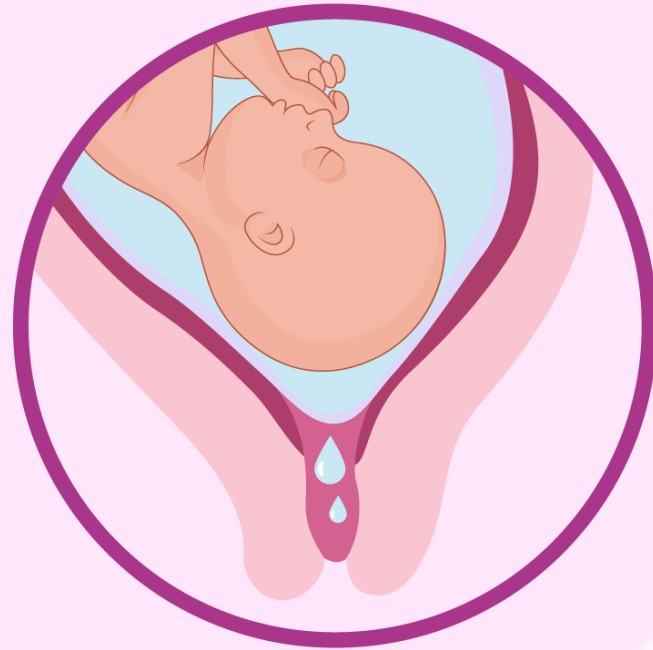
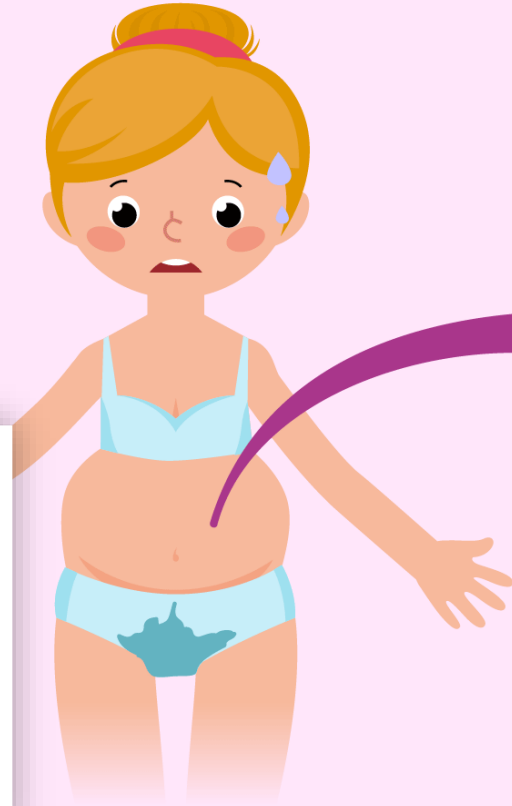


Must follow instructions perfectly:

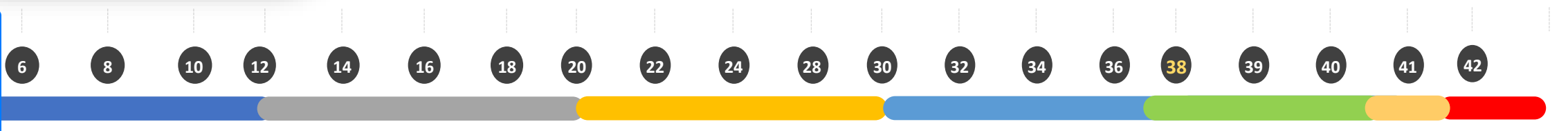
- Must be exclusively nursing - no pumping, formula, or other beverages or food.
- Must nurse at least every 4 hours during the day and 6 hours at night.
- Must be within 6 months of delivery.
- Must not have had your period return.



When to go to the hospital



Amniotic fluid leakage



37 weeks



BEST TIME FOR THE EPIDURAL

Wait as long as possible, or at least 5 cm cervical dilation.

Used IV pain medications for at least 1-2 times.

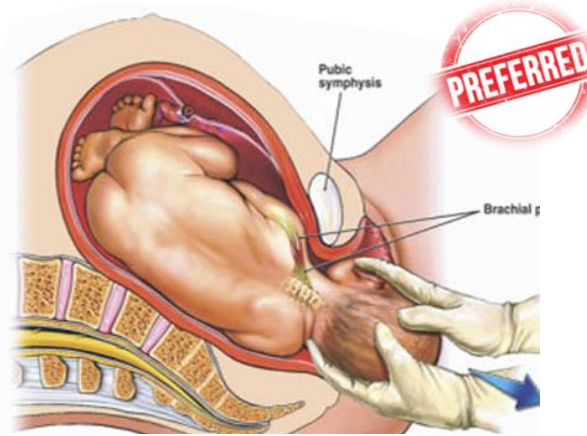
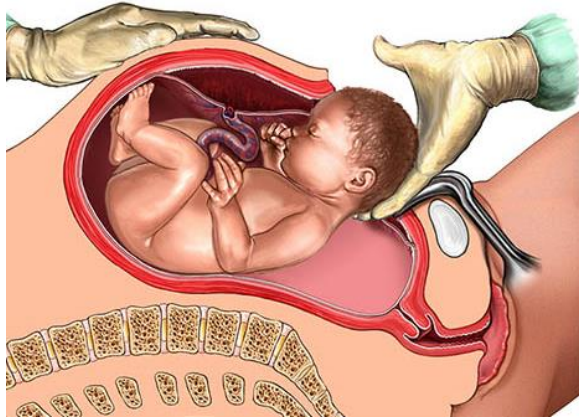


37 weeks

C Section

VS

Natural Delivery



Additional bleeding?

Longer Recovery? (maybe)

Impact on multiple future pregnancy?

Timing of Delivery?

Induction after due date?
Longer process – uncertain outcome

Failed Induction? Arrest of labor?

Heart rate abnormality?

Perineal Laceration?

Shoulder dystocia?
(assoc fetal complications)



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36



38

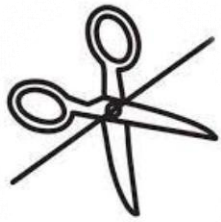
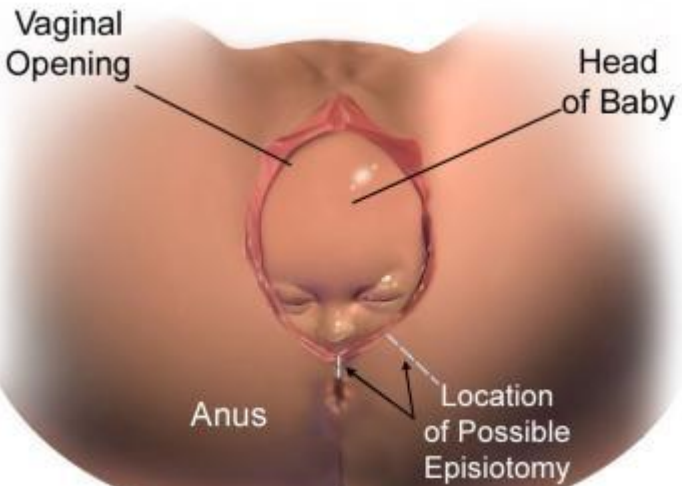
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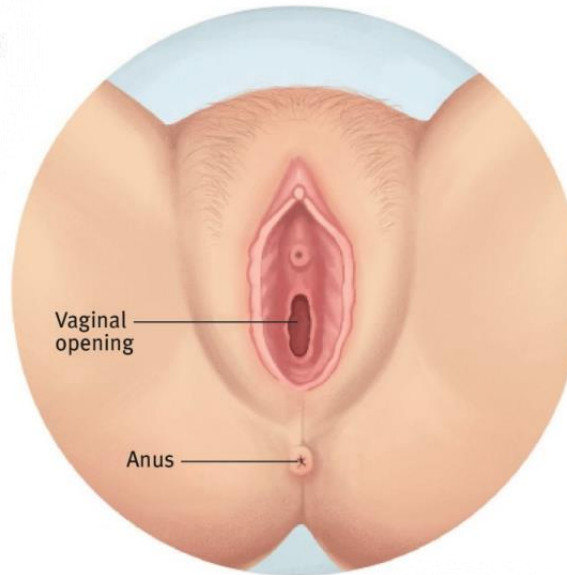
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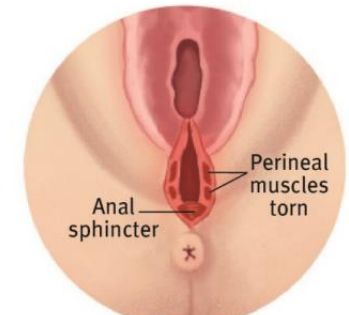
37 weeks



No episiotomy



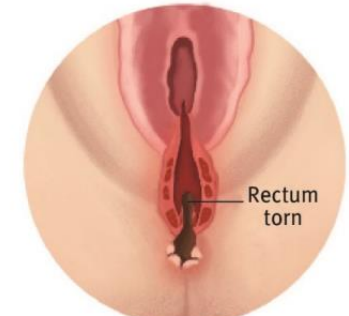
First Degree Tear



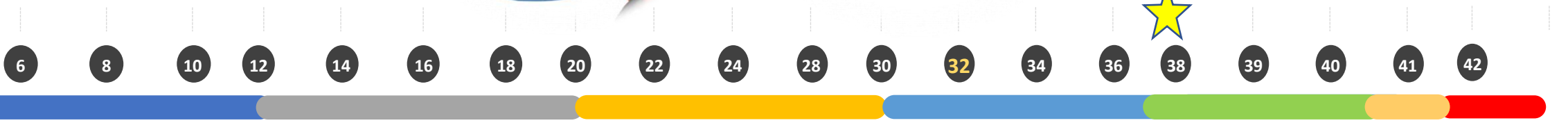
Second Degree Tear



Third Degree Tear



Fourth Degree Tear



Rahil Malik MD

37weeks

19 inches
6 lbs

BENEFITS OF BREASTFEEDING

For Mom



Mothers who are breastfeeding burn extra calories each day, helping them return to their pre-pregnancy weight quicker.



Women who breastfeed have lower rates of developing breast and ovarian cancer.



Reduces the risk of postpartum depression and creates a unique bonding experience for mom and baby.

For Baby

Breast milk is rich in nutrients and the perfect natural food for babies. Breastfed babies are also less likely to become obese.



Antibodies in breast milk help babies fight off viruses and bacteria, while protecting them from various infections.



Children who were breastfed as babies have lower risks of developing ear infections, respiratory infections, allergies, and diabetes.



Information courtesy of Dr. Kristen Newkum and The American Academy of Pediatrics.

4 6 8 10 12 14 16 18 20 22 24 28 30 32 34 36 38 39 40 41 42

37weeks

19 inches
6 lbs

How to increase your breast milk supply?



Supply and Demand:

Nurse more frequently, pump more often and for longer periods of time, and power pumping are the best methods for increasing your supply.

Foods to increase your supply:

- Oatmeal
- Spinach
- Garlic
- Apricots
- Sweet Potato
- Beer (Preferably dark beer; not too much, alcohol can decrease your milk supply)
- Hydrate, Hydrate, Hydrate



Get more rest

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

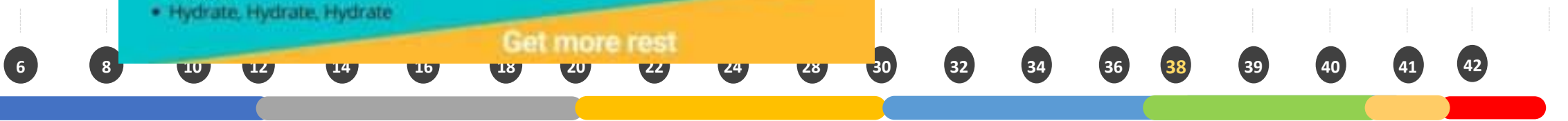
A **hot shower** improves circulation and can **stimulate the let down of your milk.**

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



Maternity Comfort Solutions

Get more rest



37weeks

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.

NURSE FREQUENTLY

Put baby to the breast as often as you can.



LESS SUPPLEMENTING



Offer fewer bottles of formula.

EAT YOUR GREENS

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



CHECK THE LATCH



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

USE YOUR HANDS

Try compressing your breast gently during feeding



SKIN TO SKIN



Strip down with baby and cuddle up

AVOID PACIFIERS

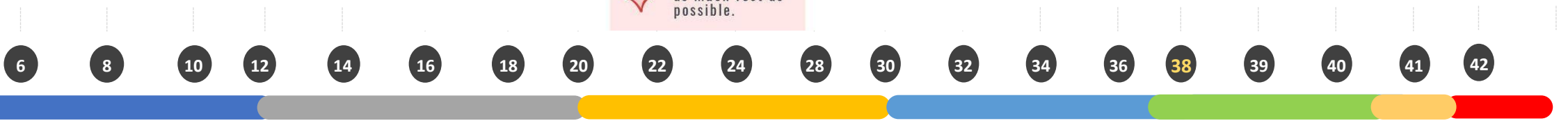
Baby's suckle for comfort but also to increase mama's supply.



REST MORE



Look after yourself and get as much rest as possible.



Rahil Malik MD

37 weeks

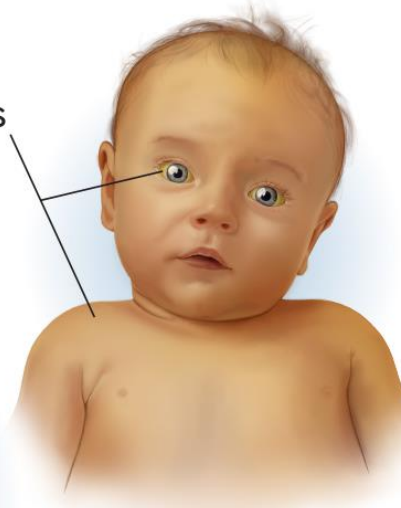
NEONATAL JAUNDICE

Jaundice in Newborns

Yellow coloring of skin and eyes



Healthy newborn



Newborn with jaundice

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



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37weeks

19 inches
6 lbs



— SYMPTOMS OF — POSTPARTUM DEPRESSION



Intense sadness



Hopelessness



Emptiness



Depressive moods



Loss of interest in activities



Disrupted sleep



Reduced appetite



Fatigue



Restlessness



Guilt



Increased indecisiveness

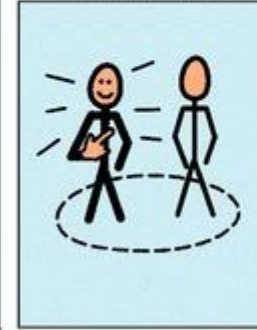


Suicidal tendencies



let's take turns

it is my turn



it is your turn



8 AM



12 PM



5 PM



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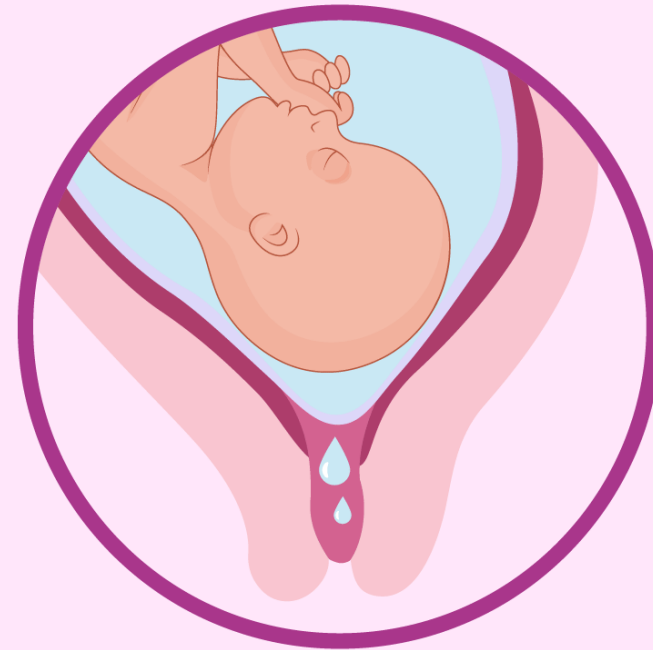
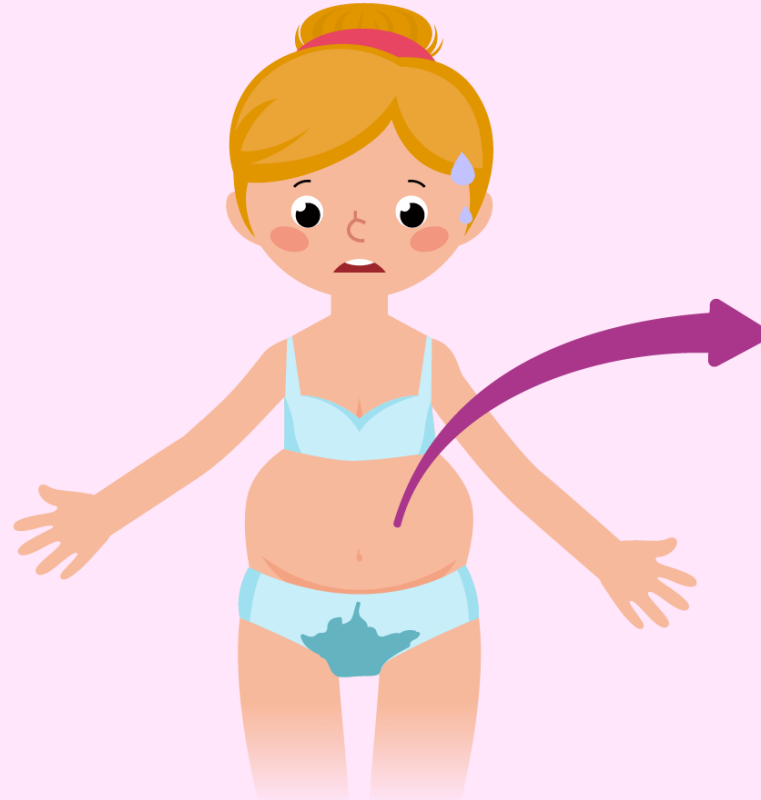
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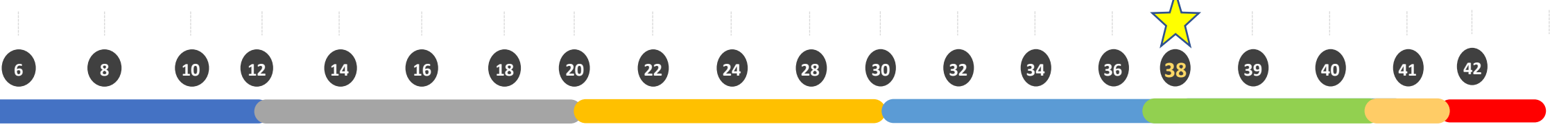
38 weeks

19 inches
6-8 lb

When to go to the hospital



Amniotic
fluid leakage

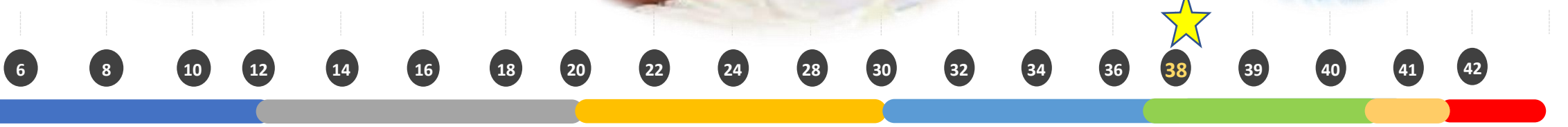


Rahil Malik MD

38 weeks

At the hospital

19 inches
6-8 lb



Rahil Malik MD

Instructions:

Helping Baby Teethe

DO **DON'T**

Instructions:

Fun Games for Baby

GOOD **BAD**

Instructions:

Nursing Baby

YES **NO**

Instructions:

Calming Baby

GOOD **BAD**

Instructions:

Making Baby Smile

DO **DON'T**

Instructions:

Bonding with Baby

YES **NO**

Instructions:

Putting Baby to Bed

RIGHT **WRONG**

Instructions:

Clearing Baby's Nose

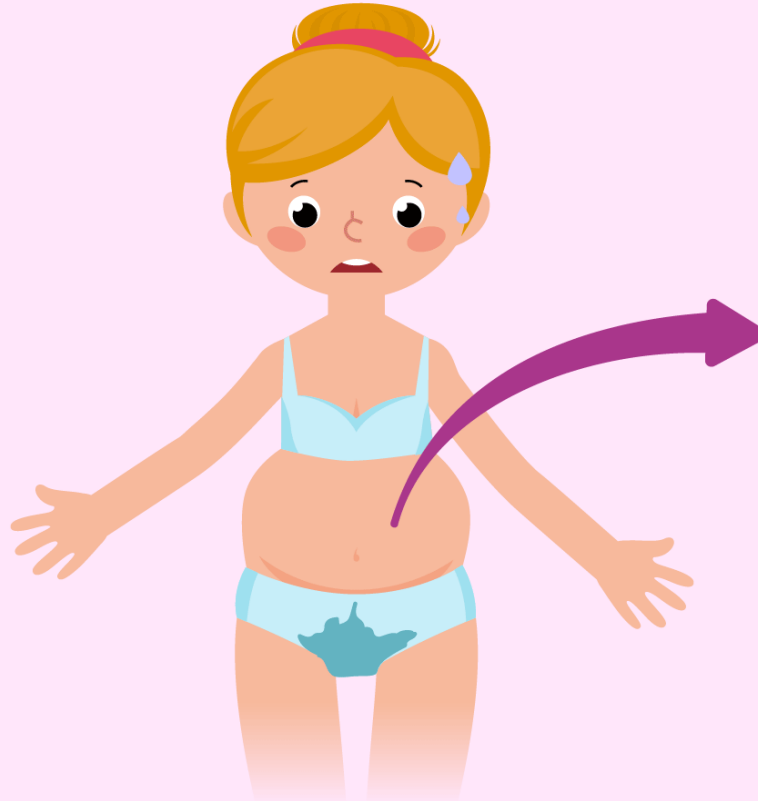
YES **NO**



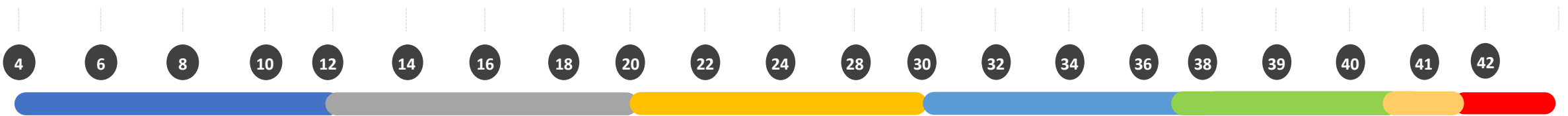
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40 weeks

6-7 inches
/ 4 ounces



Amniotic
fluid leakage



Thoughts

Don't worry
It's just the
first 18 years
of parenting that
are the hardest.

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.



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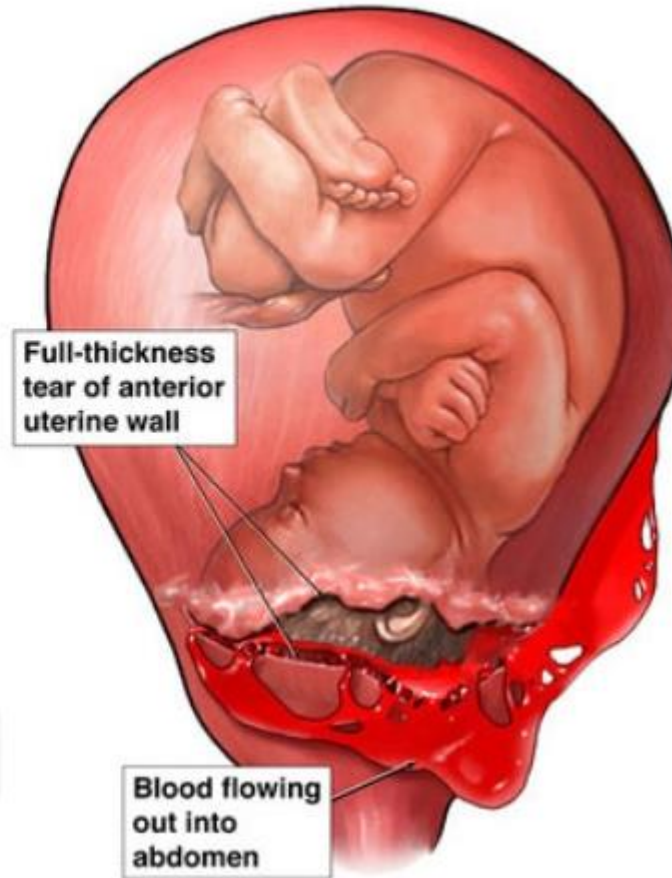
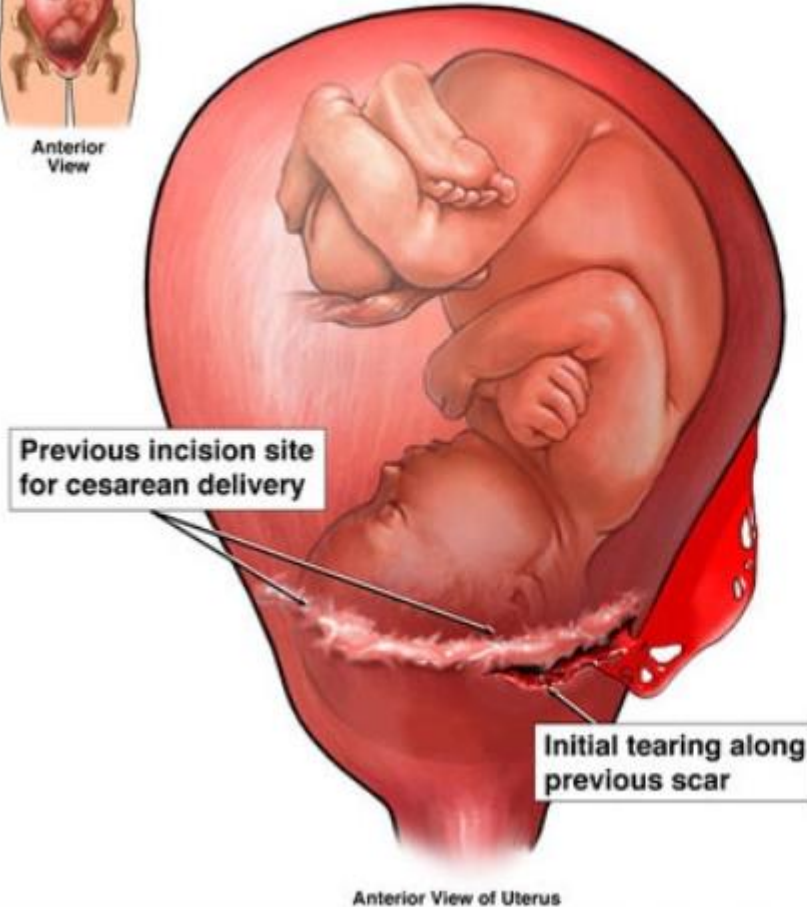
42

VBAC considerations and risks



Early Presentation

Late Presentation



Important Factors to Consider

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

1% risk of **Uterine Rupture**

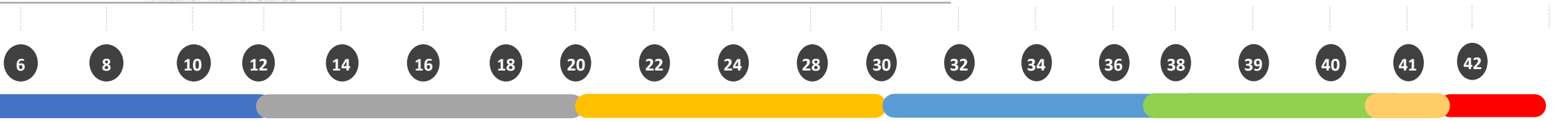
Epidural is a MUST

Must be in active labor to be admitted

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

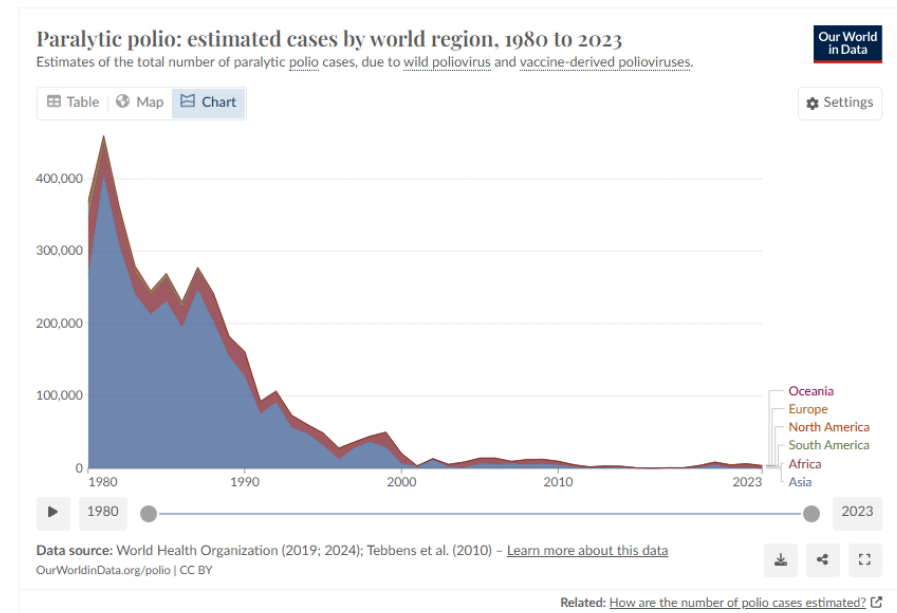
Lower weight gain, normal size fetus and pelvis improves chances of a successful VBAC

Our Ultimate Goal:
Safe Delivery for MOM and Baby



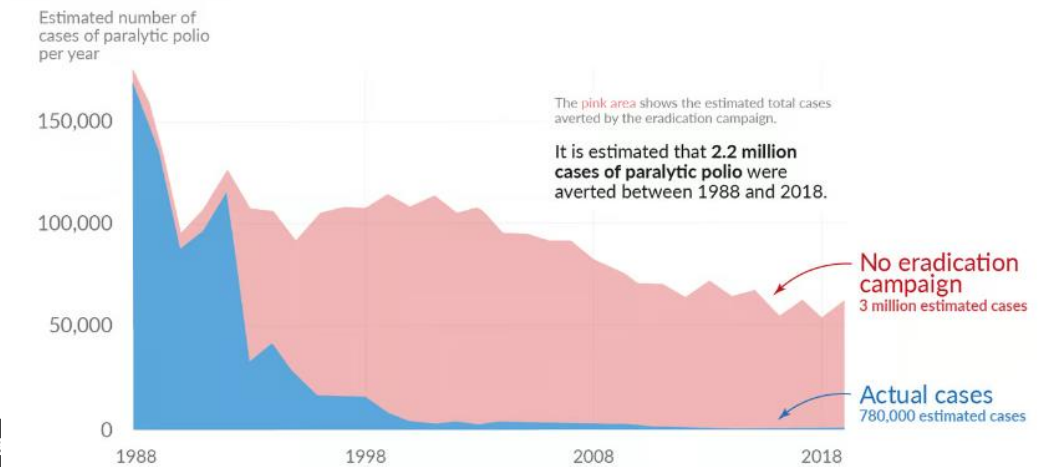
Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos
Respiratory syncytial virus ① (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status, See Notes					1 dose (8 through 19 months), See Notes		
Hepatitis B ① (HepB)	1 st dose	←2 nd dose→			←3 rd dose→			
Rotavirus (RV) ① RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See Notes			
Diphtheria, tetanus, & acellular pertussis ① (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose			←4 th dose→
Haemophilus influenzae type b ① (Hib)			1 st dose	2 nd dose	See Notes		←3 rd or 4 th dose, See Notes →	
Pneumococcal conjugate ① (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose		←4 th dose→	
Inactivated poliovirus (IPV) ①			1 st dose	2 nd dose	←3 rd dose→			
COVID-19 ① (1vCOV-mRNA, 1vCOV-aPS)						1 or more doses of 2024–2025 vaccine (See Notes)		
Influenza (IIV3, cclIV3) ①						1 or 2 doses annually		

4 6 8 10 12 14 16 18 20 22 24 28



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 routine 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

