

The Stages of Obstetrical Care: What to Expect

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Obstetrics, also known as OB care, is the branch of medicine concerned with childbirth. Unlike many medical specialties that focus on managing disease, the focus of OB care is on maintaining good health of the mother and child. At WWMG, our family medicine OB providers offer supportive care before, during, and after pregnancy.

Some women may put off seeking medical care during pregnancy. But routine OB care can help you avoid uncommon but life-threatening complications. And even a healthy pregnancy should be medically supervised to ensure the most positive outcome.

“Your provider is there to take care of you and your baby so that we can make sure you are safe during your pregnancy. You are not alone,” said Dr. Karen Myren of WWMG’s Whitehorse Family Medicine.

Quality obstetrical care can start before you become pregnant and should continue throughout pregnancy, birth, and after the baby is born. In addition to offering ongoing support, an OB doctor can also perform surgery and deal with life-threatening situations, should they occur.

Here are the stages of OB care and what to expect during each phase:

Preconception Considerations

Before trying to conceive, it’s a good idea to begin taking prenatal vitamins to help prepare your body for a healthy pregnancy. Folic acid is important to prevent birth defects, and iron is helpful to avoid anemia during pregnancy.

Although some women get pregnant after skipping a single birth control pill, on average it takes nine months for couples to conceive.

A preconception consultation is not necessary for every patient who wants to conceive. However, it is recommended if you have pre-existing conditions such as high blood pressure, diabetes, a rheumatologic condition, mental health issues, or any health condition that requires regular medication.

“We usually recommend that if you’ve been trying, or not preventing, pregnancy for a year [and have not conceived] that you come in and talk to us and see what’s going on,” said Myren. An OB provider can help patients improve their chances of conception without being referred for complex interventions like IVF.

Early Pregnancy Support

Over the counter home pregnancy tests are reliable, so Myren recommends scheduling an initial appointment with an OB provider in the sixth to eighth weeks of pregnancy.

“It’s a longer appointment than the rest of your prenatal visits, and it’s pretty thorough,” said Myren. In addition to a basic exam, the provider will:

- review both partners’ family health history for anything that could impact a pregnancy
- take lab tests to check for infections or anemia; and
- order an ultrasound to confirm the due date.

This appointment also gives you a chance to ask questions and learn what to expect throughout the pregnancy. “There is never a stupid question. It’s better to ask and find out,” said Myren.

After the initial OB appointment, patients usually see their healthcare provider monthly until the third trimester.

First Trimester Concerns

The most common health issues a woman experiences during the first trimester are nausea and vomiting, followed by heartburn and constipation. These are usually not serious, and nausea typically goes away around the beginning of the second trimester.

“There are a lot of great and natural over the counter remedies you can use to counter some of these normal ailments. Eating small, frequent meals and definitely drinking at least 64 fluid ounces per day is really important during pregnancy,” said Myren.

This keeps your stomach from ever being completely full or completely empty, which can minimize nausea and vomiting as well as the dehydration and low blood sugar that lead to fainting or lightheadedness.

Second Trimester Tests and Myths

Appointments during the second trimester will include a second ultrasound, another test for anemia, and a glucose test to rule out gestational diabetes. Depending on whether the patient is Rh positive or negative, an antibody screen may also be required.

These subsequent provider visits can identify the sex of the baby and will include a test for trisomies, genetic mutations that cause conditions such as Down Syndrome. High-risk patients may opt for advanced testing to identify other potential concerns.

“You only need to increase your caloric intake a little bit during your second trimester, and then just a little bit more during your third trimester,” said Myren. “The whole, ‘Oh, you get to eat for two now,’ – that is not true.” The focus should be on healthy eating, not eating more. Excessive weight gain during pregnancy increases the risk of complications and is harder to lose post-partum.

Also, Myren says it’s a myth that pregnant women shouldn’t wear seat belts. A properly worn seat belt – lap belt under the baby bump, shoulder belt above it – is safer for both the mother and child in the event of a car accident.

Third Trimester Considerations

Moving into the third trimester, appointments with the OB provider become more frequent, usually every two weeks.

At this time, “I think birth classes can be really helpful, especially for first time moms,” said Myren. “There is a lot of information during those birth classes that’s not just all about Lamaze. They go through the birthing process and all of the potential interventions, and it can be really helpful to get that background knowledge,” said Myren.

Online classes make attending easier than ever, while in-person classes can be a great way to meet other new parents.

During this trimester, Myren recommends a tetanus/pertussis booster vaccine to protect the baby. As the due date approaches, the mother will be tested for group B strep, which could necessitate antibiotics during labor.

If a baby is identified as being in the breech position, providers may try a non-invasive external version to turn the baby into a head down position. If successful, this allows for a vaginal delivery instead of requiring a C-section.

Having a Flexible Birth Plan

A pregnancy is considered full term at 37 weeks, and from this time patients will see their OB care provider weekly. Myren uses the 36-week appointment to go through options and expectations for the birth.

“For a while there, everyone was coming in with a birth plan,” she said. But even when there are no major complications, deliveries often do not go according to plan. “I strongly encourage them to keep an open mind. It can be difficult if you have this very set idea of what your dream delivery looks like.”

Care providers are working to decrease the C-section rate. But being open-minded and flexible makes it easier to focus on celebrating a successful birth rather than being disappointed about how it was accomplished.

“Nowadays we usually will only allow a patient to go about one week past the due date because there’s not really any advantage to allowing the pregnancy to go beyond that, and there is also increased risk after the patient is 41 weeks,” said Myren.

After a vaginal delivery, patients and newborns usually stay in the hospital for 24 hours, while a C-section stay usually lasts about 36 hours post-partum.

OB Support After the Baby is Born

Typically, the mother will see their OB provider one week after delivery. During the weeks that follow, if bleeding doesn’t taper off or a new mother doesn’t feel their body recovering, it’s important to have another appointment with your OB provider.

Although extremely rare, chest pain, shortness of breath, or sudden swelling in one leg merit emergency attention. In most cases, however, both the mother and child will be healthy at the six-week follow-up appointment that marks the end of the pregnancy process.

After this time, both mother and baby can continue to be seen for primary care appointments and annual well visits with our Family Medicine providers.

Getting Started with Obstetrical care at WWMG

Learn more about OB care at WWMG, and request an appointment at Whitehorse Family Medicine to find the supportive care you deserve today.