Welcome to the Special Pregnancy Program

Your Primary Physician

Primary Nurse

Telephone
Welcome to the Special Pregnancy Program, a dynamic and successful multidisciplinary program providing specialized care to women with problem pregnancies or who have pre-existing medical or fetal conditions that may pose problems during pregnancy.

The Special Pregnancy Program is part of the Department of Obstetrics and Gynaecology at Mount Sinai Hospital which is recognized internationally for its excellence in pregnancy care and reproductive health. Mount Sinai Hospital is affiliated with the University of Toronto’s Faculty of Medicine, and has specialists in medicine and surgery, as well as researchers in many areas of health care. Our Hospital is dedicated to providing the best health care for you and your newborn.

Pregnancy is a very special and exciting time in the life of a woman and her family. Our team is privileged to share in this significant event. Our goal and commitment is to provide you with the best medical care during your pregnancy.

The following information will introduce you to some of the routines we have in our office and some things to expect during the course of your pregnancy. Please keep this brochure in a safe place so you may refer to it throughout your pregnancy.

Introducing Our Team and What to Expect During Your Clinic Visit

Our program is open from Monday to Friday 8 a.m. to 5 p.m.

The first people you will meet from our team are the medical secretaries, who are pleased to assist you in scheduling your visits and tests, answering many of your questions and contacting your physician should an emergency arise.

At each prenatal visit, we ask that you check in directly with our secretaries and present both your health card and white hospital card. Your hospital card should contain your most up-to-date information. If it doesn’t, please let us know so that we can update your information at the Registration Desk and give you a new card. The cards will be returned to you after your visit.

When you arrive for your visit, please give a urine specimen (a test strip and cup will be provided), and leave it on the designated table. This will help us test for protein and glucose levels, and will be recorded in your chart.
Next you will meet our registered nurses who have extensive experience with pregnancy care and women's reproductive health. They will take your blood pressure, weight and perform some tests to see how your baby is doing, as well as review your patient chart.

You will then meet with one of the physicians specializing in the type of care you may require during the course of your pregnancy. Our physicians are highly specialized in their fields and hold faculty positions with the University of Toronto.

How Long Will the Appointment Take?
This is difficult to estimate. An appointment may take up to three hours if complications are found and/or counselling is required for either you or for individuals having their examination before you. We will do our best to keep your appointment times but ask for your understanding should unavoidable delays occur. We suggest that you bring along a snack and some reading material in case your appointment is delayed.
Important Telephone Numbers

If you have any questions or concerns that you feel should not wait until your next scheduled visit, please contact the appropriate telephone number as listed below:

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td><strong>Main Clinic</strong></td>
<td>416-586-8808</td>
</tr>
<tr>
<td>(general inquiries and appointment bookings)</td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td><strong>Office Fax Number</strong></td>
<td>416-586-3216</td>
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<tr>
<td><strong>Primary Nurse</strong></td>
<td>416-586-4800 ext. __________</td>
</tr>
<tr>
<td>(with specific questions/concerns related to your care)</td>
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<tr>
<td><strong>Urgent Care Issues</strong></td>
<td>416-586-8808 Option 3</td>
</tr>
<tr>
<td>(if you are unable to contact your primary nurse)</td>
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<tr>
<td><strong>Physician On-Call Pager</strong></td>
<td>416-586-8260</td>
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<tr>
<td>(Mount Sinai Hospital Locating)</td>
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<tr>
<td><strong>Labour and Delivery Triage</strong></td>
<td>416-586-4800 ext. 3210</td>
</tr>
<tr>
<td><strong>Motherisk</strong></td>
<td>416-813-6780</td>
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<tr>
<td>(for information on medications in pregnancy)</td>
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If we are unable to answer your phone call immediately, please leave us a detailed message. We will be pleased to respond to your questions and urgent concerns, and will try to do so before the end of the day. However, during some of our busy clinic days, your call may not be returned until the following business day.
If you have **URGENT** concerns:

<table>
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<tr>
<th>During the day</th>
<th>Please call the Main Clinic number at 416-586-8808 Option 3</th>
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<tr>
<td>After hours, weekends and holidays</td>
<td>Please call the On-Call Pager (Mount Sinai Hospital Locating) at 416-586-8260 and ask for the high-risk on-call obstetrician</td>
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If your concern is urgent and you are unable to reach an on-call physician, please come directly to Triage on the 7th floor of Mount Sinai Hospital in the Labour and Delivery Unit.

**The On-Call Group**

The on-call group consists of high-risk obstetricians and obstetrical fellows who take responsibility for each other’s patients on a rotation basis throughout the week and on weekends. They are in the Hospital seven days a week, 24 hours a day to assist you with labour and delivery and to help with problems that may occur after hours and on weekends.

Although most women would like to be delivered by her own physician, the purpose of the on-call group is to ensure there is a physician within the Hospital who is immediately available and rested (has not worked more than 24 hours in one stretch). In the world of obstetrics, babies come at all hours of the day. Our system ensures you are attended to by a doctor who is alert and readily available for emergencies. This system is designed to ensure a high standard of care and safety.

The Labour and Delivery triage nurse can be reached by calling 416-586-4800 ext.3210.

The on-call high-risk obstetrician can be reached by calling Locating at 416-586-8260.
When to Call

An example of when to call may be if you are uncertain whether you are in labour. After you have spoken with the operator, please leave your phone line clear so that your call can be returned.

If you feel you need immediate attention or cannot wait for your call to be returned, then come directly to the Hospital. If you have ruptured your membranes, experience significant bleeding or feel your baby is not moving normally over several hours, please come directly to the Labour and Delivery floor.

There is NO need to call first and wait for a reply.

Your Pregnancy

Care During Early Pregnancy

Your first visit will take extra time as we will review your health and any medical problems you may have.

We will ask you to have several blood tests, including blood group and antibody screen ("Rh" group), blood count, thyroid hormone, VDRL, rubella, hepatitis screening, urine cultures, cervical cultures and pap smear.

You will be asked to complete the Mount Sinai Hospital Pre-Admission form included in this package. Please complete and sign both forms, and return them to the Registration Desk at the end of your visit or at the time of your next visit.

To help confirm your due date, you will be offered an early ultrasound. Ultrasound images of your baby may be purchased for $5.

You may also choose to have First Trimester Screening (FTS), a form of screening for genetic problems (such as Down Syndrome) which involves an ultrasound measurement of the baby’s nuchal translucency (NT). More blood tests will be required. For more information on FTS, see the attached brochure.

You will also have the option of pursuing other genetic testing, such as maternal serum screen (MSS), Integrated Prenatal Screening (IPS), chorionic villous sampling (CVS) and amniocentesis. At your visit, we will discuss which of these tests may be appropriate for you. We have included more information on these tests in your information package.

Additional tests may also need to be done depending on your condition or that of your baby.
What to Expect in Early Pregnancy

This is an exciting and yet challenging time as you are living through one of the most important times of your life and experiencing many changes in your body as your pregnancy progresses.

In early pregnancy, many women experience light spotting, nausea (morning sickness) and mild abdominal discomfort. If you experience bleeding or cramping that is mild, it is best to rest and stay off your feet. If you have severe abdominal pain, heavy bleeding or other serious problems, please come directly to the Hospital emergency room.

Many women experience changes in their eating patterns as well and become worried about weight gain, while others may also experience constipation during pregnancy. We have included some information on nutrition and weight gain and suggestions on how to relieve constipation.

It is not too early to start strengthening your pelvic muscles. These muscles are important in preventing urinary incontinence after birth and in maintaining your sexual function. Please read through the information on Kegel exercises we have prepared for you.

During the third trimester, we will begin to see you more frequently; initially every two weeks and then every week as your delivery date approaches. More frequent visits are needed as certain medical problems, such as diabetes and high blood pressure, are more likely to occur at this time. In addition, we can check the position of the baby by examining your abdomen.
Care During Mid to Late Pregnancy

<table>
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<th>When</th>
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<td>24 to 28 weeks</td>
<td>Glucose challenge testing for diabetes screening and complete blood count (CBC) to check for anemia</td>
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<td>28 weeks</td>
<td>Antibody screening for mothers who are Rh negative; these mothers will also receive an injection of Rhogam at this time to prevent Rhesus disease from occurring</td>
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<tr>
<td>35 to 37 weeks</td>
<td>Group B Strep swab</td>
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Depending on your health and the baby’s needs, we may need to schedule other tests, such as an ultrasound, during the third trimester.

We encourage you to sign up for some childbirth and prenatal classes at this time. Even experienced parents find these classes extremely helpful. You should try to complete the classes by your 36th week of pregnancy.

Our Maternal Infant Program (MIP) at Mount Sinai Hospital offers a number of excellent prenatal classes known as First Steps. The classes are available either on weekday evenings or weekends. You can also arrange for a Hospital tour where you will visit the Labour and Delivery Unit, Mother Baby Unit and our Breastfeeding Centre.

There are many other programs in the Toronto and surrounding areas that may be more convenient for you to attend. Information about these programs can be found through the Toronto Department of Public Health.

If you take prenatal classes outside our Hospital, we recommend that you attend a tour of Mount Sinai Hospital and the Obstetrical Unit.

For more information or to register, please call 416-586-4800 ext. 2307.
**What to Expect in Late Pregnancy**

Now that you have entered the final weeks of your pregnancy, it is worth reviewing some issues leading up to labour and delivery. Here are some things to watch for:

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<th>What to Watch For</th>
<th>What to Do</th>
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<tr>
<td>Uterine contractions that become painful, last at least 45 seconds and occur regularly once every 5 minutes</td>
<td>If this is your first pregnancy, these cramps should continue regularly at least every five minutes for one hour before you leave for the Hospital. If you are in your second or subsequent pregnancy, these cramps should continue for at least $\frac{1}{2}$ hour before coming into the Hospital. If you come to the Hospital before your pains persist regularly, you may actually have false labour, which will go away and usually results in you going home.</td>
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<tr>
<td>Membranes that rupture, whether or not you are having contractions</td>
<td>You may notice a large gush of fluid or a small continuous trickle of fluid from the vagina. The fluid is normally clear. You should come to the Hospital within a couple of hours of your membranes rupturing. When you arrive at the Hospital, you may be given oxytocin (an intravenous medication) to help with labour if you are not having contractions. If you are already known to be a carrier of Group B Strept, you will be given antibiotics and oxytocin a few hours later.</td>
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<tr>
<td>Bleeding</td>
<td>Several hours or days before labour starts, many women will have &quot;show,&quot; or the loss of cervical mucous. This will be a thick discharge that may be a bit bloody. This is normal. However, if there is bright red bleeding, like a menstrual period, this may be a concern. Please call the office or the on-call obstetrician for advice. If you are unable to contact one of us, or if you are concerned, please come directly to the Hospital.</td>
</tr>
<tr>
<td>Decrease in the baby’s movements</td>
<td>If you feel your baby moves less than six times over a two-hour period and you are past 26 weeks of pregnancy, please come directly to Triage on the 7th floor of the Hospital.</td>
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Medication Options for Pain Management in Labour

What Pain Relieving Medications Can I Use?
Many women experience significant pain during labour and choose to use pain medication. The decision to have pain medication is a personal one. Your nurse, obstetrician, family doctor, midwife/or anesthesiologist are available to help you with this decision. Occasionally, your doctor will recommend regional anesthesia (epidural or spinal) for medical reasons such as high blood pressure, breech delivery or multiple births.

Intramuscular / Intravenous / Inhaled Pain Relievers

Intramuscular Narcotics
Narcotics are sometimes offered in early labour. Morphine is the most common narcotic for this purpose and may be given intravenously or intramuscularly. If given intramuscularly, pain relief takes effect within 20-30 minutes and lasts from 2-4 hours. Morphine is usually given with Gravol to prevent nausea. A side effect is sleepiness for both you and possibly the baby, therefore, narcotics are usually used in early labour only. The narcotic that is ordered for you is at the discretion of the attending doctor.

Patient-Controlled Analgesia (PCA)
Intravenous PCA is often offered to labouring women who are unable or unwilling to receive regional anesthesia. The narcotics, fentanyl or remifentanil, are the two medications offered at Mount Sinai Hospital. In either case, the patient is offered a pump and self administers the medication according to her needs. Your care provider can arrange a consult with the anesthesia department to develop a pain management plan such as PCA in case you contemplate this alternative form of pain relief.

Nitrous Oxide
A combination of nitrous oxide (laughing gas) and oxygen is self administered by the patient to provide pain relief during labour and delivery. Nitrous oxide assists in reducing pain but it does not eliminate pain. Nitrous oxide is safe and does not make your baby sleepy. Some women may feel slightly dizzy and disoriented. Nitrous oxide is used in the transitional stage of labour.
Regional Anesthesia

Epidurals
Epidurals are the most effective and widely accepted method of pain relief for labour and delivery. At Mount Sinai Hospital we administer over 5,000 epidurals each year. A combination of local anesthetic and narcotic is injected into the epidural space to reduce or eliminate pain in the lower body. You will not experience drowsiness as you do with most other methods of pain relief. The epidural allows for ongoing pain relief through labour and birth, and is safe for baby.

How is an Epidural Done?
You will be asked to sit up or lie on your side with your knees and head tucked to your chin. This opens the spaces between the bones of the spines (vertebrae) to allow the anesthesiologist to insert the catheter more easily. Your lower back is washed with an antiseptic solution. The anesthesiologist injects a small amount of freezing into the skin over the lower back. This freezing stings for a second or two.

Some women will experience a feeling of pressure while the anesthesiologist carefully advances the needle and identifies the epidural space. The nurse will remind you to stay very still at this time. Tell her if you feel a contraction starting. A tiny plastic catheter is inserted through the epidural needle. Once in place, the needle is removed and the catheter is taped to your back. You may feel a sudden tingling down one leg if the catheter brushes against a nerve. This feeling is brief and does not cause any harm. After the catheter is taped in place, pain relief medication is injected through the catheter. The nurse will stay with you for approximately the next half-hour to monitor your blood pressure, the baby’s heart beat and to monitor your pain relief.

The Method of Administration
Epidural medication is delivered through a continuous infusion which involves the epidural catheter being connected to a pump that delivers the medication continuously at a set rate. You will be given a button to push when you feel pain. If this pain continues you should inform your nurse. The pump rate may be adjusted or additional medication given.

How Soon Will the Epidural Work?
On average it takes 10-15 minutes to perform an epidural. However, this may vary among patients. You will usually feel two or three more contractions before the pain begins to ease as it takes about 15-20 minutes for the epidural to become fully effective. If you are not comfortable by this time, more medication will be given. On rare occasions, the epidural procedure may need to be repeated if the pain relief is not sufficient.

What Will I Feel After an Epidural?
Significant pain relief should occur once the epidural is in full effect. You may still experience tightening or pressure sensation as you reach full dilation. Your legs will feel warm and tingling, and may be numb or weak, particularly if additional doses of local anesthetic have been given.
How Long Will the Epidural Last?
An epidural can last as long as it is needed. The initial dose gives pain relief for about two hours. A continuous infusion of local anesthetic and narcotic is started after the initial epidural dose is administered. Your comfort and progress in labour are assessed frequently and medication is adjusted accordingly. Once the baby is delivered, the infusion pump is stopped and the epidural catheter will be removed before you are both taken to the Mother & Baby Unit.

Will the Epidural Affect the Baby?
The epidural or spinal medications that are administered to you in labour or during a caesarean section, typically a combination of local anesthetic and narcotics, are safe for you and your baby.

When Can I Have An Epidural?
It is advised to wait until labour is well established and contractions are regular and uncomfortable. There is no set time or degree of cervical dilation that must be reached before you can have an epidural. You may request the epidural when you feel the need for pain relief. Your nurse, obstetrician, family doctor, midwife and/or anesthesiologist can help you with this decision.

Will It Slow Labour?
Epidurals have not been shown to significantly affect the rate of progress of labour.

Will the Epidural Harm My Back?
Although many women are fearful of backaches, studies do not show any increase in long term back pain or back problems after an epidural. There may be some soreness or bruising at the needle site for several days after birth. Pregnancy and childbirth may cause backache due to the stretching of pelvic ligaments and changes in posture, whether or not an epidural was given.

What Are the Risks of An Epidural?
The most common complications are minor and easily treated. A drop in blood pressure may occur. Your nurse will check your blood pressure frequently after you first receive the medication. Direct pressure from the uterus on the blood vessels can also drop your blood pressure. It is very important to lie on your side or wedges and not flat on your back. If necessary, the anesthesiologist has medication to reverse the effect on blood pressure.

Shivering is a very common reaction during labour and delivery, even if you did not receive an epidural. Itching may also occur but is usually not a problem. Difficulty in emptying your bladder may occur. If you are unable to urinate, a catheter may have to be inserted intermittently to empty the bladder. Having a labour epidural does not mandate a continuous bladder catheter.

An accidental spinal tap is a risk that can result in a spinal headache 1-2 days later. This is caused by a leakage of spinal fluid. This occurs once in one to two hundred epidurals. Treatment includes rest, fluids and pain medications. This headache may last 1-2 weeks. If the headache is disabling, there is a special treatment called a blood patch your anesthesiologist will discuss with you.
A test dose is given to check for correct placement of the catheter. Rarely, accidental injection of medication into a vein can occur. This can cause temporary effects such as ringing in the ears, dizziness, metallic taste or blurring of vision. Seizures occur very rarely and only with larger doses.

Many patients are concerned about the risks of nerve damage or paralysis. These are extremely rare and usually a result of an infection or bleeding in the spine. If you are at risk, your anesthesiologist will not do the procedure.

A patchy block or a high block is also very rare. A patchy block will provide inadequate pain relief and a high block may cause numbness in the arms and heaviness in the chest with breathing difficulties. This can be treated quickly and effectively by the anesthesiologist. Heavy numbness in the legs may prevent you from pushing effectively and your doctor or nurse may have to assist you.

Mount Sinai Hospital has a remarkable obstetrical anesthesia patient safety record. There has never been a serious complication such as major nerve damage or paralysis resulting from the administration of a regional anesthetic for labour.

**What is a Combined Spinal-Epidural Anesthesia (CSE)**

The CSE is a variation of the epidural where a low-dose spinal is done through the epidural needle. It combines the best features of both the epidural and the spinal techniques. It has the advantage of providing very effective and fast pain relief. It is most commonly indicated in patients in advanced labour or in whom there is an indication for fast onset of pain relief. It is common after a CSE for the baby's heart rate to slow down a bit, however, there is no harm associated with it. This may also happen with a regular epidural but it is more common with CSEs.

**Anesthesia for Caesarean Sections**

The anesthesiologist will top up an existing epidural for caesarean section. If you do not not have an epidural in place, a spinal anesthetic will be administered in the operating room. The spinal anesthetic is a single injection of medication into the spinal space. It is a combination of local anesthetic and pain medications. The risks and benefits are the same as epidural anesthesia. In some rare cases, a general anesthetic may be administered.

**Summary**

The goal of the entire health care team is to make your labour and delivery as comfortable and safe as possible for you and your baby.

If you have any concerns or questions about pain management or anesthesia, please make an appointment by calling the Anesthesia Clinic at 416-586-4800, ext. 6779.

Reviewed May 1, 2011 by Dr. Eric Goldszmidt, MSH Anesthetist-in-Chief and Dr. Jose Carvalho, Director of Obstetric Anesthesia
What to Expect if You are Past your Due Date

If you are past your due date, you will need to come to the office for frequent checks and monitoring of your baby. We will also discuss the timing of your delivery. You may require stimulation of labour through a process called induction.

What to Expect After You Deliver

If you have a vaginal birth and there are no complications, you may go home within 24 to 48 hours of delivery. If you have a caesarean section, you may be home in three to four days. These times may change should complications arise.

In preparation for your Hospital stay and for bringing your newborn home, you will need certain items. A list of these items is included with this package.

You will need an appointment to see your obstetrician six weeks after your delivery. If an appointment has not been scheduled by the time you deliver, please ask the clinic to schedule one. You will also need to arrange to have your baby seen by your family doctor or paediatrician within a few days of going home.

If you do not have a family doctor or paediatrician, please contact the College of Physicians and Surgeons of Ontario (CPSO, www.cpso.on.ca, or phone 1-800-268-7097 ext. 306) to find one in your area. We will look forward to seeing your newest family member at your postpartum visit!

What Medications Are Safe to Take During Pregnancy?

If you are in doubt about whether or not to take a medication, it is a good idea to check with a health-care professional. One important resource is The Motherisk Program located at Toronto's Hospital for Sick Children at 416-813-6780.

Use this table to help choose a safe non-prescription drug product during pregnancy. Please take as directed. If your symptoms persist, contact your family doctor or our office.
## Special Pregnancy Program

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Non-medication approach first</th>
<th>Generic Name</th>
<th>Brand Name</th>
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</table>
| **Dry cough**  | • Use a humidifier  
• Cool, moist air  
• Drink fluids to keep your throat moist  
• Breathe through your nose | • Lozenges  
• Dextromethorphan (avoid products containing alcohol) | • Bradasol  
• Benylin DM,  
• Kofflex (look for single ingredient product) |
| **Congestion** | • Use a humidifier  
• Hot shower with steam  
• Saline nasal spray (Salinex)  
• Drink warm fluids (i.e., chicken soup) | Nasal decongestant (for maximum of 72 hours)  
• Oxymetazoline MCI | • Otrivin |
| **Sore throat**| • Use a humidifier  
• Drink fluids to keep your throat moist  
• Lemon and honey  
• Gargle with warm salt water (i.e., ½ tsp/glass) | • Lozenges (avoid ones with multiple active ingredients) | • Bradasol |
| **Allergies**  | • Natural tears eye drops | • Chlorpheniramine  
• Diphenhydramine  
If you can't tolerate the above, the following can be used in the 2nd and 3rd trimesters:  
• Loratidine  
• Ceterizine | • Chlor-Tripolon Benadryl  
• Claritin  
• Reactine |
| **Headache**   | • Gentle neck massage  
• Cool compress/ice pack  
• Dim lights for quiet time or meditation  
• Gentle exercise to minimize tension  
• Fresh air | • Acetamiophen | • Tylenol |
| **Heartburn**  | • Eat smaller, more frequent meals  
• Avoid spicy or high fat foods  
• Avoid lying down right after meals  
• Avoid wearing tight clothing | Antacids:  
• Calcium carbonate  
• Aluminum hydroxide  
• Magnesium hydroxide  
• Magaldrate  
• Alginic acid | • Tums  
• Amphojet  
• Maalox  
• Riopan  
• Gaviscon |
### Special Pregnancy Program

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<thead>
<tr>
<th>Yeast Infection</th>
<th>Hemorrhoids</th>
<th>Constipation</th>
<th>Nausea or Morning Sickness</th>
<th>Diarrhea*</th>
<th>Gas</th>
</tr>
</thead>
</table>
| - Cranberry Juice  
- Eat yogurt  
- Loose cotton undergarments  
- Non-scented personal hygiene items | - Use a sitz bath  
- Don’t ring for sitting  
- Establish regular bowel routine  
- Avoid standing for long periods of time  
- Increase dietary fibre (each high fibre fruits and vegetables: apples, prunes, figs, lentils, beans and bran cereals) | - Drink lots of fluids  
- Increase the amount of dietary fibre (see Hemorrhoids)  
- Increase exercise, walking | - Eat bland, non-spicy foods  
- Eat smaller portions, separate liquids/solids  
- Flat pop  
- Wrist pressure point: Sea bands | - Drink lots of fluids (diluted juice, water, tea, non-carbonated soft drinks, electrolyte drinks like Gatorade) | - Evaluate diet  
- Cut back on foods that cause gas production (beans, cabbage, cauliflower, broccoli, asparagus, brussel sprouts, soda, fruit drinks w/fructose, to name a few) |
| - Clotrimazole  
- Miconazole  
- Don’t treat without contacting a physician. If given approval, 7 day course should be used over the 3 day and 1 day courses | - External cream only  
- Witchhazel (chilled)  
- Docusate sodium (stool softener) | - Psyllium (bulk laxative)  
- Docusate sodium (stool softener)  
If severe, occasional use of:  
- Glycerin suppository  
- Magnesium hydroxide | - Dimenhydrinate  
- Doxylamine/Pyridoxine  
- Antacids (see Heartburn)  
- Consider changing prenatal vitamin (due to iron) | - Attapulgite (not absorbed)  
- Loperamide | - Simethicone |
| - Canesten  
- Monistat | - Anusol  
- Tucks pads  
- Colace | - Metamucil  
- Colace  
- Glycerin  
- Milk of Magnesia | - Gravol  
- Diclectin (Rx required) | - Kaopectate  
- Imodium | - Gas-X |

*If associated with a fever, blood in stool, vaginal discharge or if the diarrhea lasts for more than 24 hours, you should see your physician.

**Medications to Avoid**
- Antibiotics such as Tetracycline, Vibramycin, Doxycycline
- Accutane
- High doses of Vitamin A
Breastfeeding Support

We recognize that some of our clients may require additional support related to the challenges they face in pregnancy and after birth.

If you have concerns or have been advised that you will need special assistance to breastfeed your baby, you can be seen during your pregnancy for a consultation by a certified Lactation Consultant who will assist you in making a plan. Please call 416-586-4800, ext. 6779 to make an appointment or speak to your Primary Nurse in SPP.

For practical information on optimizing breastfeeding success, nutrition and medications, and pumping breast milk, please register for a Prenatal Breastfeeding Lunch ‘n Learn that is free of charge at 416-586-4800, ext. 6779.
We hope your pregnancy will be a positive and wonderful experience.

We will do our utmost to support you throughout your pregnancy. We look forward to caring for you during this time and sharing in one of life’s most special events.

**Appointments**

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You may want to keep a journal during your pregnancy in which you write down questions that are not urgent but that you would like answered. Please bring them with you to your next visit.

Notes & Questions for Clinic Appointments
Where We Are Located

The Mount Sinai Hospital Special Pregnancy Program is located in the Ontario Power Generation (OPG) building at 700 University Avenue, on the southwest corner of College Street and University Avenue.

Mount Sinai Hospital

- **700** Ontario Power Generation Building
  700 University Ave.

- **600** 600 University Ave.

- **60** 60 Murray St.

- **250** Centre for Fertility & Reproductive Health
  250 Dundas St. West
  (Parking available underground)