

## *Congratulations on Your Pregnancy*

Thank you for choosing Northwest Obstetrics & Gynecology Associates, Inc. to care for you during this important time in your life. We are dedicated to providing you personalized and compassionate care. Having a baby is one of the most memorable and important experiences for a woman. We will do all we can to ensure your pregnancy experience is safe, healthy and happy.

This booklet is provided to you to help answer common questions you may have along the way. We encourage you to keep it nearby as a resource throughout your pregnancy. You can also visit our website at [www.northwestobgyn.net](http://www.northwestobgyn.net) for important information.

We appreciate that you are placing your trust in our care.

## *Your Providers*

Like many OB/Gyn practices, Northwest Obstetrics & Gynecology Associates (NWOB) is a group practice. Our providers have days they work in the office, days they are on call for deliveries and days they are off. Your primary provider will try to do their best to attend your delivery, but it is not always possible. In these instances, one of your physician's partners will be managing your care. Although it is not required, if you wish, you may be scheduled to meet your physician's partners prior to your estimated due date. If you choose to do so, let your physician know so that arrangements can be made.



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# Office Information

## Office Hours

Our office is open **Monday through Friday 8:30 am – 4:30 pm**. You may call 614-777-4801 Monday through Friday 8:30 am – 4:30 pm for questions or concerns. If you have an **emergency** and need to contact the office on weekends or after business hours, you may call the same number and our answering service will give the on-call provider your message to return your call. If you are experiencing symptoms that you believe need immediate attention or represent an emergency, call 911 or go to your nearest emergency room.

For **non-emergent** questions or concerns you may use the patient portal and the nurse/staff will contact you the next business day.

## Appointment Schedule

### Your First Visit

When you come to the office for your first prenatal visit, we will take an extensive history, do an appropriate exam and perform an ultrasound to establish your due date. There will also be a series of prenatal labs that will check your blood type, blood count and test for infections (urine culture, syphilis, hepatitis B and C, HIV, Gonorrhea and Chlamydia). Other testing may be performed if indicated by your health history. The Center for Disease Control (CDC) recommends all pregnant patients receive an influenza injection between September and February to reduce your risk of getting the flu. The American College of Obstetrics & Gynecology (ACOG) recommends that all pregnant women receive a Tdap injection during the third trimester to allow antibodies to whooping cough (pertussis) to cross the placenta and give your baby passive immunity.

### After Your First Visit

Between the first visit and 28 weeks, you will be scheduled to see your physician every four weeks at which time your blood pressure, weight, urine and the baby's heartbeat will be checked. Appropriate labs and ultrasounds will be offered at specific visits (see below)

Between weeks 28 and 35 you will be scheduled to see your physician every two to three weeks during which time your blood pressure, weight, urine and the baby's heartbeat will be checked. Tdap (tetanus, diphtheria and pertussis) will be given at one of these visits.

At 36 weeks until delivery you will be scheduled to see your physician every week.

## Testing

The following testing will be performed during your pregnancy.

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

**Vaginal Culture** — this swab of your vagina and rectum is performed at your 35-36 week appointment. Group B strep is a normal bacteria that is naturally found in the vagina of some women 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.

Other testing may be indicated depending on test results and your history.



### *Optional Testing*

**Fetal DNA** — This is a non-invasive blood test and there are many options for this test. It is a newly developed, non-invasive detector of fetal trisomies and sex chromosome abnormalities. Please feel free to discuss these options with your physician.

**Cystic Fibrosis or CF screening** — This test is to evaluate the gene carrier status of the patient.

**AFP4 (QUAD) screening** — This test is obtained between 15 to 20 weeks gestation and is used to help identify fetuses at increased risk for open neural tube defects such as spina bifida or chromosome problems such as Downs syndrome.

**AFP (Alpha Fetal Protein) only** — This test is to detect whether the baby may be at risk for birth defects of the brain and spinal cord.

## *Ultrasounds*

Upon your first visit you will have an ultrasound to determine your due date. You will have a second ultrasound between 18-20 weeks. This ultrasound is to evaluate the fetal anatomy. Additional ultrasounds will be performed based on medical need.

## *Keepsake Ultrasounds*

We offer Keepsake Ultrasounds for a fee. These ultrasounds are not medically indicated and will not be reviewed by your physicians nor are they covered by your insurance.

We offer 4 package options

**Pink or Blue Package**—This is a 2D ultrasound that can be done as early as 14 weeks to determine the gender of your baby. This is a 15 minute session which includes 3 black and white 2D images.

**Hello Baby! Package**—This 3D ultrasound will provide you with a unique look into your baby's world. This is a 20 minute session that includes 3 black and white 2D images, 3 black and white 3D images and a CD of all pictures.

**Deluxe Hello Baby! Package**—This offers you all of the Hello Baby! Package with the 2 additional black and white 2D pictures, 2 additional black and white 3D pictures totaling 10 pictures, a CD of all pictures and an added video loop imaging of your baby. This package is a perfect pregnancy keepsake.

**Pink or Blue and Baby, too! Package**—This package is a combination of the Pink and Blue Package and the Deluxe Hello Baby! Package. Maximize your pregnancy memories with this all-inclusive package.

Please see the front desk staff for pricing and scheduling.



## *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 that contain a protein and a carbohydrate, in order to keep your stomach full. 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 tea or candy 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 for more than 12 hours, contact the office.

**Spotting** — light bleeding or spotting 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 accompanied by pain, contact us.

**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.

**Dizziness** — you may feel lightheaded or dizzy at any time during your pregnancy. Try eating a protein/carbohydrate snack or drink 1-2 glasses of water and lie down on your left side. If symptoms persist, contact the office.

**Constipation** — is a common complaint which can be related to hormone changes, low fluid intake, increased iron intake or lack of fiber in your diet. Try to include whole grains, fresh fruit, vegetables and plenty of water approximately 64 oz. Increase your physical activity. There are also safe over-the-counter medications (Konsyl, Metamucil, Citrucel, Benefiber). You can also take a stool softener (Colace, Senekot). If you develop hemorrhoids, try sitz baths three to four times per day for 10 – 15 minutes each time. If the pain persists, 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.

**Aches and Pains** — (this includes back pain and round ligament pain) 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 your joints. Practice good posture and try to rest with your feet elevated. You may also use heat, Tylenol or abdominal support belt.

**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. Avoid fried, spicy or acidic foods such as citrus and tomato based. Some over-the-counter medications are also safe for use.

**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 headaches or visual changes, contact us immediately.

**Urinary** — frequency is common in the 1st trimester as the uterus is just starting to grow and in the 3rd trimester as the baby's head is compressing the bladder.

**Leg Cramps** — cramping in your legs or feet can also be common. Hydrating and 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.

**Fatigue** — it is very common for extreme fatigue to be present in the 1st trimester. Typically it will improve around 12 weeks. Fatigue will typically reoccur in the 3rd trimester.

**Sleeplessness** — interrupted sleep and vivid dreams are common throughout the pregnancy. It is not rare to be tired but unable to sleep.



## 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. Contact the office with questions.

### *Over The Counter (OTC) Remedies for Nausea & Vomiting*

**Ginger** — candies, cookies, ginger ale

**Mint** — candies, gum or peppermint tea

**Vitamin B6** — 25 mg three times daily

**Benadryl (diphenhydramine)** — 25 mg three times daily\*\*\*

**Dramamine (dimhydrinate)** — 50 mg three times daily\*\*\*

\*\*\* Use as directed on package

**Lemon** — candies, lemonade or add to tea

**"Sea-Bands"** — motion sickness wrist bands

**Unisom (doxylamine)** — 25 mg three times daily\*\*\*

<b>Acne</b> Benzoyl Peroxide Topical Erythromycin Salicylic Acid  <b>Avoid:</b> Accutane Retin-A Tetracycline Minocycline	<b>Antibiotics</b> Cecor Cephalosporins E-mycins Keflex Macrobid/Macroclantin Penicillin Zithromax  <b>Avoid:</b> Cipro Tetracycline Minocycline Levaquin	<b>Colds/Allergies</b> Benadryl, Claritin, Zyrtec Chlor-Trimeton, Dimetapp Drixoral-Non-Drowsy Mucinex (guaifenesin) Sudafed**/Sudafed-12 Hour** Sudafed PE Pseudoephedrine** Tylenol Cold & Sinus** Vicks Vapor Rub  <b>**AVOID</b> if problems With Blood Pressure
<b>Constipation</b> Colace, Miralax, Senakot Dulcolax Suppository Fibercon, Metamucil Perdiem	<b>Cough</b> Actifed, Sudafed Cough Drops Phenergan w/Codeine if prescribed Robitussin (plain & DM)	<b>Crab/Lice</b> RID  <b>Avoid:</b> Kwell
<b>Gas</b> Gas-X Mylicon Phazyme	<b>Headaches</b> Cold Compress Tylenol (regular or extra strength) Acetaminophen Ibuprofen ok in <u>2nd</u> trimester <u>ONLY</u>	<b>Heartburn</b> (Avoid lying down for at least 1 hour after meals) Aciphex, Maalox, Mylanta, Pepcid, Milk of Magnesia Pepcid Complete Prevacid, Prilosec, Rolaids Zantac Tums (limit 4/day)
<b>Hemorrhoids</b> Anusol/Anusol H.C. (RX: Analapram 2.5%) Hydrocortisone OTC Preparation H, Tucks Vaseline lotion applied to tissue Witch Hazel	<b>Herpes</b> Acyclovir Famvir Valtrex	<b>Leg Cramps</b> Benadryl Magnesium supplement
<b>Nasal Spray</b> Saline Nasal Spray	<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	<b>Pain</b> Tylenol, Lortab**, Percocet**, Tramadol**, Tylenol 3**, Ultram**, Vicodin** Salonpas patches **Narcotic medications should only be used when pre- scribed for a legitimate medical problem by a doctor for a short period of time.
<b>Rash</b> Benadryl 1% Hydrocortisone Cream	<b>Sleep Aids</b> Ambien (rx only), Benadryl Chamomile Tea Unisom, Tylenol PM Warm milk-add vanilla/sugar for flavor	<b>Throat</b> Cepacol, Cepastat Salt Water Gargle w/ warm water Throat Lozenges
<b>Tooth Pain</b> Orajel	<b>Yeast Infection</b> Gyne-lotrimin, Monistat-3 Terazol-3 Diflucan (rx only)	<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 Similac Prenatal.

## Nutrition

### Recommendation for Weight Gain During Pregnancy

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 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 risk of childhood obesity and make weight loss more difficult after delivery.

#### Recommendations for weight gain during a singleton pregnancy are as follows:

- Underweight women (BMI less than 20): 30-40 lbs
- Normal weight women (BMI 20-25): 25-35 lbs
- Overweight women (BMI 26-29): 15-25 lbs
- Obese women (BMI >29):  $\leq$  15 lbs

### 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. You may find it easier to eat snacks and small meals throughout the day rather than three big meals a day. 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.

**Vegetarian Diet** — Be sure you are getting enough protein. You may need to take supplements, especially iron, B12 and vitamin D.

**Prenatal vitamins** — We recommend a daily prenatal vitamin to help provide the best balance of nutrition for you and your baby. Either over the counter or prescription vitamins are fine. If you cannot tolerate a prenatal vitamin, we recommend 2 children's chewable vitamins with iron a day instead. If vitamins are causing nausea, try taking them at night time with a snack. If constipation is an issue, increase the fiber in your diet, drink more fluids and increase activity. An over the counter stool softener may be added if needed.

#### 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*

**Caffeine** — Limit to 1-2 caffeinated beverages per day.

**Raw meat** — Avoid uncooked seafood and undercooked or raw beef, poultry, pate or meat spreads due to the risk of bacterial contamination, toxoplasmosis, listeria and salmonella.

**Deli meats** — Can be safely eaten if warmed to the point of steaming (160 degrees).

**Fish with mercury** — Avoid fish with high levels of mercury including shark, swordfish, king mackerel, tuna steaks, tile fish and fish caught in local waters. You may eat 12 ounces of restaurant type seafood such as salmon or light canned tuna weekly. Avoid Sushi.

**Soft Cheeses** — Imported soft cheeses such as feta, brie, camembert and blue cheese may contain listeria. Soft cheeses made with pasteurized milk are safe.

**Unpasteurized milk** — And foods made with unpasteurized milk may contain listeria which can lead to miscarriage.

**Smoked seafood** — Refrigerated, smoked seafood should be avoided unless it is an ingredient in a cooked dish.

**Raw shellfish** — Including clams, oysters and mussels can have a bacteria that could cause an infection.

**Raw eggs** — Raw eggs or any foods containing raw eggs can be contaminated with salmonella.

**Unwashed vegetables** — Wash all vegetables well to avoid exposure to toxoplasmosis and/or other bacteria which may contaminate the soil where vegetables are grown.

**Nuts** — Some allergist believe mothers with a previous child with a severe peanut allergy should avoid peanuts in subsequent pregnancies.

## *Exercise*

In an uncomplicated pregnancy, we recommend 30 minutes or more of exercise daily which includes aerobic activities (walking, jogging, biking, aerobic classes, yoga, swimming, etc). Weight training and toning are fine. You can continue your usual workouts but may need to reduce intensity or shorten them. It is a good idea to listen to your body during exercise and drink plenty of fluids. After 20 weeks you should avoid lying flat on your back during exercise. Basically, if you are breathing hard, slow down. Avoid activities with a high risk of falling, loss of balance or trauma to your belly.

**Sex** You can have sex during pregnancy unless you are having complications or you are too uncomfortable. We will specifically tell you if intercourse is prohibited. We may place you on "pelvic rest" if you have complications of your pregnancy such as pre-term labor or bleeding. Sex will not injure your baby. Because the prostaglandins in semen may cause you to contract, if you feel discomfort from this preterm (less than 37 weeks), you can use condoms or have your partner withdraw before ejaculation. If there is any concern for sexually transmitted diseases, then use condoms or don't have sex.

Exercise and sex should be avoided during these times:

- Vaginal bleeding
- Leaking amniotic fluid
- Preterm labor
- Chest pain
- Regular uterine contractions
- Decreased fetal movement
- Growth restricted baby
- Headache/Dizziness/Weakness





## Frequently Asked Questions

**What is the Rh Factor?** If your blood type is Rh negative then you may be at risk for Rh Disease. About 10% of people have this blood type and you will be tested for it in the blood work at your first visit. 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. Fortunately, we can prevent the problem with a shot called Rhogam/Rophylac which is given at 28 weeks or anytime if any vaginal bleeding occurs. If you are Rh negative, always call us if you develop bleeding or trauma to your belly. You may need an extra injection.

**When will I feel my baby move?** Sometime between 16-22 weeks of pregnancy, mothers will begin to feel movement. Initially movement will be infrequent and may feel like butterfly flutters. As your baby grows, you will feel movement more often. Some physicians recommend fetal movement counts beginning at 28 weeks – one to two times per day – check with your physician regarding their preference. A good time to do this is 20-30 minutes after a meal. If you are concerned about movement, eat or drink something cold and with sugar (unless you are diabetic), lie on your left side and place your hands on your belly. Contact the office if you perceive a distinct decrease in fetal movement.

**Can I travel or fly in an airplane?** We recommend you not travel more than an hour away from the hospital after 36 weeks. You may fly in an airplane or travel by car up to that time. Prior to your trip, find the nearest hospital to your destination and ask us for a copy of your prenatal records. Stay hydrated and stretch your legs frequently to avoid blood clots.

**Should I wear my seatbelt?** You should always wear your seatbelt correctly with the shoulder harness worn and the lap belt placed over your thighs under your belly. Call if in MVA (motor vehicle accident).

**Can I care for my pets?** If you have cats, avoid changing the litter box or use gloves and a mask to change it. Toxoplasmosis is a rare infection that you can get from cat feces.

**How do I prevent toxoplasmosis?** You do not need to get rid of your indoor cat, just avoid changing the litterbox during your pregnancy. Please let us know if your cat is diagnosed with toxoplasmosis, as you may require antibiotic treatment as well. Also avoid eating raw or rare meat. Wash your hands thoroughly after handling raw meat. Use separate cutting boards for meat. Wash or peel fruits and vegetables. Wear gloves when gardening. Make sure to wash hands after petting your cat.

**What do I need to know about dental care?** Your teeth and gums may experience sensitivity and a small amount of bleeding throughout the pregnancy. Inform the dentist of your pregnancy and shield your abdomen and thyroid if x-rays are necessary.





**Why am I so tired? What is the best sleep position?** It is normal to feel more tired. You may 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 the 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.

**Will I be able to work/go to school my entire pregnancy?** Most patients are able to work/go to school their entire pregnancy. You may need to be off work if you have a significant complication of the pregnancy that makes working/going to school a danger to you or your baby. Discomforts due to pregnancy are not a disabling condition.

**Can I use a Jacuzzi, Hot tub or Sauna?** Using a Jacuzzi, hot tub or sauna is not recommended during the entire pregnancy.

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

**How can I tell if I have a cold or flu and what can I take while pregnant? Cold symptoms are:** mild cough, sore throat, sneezing, runny nose, mild tiredness, mild aches. Rarely fever or headache. For treatment of a cold refer to the Safe Medication List. **Flu symptoms are:** high fever, severe headache, severe muscle aches, prolonged tiredness (2weeks), occasionally you may have a cough, sore throat, sneezing and a runny nose. For treatment of the flu there are two prescriptions available Tamiflu and Relenza. The Centers for Disease Control (CDC) categorizes pregnant women as "high-risk" and recommends they get the inactivated influenza vaccine.

**What can I do to prevent/relieve "morning sickness"?** Eat a piece of bread or a few crackers before getting out of bed or when you feel nauseated. Get out of bed slowly. Avoid sudden movements. Eat several small meals during the day. Avoid greasy, fried or heavily seasoned, spicy foods. Take deep breaths or take a walk when you begin to feel nauseated. Try one of our "OTC (over the counter) remedies" for nausea and vomiting. Call the office if you are unable to keep liquids down for more than 12 hours as you may need prescription medication or intravenous fluid. **Morning sickness is generally gone by 12-16 weeks.**

**Can I paint during pregnancy?** There are no known birth defects associated with latex paint fumes. However, since the fumes may make you nauseated or dizzy, it is best to avoid the exposure if you are able. If not, wear a mask or make sure the room is well-ventilated. Avoid climbing on ladders.

## *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 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 of the opening to the uterus. Placenta previa blocks the exit of the baby from the uterus causing the mother to bleed.
- **Placental abruption:** The placenta tears away from the uterus causing the mother 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

During pregnancy there are times when we need to hear from you. If there is a problem, sometimes it is difficult to tell when you should call us immediately or if the call can wait until the next office day. These guidelines will help you distinguish urgent symptoms from routine ones. **Please call us immediately as the following are considered emergency:**

- Continuous leaking of fluid (water broken)
- Abdominal trauma or car accident
- Heavy bleeding
- Fever greater than 101 degrees
- Decreased fetal movement
- Urinary urgency or pain with urination
- Headache with vision changes
- Painful contractions greater than 6 times an hour if less than less than 36 weeks along

Please use this chart to determine how you should treat certain illnesses or symptoms throughout your pregnancy. If in doubt call the office at **614-777-4801. DO NOT USE PORTAL FOR EMERGENCY OR URGENT PROBLEMS**

ILLNESS/SYMPTOM	CALL THE OFFICE IF:	CALL THE DOCTOR IMMEDIATELY IF:	HOME TREATMENT:
<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>• 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>	<ul style="list-style-type: none"> <li>• Rest</li> <li>• Avoid heavy lifting (more than 25 pounds)</li> </ul>
<b>Vomiting</b> <ul style="list-style-type: none"> <li>• Common in 1st trimester</li> <li>• Unable to keep down liquids and solids for more than a 12 hour period</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 5 pounds</li> </ul>	<ul style="list-style-type: none"> <li>• Signs of dehydration occur (e.g. dry mouth, fatigue/lethargy)</li> <li>• Abdominal pain accompanied with vomiting</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>
<b>Decreased fetal (baby) movements after 24 weeks</b>	<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>	<ul style="list-style-type: none"> <li>• Rest</li> <li>• Drink juice or soft drink</li> <li>• Eat a small snack</li> </ul>
<b>Labor</b>	<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 10 minutes</li> </ul>	<ul style="list-style-type: none"> <li>• Contractions are every 5 minutes apart for 1 hour, lasting 60 seconds</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>	<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>
<b>Urinary Urgency 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>• 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>	<ul style="list-style-type: none"> <li>• Urinate at regular intervals</li> <li>• Increase fluid intake to 8-12 glasses daily</li> </ul>
<b>Swelling</b>	<ul style="list-style-type: none"> <li>• Recent, noticeable increase in feet and ankles</li> <li>• Swelling of face and hands</li> <li>• One leg swollen more than the other</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>	<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>
<b>Cold and Flu</b>	<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>	<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>
<b>Rupture of membranes</b>		<ul style="list-style-type: none"> <li>• Water breaks; small leak or a gush</li> </ul>	

# *Preparing for Your Baby*

## *Hospital Affiliation*

We are affiliated with **Riverside Methodist Hospital** located at 3535 Olentangy River Road, Columbus, OH 43214.

## *Attend Educational Courses*

There are numerous courses available on labor and delivery, birthing, infant care, breastfeeding and infant CPR, which are all recommended especially if you are a first time parent. Child birth classes are offered at our office (see our website [www.northwestobgyn.net](http://www.northwestobgyn.net) for information) or you can go to the OhioHealth website [www.ohiohealth.com/classes](http://www.ohiohealth.com/classes) for more information.

## *Choose a Pediatrician for Your Baby*

You will need to decide on a pediatrician for your baby by the time you deliver. The hospital will send your baby's information and test results to your chosen physician. Your baby is commonly seen within 1-2 weeks after birth. You will need to contact the doctor's office prior to delivery and make sure they accept your insurance and are taking new patients. We will be happy to provide you with a list of pediatricians around the 26-28 week of pregnancy (2nd trimester).

## *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, car seat for every trip in the car beginning with the trip home from the hospital.

## *Learn More About Breastfeeding*

Breast milk is perfectly designed nutrition for babies. Babies who are breastfed get fewer infections and are hospitalized less. Mothers that breastfeed can burn up to 500 calories per day, which can help with weight loss. Breastfeeding can also reduce a woman's risk of breast cancer. After delivery, the nurses and a lactation specialist are there to help you learn the art of breast feeding.





# Labor and Delivery

**How 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, contact the office at 614-777-4801.

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. We may recommend additional testing for your baby after 40 weeks. We want labor to happen spontaneously, but if it doesn't we will discuss induction of labor at 41 weeks. Induction is a process where we give medication to ripen (soften) the cervix and or stimulate contractions.

**Cesarean birth and recovery** — A Cesarean birth may be planned or unplanned. Nurses, anesthesia staff and your physician or physician's partner will be with you in the operating room. Neonatal health care providers will be present to care for your newborn. Your blood pressure and heart rate/rhythm will be monitored. It takes approximately 60 minutes to complete a Cesarean section. 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 and your partner will be in recovery for approximately 2 hours, your baby will be there for approximately 1 hour then will be sent to the nursery. During this time you and your baby will be monitored closely.

**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 offered to those who are a candidate. You will need to discuss this with your physician.

**Episiotomy/Forceps/Vacuum** — We plan to help you deliver your baby with the least amount of trauma. Episiotomies are not always needed and some deliver without the need for any stitches. Sometimes we need to make a small incision at the vaginal opening to help deliver the baby. 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 skilled in the use of vacuum and forceps for delivery. We recommend using them **only** if medically indicated. Our goal is to deliver your baby in the safest manner. There are times when this is the safest way to help your baby into this world.



## *Post-partum Instructions*

- Make an appointment to see the doctor for a check-up 6 weeks after delivery.
- Refrain from douching, tampons and swimming until after your post-partum check up.
- You may ride in a car but no driving for about 2 weeks if taking pain medication or having pain.
- 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 infections (fever over 100°, flu-like symptoms, pain or redness in the breast) call the office for further instructions.
- If not breast feeding, continue to wear a good supportive bra, bind if necessary, use ice packs, take Ibuprofen for discomfort, and avoid stimulation.
- Vaginal bleeding may continue for 6-8 weeks while the uterus is returning 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, then take Ibuprofen and get off your feet. If bleeding is persistently heavy, call the office for further instructions.
- A few blood clots are normal but if a clot is larger than your fist, please contact the office.
- Avoid lifting anything heavier than baby until your post-partum visit.
- Exercise: avoid sit-ups, jumping jacks, aerobics until after your post-partum visit. You may walk for exercise.
- 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.
- Hemorrhoids usually are symptomatic after delivery yet can occur before if you have issues with pressure or constipation. Over the counter (OTC) hemorrhoid treatments such as Tucks medicated pads, cortisone cream and Preparation H can be used to help symptoms. Sometimes a prescription treatment may be needed.
- No sexual intercourse for 6 weeks or until your post-partum visit. Contraception options will be discussed at your post-partum visit.
- Too much activity can delay the healing of your episiotomy and/or lacerations.
- Avoid tub baths for 6 weeks, you may take showers.
- Please call the office if you have a fever greater than 101 degrees, swelling, tenderness or redness of your lower legs.
- If you had a Cesarean delivery, keep your incision clean with soap and water. Bandage with gauze only if instructed. You may remove the steri-strips in 7 days or sooner if they are falling off. Call the office if any redness, swelling or drainage occurs.
- Limit using stairs to 2 times a day for the first 2 weeks. This will help with healing.

## *Post-Partum 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; is unable to care for herself or the baby; is feeling excessive sadness, depression or anxiety. Please schedule an appointment if you feel a problem is occurring. There are effective treatments for postpartum depression.