

# The Course of Your Prenatal Care

## What to Expect

### We will see each other:

Every four weeks until about 30 weeks, then every other week until about 35 weeks, then weekly until you deliver.

With each visit, we will listen to your baby, answer your questions, and address different topics related to your pregnancy. If your pregnancy is high risk, we may consider additional testing/counseling, which will be discussed as needed. There are also optional tests that you may consider.

### At about **12 weeks**:

- You will meet with your provider for your “New OB” visit and exam.
- Your provider will review with you the prenatal labs that you have drawn today.
- If desired, your provider will also discuss genetic and carrier screening with you.
- If you have a history of cesarean section, we will discuss the risks, benefits, and alternatives for delivery including VBAC (vaginal birth after cesarean).

### At about **16 weeks**, your provider will:

- Discuss the Kress Birthing Center brochure and birthing/breast-feeding/baby care classes.
- Introduce the Generations wellness program.
- Talk with you about the benefits of breast-feeding.
- Recommend that, if you are considering breast-feeding, that you call your insurance company about getting a breast pump.

At about **20 weeks**, you will have your big ultrasound exam, as well as, a visit with either Dr. Swift or Dr. Chun. This is when we can usually tell you the gender of your baby, if you want to know.

### At about **24 weeks**, we will:

- Probably start measuring your baby bump to make sure that your baby is growing appropriately.
- Screen you for diabetes and anemia. This visit takes about an hour and involves drinking a sweet beverage and having your blood drawn. You can eat and drink whatever you want before this visit.
- Talk about “kick counts,” keeping track of your baby’s movement to ensure his/her well-being.
- Discuss the symptoms of common pregnancy problems – preeclampsia, elevated blood pressure, and preterm labor.
- If you are Rh negative, we will also check for antibodies in your blood.

### At about **28 weeks**, we will:

- Offer you an immunization called TDAP, which is recommended to protect your baby from whooping cough.
- Talk about choosing a provider for your baby.

- Review car safety in pregnancy, including wearing your seatbelt and purchasing a car seat for your baby.
- If you are Rh negative, you will receive Rh immune globulin (RhoGAM) at this visit.

At about **32 weeks**, we will:

- Discuss birth control options (for after your baby is born), including permanent sterilization.
- Show you how to register for your upcoming hospital stay.
- If your pregnancy is high risk, we may consider starting routine antenatal testing at this time.

At about **34 weeks**, we will:

- Talk about your plans for pain control in labor.
- Discuss options for monitoring your baby in labor.
- Revisit your plans to breast or bottle feed.
- Sign your FMLA forms, if needed.

At about **36 weeks**, we will:

- Do a test for group B strep, a common bacteria found in the vagina/GI tract. If you have this bacteria, we will offer IV antibiotics in labor in order to prevent your baby from getting sick after delivery.
- Discuss circumcision, if you are expecting a son.
- If you want, we can do a cervical exam to see whether you are dilated.

At about **37 weeks**, we will:

- Talk about induction of labor, including elective induction of labor.
- Review symptoms of labor.

At about **38 weeks**, we will:

- Talk about the symptoms of postpartum depression.
- Perform a cervical exam, if we are planning an induction of labor.

At about **39 weeks**, we will:

- Evaluate you for symptoms of labor.

At about **40 weeks**, we will:

- Discuss induction of labor at 41 weeks if natural labor hasn't occurred by then.

After **41 weeks**, we will:

- Start antenatal testing if induction of labor is not desired and natural labor hasn't yet started.

## Managing Your Weight Gain During Pregnancy

Your prepregnancy Body Mass Index (BMI): \_\_\_\_\_

Your Weight Gain Goal is:

- 11-20 pounds (Obese, BMI >30)
- 15-25 pounds (Overweight, BMI 25-29.9)
- 25-35 pounds (Normal weight, BMI 18.5-24.9)
- 28-40 pounds (Underweight, BMI <18)

You should gain more weight if you are having more than one baby. Women having twins need to gain 37-54 pounds.

If you are obese or underweight, we recommend that you visit with our Nutritionist to make a plan for managing your weight in pregnancy.

You only need 300 extra calories a day during pregnancy.

## Foods to Avoid or Limit During Pregnancy

Some foods are not safe to eat in pregnancy, either because of the way they are prepared, or because of germs or chemicals they may harbor.

These foods are okay to eat during pregnancy in limited amounts:

**Fish that have small amounts of mercury** – Although seafood can be a great source of protein and omega-3 fatty acids, some fish and shellfish contain too much mercury, which can damage your baby's growing nervous system. The FDA and EPA recommend up to 12 ounces of seafood a week for pregnant women which, in practical terms, means two average size meals of:

- Shrimp
- Crab
- Canned light tuna (limit albacore, chunk white, and tuna steak to no more than 6 ounces per week)
- Salmon
- Pollock
- Catfish
- Cod
- Tilapia

**Food and drinks that have caffeine** – Limit the caffeine you get each day to 200 milligrams. This is about the amount in one 12-ounce cup of coffee, although different beverages can vary widely. Consider trying decaffeinated coffee. Keep in mind that caffeine is also found in tea, chocolate, soda, and some over-the-counter medicine. Always check the label.

## These foods should be avoided in pregnancy:

Some meats and fish –

- Raw or undercooked meat, including beef, poultry and pork; this includes hotdogs and deli meat (like ham or bologna)
- Raw fish, especially shellfish
- Raw eggs
- Fish that can be high in mercury, like shark, swordfish, king mackerel, and tilefish; as a rule of thumb, the bigger the fish, the more likely it should be avoided
- Always check with your local health department before you eat any fish you catch yourself (see the link below)
- Refrigerated pates, meat spreads, or smoke seafood
- Some dairy products (especially unpasteurized products) –
- Raw sprouts, especially alfalfa sprouts
- Herbal products, like pills and teas (herbal products are made from herbs, which are plants used in cooking or medicine); we don't know enough about herbal products to know if they're safe to use during pregnancy, so it's best not to use them while you're pregnant
- Nonfood items, like clay, starch, paraffin, or coffee grounds (tell your provider if you crave anything like this that's not food)

### For further information, please see:

Checklist of Foods to Avoid During Pregnancy (US Department of HHS)

[http://www.foodsafety.gov/poisoning/risk/pregnant/chklist\\_pregnancy.html](http://www.foodsafety.gov/poisoning/risk/pregnant/chklist_pregnancy.html)

Foods to Avoid or Limit During Pregnancy (March of Dimes)

<http://www.marchofdimes.com/pregnancy/foods-to-avoid-or-limit-during-pregnancy.aspx>

Advice for Women Who Might Become Pregnant, Women Who are Pregnant, Nursing Mothers, and Young Children (US Food and Drug Administration)

[http://www.fda.gov/Food/FoodborneIllnessContaminants/BuyStoreServeSafe Food/ucm110591.htm](http://www.fda.gov/Food/FoodborneIllnessContaminants/BuyStoreServeSafeFood/ucm110591.htm)

Eating Safe Fish (Wisconsin Department of Health Services) <http://www.dhs.wisconsin.gov/eh/fish/>

Or check out the app: "Foods to Avoid When Pregnant," on iTunes

## Anti-Nausea Diet/Suggestions for Pregnancy

A common complaint during the first three months or so of pregnancy is nausea or “morning sickness.” It is often accompanied by vomiting and can occur at any time of the day. The following suggestions should help give you some relief.

### Diet Suggestion:

- Avoid hunger. It is better to eat something than to go without eating. Try to eat regular meals and snacks even when you are nauseated.
- Eat crackers or dry cereal before even getting out of bed in the morning.
- Have a snack before going to bed, but do not lie down immediately after eating, wait a few minutes.
- Eat smaller but more frequent meals every 2 to 3 hours, rather than two to three large meals.
- Drink a small amount of 100% fruit juice (apple, grape, or cranberry) every 1 to 2 hours. Avoid drinking liquids with meals. Save beverages for at least half an hour after eating and for between meals.
- Avoid drinking beverages that contain caffeine or alcohol.
- Choose low-fat protein foods (lean meats, skinless poultry, eggs, broiled or boiled fish, mozzarella or string cheese) and easy to digest carbohydrates (fruit, fruit juices, rice, pasta, potatoes, dry cereals, toast or crackers).
- Avoid fried or high fat foods, cream sauces, and high-fat gravies.
- Avoid rich desserts like pie, cheesecake, pastry, chocolate, and ice cream.
- Avoid spicy foods, stick to a bland diet.
- Avoid potentially gas-producing vegetables such as cabbage, onions, peppers, broccoli, cauliflower, radishes, cucumbers, or baked beans.
- If you are bothered by the aroma of some cooked foods, try cold foods that do not have the aroma that hot foods have.
- Try certain salty, high-fat foods such as potato chips and cheese curls, and cold, tart drinks, such as lemonade. Some women have reported relief from nausea when eating these foods.
- As nausea improves, gradually add more foods from your regular diet.

### Other Suggestions/Tips/Over the Counter Meds:

- Ginger or peppermint can be helpful for nausea. Ginger tea, ginger ale, crystallized ginger, and ginger chews/candy/pops can be helpful. Some find peppermint tea or candy helpful as well.
- Dimenhydrinate (Dramamine) 25-50 mg every 4 to 6 hours as needed.
- Benadryl (generic is fine) – 25-50 mg every 4-6 hours as needed.
- Vitamin B6 – 25 mg three times daily.

**\*If none of these options are helping or you cannot keep any food or liquids down, please contact your provider for further options.**

## Helpful Information Regarding Constipation During Pregnancy

Constipation refers to very hard stools or bowel movements that are hard to pass. You may also:

- Need to strain
- Feel like you did not completely empty your bowels
- Have cramping, pain, bloating, nausea, and loss of appetite

Each person is different, but most people pass stools from three times each day to three times each week. As long as the stool is soft and easy to pass, you are not constipated.

Causes of Constipation:

- A diet that is high in fat and sugar and/or low in fiber
- Not drinking enough liquids
- Being inactive
- Not going to the toilet when you have the urge to have a bowel movement
- Overuse of laxatives

To Help Prevent Constipation:

- Drink at least 8 to 10 cups of liquids each day. Warm or hot drinks may help your bowels move more easily.
- Eat high fiber foods such as bran cereal, whole grain breads, raw vegetables, fresh or dried fruits, nuts and popcorn. Fiber helps move stool through your body and usually works better if you are also increasing your liquid intake every day.
- You may want to limit cheeses, chocolate, and eggs because they may worsen constipation.
- Drink prune or apple juice to help soften stools.
- Exercise to help your bowels move more easily. Walking works well.
- Go to the toilet when you have the urge to have a bowel movement, try not to wait.
- Check with your doctor before using any over-the-counter laxatives or enemas. Your doctor may suggest an over-the-counter stool softener or bulk laxative. If you are not getting the results you want, talk to your doctor.

Dietary Fiber Intake for Preventing Constipation:

Increasing the fiber in your diet along with drinking enough fluid can be very helpful for treating constipation that sometimes occurs during pregnancy. Fiber is found only in plant foods like fruits and vegetables, and grains, nuts, dried beans, and lentils. Whole, fresh fruits like apples and pears have more fiber than canned pears or applesauce. Whole wheat bread products and other whole grain foods like cereals, crackers, and baked products have more fiber than refined white bread or foods made with white or refined flours. Exercise also helps prevent constipation so being active is important along with adequate fiber and fluid intake.

**TRY TO CONSUME A DIET THAT CONTAINS AT LEAST 25 TO 30 GRAMS OF FIBER EACH DAY.**

Some Suggestions for Increasing Fiber:

Add one or more servings of fresh fruits and vegetables to your regular diet each day. At least 5 servings of fruits and vegetables each day are recommended. Examples of high fiber fruits (3 grams of fiber each) and vegetables (2.5 grams of fiber per ½ cup) are:

**Fruits**

- Apple
- Banana
- Pear
- Orange
- Prunes
- Raisins
- Strawberries

**Vegetables**

- Broccoli
- Brussels Sprouts
- Carrots
- Corn
- Peas
- Potato (with skin)
- Spinach

Change from white bread and rice to unrefined, whole-grain breads and cereals and brown rice. The fiber content should be at least 2 to 3 grams per slice of bread or for a ¾ to 1 cup serving of cereal.

Try a bran cereal for breakfast. Check the Nutrition Facts label for fiber content that will be reported in grams. All-Bran and 100% Bran have the highest fiber content (8 to 10 grams of fiber ¼ cup). Flaked bran cereals have less, but are still good high-fiber choices at about 5 grams of fiber per ¾ cup.

**Additional Options:**

Gradually start adding up to ¼ cup of oat or wheat bran (Miller's bran) throughout the day to foods that you normally eat. For example, adding 2 Tablespoons of Miller's bran to a serving of cream of wheat and also to a serving of applesauce will add about 4 to 6 grams of fiber to your daily fiber intake.

Add some cooked legumes (dried beans) to your diet two to three times per week. Some familiar legumes are pinto or kidney beans, great northern beans, lentils, or chili beans.

**Make Changes Slowly:**

Each of these diet changes can add quite a bit of fiber to your diet. Pick the change that is most appealing to you and try it. After you get used to that change, wait several days to one week before adding more fiber to your diet.

**Avoid Bloating and Gas:**

Many women are bothered by bloating, cramping, or intestinal gas when they first start adding fiber to their diets. The way to avoid this is to start with small changes, such as adding one serving of fresh fruit, or one tablespoon of bran to your diet each day. Then slowly increase the amount of fiber over the course of a few weeks. This will help your body adjust to the fiber and will lessen bloating and gas. Your body will gradually adjust to the new foods and bloating and gas will stop occurring.

**Drink Plenty of Liquids:**

Just like a sponge, fiber tends to hold water, so you need to increase your intake of liquids as you increase your fiber intake. Unless you already drink more than six cups of water or other fluids each day, add at least two cups of additional liquids to your diet each day. For example, add 8 ounces of fluid for each tablespoon of added bran.

**A Final Note:**

If these dietary changes are not enough to relieve constipation, ask your doctor about adding psyllium seed (Metamucil, Citrucel, or similar product). You may benefit from 1 to 2 teaspoons twice daily, mixed with water or juice. Each teaspoon contains about 3.5 grams of psyllium fiber.



# What Over-the-Counter Medications Can I Take During Pregnancy?

Pain (backache, headache, etc):

- Acetaminophen (Tylenol)

**\*Do not use ibuprofen (Advil, Motrin), Naproxen (Aleve), or aspirin (Excedrin and Bayer Products).**

Allergies:

- Chlorpheniramine (Chlor-Trimeton)
- Diphenhydramine (Benadryl)
- Loratadine (Claritin, Alavert)
- Cetirizine (Zyrtec)

Cough, Cold, or Sinus Congestion:

- Diphenhydramine (Benadryl)
- Chloraseptic Throat Spray
- Guaifenesin (Robitussin, Mucinex)
- Dextromethorphan (Robitussin DM)
- Saline Nasal Sprays (Ocean)
- Tetrahydrozoline (Visine) Eye Drops
- Oxymetazoline (Afrin Nasal Spray) (3 Days Only)
- Pseudoephedrine (Sudafed) (Avoid In First Trimester)

**\*Do not take if you have diabetes, hypertension, or other heart issues. There are many diabetes forms of cough syrup and drops as well as cold medicines for use with hypertension, please consult with pharmacist. Avoid alcohol-containing products such as Nyquil.**

Sore Throat:

- Acetaminophen (preferred)
- Cepacol Lozenges or Spray
- Chloraseptic Lozenges or Spray
- Halls Lozenges
- Sucrets Lozenges
- Vicks Lozenges

Nausea/Vomiting/Motion Sickness:

- Diphenhydramine (Benadryl) 25-50 mg every 4-6 hours as needed
- Dimenhydrinate (Dramamine) 25-50 mg every 4-6 hours as needed
- Vitamin B-6 (Pyridoxine) 25 mg three times daily
- Sea-Bands

Heartburn:

- Calcium Carbonate (Tums)
- Aluminum/Magnesium Hydroxide (Maalox)
- Calcium Carbonate/Magnesium Hydroxide (Mylanta, Rolaids)
- Ranitidine (Zantac)
- Cimetidine (Tagamet)
- Famotidine (Pepcid AC)
- Omeprazole (Prilosec)
- Lansoprazole (Prevacid)

**\*Avoid Pepto Bismol (Bismuth Subsalicylate) and Alka-Seltzer**

Constipation:

- Docusate (Colace)
- Docusate w/Senna (Pericolace, Senokot)
- Methylcellulose (Citrucel)
- Bisacodyl (Dulcolax) (Discuss with MD/short-term and second-line ONLY)
- Fiber (Fibercon, Benefiber)
- Psyllium (Metamucil)
- Milk of Magnesia
- Mineral Oil (1 oz. in juice)
- Polyethylene Glycol (Miralax)

**\*Talk to your provider about dietary ways to manage constipation.**

Gas:

- Simethicone (Gas-X, Mylicon, Phazyme)

Diarrhea:

- Loperamide (Imodium AD)
- Kaolin and Pectin (Kaopectate)

Fungal Infection:

- Terbinafine (Lamisil AT)
- Tolnaftate (Tinactin)
- Butenafine (Lotrimin Ultra)
- Clotrimazole (Lortrimin AF)

Yeast Infections:

- Miconazole (Monistat)
- Clotrimazole (Gyne-Lotrimin)
- Butoconazole (Femstat)
- Tioconazole (Vagistat-1)

#### Hemorrhoids:

- Witch Hazel Pads (Tucks)
- Anusol Cream
- Preparation H Cream

#### Rash/Itching:

- Calamine or Pramoxine (Caladryl)
- Hydrocortisone Cream (Cortaid)

#### Insomnia:

- Diphenhydramine (Benadryl)
- Doxylamine (Unisom)

#### Vitamins:

Women who are pregnant should take vitamins specially made for pregnancy. Regular vitamins can contain doses that are too high. Ask about special vitamins that can help keep you and your baby healthy.

#### Herbal Medications/Supplements:

No one is sure if these are safe for pregnant women, so it is best not to use them. Even some “natural” products may not be good for women who are pregnant or nursing.

## Tips for Good Oral Health During Pregnancy

Below are tips for taking care of your oral health while you are pregnant. Getting oral health care, practicing good oral hygiene, eating healthy foods, and practicing other healthy behaviors will help keep you and your baby healthy. Delaying necessary treatment for dental problems could result in significant risk to you and your baby (for example, a bad tooth infection in your mouth could spread throughout your body).

### Get Oral Health Care:

- Taking care of your mouth while you are pregnant is important for you and your baby. Changes to your body when you are pregnant can make your gums sore or puffy and can make them bleed. This problem is called *gingivitis* (inflammation of the gums). If gingivitis is not treated, it may lead to more serious periodontal (gum) disease. This disease can lead to tooth loss.
- Oral health care, including use of X-rays, pain medication, and local anesthesia, is safe throughout pregnancy.
- Get oral health treatment, as recommended by an oral health professional, before delivery.
- If your last dental visit took place more than 6 months ago or if you have any oral health problems or concerns, schedule a dental appointment as soon as possible.
- Tell the dental office that you are pregnant and your due date. This information will help the dental team provide the best care for you.

### Practice Good Oral Hygiene:

- Brush your teeth with fluoridated toothpaste twice a day.
- Replace your toothbrush every 3 or 4 months, or more often if the bristles are frayed.
- Do not share your toothbrush.
- Clean between teeth daily with floss or an interdental cleaner.
- Rinse every night with an over-the-counter fluoridated, alcohol-free mouth rinse.
- After eating, chew xylitol-containing gum or use other xylitol-containing products, such as mints, which can help reduce bacteria that can cause tooth decay.
- If you vomit, rinse your mouth with a teaspoon of baking soda in a cup of water to stop acid from attacking your teeth.

### Eat Healthy Foods:

- Eat a variety of healthy foods, such as fruits; vegetables; whole-grain products like cereals, bread, or crackers; and dairy products like milk, cheese, cottage cheese, or unsweetened yogurt. Meats, fish, chicken, eggs, beans, and nuts are also good choices.
- Eat fewer foods high in sugar like candy, cookies, cake, and dried fruit, and drink fewer beverages high in sugar like juice, fruit-flavored drinks, or pop (soda).
- For snacks, choose foods low in sugar, such as fruits, vegetables, cheese, and unsweetened yogurt.
- To help choose foods low in sugar, read food labels.
- If you have problems with nausea, try eating small amounts of healthy foods throughout the day.
- Drink water or milk instead of juice, fruit-flavored drinks, or pop (soda).
- Drink water throughout the day, especially between meals and snacks.

- Drink fluoridated water (via a community fluoridated water source) or, if you prefer bottled water, drink water that contains fluoride.
- To reduce the risk of birth defects, get 600 micrograms of folic acid each day throughout your pregnancy.
- Take a dietary supplement of folic acid and eat food high in folate and foods fortified with folic acid.

Examples of these foods include:

- Asparagus, broccoli, and green leafy vegetables such as lettuce and spinach
- Legumes (beans, peas, lentils)
- Papaya, oranges, strawberries, cantaloupe, and bananas
- Grain products fortified with folic acid (breads, cereals, cornmeal, flour, pasta, white rice)

Practice Other Healthy Behaviors:

- Attend prenatal classes.
- Stop any use of tobacco products and recreational drugs. Avoid secondhand smoke.
- Stop any consumption of alcoholic beverages.

After Your Baby Is Born:

- Continue taking care of your mouth after your baby is born.
- Keep getting oral health care, practicing good oral hygiene, eating healthy foods, and practicing other healthy behaviors.
- Take care of your baby's gums and teeth, feed your baby healthy food, (exclusive breast-feeding for at least 4 months, but ideally for 6 months), and take your baby to the dentist by age 1.
- Ask your baby's pediatric health professional to check your baby's mouth (conduct an oral health risk assessment) starting at age 6 months, and to provide a referral to a dentist for urgent oral health care.

Resource:

From *Oral Health Care During Pregnancy: A National Consensus Statement – Summary of an Expert Workgroup Meeting*, 2012, National Maternal and Child Oral Health Resource Center, Georgetown University. Permission is given to reproduce this information.

# Fetal Movement / Kick Counts

## What Are Kick Counts?

Counting your baby's movements or "kick counts" is a way of monitoring your baby's activity. Doing kick counts is one way to keep track of how your baby is doing. They are simple to do.

## When Do I Count?

Plan to kick counts each day at a time you know the baby is usually active. This may be after a meal or perhaps in the evening around bedtime. By choosing a time when the baby is usually active, doing kick counts will not take long at all. You know better than anyone else when your baby is active, and you can decide the best and most convenient time to count the baby's movements.

Each day, count eight movements and record the beginning and ending times of the counting periods. Or, you may decide to count all movements during a set length of time each day (for example, one half hour). Whichever you choose, you should do the same thing each day.

## How Do I Count Kicks?

You will need the following:

- A clock or watch
- A lounge chair, bed, or couch
- A recording sheet and pencil

Lie on your side for each counting period. Place one or both hands on your stomach over the baby. Count each time the baby moves on his or her own, such as kicks, rolls, punches, turns, or stretches. Do not count hiccups or movements that baby makes if you push against him/her.

## How Do I Know The Counts Are Ok?

Having at least eight movements in two hours is best. It is important to contact your doctor at once if you have less than eight, regardless of the time of day or night. A low kick count may be a sign that the baby is having problems, so your doctor may want to see you.

## How Do I Record My Counts?

You can use the enclosed chart, or use a notebook of your own. Keep track of the date and the beginning and the ending times of the counting period, and the number of kicks. Also record any special comments about the counting period (if the baby has hiccups or if you fall asleep, etc.). Be sure to bring the record with you to each clinic visit. It will become an important part of the information about your baby during the prenatal period. If your baby does not move eight times in two hours, call your doctor any time during the day or night.

Kick Count Chart

| Date | Start | End | # of Moves | Comments |
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