Medical Disorders in Pregnancy
Special Pregnancy Program

Your Primary Physician ________________________________

Primary Nurse ________________________________

Telephone ________________________________
Welcome to the Special Pregnancy Program

Medical Disorders in Pregnancy (MDP) is a dynamic and successful multidisciplinary program providing specialized care to women with problem pregnancies or who have pre-existing medical 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 Monday to Friday from 8 a.m. to 4 p.m.

The first people you will meet from our team are the medical secretaries, who will be 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 Mount Sinai Hospital card. The cards will be returned to you after your visit.

Your hospital card should contain your most up-to-date information. If it doesn’t, you can update your information at the Registration Desk and a new card will be issued.

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.

You may be referred to meet with other perinatal team members such as: physicians of specialties (paediatrics, anesthesia, endocrine, cardiac, internal medicine, etc.), social workers, dietician or lactation consultant.

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:

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<th>Main Clinic</th>
<th>416-586-8808</th>
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<td>appointment bookings)</td>
<td>Option 1 — Medical Disorders in</td>
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<td>Pregnancy</td>
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<tr>
<td>Office Fax Number</td>
<td>416-586-5109</td>
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<tr>
<td>Primary Nurse</td>
<td>416-586-4800 ext. __________</td>
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<td>(with specific questions/concerns related to your care)</td>
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<tr>
<td>Physician On-Call Pager</td>
<td>416-586-5133</td>
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<td>(Mount Sinai Hospital Locating)</td>
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<td>(after hours, weekends and holidays)</td>
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<tr>
<td>Labour and Delivery Triage</td>
<td>416-586-4800 ext. 3210</td>
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<tr>
<td>Motherisk</td>
<td>416-813-6780</td>
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<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 message. We will 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: After hours, weekends and holidays, please call the On-Call Pager (Mount Sinai Hospital Locating) at 416-486-5133 and ask for the high-risk obstetrician on call. If your concern is urgent and you are unable to reach a physician on-call, please come directly to Triage on the 15th Floor in the Labour and Delivery Unit.

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 416-586-5133.

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.
Labour Decision Tree

**Contractions**
Can you talk through them?

- **Yes**
  - Are your membranes ruptured?
    - **Yes**
      - Go to the hospital.
    - **No**
      - Stay home, call your doctor or triage if unsure.

- **No**
  - Have the contractions been 5 minutes apart or closer for 2 or more hours?
    - **Yes**
      - Go to the hospital.
    - **No**
      - Are your membranes ruptured?
        - **Yes**
          - GBS + or Unknown
            - GBS –
              - Are you having contractions?
                - **Yes**
                  - Follow the “contractions” guidelines.
                - **No**
                  - Stay home, watch for other signs of labour.
        - **No**
          - Stay home, call your doctor, midwife or triage.

**Ruptured Membranes**
What colour is the fluid?

- **Clear**
  - Are you GBS positive or negative?
    - **Yes**
      - Go to the hospital.
    - **No**
      - GBS –
        - Are you having contractions?
          - **Yes**
            - Go to the hospital.
          - **No**
            - Stay home, call your doctor, midwife or triage.

**Show**
What colour is the discharge?

- **Pink Mucous**
  - Are you having contractions?
    - **Yes**
      - Follow the “contractions” guidelines.
    - **No**
      - Stay home, call your doctor, midwife or triage.

- **Green/Brown**
  - Go to the hospital.

- **Bright Red Bleeding**
  - Go to the hospital.
Patient and Family Safety

Mount Sinai Hospital is dedicated to delivering safe patient and family-centred care. We strongly believe that our patients and families play an important role in achieving positive health outcomes in the safest manner possible.

There are many ways you can be involved in your safety including: asking questions, providing information and sharing any safety concerns you may have. Ask your health-care provider for more information on your role in safety and what safety practices are in place for you.
What You and Your Family Should Know and How You Can Be Involved

| S | SAFE PRACTICES | Safety is important to you and to us. Mount Sinai is dedicated to delivering safe patient and family centred care, and we are doing many things to ensure you receive the best outcomes, but we can’t do it without your help! **What is your role in patient safety?** Your role in safety while at Mount Sinai is to be involved. This means: |
| A | ASK QUESTIONS | The more you ask, the more you know. Ask questions about: what to do when you go home from the hospital or a procedure, who to call if something does not feel right, and questions about your medications — how to take your medications, signs and symptoms of side effects, and if you need additional prescriptions filled. |
| F | FAMILY/FRIEND INVOLVEMENT | It’s a good idea to have a family member present with you to help remember what your health-care team says. Family and friends are healthcare partners too. |
| E | ENVIRONMENT | Know your health-care team. You will be talking with many healthcare providers and hospital staff. It is important to know who your healthcare team consists of. All healthcare individuals and staff wear hospital ID badges and you are welcome to ask to see these ID badges and/or ask individuals to identify themselves and their role before they provide care. |
| T | TELL | Share information with your healthcare team. Information includes: any new or different symptoms you may be experiencing, all the medications you take (even vitamins, and over the counter or herbal remedies) and any allergic or bad reactions to any food or medicine. |
| Y | YOU | Get involved! You are the most important person on the safety team and we need you to ensure you receive the best and safest care possible. |
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.

You may 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.

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.

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<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,  
- Koffex (look for single ingredient product) |
| Congestion| - Use a humidifier  
- Hot shower with steam  
- Saline nasal spray (Salinex)  
- Drink warm fluids (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 per 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  
- Amphojel  
- Maalox  
- Riopan  
- Gaviscon                                                                                                                                  |                                                   |                                                                            |
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<th>Yeast Infection</th>
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<th>Hemorrhoids</th>
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<td>• Cranberry Juice</td>
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<td>• Use a sitz bath</td>
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<td>• Eat yogurt</td>
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<td>• Donut ring for sitting</td>
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<td>• Loose cotton undergarments</td>
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<td>• Establish regular bowel routine</td>
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<td>• Non-scented personal hygiene items</td>
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<td>• Avoid standing for long periods of time</td>
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<td>• Increase dietary fibre (each high fibre fruits and vegetables: apples, prunes, figs, lentils, beans and bran cereals)</td>
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<td>• Don’t treat without contacting a physician. If given approval, seven day course should be used over the three day and one day courses</td>
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<td>• External cream only</td>
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<td>• Witchhazel (chilled)</td>
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<td>• Docusate sodium (stool softener)</td>
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<td>• Anusol</td>
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<td>• Tucks pads</td>
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<td></td>
<td>• Colace</td>
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<tr>
<td>Constipation</td>
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<td>Nausea or Morning sickness</td>
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<td>• Drink lots of fluids</td>
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<td>• Eat bland, non-spicy foods</td>
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<td>• Increase the amount of dietary fibre (see Hemorrhoids)</td>
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<td>• Eat smaller portions, separate liquids/solids</td>
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<td>• Increase exercise, walking</td>
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<td>• Flat pop</td>
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<td>• Wrist pressure point: Sea bands</td>
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<td>• Psyllium (bulk laxative)</td>
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<td>• Docusate sodium (stool softener)</td>
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<td>• If severe, occasional use of:</td>
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<td>• Glycerin suppository</td>
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**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

Care During Mid to Late Pregnancy

There are several tests that will be needed during this period. These include:

<table>
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<tr>
<th>When</th>
<th>Test</th>
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<tr>
<td>24–28 weeks</td>
<td>Glucose challenge testing for diabetes screening and complete blood count (CBC) to check for anemia.</td>
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<tr>
<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>
</tr>
<tr>
<td>35–37 weeks</td>
<td>Group B Strep swab.</td>
</tr>
</tbody>
</table>

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.

Mount Sinai Hospital offers a number of excellent prenatal classes. 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 visit www.mountsinai.ca/prenataled or 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:

<table>
<thead>
<tr>
<th>WHAT TO WATCH FOR</th>
<th>WHAT TO DO</th>
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</thead>
<tbody>
<tr>
<td>Uterine contractions that become painful, last at least 45 seconds and occur regularly once every five minutes.</td>
<td>If this is your first pregnancy, these cramps should continue regularly at least every five minutes for 1–2 hours before you leave for the hospital. If you are in your second or subsequent pregnancy, these cramps should continue for at least ½ 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>
</tr>
<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. If the fluid is green or brown, please come to the hospital immediately. When you arrive at the hospital, you may be given oxytocin (an intravenous medication) to help with labour if you are not having contractions.</td>
</tr>
<tr>
<td>Bleeding</td>
<td>Several hours or days before labour starts, many women will have “show,” 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 obstetrician on call 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 15th floor of the hospital.</td>
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</table>
How much weight should I gain?
The amount of weight you should gain in pregnancy is based on your weight before you were pregnant. To figure out how much you should gain you first need to calculate your BMI.

\[
\text{BMI} = \frac{\text{weight (kg)}}{\text{Height (m)}^2}
\]

<table>
<thead>
<tr>
<th>Prepregnancy BMI</th>
<th>Total Weight Gain Goal</th>
<th>Weight Gain per week (lbs) 2nd and 3rd Trimester*</th>
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<tbody>
<tr>
<td>&lt;18.5</td>
<td>28–40 lbs (12.5–18 kg)</td>
<td>1 – 1.3</td>
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<tr>
<td>18.5–24.9</td>
<td>25–35 lbs (11.5–16 kg)</td>
<td>1</td>
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<tr>
<td>25.0–29.9</td>
<td>15–25 lbs (7–11.5 kg)</td>
<td>0.6</td>
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<tr>
<td>≥30.0</td>
<td>11–20 lbs (5–9 kg)</td>
<td>0.5</td>
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*In the 1st trimester healthy weight gain should be between 2–8 lbs.

What should I be eating?
To gain weight and meet the needs of the growing baby, certain vitamins and minerals are very important during pregnancy. In order to meet these needs, it is recommended that a woman follow Canada’s Food Guide for Healthy Eating to make sure her diet is well balanced. In order to meet the extra needs for pregnancy, you are encouraged to eat an extra two to three food guide servings daily. The food guide may be found on the Internet at http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php.

If you are concerned that you are not meeting your requirements, ask your doctor to refer you to the dietitian in Obstetrics at Mount Sinai.

To help visualize serving sizes, you can use the following tips: 1 cup is approximately the size of a woman’s fist, 2 ozs. meat (60 g) the size of a deck of cards, 3 oz. (90 g) is about the size of a palm of a woman’s hand, 1.75 ozs. cheese (50 g) or the size of two thumbs, 1 tbsp. similar to the size of the 1st knuckle of a thumb.

Protein
Protein is very important to help with the development of baby’s tissues, placenta growth, increasing blood volume and to help with the mother’s protein stores for pregnancy and breastfeeding. By your second trimester you need an extra
25 g of protein every day. The best sources of protein include meats and meat alternatives, and dairy/alternatives. Try to make sure you get a minimum of two servings from each of these groups every day.

**Iron**
Iron requirements almost double in pregnancy to 27 mg each day. Iron can be found in the meats and alternative food groups, as well as in grains. The iron from meats is best used by the body. In order to help the iron from grains to be used, eat grains with a Vitamin C rich food and not at the same time as a calcium rich food (milk product), or coffee/tea.

**Calcium & Vitamin D**
Calcium and Vitamin D are both very important to help build babies’ bones. Requirements do not increase in pregnancy, but it is important to ensure that 1000 mg calcium and Vitamin D is consumed. Calcium can be found in milk and milk alternatives, as well in smaller amounts in other foods. Vitamin D found in milk helps the body use the calcium.

**Folic Acid/Folate**
Folate requirements increase to 0.6 mg each day to decrease the risk of neural tube defects, and help with the mother’s growing blood volume and growth of baby’s tissues. Folate is found in prenatal vitamins. Folate can be found in the diet in legumes (beans and peas), seeds, green vegetables and citrus juices.

**Essential fatty acids**
Essential Fatty acids help with the development of the baby’s visual and neural systems. It is found mostly in fish, vegetable oils (canola and soybean), and walnuts.

**Calories**
Calorie intake increases in pregnancy, although “eating for two” is not the idea. A woman’s diet needs to increase by about 100 calories in the 1st trimester, and by 300 calories in the 2nd and 3rd trimester. To ensure that you are meeting all your calorie needs, plus the other nutrients mentioned above, aim to meet the recommended intake of each of the four food groups according to Canada’s Food Guide plus an additional two to three servings every day.
Constipation
Constipation is the infrequent and difficult passage of hard, dry stools. It is very common in pregnancy, and in most cases can be treated or prevented with changes to your diet, increased activity and increased fluid intake. To prevent or treat constipation women should aim for a minimum of 25g of fibre in their diet every day. When comparing food labels, a high-fibre food will have at least 5g per serving. Some foods that are good sources of fibre are:

- **Fruits and vegetables**: apples, berries, kiwis, mango, oranges, pears, corn, peas, potato (with skin on), sweet potato, broccoli, brussel sprouts, carrot, eggplant and turnips.

- **Dried fruits**: raisins, dates, apricots, and prunes, either plain or in desserts and breads.

- Dried peas and beans and nuts and seeds.

- **Whole-grain breads and cereals**: brown rice, bran buds, high-fibre cereals, whole wheat pasta, whole wheat breads, oats.

Add high-fibre foods to your diet slowly because you may experience some bloating and gas at first. Eventually, every meal should include some high-fibre food. Psyllium (sold under several brand names), 1 teaspoon to 1 tablespoon once or twice a day in a glass of water, is a good way to add fibre when this is not accomplished by diet alone. If you are having difficulties with constipation and are not able to increase your fibre, ask your doctor to refer you to the dietitian.

- Eat at least five servings of whole grain products daily. Choose whole wheat pasta and whole grain breads.

- Add a high fibre/bran cereal to your favourite cereal.

- Aim for seven to eight servings of fruits and vegetables every day.

- Use fruit as a snack or dessert.

- Eat fruit rather than drinking juice.

- Include trail mixes with nuts and seeds and dried fruits. Add nuts and seeds to salads or yogurt.

- Add beans and lentils to soups, pasta sauces and other dishes.

- Drink plenty of fluids daily. A minimum of six to eight cups of fluid is recommended.
Introduction

Your doctor believes pelvic floor exercises may help to bring back or improve your bladder control. When done properly and regularly, this series of exercises, also called Kegel exercises, can build up and strengthen the muscles of the pelvic floor to help you hold your urine.

What is the pelvic floor?

Layers of muscle stretch like a hammock from the pubic bone in the front to the end of the backbone (see diagram). These firm, supportive muscles are called the pelvic floor and they hold the bladder and bowel, as well as the uterus in women in place. Certain conditions may cause the pelvic muscles to weaken.

How does the pelvic floor work?

The muscles of the pelvic floor are firm and slightly tense to control the flow of urine from the bladder, or feces from the bowel. When you urinate or have a bowel movement, these muscles relax. Afterward, they tighten again and stay that way to restore control.

Pelvic floor muscles can sag, however, because of an injury, lack of exercise, childbirth, or just getting older. When this happens, there is less control, and urine and feces can leak.

How can pelvic floor exercise help?

Pelvic floor exercises can help strengthen the pelvic hammock so it will, once again, give support. This will help you improve your bladder control and reduce or stop the leaking of urine.

Learning to do Pelvic Floor Exercises

Pelvic floor exercises are designed to strengthen the muscles of the pelvic hammock. Make sure you learn how to do the exercises the right way and, from time to time, check that you are still doing each exercise correctly.
How to “Feel” the Muscles of the Pelvic Floor

It is important to learn how to feel the muscles of the pelvic floor as you contract them to be sure that you are exercising correctly. Here are ways to identify the muscles:

• When you go to the toilet try to stop the stream of urine about halfway through emptying your bladder then relax the muscles and allow the bladder to empty completely. The muscles you use to stop the flow of urine are the same muscles you will be squeezing when doing the Kegel exercises. Do not repeat this as an exercise.

• Women may place one or two clean fingers in the vagina. Tighten the pelvic floor muscles to squeeze your fingers. Your doctor or your health-care professional may be able to help you with this the next time you have a vaginal examination.

• Imagine trying to stop yourself from passing wind from the bowel. You would squeeze the muscle around the anus. Try squeezing that muscle as if you really did have wind. Do it now. You should be able to feel the anus tightening and the anus being pulled up and away from whatever you are sitting on.

How to do the Kegel Exercises

Kegel exercises can be done any time and anywhere. You can do them in the morning, noon or night. The exercises can be done while sitting, standing, lying on your back or taking a bath. Always urinate (empty your bladder) before starting. Do these exercises each day or as directed by your caregiver.

Slow Contractions:

• Lying on the floor or bed, breathe deeply (don’t hold your breath) and tighten the anal muscle, pulling inward and upward. This should feel like you are trying to hold back urine or gas.

• Hold these muscles for a count of 10.

• Slowly release these muscles and relax for a count of 10. Repeat the cycle again.

Quick Contractions:

• Do five to 10 quick, strong contractions after you are finished doing the slow contractions. These exercises may help you prevent an accident by quickly stopping urine leaks.
A Few Simple Rules to Remember

Now that you know how to do exercises.

1. Do them properly. Check often to be sure that you are using the correct muscles.

2. Do them regularly in sets of five to 10 contractions at a time in the morning, at noon, in late afternoon and before going to bed. After three or four weeks, increase the number of contractions in each set and hold each one longer, up to the count of 10. When you can comfortably hold the contractions for 10 seconds, you might consider gradually increasing the length up to 20 seconds.

3. Do them intelligently. Learn to use the muscles when you need them the most, especially during times of stress, excitement, or when you feel you need better bladder control.

4. Keep on doing them. Muscles work best when they are exercised. Once you have learned how to improve your bladder control, continue to do the exercises to keep the pelvic hammock in good shape.

5. Watch your weight. Keeping yourself fit also means staying at your best weight.

6. Drink plenty of fluids, six to eight glasses of water every day. And don’t fall back into the habit of going to the toilet “just in case”. Go only when you feel the need to pass urine.

7. Do not stop doing Kegel exercises until you have talked to your caregiver. Kegel exercises may be useful for the rest of your life.

8. Tighten your pelvic muscles before sneezing, coughing or lifting to prevent urine leakage.

Do you have any questions?

This information sheet is designed to teach you how to control your bladder so that you’ll be dry and comfortable. If you have problems doing the exercises, or if you don’t understand any part of this information sheet, ask your doctor for help. Do the Kegel exercises regularly. Have faith in them. You should begin to see good results in a few weeks.
What to Bring to the Hospital Checklist for Expectant Mothers

For Mother

☐ Your Ontario Health Card and Mount Sinai Hospital Card

☐ A favorite pillow with colourful pillow case and breastfeeding pillow if you have one

☐ Labour support items such as massage oil, massage tools or tennis ball, physical therapy ball, hot/cold packs, music/ipod, a picture or object for focal point

☐ Fan (hand held or small battery operated)

☐ Easy to digest snacks, popsicles, drinks and/or electrolyte replacement drinks (can make into ice cubes) packed in soft-sided cooler pack

☐ Copy of your birth wish list (if you made one)

☐ Comfortable clothing for hospital stay — night gowns or pajamas, bathrobe, slippers, socks

☐ Loose fitting clothes to go home in

☐ Nursing bra and breast pads

☐ Underwear — four or five maternity

☐ Sanitary napkins — 20 maxi overnights

☐ Toiletries — lip balm, soap, shampoo, tooth paste and tooth brush emery board etc

☐ Hair brush/comb, elastics, clips and/or hair band for long hair

☐ Glasses and contact lens care items, if needed

☐ Pens, pencils, note paper

☐ Change for phone and vending machines
For Partner
- Credit card
- List of phone numbers of family and friends
- Snacks and drinks
- Watch with second hand
- Camera, batteries, film/memory card
- Change of clothes and comfortable shoes
- Pajamas or lounge wear if staying overnight on post partum unit
- Books, magazines, deck of cards

For Baby
- Diapers — 20 disposable size newborn
- Baby wipes
- Petroleum jelly/Vaseline
- Emery board
- Cotton hat
- Baby sleepers
- Onesies/undershirts
- Clothes for going home
- CSA certified car seat secured in car (need car seat for discharge if driving home)
- Receiving blankets
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 anesthesiologists 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 to 30 minutes and lasts from two to four 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 case 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 Anaesthesia

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 the 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 very brief and does not cause any harm. After the catheter is taped in place, medication used for pain relief 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.

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, but 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 approximately 10 to 15 minutes to perform an epidural. However, this may vary among patients. You usually feel two or three more contractions before the pain begins to ease. It takes about 15 to 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 often 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 being transported 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 one to two 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 one to two 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. There 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 CSE’s.

Anaesthesia for Caesarean Sections
The anesthesiologist will top-up an existing epidural for caesarean section. If you do not not have an epidural in place then 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.
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 hours after delivery. If you have caesarian section, you will be discharged at 48 hours. These times may change should complications arise.

You will need an appointment to see your obstetrician six weeks after your delivery. Please call to schedule your appointment. You will also need to arrange to have your baby seen by your family doctor or paediatrician within 48 hours 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!

**Post Partum Support**

Our general practice is for patients to be discharged approximately 24 hours after an uncomplicated vaginal birth, and when the baby’s blood work is complete and the results are available.

Patients who had a caesarean section are discharged within 48 hours (post op day two). The exact time of your discharge will be coordinated with your nurse as it is based on making sure you are medically ready to go home.

Our nursing staff will work closely with you to help prepare you for your transition home. Your primary nurse and all of our nurses in the postpartum inpatient unit are very knowledgeable and skilled, with additional education in breastfeeding to help support you and your baby during your stay. If a referral is required to a lactation consultant, your primary nurse will facilitate this. Breastfeeding classes are also held daily to support your learning and answer any questions you may have about breastfeeding/feeding your baby.

**Postnatal Ambulatory Clinic (PNAC)**

We are pleased to announce the opening of a new Postnatal Ambulatory Clinic (PNAC). The clinic is available to ensure interim access to care within the immediate seven days after delivery for:

- postpartum patients experiencing any maternal concerns, and who cannot get an appointment with their primary health care provider.
- newborn follow up, concerns with jaundice or breastfeeding.
- The clinic is open from 8:30 a.m. to 4 p.m., seven days a week.

To access the clinic, a referral for an appointment in PNAC is made while you are still in hospital, if this is required. If you are at home recovering and need an appointment, you can call the clinic at 416-586-4800, ext. 7409 to make an appointment or speak directly with a nurse or lactation consultant.
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. 7428 to make an appointment or to speak to a Lactation Consultant. You can also speak to your primary nurse or doctor for a lactation consultation referral.

For practical information on optimizing breastfeeding success, nutrition and medications, and pumping breast milk, please register for a Prenatal Breastfeeding class. Please visit the Prenatal Education website at www.mountsinai.ca/prenataled.

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.
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
Joseph and Wolf Lebovic Health Complex

Main hospital building
600 University Ave., Toronto ON

Other Clinics and Offices
60 Murray St., Toronto ON
(located behind 600 University Ave.)

Frances Bloomberg Centre for Women’s and Infants’ Health
700 University Ave., 3rd Floor, Toronto ON
Ontario Power Generation (OPG) building
# 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

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