



Kaiser Permanente

# healthy beginnings

PRENATAL NEWSLETTER

## ► TODAY'S APPOINTMENT

Today your practitioner will:

- Check your blood pressure and weight.
- Check your baby's growth by measuring the size of your abdomen.
- Listen to your baby's heartbeat.

If you've had an ultrasound, your practitioner will talk with you about the results. You'll also learn more about the following blood tests: anemia, diabetes, and Rh factor. These tests need to be taken before your next appointment.

## ► NEXT APPOINTMENT

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Day:** \_\_\_\_\_

**Practitioner:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please arrive for your appointment on time. If you need to cancel, call at least 24 hours in advance.

## ► Your baby: at 20–24 weeks



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Your baby is 8 to 12 inches long and weighs between 1 and 1½ pounds. The skin is wrinkled, red, and shiny. The eyelids now have tiny eyelashes and can open and close. Little hands have fingernails and fingerprints. The baby can also suck its thumb and grip firmly with its hand. You may be able to feel the baby kicking and hiccuping. The *lanugo*, a soft, fine downy hair, begins to disappear, especially from the face. *Vernix caseosa*, a white creamy substance that protects your baby's skin from long exposure to amniotic fluid, still covers the body. You may notice that your baby kicks and stretches more.

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Your baby can hear your voice or other nearby sounds and might respond to a loud noise by kicking. Amazing as it may seem, your baby will recognize your voice and your partner's voice right after birth if you talk to him or her daily while you are pregnant. (See the "Partner's corner" section of *Healthy Beginnings*, Issue 5.)

## ► Your next prenatal appointment and tests

Your next visit will take place when you're 24 to 28 weeks pregnant. You will see how your baby is growing and listen to your baby's heartbeat.

The following tests need to be taken before your next appointment.

### ANEMIA TEST

The test for anemia (low iron level) is included in a simple blood test called a complete blood count (CBC). It checks the number of red cells in your blood to see if you have anemia. Women who don't have enough iron in their blood may feel extra tired and dizzy and can sometimes faint. You're more likely to have anemia if:

- You've had several babies in a short period of time.
- You don't eat enough foods rich with iron and folic acid to support your baby and yourself. (See "Nutrition and pregnancy" in *Healthy Beginnings*, Issue 1.)
- You're pregnant with more than one baby.

### DIABETES TEST

The diabetes test is an hour-long glucose tolerance screening done at the lab to make sure that you don't have gestational diabetes. Gestational diabetes develops only in pregnancy and usually stops after the baby's birth. It's marked by having too much sugar in the blood and urine. About 1 in 10 pregnant women will have gestational diabetes. If diabetes is found, it can usually be controlled by eating a healthy diet, checking your blood sugar regularly, and sometimes by also taking medication.

### TAKING THE DIABETES TEST

- You will drink a small bottle of Glucola, a flavored, carbonated liquid.
- Exactly 1 hour later, you will have blood drawn at the lab to measure your blood sugar level.
- Plan ahead: Some facilities allow you to drink the Glucola at home, but you must be at the lab to have your blood drawn exactly an hour after drinking it. Most facilities have you drink the Glucola while you're on the premises.

(continues on page 6)

## ▶ PARTNER'S CORNER

### WAYS TO SHOW HER YOU CARE

Your partner needs to know that you care for her. Sometimes it's the little things that show that you love her.

#### Here are some ways to show her that you care:

- Give her back rubs and foot massages. She'll especially appreciate the gesture when her back is aching from the weight of the baby or when her feet are swollen at the end of the day.
- Bring her flowers or a gift.
- Vacuum the house or do the laundry without being asked.
- Give her lots of hugs. The love you show her will help her feel even more loving towards the baby and towards you.
- Plan an evening out with her. Take her to her favorite restaurant and a movie.
- Go on walks with your partner.
- Prepare or help plan healthy, well-balanced meals.
- Offer to run errands (pick up cleaning, shop for groceries, go to the drugstore).
- Tell her that you think she's going to be a great mother.
- Let her know that you appreciate the work she's doing to keep your baby healthy.
- Touch her lovingly.
- Tell her she's beautiful.
- Buy a toy or outfit for the baby.
- Take infant CPR together. Your local Health Education Center can help you find a class.
- Offer to set up and participate in interviews with possible child-care providers.
- Discuss your fears with your partner and listen to hers. Communication is a key ingredient in strengthening a relationship.

### TAKE GOOD CARE OF YOURSELF, TOO.

- Be physically active for a minimum of 150 minutes a week, or at least 30 minutes per day on most days of the week. Play a sport you enjoy, take a walk, or walk the dog—it all counts!
- Go away for a weekend with your partner. If possible, plan a longer vacation before the baby is born.
- Get a massage.

## ▶ Safer sex for you and your partner

- **You can protect yourself and your partner by using condoms and oral dams (latex squares used for oral-vaginal and oral-anal sex).**
- **Remember to continue to practice safer sex to prevent the spread of HIV (the virus that causes AIDS) and other sexually transmitted diseases (STDs).**
- **STDs can be present without symptoms, but if you have symptoms they may include: sores, bumps, or blisters near your penis, vagina, rectum, or mouth; burning or pain when you urinate; and itching or swelling around your genitals.**
- **If you have any of these symptoms, avoid having sex until you see a practitioner and get tested.**
- **You can get tested for HIV and other STDs even without symptoms. Talk to your practitioner about getting tested.**



## ▶ Staying healthy during pregnancy and beyond

### YOUR BODY IMAGE

During your pregnancy you might feel bombarded with conflicting information and unwanted advice from friends, family, and strangers. Much of this advice may refer to your weight gain, exercise, and body image.

#### Some well-intended but harmful comments you may hear are:

- "You look so big! Are you having twins?" You may interpret this to mean: "You look overweight."
- "You look so small for five months." You may interpret this to mean: "Maybe something is wrong with the baby."
- "Your hips have gotten wider; you must be having a girl." You may interpret this to mean: "You need to exercise more and eat less."
- "How can you run when you're pregnant? It's bad for the baby." You may interpret this to mean: "You're exercising too much and hurting your baby."

Harmful comments such as these result in feelings of guilt, fear, and confusion. In a culture where thinness is valued, it's natural to base your body image and self-esteem on your size. But pregnancy is a time when gaining an adequate amount of weight is absolutely essential to your health and the health of your baby. A healthy weight gain supports your needs and those of your baby.

You and your practitioner can set a weight gain goal for you. Listen to the professionals, not the self-proclaimed experts. Pregnancy is not a time to skip meals, take diet pills, or restrict eating in order to control weight. If you eat healthy foods and exercise regularly, you should not gain an excessive amount of weight.

### HOW CAN YOU FREE YOURSELF FROM THE CULTURAL BIAS THAT "THIN IS GOOD, FAT IS BAD"?

- Close your eyes and say to yourself: "My body is my business." "My body is beautiful and is creating a beautiful new life." "Negative comments about my body reflect the fears others have about fat, not my fears."
- Spend time with other pregnant women. You can support each other during this time of change.
- Surround yourself with positive people who support your efforts to have a healthy pregnancy and to be yourself.
- Try to keep a sense of humor. Don't let insensitive comments ruin your day.

When you call  
your practitioner



#### PLEASE BE READY TO PROVIDE:

- Your name.
- Your Kaiser Permanente health or medical record number.
- Your practitioner's name.
- Your due date.

#### CALL NOW IF YOU HAVE:

- Any vaginal bleeding or blood clots (clumps of blood).
- Abdominal or pelvic pain, other than mild cramping.
- Pain or fever with vomiting more than 2 to 3 times a day or that lasts more than an hour.
- Fever (temperature of 100.4° or greater).
- Pain with urination.

## ► What you can do about common discomforts

### DIFFICULTY SLEEPING

As pregnancy progresses, leg cramps, breathlessness, contractions, the frequent need to urinate, and an active baby may all interfere with your sleep. You may not be able to find a comfortable position.

- Use extra pillows to support your legs and back. Try sleeping on your side with pillows between your knees and behind your back.
- Have a light snack or a glass of milk before going to bed.
- Get regular exercise during the day to help you sleep more soundly at night. (See “Exercise and pregnancy” in *Healthy Beginnings*, Issue 3.)
- Practice relaxation exercises before going to sleep or if you wake up during the night. You can learn these from relaxation tapes available in the Health Education Center. (See “Relaxation exercises for pregnancy and beyond” in *Healthy Beginnings*, Issue 3.)
- Take a warm (not hot) bath or shower before going to bed.
- Avoid caffeine, including chocolate, especially late in the day.
- Do not use sleeping pills or drink alcohol because they could harm your baby.

### LEG CRAMPS

Leg cramps are common in late pregnancy. They usually occur late at night and may wake you up. They may be caused by the pressure of the enlarged uterus on nerves or blood vessels in your legs, from lack of calcium, or occasionally from too much phosphorous in your diet.

#### To relieve leg cramps:

- Sit on a firm bed or chair. Straighten your leg and flex your foot slowly toward the knee.
- Stand on a flat surface (a cold surface is even better) and lift your toes up, as if to stand on your heels. Then try walking while keeping your toes up.
- Use a heating pad or hot water bottle to help with the muscle ache.
- Do not massage the calf during the cramp.

#### To prevent leg cramps:

- Avoid too much phosphorous in your diet. This is found in highly processed foods, such as lunch meats, packaged foods, and carbonated beverages.
- If you’re having frequent cramps (more than twice a week), increase the amount of calcium in your diet or take calcium supplements that don’t contain phosphorous.
- Do leg stretches before bedtime.
- Wear leg warmers at night.
- Exercise moderately every day.
- Take a warm (not hot) bath before bedtime.

### LEAKING FROM YOUR NIPPLES

During the second or third trimester (anytime after 12 weeks), you might notice a yellowish or whitish fluid leaking from your nipples. This fluid is called colostrum, the first breast milk. It’s the perfect food for your newborn and also supplies antibodies to help protect the baby from infections. Although leakage is a common experience for many women, some women don’t have any leakage until after delivery. Colostrum may continue to leak from time to time through the rest of your pregnancy. If your blouse or dress gets wet from leaking:

- Use breast pads (all cotton, no plastic liners) inside the cup of your bra.
- Keep your breasts clean and dry.
- Wear a supportive bra.



## ► Travel and pregnancy

**For most women without any medical complications, traveling during the second trimester is safe. During mid-pregnancy, you may feel the best, have the most energy, and may be able to enjoy a great vacation with your partner—free of strollers, diapers, and baby food. There are several things you can do that will ensure that your trip is safe and enjoyable:**

- Inform your practitioner where and when you plan to travel.
- Plan to relax. Remember that the demands of the growing baby will cause you to fatigue more easily than usual. If you’re sightseeing, rest frequently. Don’t join any tour groups that make you adhere to a rigorous schedule.
- Avoid traveling to high altitudes. There’s less oxygen at higher altitudes and it might make you feel sick or tired.
- Stop frequently to urinate whenever you feel the urge. This will help you avoid bladder infections. Drinking enough liquids will also help.
- Stop at least every 2 hours to stretch when traveling by car. If you’re traveling by plane or train, be sure to get up and move around frequently to improve circulation.
- Eat small, frequent, healthy meals to avoid low blood sugar, indigestion, or constipation. Choose foods wisely to make sure that your baby is getting the nutrition it needs. (See “Nutrition and pregnancy” in *Healthy Beginnings*, Issue 1). Carry snacks in case you have a long wait between meals, and don’t forget to bring your vitamins.
- Drink plenty of clean water, but don’t drink the tap water in foreign countries. Buy bottled water with a sealed cap. In some countries, fresh fruits and vegetables are also unsafe because they expose you to bacteria and other organisms that can cause severe reactions. Check with the travel nurse at Kaiser Permanente to determine which countries have safe water, fruits, and vegetables.

#### Important things to know before you consider traveling:

- We can best meet the medical needs of you and your baby at the Kaiser Permanente facility where you receive your prenatal care.
- Most airlines don’t let you fly after 36 weeks, or they require a letter giving medical clearance.
- Advanced imaging technology screening (also known as body scans) at the airports is considered safe for pregnant women. You have the option of declining the full body scan and undergoing a full body manual pat down.
- Don’t fly in a small, non-pressurized airplane because this can reduce the oxygen supply to your baby.
- Most cruise ships don’t let you board after 24 weeks. Check with the cruise line before booking your ticket.
- Non-Plan hospitals won’t have your medical history or medical records readily available. Bring a copy of your medical records with you in case of an emergency.
- Remember to always wear your seat belt!

## ► Preterm (premature) birth

Most babies are born close to their estimated delivery date. In this country, however, 7 to 10 babies out of 100 are born before week 37 of pregnancy. These babies are referred to as “preterm babies.” Preterm labor happens between weeks 20 and 37 of pregnancy when a pregnant woman has regular contractions of the uterus that cause the cervix to soften or open. Sometimes the woman is not even aware of the contractions.

If preterm labor is found early, the possibility of treating it and stopping labor is greater than if it’s detected late. Because many babies born before 37 weeks are underdeveloped, they tend to have more health problems. Babies born before week 35 are of particular concern. Therefore, one of the goals of prenatal care is to take certain precautions to recognize and treat the early signs of preterm labor.

### WHAT IS A CONTRACTION?

A contraction occurs when the uterine muscle tightens. This may be painless or felt like a sort of pressure. If you’re having a contraction, you can use your fingertips to feel the top part of the uterus (the fundus). You will be able to feel the fundus tighten. If you have 4 or more contractions per hour before you are 37 weeks pregnant, you might be starting preterm labor. These contractions are especially worrisome if they cause discomfort.

### WARNING SIGNS OF PRETERM LABOR

Warning signs of preterm labor may be very subtle. Waiting to call for help could result in the preterm birth of your baby. Call Labor and Delivery (or your Member Service Center) if you have:

- **Menstrual-like cramps** (usually in the lower abdomen) that may come and go or remain constant. They may also occur with or without nausea, diarrhea, or indigestion.
- **Contractions that feel like a tightening of your abdomen** every 10 minutes or more frequently within one hour.
- **A low, dull backache** below the waist that does not go away when you change position or rest on your side, or a rhythmic backache that comes and goes in a pattern (back labor).

- **Pelvic pressure or pain** that comes and goes in a rhythmic pattern in the lower abdomen, back, and/or thighs (described as “heaviness in the pelvis”).
- **Intestinal cramping or flu-like symptoms**, with or without diarrhea.
- **An increase or change in vaginal discharge** (leaking a heavy or mucous-like fluid, a watery discharge, or blood).
- **Rupture of membranes** (bag of waters breaks).

### RISK FACTORS FOR PRETERM LABOR

Preterm labor can happen to any woman, but there are risk factors you should be aware of. They include the following:

- Previous preterm labor or delivery.
- Being pregnant with more than 1 baby.
- Structural abnormalities of the uterus, cervix, or placenta.
- Frequent uterine contractions.
- Age under 19 or over 33.
- 2 or more previous mid-pregnancy miscarriages or abortions.
- A urinary tract infection.
- A kidney infection.

Although these risk factors cannot always be controlled, their effects on the pregnancy can be controlled if found early enough.

### OTHER RISK FACTORS

The following risk factors contribute to the possibility of preterm labor and can be controlled or avoided:

- Heavy smoking.
- Use of cocaine or amphetamines.
- Domestic violence: Pregnant women who experience abuse report an increase in miscarriages, stillbirths, and preterm deliveries following battering incidents.
- Extreme stress.

If these risk factors are reduced or eliminated, the chances of carrying the baby to term are greatly increased. Kaiser Permanente provides information and counseling to help you quit drinking and using drugs. If someone is hurting you or your baby, call your practitioner or the National Domestic Violence Hotline at **1-800-799-SAFE (1-800-799-7233)**.



## ► If you are experiencing signs of preterm labor

Here’s what you should do if you’re experiencing any warning signs before 37 weeks:

1. Empty your bladder.
2. Drink 2 or 3 glasses of water or more if you might be dehydrated.
3. Lie in a comfortable position, preferably on your left side. Don’t lie on your back.
4. Locate the breastbone and place fingers directly below it. Note the “squishy” consistency of the upper abdomen.
5. When outer borders are located, turn on your side. Feel for changes in the tension of the uterus by placing both hands on top of the uterus (the fundus).
6. Feel for contractions and record how often they happen for 1 full hour. Contractions can occur in different strengths. Time them from the start of 1 contraction until the beginning of the next.
7. Always lie on your side to check for contractions. If you need to lie flatter, place a pillow under one hip as you lie back in order to maintain a good blood supply to you and your baby.
8. Call Labor and Delivery (or your Member Service Center) if:
  - Your symptoms continue.
  - You have 4 or more contractions in 1 hour (each lasting longer than 30 seconds).

If your practitioner thinks you’re in labor, you’ll be examined immediately and you could be hospitalized for further evaluation or treatment. Early treatment may increase the likelihood that the preterm labor will be stopped. If it cannot be stopped, treatments are available to manage the health risks a premature baby may have. You can also be assured that Kaiser Permanente will provide high-quality newborn intensive care. If your facility doesn’t have a Newborn Intensive Care Unit and you go into preterm labor, you may be transferred to one that does.



## ► Preparing for breastfeeding

### SUCCESSFUL BREASTFEEDING

You and your baby will be more successful at breastfeeding if you're prepared.

Here are some ways to prepare:

- **Learn all you can about breastfeeding.** Take a class and read a book. You can ask for these resources at your local Health Education Center. Talk to women who've had successful breastfeeding experiences. Breastfeeding is a learned skill and takes practice.
- **Think about how long you would like to breastfeed.** Breastfeeding does take time, but it is time well spent. You're giving your baby the best possible food, holding your baby close, and making a strong connection. Breast milk is the best food for your baby and has all the nutrition your baby needs for the first 6 months of life. The longer you breastfeed, the greater the benefits will be for you and your baby. (See a list of benefits in "Breastfeeding" in *Healthy Beginnings*, Issue 2.)
- **Make a list of breastfeeding resources.** Get phone numbers of hospital lactation consultants, Pediatric Department consultants and practitioners, or members of your local La Leche League. Have these numbers ready so you can call after you and your baby go home from the hospital. For breastfeeding questions, call the La Leche League helpline at 800-LA LECHE.
- **Make plans for breastfeeding after you return to work.** Many women find great satisfaction in continuing to breastfeed when they return to work. They enjoy coming home to breastfeed, and knowing their baby's health is protected by receiving their pumped milk while they are at work. If you will be returning to work, consider talking to your employer about your breastfeeding goals. It might be helpful to share some of the benefits of breastfeeding. Since breastfed babies are sick less often, you will not miss as much work staying home to care for your baby. In some states, such as California, the law requires employers to provide employees with a reasonable amount of break time and use of a room or other location to express milk in private if they choose to do so for their infants.
- **Learn about expressing your milk.** "Expressing" your milk means getting extra milk from your breasts that can be given to your baby when you're not there. Some women express their milk by hand, while others find it easier to use an electric or battery-powered breast pump. There are many pumps to choose from, so make sure you rent or purchase the one that meets your needs. You'll need to make arrangements for pumping and storing milk if you pump at work. Carry bottles with you and store your milk at the proper temperature.
- **All new mothers need help in the beginning,** so ask your friends and family to help out. This may especially be important as you are adjusting to breastfeeding your baby. Friends and family members can assist with meals, shopping, and the care of older children. After your baby's birth, you'll need plenty of time to spend with your baby.

### WHAT IS YOUR NIPPLE TYPE?

If you're planning to breastfeed (or just thinking about it), this is a good time to recognize your nipple type. Ask your practitioner if you aren't sure what type of nipples you have.

- **Protruding nipples:** Most nipples become erect (stand out from the breast) when gently pinched (pressed between the thumb and finger and released).
- **Flat or inverted nipples:** Some nipples look flat or actually pull back into the breast and look sunken or inverted after they're pinched.

Many mothers are able to breastfeed successfully with flat or inverted nipples. Breastfeeding support is available.

## ► A to Z pregnancy dictionary

### COLOSTRUM

Yellowish or whitish fluid that might leak from your breasts during pregnancy. It's the first breast milk and is present in the first few days after birth before your mature milk "comes in." It contains antibodies and nutrients for your newborn.

### CONTRACTION

The tightening of the uterine muscle. Braxton Hicks contractions (false labor) are common in late pregnancy and don't cause cervical dilation. These are usually painless. True contractions do cause cervical effacement and dilation. These are usually uncomfortable or even painful.

### DIABETES

Metabolic disease in which the pancreas is unable to make enough insulin to transport sugar from the bloodstream to the tissues. In pregnancy, gestational diabetes can occur. Sometimes it can be controlled by diet changes and exercise alone; other times insulin shots are needed to help manage blood sugar levels.

### FLAT OR INVERTED NIPPLES

These nipples will flatten or pull back into the breast when the areola is squeezed, making it difficult for some babies to breastfeed.

### PRETERM LABOR

The contractions that may occur between weeks 20 and 37 of pregnancy and cause cervical dilation before you are due to give birth.

### RH FACTOR TEST

A simple blood test that is done only if you have an Rh-negative blood type. It checks for antibodies that could cause problems for the fetus if present during pregnancy.

### RHOGAM

This medication is given at about week 28 of pregnancy to women with Rh-negative blood types to prevent development of antibodies that could harm the fetus.



## ► You and your baby have the right to be safe

If someone is hurting you, making you feel afraid, making threats, putting you down, or pushing or hitting you, it's not right and it's not your fault! Abuse occurs when someone attacks you with words, objects, hands, or fists. Abuse usually happens when one person tries to control another person.

- If you're having problems with someone who threatens or hurts you, tell your practitioner. You and your baby can be helped.
- Remember: It's not your fault, no matter what anyone tells you. Nobody deserves to be abused.
- You need to take care of yourself because if you are hurt, your baby is affected.

You're not alone. Help is available. In an emergency, call the police, your local domestic violence hotline, or a women's shelter in your community.

If someone has hurt you before, it may happen again while you're pregnant or after the baby is born. Sometimes abuse starts when you become pregnant.

### HAVE A SAFETY NET

- Talk to someone you trust about what's going on.
- Call the police in an emergency.
- Get the phone number of your local domestic violence hotline and keep it for an emergency. You can find the number from the National Domestic Violence Hotline at [ndvh.org](http://ndvh.org) or 1-800-799-7233. If you need to talk or if you need help, you can call the National Domestic Violence Hotline 24 hours a day. The hotline has counselors who speak English, Spanish, and other languages, and can give you information about local resources. For more information, visit: [kp.org/domesticviolence](http://kp.org/domesticviolence).
- Keep a set of car keys and money stashed where only you can find them.
- Keep important papers (like birth certificates, photo ID, and checkbook) in a safe place.



## ► Prenatal education

Now is a good time to start preparing for the birth of your baby by reading books and signing up for prenatal education classes such as breastfeeding and childbirth preparation. The more information you have about the birth process and how to care for your baby, the more confident you'll feel about delivering your baby and bringing him or her home. Finding out what to expect during labor, postpartum, and for the first few weeks, helps ease many fears. Call your local Health Education Center to find prenatal classes in your area.

### CHILDBIRTH PREPARATION PROGRAM

Attending a childbirth preparation/Lamaze series can help you learn skills that you can use during labor and delivery. These classes focus on breathing and relaxation techniques for labor and delivery.

You'll also meet other couples with similar questions and concerns. Couples who meet through these classes often exchange phone numbers and then get together for postpartum exercise classes, new-parents groups, and social events. For many new parents, these relationships are very helpful and supportive.

## ► Smoking and pregnancy

If you've quit smoking, congratulations! If you're still smoking, it's not too late to quit. The most important thing you can do to improve your health and to protect your baby's health is to quit smoking now.

- By quitting smoking, you reduce the risk of a difficult birth and health problems for your newborn. Babies born to mothers who smoke are smaller, less developed, and have breathing problems.
- Avoid other people's secondhand smoke. Secondhand smoke can harm both you and the fetus. It increases the danger of your child developing asthma and increases hospital visits.
- The risk of sudden infant death syndrome (SIDS), or "crib death," increases if a mother smokes during or after pregnancy.
- Children from smoking households have 4 times as many respiratory infections (lung, sinus, and ear infections) as those from nonsmoking households.
- If you can't quit, you should reduce the number of cigarettes you smoke and increase the time in between cigarettes.

## ► Your next prenatal appointment and tests

*(continued from page 1)*

- If your 1-hour glucose tolerance screening shows that you have too much sugar in your blood, you'll be contacted to take a 3-hour glucose tolerance test to confirm the result.
- If the glucose tolerance test result shows gestational diabetes, you'll begin a treatment program to control the amount of sugar in your blood. You should get tested again after delivery to determine your risk for developing diabetes after the pregnancy.

### RH FACTOR TEST

This is a simple blood test that is done only if you have an Rh-negative blood type. It checks for antibodies that could cause problems for the baby and future pregnancies. If your blood type is Rh-negative and the Rh blood type of the baby's father is positive, you could develop an immune reaction to your baby's blood that would result in health problems for the baby. Today, complications from this reaction can be prevented if the situation is discovered early enough.

If you are Rh-negative and have no Rh antibodies in your blood, you'll receive an Rh immune globulin (RhoGAM) shot at about 28 weeks to prevent you from developing antibodies (an immune reaction) to your baby's blood. If you're not treated with RhoGAM, these antibodies could attack the baby's blood cells and could cause anemia in future pregnancies (hemolytic disease of the newborn).

Your practitioner will call you if your lab tests show you have any of these conditions.

The information in *Healthy Beginnings* is not intended to diagnose health problems or to take the place of medical advice or care you receive from your practitioner. If you have persistent health problems, or if you have further questions, please consult your practitioner. If you have questions or need additional information about your medication, please speak to your pharmacist. Kaiser Permanente does not endorse any brand names; any similar product may be used.

