Welcome to Ruch Clinic

Congratulations

on your new pregnancy!

We have put together this packet to provide information that may help you with questions regarding Ruch Clinic and your pregnancy.

This packet includes:

- Overview of Prenatal Visits
- First Trimester Screening for Chromosomal Abnormalities
- Warning Signs – When to Call the Doctor
- Medications for Common Ailments for OB Patients
- Eating During Pregnancy
- Exercise In Pregnancy
- Morning Sickness Information
- Recommendations for OB Dental Appointments
- Glucose Testing Information
- Gender Ultrasound and 4-D Ultrasound Information
- Circumcision Information
- Cord Blood Banking

Two additional sources of information regarding pregnancy includes (1) our website www.ruchclinic.com under *Our Services* and then *Pregnancy Care*, as well as (2) the ACOG website (American College of Obstetrics & Gynecology) www.acog.org under *For Patients*.

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First Trimester Screening for Chromosomal Abnormalities

There are two options for chromosomal abnormality screening in the first trimester.

Option 1
The first screen is a blood test which shows if you are at increased risk of having a baby with Down syndrome or Trisomy 18. This test requires a sample of your blood and focused ultrasound measurements performed at approximately 12 weeks. This test is offered to every pregnant woman who is under the age of 35 and who is otherwise low risk for a chromosomal abnormality. This test will detect 83% of Down syndrome cases and 80% of trisomy 18 cases.

- **What is Down syndrome?** Down syndrome or Trisomy 21 is caused by an extra chromosome #21 and results in both mental and physical abnormalities. Approximately 1 in 800 babies are born with Down syndrome. The risk of having a baby with Down syndrome gradually increase with the age of the mother, but can occur at any age.
- **What is Trisomy 18?** Trisomy 18 is caused by an extra chromosome #18 and results in serious mental retardation and physical deformities including major heart defects. Babies born with Trisomy 18 rarely survive past the first year of life. As with Down syndrome, the risk of having a baby with Trisomy 18 gradually increase with the age of the mother, but can occur at any age.

If your first screen test is positive, it does not necessarily mean that the baby has one of these birth abnormalities. In fact, most women who have abnormal screening results will have a normal baby. However, it does mean that your doctor will recommend further testing to determine if your baby is affected with one of these birth abnormalities. Your testing options are as follows:

- Non-invasive prenatal testing (NIPT) may be a preferable next step as it is simple blood test and there is no risk of harm to the baby or to the mother and can be a good next step in determining risk. This is not a diagnostic test; therefore, if the test result shows an increased risk for a chromosomal abnormality, further diagnostic testing will be offered.

Option 2
Chromosomal abnormality screening is non-invasive prenatal testing (NIPT) which can be performed without having to perform the first screen. As described above, it is a blood test. This test will also report the gender of the baby, if desired. This test is typically reserved for women of advanced maternal age which is defined as 35 years of age or greater at the time of the expected due date because they are at higher risk for chromosomal abnormalities. However, this test is available to all pregnant women. This test will detect approximately 99% of Down syndrome and Trisomy 18 cases and 92% of Trisomy 13 cases. The gender is reported with over 99% accuracy.

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Overview of Prenatal Visits

Below is the "normal" track for pregnancy visits, however, because every pregnancy is different, you and your physician will determine what is best for you and your baby.

Confirmation of Pregnancy Visit:

- Generally scheduled 6-8 weeks after LMP (last menstrual period)
- You will have a complete physical examination, including pap smear (if due) and vaginal cultures

New OB Visit:

- Generally scheduled 2-4 weeks after confirmation visit
- Your physician will obtain a complete medical and pregnancy history
- Your physician will obtain Fetal Heart Tones using a "Doppler" on your lower abdomen or obtain an ultrasound
- Your physician will answer any questions you have about the pregnancy

Follow-Up OB Visits:

- Generally scheduled every 4 weeks until the third trimester
- Then scheduled closer together depending on your risk factors
- Typically, the last month visits are scheduled every week until delivery
- At each OB visit, we will check: urinalysis, weight, blood pressure and fetal heart tones

Specific Dates or Visits in Pregnancy:

At 16 weeks we offer gender ultrasound. (See information sheet about specifics in this folder.)

Between 19 – 21 weeks you will have your "Fetal Survey" or "Anatomy Scan". This ultrasound assesses the baby's anatomy, growth and development and identifies gender.

Between 24 and 28 weeks you will have your Glucola test to screen for Gestational Diabetes. Please see insert in this packet for more information on that test.

At your visit after 35 weeks you will have a GBS test performed. This is a vaginal and rectal swab to check for GBS bacteria. In your 3rd trimester, you will be offered the Tdap (whooping cough) vaccine to help prevent risk of this to your baby. You will discuss this with your physician.

At each visit after 35 weeks (or whenever your physician feels it is necessary), you will have a pelvic exam to check your cervix. It is not uncommon for these exams to cause a little spotting, but feel free to call our nurses and discuss if you have any concerns.

If you feel like you are having any concerning symptoms, please don't hesitate to call our office at 901-682-0630 and speak with our nurses to determine if you need to come in for a visit to evaluate any issues. Please see our "Warning Signs" list in this packet.

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Warning Signs
When to call the doctor

- Any persistent bleeding or spotting
- Persistent one-sided abdominal pain
- Large gush or persistent leak of fluid from vagina
- Persistent Headache (that does not go away with Tylenol)
- Severe vomiting, unable to keep anything down
- Painful urination that is persistent
- Persistent uterine cramping or tightening / possible labor
- Increased swelling in one leg that does not improve after rest and elevation.
- Decrease or change in fetal movement (Please see the website about kick counts.)
- Feeling of "something's just not right"

If you have any concerning symptoms or are not sure about something, please call our office at 901-682-0630 and speak with our nursing staff.

If our office is closed, we always have a doctor on-call **for emergencies**. Please call our regular phone number 901-682-0630 and the answering service will send a message to the on-call doctor, who will call you back shortly.

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Medications for Common Ailments For OB Patients

- Headaches:
  - Tylenol or Extra Strength Tylenol.

- Head cold/allergies:
  - Increase fluids
  - Saline nose drops/irrigation
  - Humidifier
  - Mucinex
  - Benadryl
  - Zyrtec or Claritin

- Cough/Drainage:
  - OTC cough drops, increase fluids, Robitussin DM, Robitussin PE, Dayquil, Mucinex DM, Chloreseptic Throat Spray. For persistent signs and symptoms and/or fever, come in for evaluation. If you have issues with high blood pressure, please avoid phenylephrine or pseudoephedrine.

- Nausea and Vomiting:
  - Over-the-counter medications – Emetrol, B6 and ginger, Unisom. Please call for prescription medication if not effective.

- Constipation:
  - Increase fluids and fiber in diet.
  - Bulk-forming laxatives – Citracel, Metamucil, Colace, Dialose.
  - If no relief, Peri-Colace, milk of magnesia, Miralax.
  - If no relief, Fleet enema.

- Indigestion:
  - Over-the-counter medications – Mylanta, Digel, Maalox, Tums, Rolaids
  - If no relief, Zantac, Pepcid
  - If no relief, Prevacid, Nexium, Protonix

- Hemorrhoids:
  - Hot sitz baths.
  - OTC medications, Anusol, Tucks pads, Preparation-H

- Diarrhea:
  - Hydration / Electrolyte replacement with sports drinks such as Gatorade or Powerade (120 oz in 24 hours).
  - Imodium A-D (if diarrhea has persisted more than 24 hours)

- Miscellaneous:
  - Benadryl is okay for itching, rash, sleep
  - Probiotics are okay
  - Gas X for gas
  - Call our office if you are having yeast/discharge symptoms

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Eating During Pregnancy

What should I eat during pregnancy?

During pregnancy, women need an average of only about 300 extra calories. Most women will lose only 15-20 lbs in the first few weeks after delivery, with the rest stored as fat, so weight gain of 20-30 lbs is ideal (0-5 lbs in the first 12 weeks, then ½-1 lb each week there after). Eating small, frequent meals with protein incorporated at each meal is a good way to avoid heartburn and hypoglycemia. Eat what you enjoy, but make good health choices!

Certain fish accumulate high levels of mercury from swimming in polluted waters. The FDA recommends avoiding those fish that are highest in mercury, including shark, tilefish, swordfish and king mackerel. Shellfish, shrimp, canned tuna and smaller fish, such as snapper, catfish and salmon are lower in mercury. It is recommended to eat only up to 12 oz a week. (Tuna steak is higher in mercury and should be limited to 6 oz per week.) Raw fish and meat can carry parasites and other microbes that could cause potential harm to mother and baby. While these infections are rare, it is wise to avoid raw meat and fish.

Unpasteurized cheeses, deli meats, and mishandled food can carry Listeria, a bacterium that can cause miscarriage and fetal infection. While this is extremely uncommon in the USA, you can further avoid it by avoiding regular intake of unpasteurized cheeses or deli meats. Listeria is killed by high temperatures, so deli meats heated in the microwave until steaming are safe.

There is no scientific evidence that NutraSweet (aspartame) or other sugar substitutes are harmful in pregnancy.

Caffeine is safe in small quantities (1-2 beverages daily).

There is no safe limit of alcohol in pregnancy. Complete avoidance is best.

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Exercise in Pregnancy

(as recommended by ACOG.com)

ACOG
The American College of Obstetricians and Gynecologists

Is it safe to exercise during pregnancy?

If you are healthy and your pregnancy is normal, it is safe to continue or start most types of exercise, but you may need to make a few changes. Physical activity does not increase your risk of miscarriage, low birth weight, or early delivery. However, it is important to discuss exercise with your obstetrician or other member of your health care team during your early prenatal visits.

Are there certain conditions that make exercise during pregnancy unsafe?

Women with the following conditions or pregnancy complications should not exercise during pregnancy:

- Certain types of heart and lung diseases
- Cervical insufficiency or cerclage
- Being pregnant with twins or triplets (or more) with risk factors for preterm labor
- Placenta previa after 26 weeks of pregnancy
- Preterm labor or ruptured membranes (your water has broken) during this pregnancy
- Preeclampsia or pregnancy-induced high blood pressure
- Severe anemia

What are the benefits of exercise during pregnancy?

Regular exercise during pregnancy benefits you and your fetus in these key ways:

- Reduces back pain
- Eases constipation
- May decrease your risk of gestational diabetes, preeclampsia, and cesarean delivery
- Promotes healthy weight gain during pregnancy
- Improves your overall general fitness and strengthens your heart and blood vessels
- Helps you to lose the baby weight after your baby is born

What precautions should I take when exercising during pregnancy?

There are a few precautions that pregnant women should keep in mind during exercise:

- Drink plenty of water before, during, and after your workout. Signs of dehydration include dizziness, a racing or pounding heart, and urinating only small amounts or having urine that is dark yellow.
- Wear a sports bra that gives lots of support to help protect your breasts. Later in pregnancy, a belly support belt may reduce discomfort while walking or running.
- Avoid becoming overheated, especially in the first trimester. Drink plenty of water, wear loose-fitting clothing, and exercise in a temperature-controlled room. Do not exercise outside when it is very hot or humid.
- Avoid standing still or lying flat on your back as much as possible. When you lie on your back, your uterus presses on a large vein that returns blood to the heart. Standing motionless can cause blood to pool in your legs and feet. Both of these positions can decrease the amount of blood returning to your heart and may cause your blood pressure to decrease for a short time.

What are some safe exercises I can do during pregnancy?

Whether you are new to exercise or it already is part of your weekly routine, choose activities that experts agree are safest for pregnant women:

- Walking—Brisk walking gives a total body workout and is easy on the joints and muscles.
- Swimming and water workouts—Water workouts use many of the body's muscles. The water supports your weight so you avoid injury and muscle strain. If you find brisk walking difficult because of low back pain, water exercise is a good way to stay active.
- Stationary bicycling—Because your growing belly can affect your balance and make you more prone to falls, riding a standard bicycle during pregnancy can be risky. Cycling on a stationary bike is a better choice.
- Modified yoga and modified Pilates—Yoga reduces stress, improves flexibility, and encourages stretching and focused breathing. There are even prenatal yoga and Pilates classes designed for pregnant women. These classes often teach modified poses that accommodate a pregnant woman's shifting balance. You also should avoid poses that require you to be still or lie on your back for long periods.
- If you are an experienced runner, jogger, or racquet-sports player, you may be able to keep doing these activities during pregnancy. Discuss these activities with your health care professional.

What exercises should I avoid during pregnancy?

While pregnant, avoid activities that put you at increased risk of injury, such as the following:

- Contact sports and sports that put you at risk of getting hit in the abdomen, including ice hockey, boxing, soccer, and basketball
- Skydiving
- Activities that may result in a fall, such as downhill snow skiing, water skiing, surfing, off-road cycling, gymnastics, and horseback riding
- "Hot yoga" or "hot Pilates," which may cause you to become overheated
- Scuba diving
- Activities performed above 6,000 feet (if you do not already live at a high altitude)

What are warning signs that I should stop exercising?

Stop exercising and call your obstetrician or other member of your health care team if you have any of these signs or symptoms:

- Bleeding from the vagina
- Feeling dizzy or faint
- Shortness of breath before starting exercise
- Chest pain
- Headache
- Muscle weakness
- Calf pain or swelling
- Regular, painful contractions of the uterus
- Fluid leaking from the vagina

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Morning Sickness:
Nausea and Vomiting in Pregnancy

(as recommended by ACOG.com)

ACOG
The American College of Obstetricians and Gynecologists

Nausea and vomiting in pregnancy are very common conditions in pregnancy. Although nausea and vomiting in pregnancy often is called "morning sickness," it can occur at any time of the day. This can have a serious effect on your life, including your ability to work or do your normal daily activities.

Nausea and vomiting in pregnancy usually starts before 9 weeks of pregnancy. For most women, it goes away by the second trimester (14 weeks of pregnancy). For some women, it lasts for several weeks or months. For a few women, it lasts throughout the entire pregnancy.

What can I do to feel better if I have nausea and vomiting in pregnancy?

Diet and lifestyle changes may help you feel better. You may need to try more than one of these suggestions:

- Take a multi-vitamin.
- Try eating dry toast or crackers in the morning before you get out of bed.
- Drink fluids often.
- Avoid smells that bother you.
- Eat small, frequent meals instead of three large meals.
- Try bland foods. For example, the BRATT diet (bananas, rice, applesauce, toast, and tea) is low in fat and easy to digest. Avoid spicy foods.
- Try ginger ale, ginger tea, ginger capsules, or ginger candies.

Is there medical treatment for nausea and vomiting in pregnancy?

If diet and lifestyle changes do not help your symptoms, or if you have severe nausea and vomiting in pregnancy, medical treatment may be needed. If other medical conditions are ruled out, certain medications can be given to treat nausea and vomiting in pregnancy:

- Vitamin B6 and doxylamine – Vitamin B6 is a safe, over-the-counter treatment that may be tried first. Doxylamine, a medication found in over-the-counter sleep aids (i.e. Unisom Sleep Tabs), may be added if vitamin B6 alone does not relieve symptoms. A prescription drug that combines vitamin B6 and doxylamine is available. Both drugs – taken alone or together – have been found to be safe to take during pregnancy and have no harmful effects on the baby.

- "Antiemetic" drugs – If vitamin B6 and doxylamine do not work, "antiemetic" drugs may be prescribed. These drugs prevent vomiting. Many antiemetic drugs have been shown to be safe to use during pregnancy. Others have conflicting or limited safety information. You and your obstetrician or other members of your health care team can discuss all of these factors to determine the best treatment for your personal situation.

Call our nurses at 901-682-0630 if you would like to discuss medications or if you are not able to keep food or water down for 24 hours.

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Recommendations for Dental Appointments For OB Patients

1. OB patient may have x-ray. Make sure abdomen is shielded.

2. OB patient may have local anesthesia: Lidocaine without epinephrine.

3. Medications OB patients may take:

    A. Antibiotics:
        1. Penicillin
        2. Amoxicillin
        3. Keflex
        4. Z-PAK

    B. Pain medications:
        1. Tylenol
        2. Lortab
        3. Tylenol #3

One-Hour Glucose Test

The day of your 1-hour Glucola test, it is recommended that you eat a well-balanced diet. You do not have to strictly limit your Carbohydrate or sugar intake, but you want to eat healthy carbs and protein (breakfast example: eggs, bacon and toast). The purpose of this test is to screen for Gestational Diabetes.

When you arrive at the clinic, the lab tech will bring to the lab and give you a "Glucola" to drink. You must finish the drink within 5 minutes. After you finish it, you will be sent to the waiting room and will continue with your regular visit.

If you feel you need some water after you have finished your Glucose drink, you may have sips of plain water. We recommend you avoid drinking a lot of water until after your test is complete.

After 1 hour (from the time you finish your Glucola drink), the lab tech will call you back to the lab (or come to your exam room if you are not finished with your visit). She will then draw your blood and the test is complete.

After your test is complete, you may eat or drink as normal.

A Nurse will call you regarding your results, usually within 2-3 days.

Three-Hour Glucose Test

If your 1-hour Glucose test results were not within normal limits, your doctor will recommend you do a follow-up test, a 3-hour Glucola. This test will confirm if you have Gestational Diabetes.

It is important for this test, you need to be fasting (nothing to eat or drink) for 8 hours prior.

When you arrive at the clinic, the lab tech will bring you to the lab and will draw your blood for a fasting Blood Sugar level. She will then give you a "Glucola" drink. You must finish your drink within 5 minutes. After you finish your drink, you will be allowed to sit in the waiting room. The lab tech will come get you after 1 hour, 2 hours and 3 hours. Each time, she will draw your blood.

You will be in our office for a total of 3 hours (so feel free to bring a book, iPad, etc.)

If you feel you need some water after you have finished your Glucose drink, you may have sips of plain water. Do not eat. We recommend you avoid drinking a lot of water until after your test is complete.

Once the test is complete, you may eat or drink as normal.

A Nurse will call you regarding your results, usually within 2-3 days.

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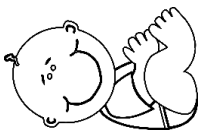
Gender Determination Ultrasound

- We offer ultrasound at 16 weeks for early gender determination by our registered obstetrical sonographers. The cost of the ultrasound is $75. This is an elective ultrasound and will not be covered by your insurance.
- You will be provided with a picture of your baby and the baby's gender will be revealed to you or placed in a sealed envelope if you desire.

4-D Ultrasound

- We are pleased to offer a 4-D ultrasound for you to experience bonding time while obtaining live, action images of your unborn baby.
- To schedule an ultrasound, talk to your doctor at your next appointment. The best pictures are obtained between 28 and 32 weeks of pregnancy. A typical ultrasound will last 10-15 minutes.
- The cost of the ultrasound is $110. This ultrasound is elective and is not as a diagnostic test. Therefore, insurance will not cover this, and payment will need to be made at the time of the ultrasound.
- There are many factors which can affect the ability of the ultra-sonographer to obtain quality pictures including the position of the baby, the placenta, or the amount of amniotic fluid. As a result, Ruch Clinic cannot guarantee satisfactory pictures will be obtained.



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Infant Circumcision

Circumcision is the surgical removal of the foreskin that covers the head of the penis. Circumcision is a cosmetic procedure and is not medically necessary; though there may be some medical benefits. However, these benefits are not sufficient enough for the American Academy of Pediatrics (AAP) to recommend that all infant boys be circumcised. Parents may choose to have their sons circumcised for many different reasons including religious practices, social influences and cultural beliefs. Since circumcision is not essential for health, parents should consider the risks and benefits of the procedure when deciding what is best for their child.

Possible medical benefits of circumcision include:

- A lower risk of urinary tract infections (UTI).
- A lower risk of penile cancer, though the risk for this type of cancer is very rare in both circumcised and non-circumcised males.
- A slightly lower risk of contracting sexually transmitted diseases (STDs).
- Prevention of phimosis, a condition in uncircumcised males that makes the foreskin retraction impossible.
- Prevention of infections of the foreskin and easier genital hygiene, though proper hygiene can easily be performed by an uncircumcised male to prevent such problems.

Circumcision is associated with some few and infrequent complications, including:

- The end of the penis may be raw and bleed after surgery. This should heal in time, and most bleeding is minimal.
- The penis may not look cosmetically pleasing.
- The tip of the penis may be injured and may require further surgery at a later date.
- More skin may need to be removed at a later date.
- Improper healing may result in scar tissue which may cause blockage of urine flow from the end of the penis. This may require further surgery at a later date.
- Infections could occur at the site or may spread into the bloodstream. Treatment may require antibiotics.

Please speak with your doctor at your next appointment if you have any questions

Proper Care of Circumcised Newborn

Antibiotic ointment, or Vaseline, and gauze is usually placed on the penis after circumcision. Apply ointment to the circumcision site with each diaper change for the first 48 hours. It is normal for there to be some blood seen on the diaper for the first 2-3 days after circumcision. It is also not unusual for there to be some bruising and swelling.
You may clean with diaper wipes or soap and water. Sponge bath your baby for the first 48 hours, after that you may continue bathing, sitting in warm water.
It is important to change the diaper frequently, as prolonged wetness may cause irritation to the wound.
After the first 48 hours, pull back on the penile skin at least once a day.
For pain control in infants, you can give Tylenol Infant drops. Check with your pediatrician.
Call the pediatrician if your baby has:

Fever of more than 101 degrees
Persistent vomiting
Bleeding that is continuous and does not respond to direct pressure
Significant redness around circumcision site or noticeable drainage of pus

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Cord Blood Banking

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS
FAQ
FREQUENTLY ASKED QUESTIONS
PREGNANCY

What is cord blood? Cord blood is the blood from the baby that is left in the umbilical cord and placenta after birth. It contains special cells called hematopoietic stem cells that can be used to treat some types of diseases.

What are hematopoietic stem cells? Most cells can make copies only of themselves. For example, a skin cell only can make another skin cell. Hematopoietic stem cells, however, can mature into different types of blood cells in the body. Hematopoietic stem cells also are found in blood and bone marrow in adults and children.

How can hematopoietic stem cells be used to treat disease? Hematopoietic stem cells can be used to treat more than 70 types of diseases, including diseases of the immune system, genetic disorders, neurologic disorders, and some forms of cancer, including leukemia and lymphoma. For some of these diseases, stem cells are the primary treatment. For others, treatment with stem cells may be used when other treatments have not worked or in experimental research programs.

What are the advantages of using cord blood to treat disease? Using the stem cells in cord blood to treat a disease has the following benefits compared with using those in bone marrow:

- Stem cells from cord blood can be given to more people than those from bone marrow. More matches are possible when a cord blood transplant is used than when a bone marrow transplant is used. In addition, the stem cells in cord blood are less likely to cause rejection than those in bone marrow.
- It is harder to collect bone marrow than it is to collect cord blood. Collecting bone marrow poses some risks and can be painful for the donor.
- Cord blood can be frozen and stored. It is ready for anyone who needs it. Bone marrow must be used soon after it is collected.
- Stem cells in cord blood can be used to strengthen the immune system during cancer treatments. Bone marrow stem cells do not have this capability.

What are the disadvantages of using cord blood to treat disease? A disadvantage of cord blood is that it does not contain many stem cells. Units from several donors can be combined to increase the number of stem cells if a transplant is needed for an adult.

What is an autologous transplant? In an autologous transplant, the cord blood collected at birth is used by that same child. This type of transplant is rare for the following reasons:

- A child's stem cells cannot be used to treat genetic diseases in that child. All of the stem cells have the same genes that cause the disease.
- A child's own stem cells cannot be used to treat that child's leukemia, a cancer of the blood.

What is an allogenic transplant? In an allogenic transplant, another person's stem cells are used to treat a child's disease. This kind of transplant is more likely to be done than an autologous transplant. In an allogenic transplant, the donor can be a relative or be unrelated to the child. For an allogenic transplant to work, there has to be a good match between donor and recipient. A donor is a good match when certain things about his or her cells and the recipient's cells are alike. If the match is not good, the recipient's immune system may reject the donated cells. If the cells are rejected, the transplant does not work.

How is cord blood stored? Cord blood is kept in one of two types of banks: public or private.

What are public cord blood banks? Public cord blood banks store cord blood, at no charge, for allogenic transplants. The stem cells in the donated cord blood can be used by anyone who matches. Some public banks will store cord blood for directed donation if you have a family member who has a disease that could potentially be treated with stem cells. Donors to public banks must be screened for blood or immune system disorders or other problems, and the cord blood also is tested after it is collected. Once it arrives at the blood bank, the cord blood is "typed." It is tracked by a computer so that it can be found quickly for any person who matches when needed.

What are private cord blood banks? Private or family banks store cord blood for autologous use or directed donation for a family member. Private banks charge a yearly fee for storage. Blood stored in a private bank must meet the same standards as blood stored in a public bank. If you have a family member with a disorder that may potentially be treated with stem cells, some private banks will store the cord blood free of charge.

What steps need to be done before cord blood is collected? Certain steps must be done beforehand:

- The bank must be notified and a collection kit must be obtained in advance (usually 6 weeks or more) of your due date. Some hospitals have collection kits on hand, whereas others do not.
- A family medical history must be provided and the mother's blood must be tested.
- Consent must be given before labor begins.

If you choose a private bank, you will sign a contract and pay a fee before the baby is born.

How is cord blood collected? Cord blood is collected by your obstetrician or the staff at the hospital where you give birth. Not all hospitals offer this service. Some charge a separate fee that may or may not be covered by insurance.
The process used to collect cord blood is simple and painless. After the baby is born, the umbilical cord is cut and clamped. Blood is drawn from the cord with a needle that has a bag attached. The process takes about 10 minutes.

What problems can occur during cord blood collection? Sometimes, not enough cord blood can be collected. This problem can occur if the baby is preterm or if it is decided to delay clamping of the umbilical cord. It also can happen for no apparent reason. If an emergency occurs during delivery, priority is given to caring for you and your baby over collecting cord blood.

What else should I think about when deciding whether to donate or store cord blood?
Think about the following points when making your choice:

- Storing a child's stem cells in a private bank as "insurance" against future disease is not recommended.
- If you already have a child with a medical condition that may be helped by a cord blood transplant, donating a biological sibling's cord blood for directed donation is encouraged.
- If you decide to store cord blood in a private bank, you should find out the total cost, including charges for collecting and processing the cord blood and the annual storage fees.