



# Your Guide to Pregnancy



702.255.3547 | [www.womensspecialtycare.com](http://www.womensspecialtycare.com) |



# Welcome to pregnancy

Congratulations on your pregnancy! Welcome to WellHealth Women's Specialty Care. We want to thank you for choosing us as your provider. Having a baby is one of the most memorable and important experiences for a woman. Our providers and staff will do all we can to ensure your pregnancy experience is safe, healthy and happy. We encourage you to keep this booklet nearby and use as a resource throughout your pregnancy.

Thank you for entrusting your care with us, if you have questions please visit our website at [womenspecialtycare.com](http://womenspecialtycare.com) or call (702) 255-3547.

## Your Baby's Growth



**Week 4**

Your baby's body now has three distinct layers from which all of his organs will develop



**Week 8**

Your baby's tiny fingers and toes start to develop



**Week 12**

Your baby's facial features continue to become more defined, particularly his nose and chin



**Week 16**

Your baby's skeletal system and nervous systems start to coordinate movement



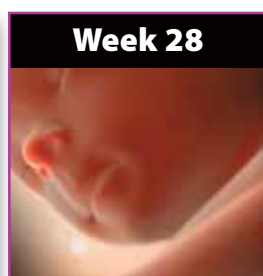
**Week 20**

Your baby's skin thickens and develops layers under the vernix



**Week 24**

Your baby's movements can reveal to your doctor more about your baby's development



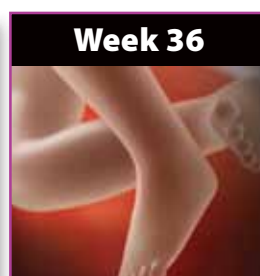
**Week 28**

Your baby is starting to take 20- to 30-minute naps



**Week 32**

Your baby's movements could start to change



**Week 36**

Although your baby's bones are hardening, his skull remains soft and flexible for birth



**Week 40**

A surge of hormones in your baby's body could play a part in initiating labor



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The content of this booklet has been approved by WellHealth Women's Specialty Care

# Office information

## Office hours and locations

Our offices are open **Monday through Friday 8:00 am – 5:00 pm** for office visits.

9 Locations throughout the Las Vegas Valley  
Patient Services Center open 7:00 am – 7:00 pm

## How to contact our office

You may call our main number at (702) 255-3547, you can call 7:00 am – 7:00 pm Monday through Friday for non-emergency questions or concerns.

## Billing for prenatal care

We understand that maternity benefits can be confusing. Our OB advisor(s) is available during normal office hours to discuss any questions you may have. Their direct phone number is (702) 255-3547. You will also have a visit with our OB advisor to review your insurance coverage and your financial responsibility at your 16-week appointment.

# Appointment schedule

## Your first visit

When you come to the office for your first visit, we ask that you bring your medical history forms and other registration materials completed. During this visit, you will have a physical exam including a pap smear. There will also be a series of prenatal labs that will test your blood type and blood count for infections (syphilis, hepatitis B, HIV and rubella). All of the results will be reviewed with you at your next appointment. You may decline the HIV testing, but it is recommended for all pregnant women to provide the best care for you and your baby.

## After your first visit

Between now and 28 weeks, we would like you to schedule a visit every four weeks. Around 30 weeks, your visits will increase to every two weeks, then once a week after 36 weeks until delivery. We will request to see you more frequently if you are high risk. During each visit, you will have your weight, blood pressure, urine and heartbeat checked. At approximately 24 weeks, the provider will do a fundal height evaluation and appointment. Several additional tests are done at scheduled markers throughout your pregnancy.

### These include:

*Anemia and gestational diabetes screening* – this screening is performed between 24-28 weeks. You will be given a sugar drink and instructions for how/when to drink it. One hour after you finish the sugar drink, your blood will be drawn. You do not need to fast.

*Vaginal culture for group B strep* – this swab of your vaginal area is performed at your 34-36 week appointment. Group B strep is a normal bacteria that is naturally found in the vagina and is not harmful to women or a developing fetus. However it can be harmful to your infant if exposed at time of delivery. If you test positive for this bacteria, you will receive antibiotics during labor and delivery.



## Optional testing

You will have the decision to test for the potential of genetic diseases. If you are interested in any optional tests, please check with your insurance plan to see if these tests are covered. Questions you may have regarding these optional tests can be discussed at your first appointment. There are risks associated with the testing. Please discuss with your provider.

**Cystic Fibrosis screening** – this blood screening test will determine if you are a gene carrier. Further testing is then required if the test is positive to find out if the baby has Cystic Fibrosis.

**CVS (Chorionic Villus Sampling)** – this screening is performed between 10-12 weeks. The test can determine abnormal genes associated with Down's Syndrome. A needle is inserted through the mother's abdomen or cervix and placental tissue is obtained and used for genetic testing.

**Early screen/nuchal translucency** – this ultrasound and blood test is performed between 11-13 weeks. The test determines high or low risk for Down's Syndrome, Trisomy 13 and 18.

**AFP-4 (Quad screen)** – this blood screening test is performed between 15-20 weeks. The test determines high or low risk for Down's Syndrome, Trisomy 18 and birth defects of the spinal cord and skull.

**Amniocentesis** – this screening is performed after 16 weeks. The test can determine abnormal genes associated with Down's Syndrome. A needle is inserted through the mother's abdomen into the baby's sac of fluid, which is removed for genetic testing.

### Cell free based DNA Testing

## Ultrasounds

We recommend an ultrasound around 18-22 weeks in the pregnancy to evaluate fetal anatomy. Additional ultrasounds will be performed based on the medical need. Insurance will only cover this service if there is a medical need. Ultrasounds will be performed in the office when insurance allows.

## The Rh factor

We will test your blood for the Rh factor. If your blood type is Rh negative, then you may be at risk for Rh disease, which affects about 10% of people. Rh disease is a pregnancy complication in which your immune system attacks the baby's blood and can result in a life threatening situation for the baby if left unknown. Fortunately, it can be prevented with a shot called Rhogam which is given at 28 weeks or anytime if vaginal bleeding occurs. If you are Rh negative, contact our office immediately if you develop bleeding or trauma to your belly.

## Vaccinations

The Centers for Disease Control (CDC) recommends that women pregnant during the flu season receive the flu shot. Also, pregnant women who haven't had a dose of Tdap (vaccine to protect mom and baby against tetanus, diphtheria and pertussis), should get one after 20 weeks. Receiving the vaccine in pregnancy gives your baby extra protection against whooping cough which can be very dangerous for newborns.

## Prenatal vitamins

We recommend a prenatal vitamin that contains folic acid prior to conception, throughout pregnancy and postpartum while breastfeeding. Please check with your provider before taking any vitamins, herbs or other supplements as some may be unsafe during pregnancy.



## Common symptoms of pregnancy

**Nausea/Vomiting** – feeling nauseous during the first three months of pregnancy is very common. For some women, it can last longer, while others may not experience it at all. Try to eat 5-6 smaller meals a day in order to keep your stomach full at all times. Try bland foods like plain crackers, toast, dry breakfast cereal as well as carbonated drinks like ginger ale or 7-Up. Ginger is a natural treatment for nausea. Peppermint can also be used. Some over-the-counter medications are also safe. If the symptoms become severe or you are unable to keep fluids down without vomiting for more than 12 hours, contact the office.

**Discharge** – an increase in vaginal discharge that is white and milky is common in pregnancy. If the discharge is watery or has a foul odor, call the office or go to the hospital where you plan to deliver.

**Spotting** – light bleeding can be common, especially in the first 12 weeks of pregnancy. It may occur after intercourse, cervical exams, vaginal ultrasounds or strenuous activity or exercise. If the bleeding is heavy or is accompanied by pain, contact us immediately, or go to the hospital where you plan to deliver.

**Constipation** – is a common complaint which can be related to hormone changes, low fluid intake, increased iron or lack of fiber in your diet. Try to include whole grains, fresh fruit, vegetables and plenty of water. There are also safe over-the-counter medications. If you develop hemorrhoids, try sitz baths (using Epsom Salts) three to four times per day for 10-15 minutes each time. If the pain persists, contact the office.

**Cramping** – experiencing some cramps and contractions are normal. When they occur, empty your bladder, drink 1-2 glasses of water and try to rest. If you are less than 36 weeks pregnant and having more than six contractions in an hour after trying these measures, contact the office or go to Labor & Delivery where you plan to deliver.

**Leg cramps** – cramping in your legs or feet can also be common. Eating bananas, drinking more lowfat/nonfat milk and consuming more calcium-rich foods like dark green vegetables, nuts, grains and beans may help. To relieve the cramp, try to stretch your leg with your foot flexed toward your body. A warm, moist towel or heat pad wrapped on the muscle may also help.

**Dizziness** – you may feel lightheaded or dizzy at any time during your pregnancy. Try lying down on your left side and drink 1-2 glasses of water. Also try eating smaller meals more frequently. If symptoms persist, contact the office.

**Swelling** – because of the increased production of blood and body fluids, normal swelling, also called edema, can be experienced in the hands, face, legs, ankles and feet. Elevate your feet, wear comfortable shoes, drink plenty of fluids and limit sodium. Supportive stockings can also help. If the swelling comes on rapidly, or is accompanied by headache or visual changes, contact us immediately or go to the hospital that you plan on delivering at for evaluation.

**Heartburn** – you may experience heartburn throughout the pregnancy, especially during the latter part of your pregnancy when your baby is larger. Try to eat 5-6 smaller meals a day and avoid laying down immediately after eating. Some over-the-counter medications are also safe for use.

**Aches and pains** – As your baby grows, backaches are common. You may also feel stretching and pulling pains in the abdomen or pelvic area. These are due to pressure from your baby's head, weight increase and the normal loosening of joints. Practice good posture and try to rest with your feet elevated. You may also treat with heat and Tylenol®.

## Safe medications

During pregnancy, women can be more susceptible to ailments like cold and flu and other conditions. Only certain medications are safe during pregnancy. The following are considered safe. Follow the labels for dosage and directions.

<p><b>Acne</b> Benzoyl Peroxide Clindamycin Topical Erythromycin Salicylic Acid</p> <p><b>Avoid:</b> Accutane Retin-A Tetracycline Minocycline</p>	<p><b>Antibiotics</b> Ceclor Cephalosporins E-mycins Keflex Macrobid/Macrodantin Penicillin Zithromax</p> <p><b>Avoid:</b> Cipro Tetracycline Minocycline Levaquin</p>	<p><b>Colds/Allergies</b> Benadryl, Claratin, Zyrtec Chlor-Trimeton, Dimetapp Drixoral-Non-Drowsy Mucinex (guaifenesin) Sudafed**/Sudafed-12 Hour** Sudafed PE Pseudoephedrine** Tylenol Cold &amp; Sinus** Vicks Vapor Rub</p> <p>**AVOID if problems With Blood Pressure</p>
<p><b>Constipation</b> Colace, Miralax, Senakot Dulcolax Suppository Fibercon, Metamucil Perdium</p>	<p><b>Cough</b> Actifed, Sudafed Cough Drops Phenergan w/Codeine if prescribed Robitussin (plain &amp; DM)</p>	<p><b>Crab/Lice</b> RID</p> <p><b>Avoid:</b> Kwell</p>
<p><b>Gas</b> Gas-X Mylicon Phazyme</p>	<p><b>Headaches</b> Cold Compress Tylenol (regular or extra strength) Acetaminophen Ibuprofen ok in <u>2nd</u> trimester <u>ONLY</u></p>	<p><b>Heartburn</b> (Avoid lying down for at least 1 hour after meals) Aciphex, Maalox, Mylanta, Pepcid, Milk of Magnesia Pepcid Complete Prevacid, Prilosec Zantac Tums (limit 4/day)</p>
<p><b>Hemorrhoids</b> Anusol/Anusol H.C. (RX: Analapram 2.5%) Hydrocortisone OTC Preparation H, Tucks Vaseline lotion applied to tissue</p>	<p><b>Herpes</b> Acyclovir Famvir Valtrex</p>	<p><b>Leg Cramps</b> Benadryl Increase fluids Comfortable shoes</p>
<p><b>Nasal Spray</b> Saline Nasal Spray</p>	<p><b>Nausea</b> Vitamin B6 25mg 3 times daily Unisom 1/4 or 1/2 tablet at bedtime Vitamin B6 and Unisom at bedtime Dramamine, Emetrol Ginger Root 250mg 4 times daily High complex carbs @ bedtime Sea Bands - Acupressure</p>	<p><b>Pain</b> Tylenol, Darvocet** Lortab**, Percocet** Tramadol**, Tylenol 3** Ultram**, Vicodin** **Narcotic medications should only be used when prescribed for a legitimate medical problem by a doctor for a short period of time.</p>
<p><b>Rash</b> Benadryl 1% Hydrocortisone Cream</p>	<p><b>Sleep Aids</b> Ambien, Benadryl Chamomile Tea Unisom, Tylenol PM Warm milk-add vanilla/sugar for flavor</p>	<p><b>Throat</b> Cepacol Cepastat Salt Water Gargle w/ warm water Throat Lozenges</p>
<p><b>Tooth Pain</b> Orajel</p>	<p><b>Yeast Infection</b> Gyne-lotrimin, Monistat-3 Terazol-3 Avoid 1 day creams</p>	<p><b>Prenatal Vitamins</b> Any over the counter prenatal vitamins. DHA – is an optional addition to your prenatal vitamin and can be obtained in a separate pill. DHA can be found in fish oil, some plant based vitamins and DHA.</p>

# Nutrition and pregnancy

## Recommendation for weight gain

Underweight women with a low weight gain during pregnancy appear to have an increased risk of having a low birth weight infant and preterm birth. On the other hand, obese women have an increased risk for having a large for gestational age infant, post term birth, and other pregnancy complications.

There is an increased risk of small for gestational age births in women who gain less than the recommended weight, based on pre-pregnancy weight. Women who exceed the weight gain recommendations double their risk of having a very large infant. It may also increase the risks of childhood obesity and makes weight loss more difficult after delivery.

## Recommendation for weight gain during a single pregnancy are as follows:

Underweight women (BMI less than 20): 30-40 lb

Normal weight women (BMI 20-25): 25-35 lb

Overweight women (BMI 26-29): 15-25 lb

Obese women (BMI >29): up to 15 lb

## Healthy diet

The first step toward healthy eating is to look at your daily diet. Having healthy snacks that you eat during the day is a good way to get the nutrients and extra calories that you need. Pregnant women need to eat an additional 100-300 calories per day, which is equivalent to a small snack such as half of a peanut butter and jelly sandwich and a glass of low fat milk.



## Key nutrients during pregnancy

Nutrient	Reason for Importance	Sources
Calcium (1000 mg)	Helps build strong bones and teeth	Milk, Cheese, Yogurt, Sardines
Iron (27 mg)	Helps create the red blood cells that deliver oxygen to the baby and also prevents fatigue	Lean Red Meat, Dried Beans and Peas, Iron-Fortified Cereals
Vitamin A (770 mcg)	Forms healthy skin, helps eyesight, helps with bone growth	Carrots, Dark Leafy Greens, Sweet Potatoes
Vitamin C (85 mg)	Promotes healthy gums, teeth, and bones. Helps your body absorb iron.	Oranges, Melon and Strawberries
Vitamin B6	Helps form red blood cells, helps body use protein, fat and carbohydrates	Beef, Liver, Pork, Ham, Whole Grain Cereals, Bananas
Vitamin B12 (2.6 mcg)	Maintains nervous system, needed to form red blood cells	Liver, Meat, Fish, Poultry, Milk (only found in animal foods, vegetarians should take a supplement)
Folate (600 mcg)	Needed to produce blood and protein, helps some enzymes	Green Leafy Vegetables, Liver, Orange Juice, Legumes and Nuts

## *Foods to avoid in pregnancy*

**Raw meat** - Avoid uncooked seafood and undercooked beef or poultry due to risk of bacterial contamination, toxoplasmosis and salmonella.

**Fish with mercury** - Avoid fish with high levels of mercury including shark, swordfish, king mackerel and tilefish. For other fish, limit consumption to two servings per week.

**Smoked seafood** - Refrigerated, smoked seafood should be avoided due to risks of listeria contamination.

**Raw shellfish** - including clams, oysters, and mussels can cause bacterial infections. Cooked shrimp is safe.

**Raw eggs** - Raw eggs or any foods containing raw eggs can be contaminated with salmonella. This includes some homemade ceasar dressings, mayonnaise, and homemade ice cream. Cook eggs thoroughly, until the yolk is firm.

**Soft cheeses** - imported soft cheeses may contain listeria. Soft cheeses made with pasteurized milk are safe.

**Unpasteurized milk** - May contain listeria which can lead to miscarriage.

**Pate** - Refrigerated pate or meat spreads should be avoided due to risks of listeria.

**Caffeine** - Limit caffeine intake to the equivalent of 1 cup of coffee a day or less. Excess caffeine may be associated with miscarriage, premature birth, low birth weight, and withdrawal symptoms in infants.

**Unwashed vegetables** - Wash all vegetables well to avoid exposure to toxoplasmosis which may contaminate the soil where vegetables are grown.

Avoid spilling fluids from raw meat and hotdog packages on other foods, utensils, and food preparation surfaces. In addition, wash hands after handling hot dogs, luncheon meats, delicatessen meats, and raw meat (such as, chicken, turkey or seafood or their juices.)

## *Special concerns*

### **Vegetarian diet**

Be sure you are getting enough protein. You will probably need to take supplements, especially iron, B12 and vitamin D.

### **Lactose intolerance**

During pregnancy, symptoms of lactose intolerance often improve. If you are still having problems after eating or drinking dairy products, talk with us. We may prescribe calcium supplements if you cannot get enough calcium from other foods. Remember, calcium can also be found in cheese, yogurt, sardines, certain types of salmon, spinach, and fortified orange juice.

## *Artificial sweeteners*

These are OK to use but we would recommend limiting it to 1-2 servings per day. If you have diabetes, the artificial sweeteners are better than sugar to help control your blood sugars.





## Common questions

### **When will I feel my baby move?**

Sometime between 16-25 weeks of pregnancy, mothers will begin to feel movement. Initially, movements will be infrequent and may feel like butterfly flutters. As your baby grows, you will feel movement more often. It is recommended to start counting fetal movements beginning at 28 weeks once daily until you get 10 movements within 2 hours. A good time to do this is 20-30 minutes after breakfast and dinner. If you are concerned about movement, eat or drink something with sugar or caffeine, lie on your side and press your hands on your belly. If you have concerns about feeling baby movements or notice a decrease in movements, contact the office or go to Labor & Delivery of the hospital you plan to deliver at.

### **Why am I so tired? What's the best sleep position?**

It's normal to feel more tired. You may also notice you need more sleep than usual. Try to get at least 8-10 hours per night. Listen to your body.

Try to sleep on your side to allow for maximum blood flow to baby. Lying on your back can cause your blood pressure to drop. You may also find it helpful to put a pillow behind your back and between your knees to improve comfort. As your pregnancy progresses, use more pillows and frequent position changes to stay comfortable.

### **Can I use a Jacuzzi?**

Using a Jacuzzi or whirlpool bath is not recommended during the first trimester and should be limited to 15 minutes or less in the second and third trimester with the water temperature not exceeding 100 degrees.

### **Can I travel?**

Traveling is safe during pregnancy for uncomplicated pregnancies. After 36 weeks, we recommend staying close to home. When you do travel, be sure to take breaks to stand up/walk around at least every two hours. If traveling by vehicle, wear a seat belt, positioning it under your abdomen as your baby grows. If you are involved in a car accident, please call the office immediately, or go to the hospital you plan to deliver at. You may need to be monitored.

### **Can I care for my pets?**

If you have cats, please let us know. Avoid changing the litter box or use gloves to change it. Toxoplasmosis is a rare infection that you can get from cat feces.

### **What do I need to know about dental care?**

Your teeth and gums may experience sensitivity throughout the pregnancy. Inform the dentist of your pregnancy and shield your abdomen if x-rays are necessary. Contact our office with any questions about dental care.

### **Can I go to the salon for treatments?**

Hair coloring and nail care should always be done in large, well-ventilated areas. If possible, avoid treatments in the first trimester.

### **Can I exercise?**

30 minutes of exercise is recommended daily in uncomplicated pregnancies. This could include walking, jogging, biking, aerobic class, yoga, swimming, etc. Weight training is acceptable. Listen to your body during exercise and drink plenty of fluids. After 20 weeks, avoid lying flat on your back and avoid activities with a high risk of falling or trauma to your belly (i.e. snow skiing, kickboxing, horseback riding).

### **Can I have sex?**

You can have sex unless you are having complications or sex becomes too uncomfortable. There are times when exercise and sex should be avoided. This includes vaginal bleeding, leaking amniotic fluid, preterm labor, chest pain, regular uterine contractions, decreased fetal movement, growth restricted baby, headache, dizziness or general weakness.



## Alcohol and smoking

There is no safe amount of alcohol so we recommend avoiding all alcohol during pregnancy. Drinking alcohol can cause birth defects, mental retardation and abnormal brain development.

If you smoke, so does your baby. This is a very important fact of pregnancy. Here are some known complications from smoking during pregnancy:

- **Low birth weight baby:** Low birth weight can be caused by prematurity (birth less than 37 weeks), poor growth, or a combination of both. Prematurity is increased in pregnant smokers and is the number one cause of neonatal death and chronic illness in babies. Problems such as cerebral palsy, life-long lung, kidney, or other organ problems, mental retardation and learning disabilities are much more common in premature and low birth weight babies.
- **Placenta previa:** Low-lying placenta that covers part or all of the opening to the uterus. Placenta previa blocks the exit of the baby from the uterus causing the baby and mother to bleed.
- **Placental abruption:** The placenta tears away from the uterus causing the mother and baby to bleed.
- **Preterm premature rupture of membranes:** The water breaks before 37 weeks of pregnancy, which is associated with an increase of preterm and low birth weight births.
- **Stillbirth:** The fetus has died in the uterus.



## When to call the doctor

If you experience any of the following, please contact us immediately, or go to Labor & Delivery at the hospital you plan to deliver at, as these are considered emergency:

- Continuous leaking of fluid (water broken)
- Abdominal trauma or car accident
- Heavy bleeding
- Decreased fetal movement
- Headache with vision changes
- Painful contractions greater than 6 times an hour if less than 36 weeks

Please use this chart to determine how you should treat certain illnesses or symptoms throughout your pregnancy. If in doubt, call the office at **(702) 255-3547**.

ILLNESS/SYMPTOM	HOME TREATMENT:	CALL THE OFFICE IF:	GO TO THE HOSPITAL:
<b>Bleeding/Cramping</b> <ul style="list-style-type: none"> <li>• Some bleeding/spotting may occur after an internal exam</li> </ul>	<ul style="list-style-type: none"> <li>• Rest</li> <li>• Avoid heavy lifting (more than 20 pounds)</li> </ul>	<ul style="list-style-type: none"> <li>• Bleeding is less than a period with mild cramping; common in 1st trimester</li> </ul>	<ul style="list-style-type: none"> <li>• Bleeding is heavy (using a pad every 2 hours)</li> <li>• 2nd &amp; 3rd trimester cramping or painless heavy bleeding</li> <li>• Cramping is equal or worse than menstrual cramps</li> </ul>
<b>Vomiting</b> <ul style="list-style-type: none"> <li>• Common in 1st trimester</li> </ul>	<ul style="list-style-type: none"> <li>• Vitamin B6 25 mg three times a day</li> <li>• Separate liquids from solids (e.g. dry cereal followed by a glass of milk 1 hour later)</li> <li>• Plain popcorn</li> <li>• Rest</li> <li>• Avoid hot sun</li> </ul>	<ul style="list-style-type: none"> <li>• Unable to keep down liquids and solids for more than a 24 hour period</li> <li>• Weight loss of more than 3-5 pounds</li> </ul>	<ul style="list-style-type: none"> <li>• Signs of dehydration occur (e.g. dry mouth, fatigue/lethargy, poor skin turgor)</li> <li>• Abdominal pain accompanied with vomiting</li> </ul>
<b>Decreased fetal (baby) movements after 24 weeks</b>	<ul style="list-style-type: none"> <li>• Rest</li> <li>• Drink juice or soft drink</li> <li>• Eat a small snack</li> </ul>	<ul style="list-style-type: none"> <li>• Baby moves less than 4 times in a 30 minute period while you are resting, during a normally active period of baby</li> </ul>	<ul style="list-style-type: none"> <li>• No fetal movement if accompanied by severe abdominal pain</li> </ul>
<b>Labor</b>	<ul style="list-style-type: none"> <li>• Rest (you'll need energy for real labor)</li> <li>• Increase fluids to 8-12 glasses daily</li> <li>• Dehydration can cause contractions, especially in the summer</li> </ul>	<ul style="list-style-type: none"> <li>• Contractions stronger than Braxton-Hicks (mild, irregular contractions), but may not be regular</li> <li>• If less than 36 weeks, call if contractions are every 15 minutes</li> </ul>	<ul style="list-style-type: none"> <li>• Contractions are every 5 minutes apart for 1 hour</li> <li>• Water breaks; small leak or as a gush</li> <li>• Bleeding is more than a period</li> <li>• Pain or contractions won't go away</li> </ul>
<b>Urinary Urgency and/or Pain With Urination</b> <ul style="list-style-type: none"> <li>• Frequency is common in early and late pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Urinate at regular intervals</li> <li>• Increase fluid intake to 8-12 glasses daily</li> </ul>	<ul style="list-style-type: none"> <li>• Pain with urination</li> <li>• Feeling of urgency to void with little urine produced</li> </ul>	<ul style="list-style-type: none"> <li>• Temperature of 101°F or higher</li> <li>• Pain in upper back</li> <li>• Contractions occur</li> <li>• Blood in urine</li> </ul>
<b>Swelling</b>	<ul style="list-style-type: none"> <li>• Lie on left side and elevate legs</li> <li>• Avoid salty foods (e.g. ham, pizza, chili)</li> </ul>	<ul style="list-style-type: none"> <li>• Recent, noticeable increase in feet and ankles</li> <li>• Swelling of face and hands</li> </ul>	<ul style="list-style-type: none"> <li>• Swelling accompanied with headache or upper abdominal pain</li> <li>• Swelling with decreased fetal movement</li> <li>• Elevated blood pressure if using home monitoring</li> </ul>
<b>Cold and Flu</b>	<ul style="list-style-type: none"> <li>• Tylenol, Actifed, Sudafed, and any Robitussin</li> <li>• Increase fluids</li> <li>• Rest</li> <li>• Use vaporizer</li> <li>• Ibuprofen ok in 2nd trimester only</li> </ul>	<ul style="list-style-type: none"> <li>• Temperature of 101°F or higher</li> <li>• Green or yellow mucus develops</li> <li>• Persistent cough for more than 5 days</li> </ul>	<ul style="list-style-type: none"> <li>• Breathing is difficult or wheezing occurs</li> </ul>
<b>Rupture of membranes</b>			<ul style="list-style-type: none"> <li>• Water breaks; small leak or as a gush</li> </ul>

# Preparing for labor and delivery

## **Pre-register with hospital**

Pre-Register with the hospital that you and your provider discussed for your delivery. Please register before you are in labor as this will make admitting you to the hospital smoother. You may schedule a tour of the birthing suites at your convenience.

## **Consider a birth plan**

If you have a birth plan, please share it with your provider. If desired, there are several options to provide pain relief while you are in labor. We are supportive of whatever you choose.

**Narcotics** - Different narcotics are given through injection or IV and helps take the edge off strong contractions. It can make you sleepy if given early in labor. We avoid giving this near delivery time as it may effect baby's breathing efforts.

**Epidural** – This safe and popular option is administered by an anesthesiologist and requires a fine, thin catheter or tube to be placed in your back during active labor. Medicine slowly drips through the tubing to provide pain relief throughout labor. It is removed after delivery.

**Local** – Many patients deliver without pain medication. Sometimes we need to give a small injection of numbing medicine for stitches called lidocaine. It feels like a small pinprick.

## **Research cord blood banking**

Your baby's blood is a valuable source of cells that could be used by your baby or another family member to treat some life-threatening diseases. It can easily and safely be obtained immediately after delivery. Parents can choose to have their baby's blood saved; however the decision must be made before birth. Insurance does not generally cover this. If interested, you can order a kit and bring it with you to delivery. In some cases, cord blood can be donated. Ask your provider for information.

## **Attend educational courses**

There are educational courses on labor and delivery, breastfeeding, infant CPR and baby care available. Consider these classes especially if you are a first time parent!

## **Choose a doctor for your baby**

You will need to decide on a doctor for your baby by the time you deliver. The hospital will send your baby's information and test results to your chosen doctor. Your baby is commonly seen within 1 week after birth. You will need to contact the doctor's office prior to delivery and make sure they are accepting your insurance and are taking new patients. We can provide you with a list of doctors if you have trouble locating one.

## **Obtain and install a car seat**

You must have a car seat installed in your vehicle before taking baby home. By law, children must be in a federally approved, properly installed, crash-tested car seat for every trip in the car beginning with the trip home from the hospital.

## **Learn more about breastfeeding**

Human milk is perfectly designed nutrition for babies. Babies who are breastfed get fewer infections and are hospitalized less. Mothers that breastfeed burn 500 calories a day which can help lose extra weight and reduce a woman's risk of developing breast cancer. After delivery, the nurses and a lactation specialist are there to help you learn the art of breastfeeding.



# Labor and Delivery

## When will I know I'm in labor?

The chart below will help determine if you are in labor. If you have signs of true labor, go to the labor and delivery unit. If your water breaks, go to labor and delivery immediately, day or night.

True Labor	False Labor
Contractions are regular, get closer together and last 40 to 60 seconds.	Contractions are irregular, do not get closer together and last 20 to 40 seconds.
Contractions continue despite movement.	Contractions may stop when you walk or rest or may change with change of position.
Pain/discomfort usually felt in back and moves around to front.	Pain/discomfort often felt in abdomen.
Contractions steadily increase in strength.	Contractions usually are weak and do not get much stronger.
Cervix dilates.	Cervix does not dilate.
Bloody show may be present.	Usually no bloody show is present.

## Induction

Your due date is considered 40 weeks. Anticipate delivery sometime the week of your due date. We recommend additional testing for your baby at 40-41 weeks. We induce labor then or sooner if there are concerns. Induction is a process where we give medication to stimulate contractions. It is important to allow your baby to fully grow and develop before we schedule a delivery.

## Cesarean birth and recovery

A Cesarean birth may be planned or unplanned. Nurses, anesthesia staff and your physician will be with you in the operating room. If necessary, a group of neonatal health care providers also will be with you. Your blood pressure and heart rate/rhythm will be monitored, and a nurse will listen to your baby's heart rate. Your baby will be delivered in a short period of time once surgery begins. Once delivered, it will take approximately 45-60 minutes to complete surgery. Your incision will be closed with staples or sutures. You will then be moved to the Recovery Room.

## Initial recovery after Cesarean birth

The immediate recovery period is similar to the recovery period of a vaginal birth. Rest to conserve your strength. You, your baby and your support partner will remain in the Labor and Delivery Recovery Room for approximately two hours. During this time you and your baby will be monitored closely. Most often, you can breast feed right away.

## Vaginal birth after cesarean (VBAC)

If you have had a Cesarean delivery in a previous pregnancy and are now preparing for the birth of another child, you may consider delivering your baby vaginally. VBAC is recommended for those who are a candidate. You will need to discuss this with your provider.

## Episiotomy/forceps/vacuum

We plan to help you deliver your baby with the least amount of trauma. Episiotomies are not routinely needed and many deliver without the need for any stitches. Sometimes we need to make a small incision at the vaginal opening to help deliver. We make sure you are numb if you don't have an epidural, and will stitch the area after delivery. The stitches dissolve over time and do not need to be removed. We provide you with medicine to keep you comfortable after delivery.

We are highly skilled in the use of vacuum and forceps for deliveries. We will recommend using them only if medically indicated. Our goal is to deliver your baby in the safest manner. There are definitely times when this is the safest way to help your baby into this world.

## Postpartum instructions

1. Make an appointment to see the doctor for a check-up 6 weeks after vaginal delivery, 1-2 weeks after cesarean for an incision check and then at 6 weeks postpartum.
2. Refrain from douching, tampons and swimming until after your post-partum check-up.
3. You may ride in a car but no driving for about 2 weeks.
4. If breastfeeding, continue your prenatal vitamins daily, eat a well balanced diet, and increase your fluid intake to 10-12 glasses of water per day. With any signs or symptoms of a breast infection (fever, flu-like symptoms, pain or redness in the breast) call the office for further instructions.
5. If not breastfeeding, continue to wear a good supportive bra, bind if necessary, use ice packs, take Tylenol® for discomfort, and call the office if the problem persists or worsens.
6. Vaginal bleeding may continue for 6-8 weeks while the uterus is involuting back to pre-pregnancy state. You may have spotting and/or menstrual-like flow. Increased activity increases the flow. If bleeding or cramping increases to greater than a period, take two Advil and get off your feet. If bleeding is persistently heavy, call the office for further instructions.
7. Avoid lifting anything heavier than your baby until after your post-partum check-up.
8. Exercise – Avoid sit-ups, jumping jacks and aerobics until after your post-partum check-up. You may do simple abdominal tightening exercises, kegal exercises, and walking.
9. Constipation is very common. Drink 6-8 glasses of liquids every day. Citrucel, Metamucil, and stool softeners (Colace) may be used. Include food like bran cereal, fresh fruits and vegetables in your diet. Stool softeners are recommended while taking Percocet or Vicodin.
10. Hemorrhoids usually are more symptomatic after delivery. If they are a problem for you, we can prescribe medication to relieve symptoms.
11. Post-partum blues – Sadness, crying and blues are normal responses to hormonal changes in your body after the baby is born. Please let us know if you need additional assistance or if you are concerned that the blues have turned into depression.
12. Abstain from intercourse for 2-3 weeks or longer if your stitches are still painful. Contraception options may need to be discussed with your doctor at your check-up or earlier if you have special needs.
13. You may climb stairs 2-3 times a day in the first 2 weeks. Too much activity delays episiotomy and incisional healing.
14. Please call the office if you have a fever of 101°F or greater, swelling, tenderness or redness in the lower leg.
15. If you had a Cesarean delivery, keep your incision clean with soap and water. Bandage with gauze only if instructed. Call the office if the incision is swollen, red or has any unusual drainage. Remove any steristrips after 10 days.
16. Tub bathing and showering are permitted.

## Postpartum depression

40-80% of women experience mood changes after their delivery. This most commonly starts 2-3 days after delivery and usually goes away by 2 weeks. It is important to eat properly, get adequate sleep and reduce stress during this time to help with the symptoms. Sometimes the symptoms require treatment especially if mom is not bonding or enjoying her baby; unable to care for herself or the baby; feeling excessive sadness, depression or anxiety. Please schedule an appointment if you feel a problem is occurring. We are known for our compassionate care and have effective treatments for postpartum depression.

## Notes

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