

# TABLE OF CONTENTS

Welcome Letter

Frequently Asked Questions

Common Discomforts of Pregnancy

Nausea and Vomiting

Questions You Should Ask Your Insurance Company

Your To Do List

Your Prenatal Care Schedule

Fetal Development of Maternal Signs

Feeding Your Baby Before It's Born

Lab Tests

Screening for Gestational Diabetes

Problems of Pregnancy

Preterm Labor

“Kegels” During Pregnancy

Labor and Delivery

Labor/Labor Instructions

Preparing For Baby

Breastfeeding Services

Contraception

Postpartum Care/What To Expect At Home



***W***elcome to our practice, we are excited that you have chosen us for your Obstetrical care. We are committed to you in answering any questions and concerns during your pregnancy. Our main goal is to have a healthy mom and baby at the end of your pregnancy.

*We follow the standards set forth by our professional organization and our many years of experience. There are laboratory tests, exams, monitoring of blood pressure and weight. We will monitor your baby's growth and well-being throughout the pregnancy and during labor and delivery.*

*We encourage you to attend prenatal classes, read our prenatal book, as it will answer many of your questions.*

*From you we ask the following to ensure that we can monitor your pregnancy:*

- 1. Keep all appointments.*
- 2. Urinate at the office at each visit.*
- 3. Do all laboratory tests within the time frame given.*
- 4. Please bring in your questions and concerns at each visit.*

*Finally, please keep us informed of any insurance changes so that we can bill appropriately and you are not left with the bill; we will work hard with you and your insurance company. If you have financial responsibilities to make payments on services that your insurance company does not cover; you will be given a contract indicating any payment you need to make at each visit.*

*If anything occurs or any questions arise, please use the main telephone number at the office (847) 244-4110. This number can be called 24 hours a day. We will answer your questions in the most expedient form as possible.*

# THE WOODS WOMEN'S GROUP

---

351 S. Greenleaf Avenue, Ste A, Park City, IL 60085 · (847)244-4110 · fax (847)244-4494

## FREQUENTLY ASKED QUESTIONS IN PREGNANCY

### *Question*

Can I get a flu shot?

### *Answer*

Yes (Only the flu shot; not a mist)

### *Question*

What can I take for a cold?

### *Answer*

Tylenol cold multi-symptom (liquid), Robitussin plain

### *Question*

Is 1<sup>st</sup> trimester bleeding normal?

### *Answer*

1<sup>st</sup> trimester spotting maybe normal.

Contact physician's office if:

Bleeding is like a period flow

If there is intense pelvic pain; especially on one side.

### *Question*

Is it normal to experience abdominal cramping in the 1<sup>st</sup> trimester?

### *Answer*

Yes, this is normal. As the abdomen and uterus start to stretch with pregnancy; this may cause some cramping and discomfort.

### *Question*

Can I travel?

### *Answer*

Consult your physician at next appointment

### *Question*

Can I go through full body scanner?

### *Answer*

No

**Frequently Asked Questions in Pregnancy** (continued)

*Question*

What can I take for constipation?

*Answer*

Take Colace

Drink plenty of fluids

Include more fiber, fruits, vegetables, beans and whole grains in diet

*Question*

Can I exercise during pregnancy?

*Answer*

Yes: Kegel, knee press, abdominal strengthening, walking, swimming and yoga

*Question*

What can I take during the pregnancy for a yeast infection?

*Answer*

Over the counter Monistat cream

*Question*

How long will I bleed after the delivery of my baby?

*Answer*

4-6 weeks

*Question*

When should I discuss contraception?

*Answer*

You should discuss this in the 3<sup>rd</sup> trimester. If considering a tubal after delivery; inform and discuss with the physician prior to delivery.

# THE WOODS WOMEN'S GROUP

351 S. Greenleaf Avenue, Ste A, Park City, IL 60085 · (847)244-4110 · fax (847)244-4494

## COMMON DISCOMFORT OF PREGNANCY

### Symptom

### What to do

#### Nausea

- \*Eat dry crackers, toast, or cereal before getting up or when feeling sick
- \*Eat five or six small meals a day
- \*Drink lots of water between meals, but not during meals
- \*Drink chamomile tea, ginger, raspberry teas or flatten ginger ale or 7-up
- \*Eat hard candy
- \*Avoid strong food smells
- \*Avoid greasy or spicy foods
- \*Take prenatal vitamins at night
- \*Take Vitamin B6 - 10-20 mg up to 3 times daily
- \*Take Dramamine or Unisom 25mg at bedtime
- \*Take Unisom 25mg at bedtime

#### Fatigue

- \*Fatigue is common early and late in pregnancy
- \*If advised, try to exercise each day to keep from getting so tired
- \*Lie down at least once a day

#### Constipation

- \*Eat raw fruits, vegetables, prunes, and whole grain or bran cereals
  - Trail Mix: Raisins, Bran/  
Wheat Chex, Dried Fruit, Peanuts
- \*Exercise helps; walking is very good
- \*Never hold back a bowel movement
- \*Drink at least 2 quarts of fluid a day
- \*A cup of hot water or tea three times a day may help

Common Discomforts of Pregnancy

**SYMPTOM**

**WHAT TO DO**

**Hemorrhoids**

- \*Try to keep bowel movements regular
- \*Take short rests with hips lifted on a pillow
- \*Sit on firm chairs or sit with your legs crossed
- \*Practice the Kegel exercises
- \*Preparation H cream or Tucks Pads

**Low Backache**

- \*Rest often
- \*Use good posture
- \*Move around; do not stand in one place too long
- \*Use a footstool for your feet
- \*Keep your knees higher than your hips
- \*Wear low-heeled shoes
- \*Use the pelvic rock exercise
- \*Tylenol plain - 1 or 2 tablets every 4-6 hours  
Or Extra Strength 1,000mg ev 6 hrs
- \*Warm moist heat for 20 minutes 2-3 times a day

**Vaginal Discharge**

- \*Bathe the outer vaginal area often with clear warm water
- \*Use soap without perfume or deodorant
- \*Do not use vaginal sprays, powders, or feminine hygiene products
- \*Do not use colored or perfumed toilet paper
- \*Wear cotton panties
- \*Avoid pantyhose, girdles, and tight pants
- \*If these hints do not help, talk with your health care provider about the problem

## SYMPTOM

## WHAT TO DO

### Heartburn

- \*Drink peppermint or chamomile tea
- \*Stay away from greasy and spicy food
- \*Eat smaller meals, but eat more often, avoid liquids with meals, drink after meal in 1 hour
- \*Do not lie down just after eating
- \*Elevate the head of the bed (with pillows while sleeping)
- \*Sodium free antacid: Tums, Mylanta, etc.

### Dizziness

- \*Change your position slowly
- \*Get up slowly after you have been lying down
- \*Eat regular meals/drink plenty of liquids
- \*Do not stay in the sun
- \*Report any dizziness to your health care provider

### Varicose Veins

- \*Avoid stockings or girdles with elastic bands, i.e. Knee high hose
- \*You may use support hose, i.e. Sheer Energy Support
- \*Put support hose on while lying down
- \*Take short rests with legs raised
- \*Raise your legs when you sit down; do not cross your legs
- \*Avoid standing for long periods of time

## SYMPTOMS

## WHAT TO DO

### Lower Leg Cramp

- \*Elevate legs often during the day
- \*Point toes upward and press down on kneecap
- \*Apply a heating (low setting) or hot water bottle for relief
- \*Avoid heavy meals at bedtime
- \*Increase calcium intake

### Trouble Sleeping

- \*Do not eat a large meal before you go to bed.
- \*To help you relax, try drinking milk, eating cheese and crackers, or peanut butter and crackers; a small protein snack.
- \*Take a warm bath before you go to bed or practice relaxation exercises
- \*No caffeine beverages
- \*No stimulating activities prior to going to bed

### Feet and Hands Swelling

- \*Lie on your left side for 30 minutes, three to four times a day
- \*Exercise often
- \*Drink more fluid
- \*Eat three servings of protein each day
- \*If you wake up in the morning with swelling, tell your health care provider
- \*Elevate feet

### Bleeding Gums

- \*Use a soft toothbrush and brush gently
- \*Drink more orange juice and eat more foods high in vitamin C

## SYMPTOMS

### Colds

## WHAT TO DO

\*Lots of liquids: Water, tea, or juice

\*Rest

\*Humidifier at night to help sleep

### IT IS SAFE TO TAKE:

\*Robitussin plain

Sudafed 30 mg. 1 every 4-6 hours

Tylenol 1 or 2 plain every 4-6 hours

Tylenol Cold (Multi-symptom every 6-8 hrs)

\*Sinus rinse (if no ear pain)

### Headaches

\*Make sure you eat on a regular basis

\*Maintain plenty of liquids

\*Tylenol plain - 1 or 2 every 4-6 hours

\*Caffeine beverages like Coke

\*Make sure you have adequate amount of sleep

# THE WOODS WOMEN'S GROUP

---

351 S. Greenleaf Avenue, Ste A, Park City, IL 60085 · (847)244-4110 · fax (847)244-4494

## Nausea and Vomiting

Nausea and vomiting, sometimes known as "morning sickness", is a very common discomfort in pregnancy. Over half of pregnant women report some nausea and or vomiting throughout the day. The causes of morning sickness are not well understood.

There is no real cure for nausea and vomiting in pregnancy, though there are many things you can try. Sometimes it takes a combination of things to work. Each woman is different, so here is a list of relief measures.

### **Eat first thing in the morning.**

Even though this may be difficult, try graham crackers, cinnamon toast, sweet dry cereal. Low blood sugar in the morning can make the nausea worse all day.

### **Eat small meals every 2 hours.**

Make a doll sized plate of healthy food that sounds good to you; a slice of fruit, a piece of cheese, a cracker or piece of bread. Keeping your stomach from being empty is most important!

### **Avoid rich, fatty foods.**

No french fries, creamy sauces, or greasy burgers.

### **Before going to bed at night, eat something sweet.**

Cookies and milk, fruit juices, popsicles, ice cream.

### **Do not drink large glasses of juice or water.**

Drink sips of fluid all day to keep yourself well hydrated. Drinking large volumes at one time will make you "seasick".

### **Eat or drink things with ginger in them.**

Ginger is known to be very settling to the stomach. Try ginger snap cookies or ginger ale.

### **Take your prenatal vitamins at night.**

Take the vitamin with a meal in the evening if they are making you feel sick. It may be necessary to stop taking the vitamins for a period of time if they continue to make you nauseous.

### **Add Vitamin B6.**

Take 25 mg of vitamin B6 3 times a day with food.

### **Try a Seaband.**

You can buy this elastic wrist band at any drug store. It has a small tab that applies pressure on your wrist at an accupressure point known to relieve nausea.

# THE WOODS WOMEN'S GROUP

---

351 S. Greenleaf Avenue, Ste A, Park City, IL 60085 · (847)244-4110 · fax (847)244-4494

## **QUESTIONS YOU SHOULD ASK YOUR INSURANCE COMPANY**

In order to ensure a comfortable, relaxed maternity stay, we strongly recommend that you find out all that you can about your maternity benefits well in advance of the birth of your baby. Insurance policies can have very complicated rules. A clear understanding of your policy early in your pregnancy can help you to avoid some upsetting and costly problems later on. We have prepared a list of questions to use as a guide when talking with your insurance carrier.

1. Is pre-certification required prior to hospital admission?
2. Must I deliver at a particular hospital in order to receive benefits?
3. What is the approved length of stay in the hospital for an uncomplicated vaginal delivery?
  - \* What is the length of stay for a cesarean section?
  - \* Is the length of stay based on the admission date and time or on the delivery date and time?
4. If I wish to have a tubal ligation after the delivery, will that be covered?
  - \* Is a separate pre-certification necessary for the tubal ligation?
  - \* Will I be allowed an extra day in the hospital?
5. What is the amount of the deductible on my policy?
  - \* Will my baby have a separate deductible?
6. Should I call the insurance company to give formal notification of the baby's birth?
7. If both my husband and I have insurance, which will be the primary carrier for baby?
8. Does my policy cover newborn nursery care?
  - \* How many days are covered for routine nursery care?
9. If I wish to have my baby circumcised, will this be covered?

# THE WOODS WOMEN'S GROUP

---

351 S. Greenleaf Avenue, Ste A, Park City, IL 60085 · (847)244-4110 · fax (847)244-4494

## YOUR "TO DO" LIST

**MAKE SURE YOU HAVE THESE THINGS DONE ON OR BEFORE THE DATES LISTED...**

### **INSURANCE**

Confirm allowed length of stay in the hospital for you and your baby. Make sure about the number of nights and if your stay depends on what time of day you deliver.

**Do This By 30-32 WEEKS**

### **HOSPITAL**

Send in your pre-admission forms to the hospital **By 24-28 WEEKS**

Register delivery with Northwestern Lake Forest Hospital.

### **GENETIC SCREENING**

Genetic testing will be reviewed at your appointment for appropriate times.

### **Tdap VACCINE**

This vaccination can be done in our office, pharmacy or at the hospital. The decision is insurance driven.

This vaccination should be done **At 28+ WEEKS AND BIRTH.**

### **CHILDBIRTH CLASSES**

If you want to take classes on various topics at the hospital, make sure you send in your registration forms **EARLY**.

### **PEDIATRICIAN:**

You need to have a pediatrician **By 32 Weeks**. Please call and establish prior to delivery.

# THE WOODS WOMEN'S GROUP

351 S. Greenleaf Avenue, Ste A, Park City, IL 60085 · (847)244-4110 · fax (847)244-4494

## YOUR PRENATAL CARE SCHEDULE

We like to see our patients for their initial prenatal appointment between 8-10 weeks from the first day of your last normal menstrual period. If, however, you would like to confirm your pregnancy before that time, schedule a COP "confirmation of pregnancy" appointment. We will also give you an order for routine OB blood work to be done before your next visit.

At the initial OB visit, you will have a complete physical and pelvic exam and a Pap smear (if necessary). It is important to review your medical, obstetric, and gynecological histories so we can identify any risk factors that you may have. We'll discuss your routine prenatal care and outline specific issues we need to address in your pregnancy.

If there are additional tests that we feel are appropriate for you, we will discuss them with you before proceeding.

You will also receive education materials, a tailored handout about pregnancy from us, and a prescription for prenatal vitamins.

During your pregnancy, you will have 12-14 regular office visits. The normal schedule is once a month for 12 weeks to 28 weeks, every two weeks until 36 weeks, and then every week until delivery. Remember, all weeks are counted from the first day of your last normal menstrual period. A full-term pregnancy is 40 weeks and that is how your EDC, or due date is calculated.

After your initial visit, you will return in 4 weeks. At each prenatal visit, you will be weighed, bring in a urine sample or urinate here, have your blood pressure taken, be weighed, and have the size of your uterus measured. Beginning at 12-14 weeks, we start listening for the baby's heart beat ("fetal heart tones").

We have given you a lot of information to help you understand what changes will be taking place throughout your pregnancy. Refer to the educational material that we have provided from time to time. You will find out:

- How to do a Kegel...
- What you can take for a cold or the flu...
- What you can do for nausea and/or vomiting...
- Preterm Labor precautions...
- And much more....

Should you want to take an exercise class during your pregnancy, you will need a note of permission from the doctor. In most cases, there will be no problem in providing this for you. However, there may be exceptions depending on certain pregnancy conditions.

We and our staff are also happy to answer any questions that you may have. Please let us know if there is anything that we can help with.

c:yourprenatalcareschedule2026  
Rev. 041426

# THE WOODS WOMEN'S GROUP

351 S. Greenleaf Avenue, Ste A, Park City, IL 60085 · (847)244-4110 · fax (847)244-4494

## FETAL DEVELOPMENT AND MATERNAL SYMPTOMS

A healthy lifestyle is important throughout pregnancy, because your developing baby (also known as a "fetus") is almost always at a critical stage. The rapid changes in hormones and the other adjustments of the body to pregnancy cause an expectant mother to experience physical and emotional symptoms as well. These vary from person-to-person, and may include the following:

\*\*\*\*\*  
\*\*\*\*\*

### 1<sup>st</sup> MONTH

Your Baby—Fertilized egg implants in the uterus about the 7<sup>th</sup> day. By the 3<sup>rd</sup> week, the heart begins to beat; ears, eyes, nose and placenta begin to form; brain, lungs, digestive tract develop; nervous systems begin development. Embryo is smaller than a grain of rice.

You—Physically: Sleepiness, mood swings, heartburn, indigestion, nausea, cravings; frequent urination; fullness, tenderness of breast.

You—Emotionally: Joy, excitement, fear, misgivings or ambivalence about pregnancy.

\*\*\*\*\*  
\*\*\*\*\*

### 8 WEEKS

Your baby—About 1 inch long, 1/3 ounce. Face appears; hands, fingers, knees, ankles and toes begin to take shape. Spinal column is formed. Intestine and internal organs are present. Brain has divided into 3 parts, is 1/3 of body's length. Ovaries or testicles form. Heart develops four chambers. Palate, which forms the roof of the mouth, is closing.

You—Physically: Month – 1 symptoms continue plus constipation, flatulence and bloating; nausea, with or without vomiting; occasional headaches, faintness or dizziness.

You—Emotionally: Anxiety about miscarriage and health of baby combined with joy about pregnancy; instability similar to PMS.

\*\*\*\*\*  
\*\*\*\*\*

### 12- 16 WEEKS

Your baby—About 3 inches long, 1 ounce; liver and kidneys, circulatory and urinary systems are working; mouth opens and closes, baby swallows amniotic fluid. Moves arms and hands, kicks legs, curls toes; can form fist. Finger and toenails are present.

You—Physically: Fatigue, sleepiness, frequent urination, nausea, constipation, heartburn, food aversions and cravings. More veins visible to abdomen, which may seem enlarged.

You—Emotionally: Calmness; crying, irritability.

\*\*\*\*\*  
\*\*\*\*\*

**Fetal Development and Maternal Symptoms**

**16-20 WEEKS**

Your baby—About 8-10 inches long, 6 ounces; fine, downy hair covers skin; sucking reflex develops; tooth buds appear, heartbeat can be heard with stethoscope.

You—Physically: May begin to feel fetal movement. Possible nasal congestion, nosebleeds, mild swelling of ankles and feet, varicose veins, hemorrhoids, and slight whitish vaginal discharge.

You—Emotionally: May be more relaxed and comfortable with the idea of motherhood, or may feel like a “scatterbrain” – might forget appointments, drop things.

\*\*\*\*\*  
\*\*\*\*\*

**20-24 WEEKS**

Your baby—About 12 inches long, 1 pound. Heartbeat is easily heard; eyebrows and eyelashes appear; hair begins to grow on head; placenta and umbilical cord are fully operational.

You – Physically: Fetal movement; vaginal discharge; abdominal aches; hearty appetite; leg cramps; mild swelling; increased heart rate; back aches.

You -- Emotionally: Fewer mood swings, but absent mindedness continues; possible boredom with pregnancy.

\*\*\*\*\*  
\*\*\*\*\*

**28-32 WEEKS**

Your baby – About 15 inches long, 3 pounds. Responds to pain, light sound. Moves frequently, stretching and kicking. Downy hair and substance call “vernix” cover the body. In males, testicles descend into scrotum.

You – Physically: Blood volume increases 30-40% in 3<sup>rd</sup> trimester, may require iron supplements. Pelvic joints soften, become wobbly. Uterus “practices” contractions, call Braxton-Hicks (B-H) contractions.

You – Emotionally: Increasing apprehension about labor and delivery; dream and fantasies about the baby.

\*\*\*\*\*  
\*\*\*\*\*

**32-36 WEEKS**

Your baby – About 18 inches long, 5 pounds. Much brain growth this month. Most systems well developed, but lungs may be immature. Baby may “drop” lower into pelvis. More hair on head. Eyes are formed and open.

You – Physically: Strong fetal activity; increased constipation; gas, bloating, indigestion; shortness of breath; difficulty sleeping, getting comfortable; increasing B-H contractions; Colostrum (milk) leaking from the breast.

You – Emotionally: Eagerness for pregnancy to end; apprehension about labor and delivery; concern about coming lifestyle changes.

**Fetal Development and Maternal Symptoms**

\*\*\*\*\*  
\*\*\*\*\*

**36-40 WEEKS**

Your baby – About 20 inches long, 7 ½ pounds. Brain cells develop rapidly. Downy hair disappears. Antibodies develop. Baby may move less now that it’s confined or engaged in pelvis.

You – Physically: Heavier vaginal discharge; increased backache, heaviness; buttock, pelvic discomfort; swelling; frequent urination, difficulty sleeping; increased B-H contractions. “Nesting” instinct may create surges of energy, and additional fatigue, or both.

You – Emotionally: Anxiety, irritation, sensitivity, impatience, dreams and fantasies about the baby.

\*\*\*\*\*  
\*\*\*\*\*

\*\*\*\*\*  
\*\*\*\*\*

# THE WOODS WOMEN'S GROUP

351 S. Greenleaf Avenue, Ste A, Park City, IL 60085 · (847)244-4110 · fax (847)244-4494

## FEEDING YOUR BABY BEFORE IT'S BORN

- A. You should gain at least 25-30 pounds during your pregnancy to have a healthy baby. Your weight gain should continue during your pregnancy. You need only 300-400 extra calories. Your body puts weight on in the following places:

Baby	7 ½ pounds
Placenta	1 ½ pounds
Uterus (womb)	2 pounds
Increased Blood and Fluid in your Body	8 ½ pounds
Body Changes	4 ½ pounds
Breast	1 pound
Mother Stores	3 ½ pounds
Average Weight Gain	28 ½ pounds

- B. Eat the following every day:

- 4 servings (5 if you're a teen) of mild or milk products: yogurt, cottage cheese, and ice cream
- 4 servings of protein foods: meat, fish, poultry, beans, peanuts, and eggs
- 6 servings of bread/cereal
- 4 servings of fruits and vegetables
- 8-10 glasses of water

Eat 3-6 small meals a day

Eat less, or not at all: Pop, cookies, candy, chips, cake, coffee, tea

If you are concerned about your weight gain please talk to us.

# THE WOODS WOMEN'S GROUP

351 S. Greenleaf Avenue, Ste. A, Park City, IL 60085 \$ (847)244-4110 \$ fax (847)244-4494

## LAB TESTS

At your first prenatal visit you will have some lab tests done. We can draw you blood in our office, however some patients will need to go to another site for the blood work; this is insurance driven. Along with a pap smear and cervical cultures you will have the following:

1st 6-12 wks	<b>Obstetric panel</b> (tests included) ABO/Rh typing Antibody screen CBC RPR HbsAg Rubella <b>Other</b> Random Glucose HIV Hepatis Cystic Fibrosis (carrier screening) Urine C/S Sickle Cell Screen (if applicable) TSH HgbA1c Varicella Pap smear (if not up to date + GC/CT) Seasonally appropriate Influenza COVID
10 wks	Multiple options – Lab companies Non-invasive Prenatal testing
11 5/7-13wks	Nuchal translucency ultrasound
15-20 wks	AFP – Alpha Fetal Protein (if desired) – Neural Tube Defect Screen
24-26 wks	1 hour fasting glucose CBC Antibody screen (if Rh negative)
30-32 wks	RPR/HIV
28-38 wks	Tdap Vaccine 27-36
34-37 wks	RSV Vaccine
35 wks	GBBS cultures

During the course of your pregnancy, other tests may be ordered and will be discussed with you before being done.

## Explanation of Lab tests

CBC	Complete Blood count - to see if you are anemic.
Blood Type	A, B, AB, or O - and your Rh factor positive or negative.
Rubella	To see if you are immune to the measles.
RPR (Syphilis)	To see if you have ever been exposed to syphilis.
HgA1C	This is to see if your blood sugar is high. Possibly indicating diabetes. Further tests will be ordered.
1 hour fasting glucose	Testing your blood sugar after drinking a concentrated sugar drink. It is also a screening test for Gestational Diabetes. See the handout on this.
Hepatitis B Antigen	A screening test to see if you have ever had hepatitis B.
Cervical Cultures	A test to see if you have Gonorrhea or Chlamydia; a cervical infection.
Ultrasound	We try to schedule an ultrasound early in the pregnancy and midway during the pregnancy. Your insurance company may or may not pay for this procedure unless medically indicated. We will discuss this with you when we order one.
AFP	Alpha Fetoprotein is offered to all women between 15-20 weeks of your pregnancy. This is a screening test only and will show if there is a possibility of a problem. This test looks specifically at Down Syndrome and neural tube defect or birth defects along the spine. You will be given additional information about the test and please discuss it with your provider. You may decline the test after reading the literature and speaking with us.
HIV	<p>If you feel you may be at risk for HIV you are encouraged to be tested. If you have had more than 3 sexual partners, are a past IV drug user or have received a blood transfusion between 1977 and 1985.</p> <p>If you have had a sexual partner who has had the following:</p> <ul style="list-style-type: none"><li>IV drug user</li><li>Bi-sexual man</li><li>A man with hemophilia or that has been treated with a blood product.</li><li>Or if you currently have or have been treated in the past for a sexually transmitted disease.</li></ul> <p>You are at risk for HIV.</p> <p>Studies show that if you are HIV positive you have a 30% chance of passing the virus on to your newborn. New research is showing that by taking AZT after the 14th week of pregnancy the rate of transmission can be reduced to 7%. If you are concerned, please talk with us about HIV testing confidentially here at the office or anonymously at another site.</p>

## Explanation of Lab tests (continued)

### Group B Streptococcus GBBS

Is a common bacteria and is generally harmless in adults. It is not a sexually transmitted disease. GBBS often has no symptoms. A mother can infect her newborn in rare cases during delivery.

Certain risk factors increase your chance of passing GBBS on to your newborn. These are:

- a urinary tract infection with GBBS
- your water bag breaking or leaking before 37 weeks
- labor beginning before 37 weeks
- your water breaking more than 12 hours before labor begins
  
- fever during labor
- you've had another baby born with a GBBS infection

But a mother who is treated during delivery almost never infects her newborn. If a newborn becomes infected, they can get an infection in their blood, lungs, brain, or spinal cord. He or she will need medical treatment to get better. Therefore, we culture for GBBS at 34-36 weeks. This is a swab at the entrance of the vagina and rectum. If you are positive for GBBS, you will be given antibiotics during labor and delivery.

### Cystic fibrosis screen

Cystic fibrosis is a disease affecting mostly Caucasians (from Western and Northern Europe) and Ashkenazi Jewish people. It affects many organs in the body, including the lungs, pancreas, intestines and reproductive organs. Common problems include respiratory illness (such as pneumonia), malnourishment, and male infertility. There is no cure for cystic fibrosis but treatment is available for the symptoms. Despite treatment, half of the people born with cystic fibrosis will die by age 30, usually from lung disease.

Cystic fibrosis screening is a blood test to determine if you are a carrier of the cystic fibrosis gene. If both you and your partner are carriers, then your baby is high-risk for inheriting the disease. Further testing, such as CVS or amniocentesis, would then be recommended to determine the exact risk for your child. We refer all patients who are carriers of the gene to Evanston Hospital genetic counseling for further counseling.

### Tdap Vaccine

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis.

Pregnant women should get a dose of Tdap during every pregnancy, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

## **Explanation of Lab tests (continued)**

Non-Invasive  
Prenatal Testing

During pregnancy, some of the DNA from the baby crosses into Mom's bloodstream. DNA is organized in structures known as chromosomes, which carry the baby's genetic information. A screening non-invasive prenatal test called Panorama that uses a blood sample from the Mom to find the baby's DNA and to look for certain chromosome conditions that could affect the baby's health. This test can also determine the gender of the baby. We offer a variety of testing options which you can discuss with the provider.

NT Ultrasound

First trimester screen for Chromosome abnormalities including down syndrome. The ultrasound confirms the baby's age and measures the amount of fluid behind the baby's neck. These tests together determine the risk of a baby having Down Syndrome.

Flu/COVID vaccine

Recommended when seasonally appropriate.

# THE WOODS WOMEN'S GROUP

351 S. Greenleaf Avenue, Ste A, Park City, IL 60085 · (847)244-4110 · fax (847)244-4494

## SCREENING FOR GESTATIONAL DIABETES

About 3-5% of all pregnant women develop gestational diabetes, which is defined as high blood sugar level occurring in pregnancy. Gestational – or Class A – diabetes is diagnosed during the second half of pregnancy. At this time, the mother's body is increasing the amount of nourishment of the growing baby, and as the placenta enlarges, it releases more hormones that demands the mother's pancreas to produce more insulin so normal blood sugar levels are maintained. Class A diabetes develops when the mother's pancreas cannot produce enough insulin to keep up with the demand.

Once diagnosed; gestational diabetes is generally controlled with diet. In rare cases, insulin is necessary. Class A (gestational) diabetes disappears after the baby is born. However, women who have Class A diabetes are at increased risk for insulin dependent diabetes later in life if they do not keep their weight within normal ranges for their age and height.

Screening for gestational diabetes is recommended for all women between 24-28 weeks of pregnancy. Women who have a higher risk of developing gestational diabetes are those with one or more of the following, and screening may be performed earlier:

- Family history of diabetes – especially if mother or father is a diabetic
- Obesity
- Previous birth of a large baby (greater than 9 pounds / 4500 grams)
- Previous infant with congenital abnormalities (birth defects)
- Glucose in the urine

The screening test consists of drinking five (5) ounces of a measured amount of glucose (sugar). This drink comes in a variety of flavors; the most common being an orange drink. You must be fasting for this test. One hour after drinking the glucola, a blood sample will be drawn. You will be given instructions before you have the test. Plan to spend an hour or so at our office (bring a good book or some other work with you to do). The test is often done at the same time as your routine prenatal exam.

If your blood sugar is abnormal, you will have a more specific test done to diagnose gestational diabetes. This test is called a "3 hour glucose tolerance test" (GTT). This test can also be done at our office. On the day of the test, you will need to fast from midnight until you arrive at the lab. (Water is OK). Blood tests will be done hourly for 3 hours and you must remain in the office for the duration of the test.

We will call you with the results of the 3 hour GTT test.

# THE WOODS WOMEN'S GROUP

---

351 S. Greenleaf Avenue, Ste A, Park City, IL 60085 · (847)244-4110 · fax (847)244-4494

## PROBLEMS OF PREGNANCY

Even though most women never have serious problems in pregnancy, there are signs of trouble you must watch for.

Call the office at (847) 244-4110 if you have any of these signs:

1. Burning or pain when you are passing urine, or much less urine than usual.
2. Vomiting, when you can't keep even liquids down all day.
3. Passing out.
4. Headaches that are very bad, don't go away with Tylenol.
5. Swelling or puffiness of hands, face, legs and feet.
6. Blurring, flashing lights or spots of light in your eyes.
7. Pain in your belly that is sharp and won't go away.
8. Chills or fever. (Temp over 101 degrees)
9. Itching, burning or bad-smelling vaginal discharge.
10. Sores around vagina.
11. Vaginal bleeding – heavy like a period.
12. LABOR PAINS MORE THAN A MONTH BEFORE YOUR DUE DATE.
13. BABY NOT MOVING OR MOVING LESS FOR MORE THAN 6 HOURS.
14. WATER LEAKING, OR A CONSTANT TRICKLE OR GUSH OF CLEAR OR PINK FLUID.

Remember to call (847) 244-4110 after office hours and on weekends if you have any concerns.

# THE WOODS WOMEN'S GROUP

---

351 S. Greenleaf Avenue, Ste A, Park City, IL 60085 · (847)244-4110 · fax (847)244-4494

## PRE-TERM LABOR

Preterm labor is defined by contractions that happen before 34 weeks of pregnancy. The cause of pre-term labor is unknown. Some women are more prone to premature labor. Those women who have frequent urine infections, smoke, carry twins, or have a history of pre-term labor or delivery.

Women who have a past history of surgery on their cervix or have had a weak cervix with another pregnancy are more prone to premature labor and delivery.

Your uterus contracts throughout pregnancy. In the last two months or so these contractions are often called "Braxton-Hicks" contractions. During early pregnancy, contractions are longer in length and lower in intensity or strength; usually they are not felt by a pregnant woman. In the second trimester, and particularly in the third; the nature of these uterine activities changes. Contractions become shorter and stronger. The character of these contractions may vary from person-to-person, and may be different in the same person at different times.

Cramping or "tightening" of your lower abdomen, increased pressure in your lower abdomen, pelvis and or vagina, back pain that comes and goes, awareness that your uterus is tightening, or a feeling that the baby is "balling up" may all represent contractions. If these sensations "come and go" in a regular pattern that becomes closer and more uncomfortable, they may certainly be a sign that you are going into pre-term labor.

The normal number of uterine contractions is usually 1-2 per hour in the last three (3) months of your pregnancy. Many women will experience uterine contractions off and on throughout the day, with increased frequency typically in the evening. If the contractions occur closer than fifteen minutes apart, and continue like that for more than one or two hours, we must be more suspicious of pre-term labor.

### VAGINAL DISCHARGE

Vaginal and cervical secretions are normally increased during pregnancy. It is not uncommon to have further increases in these secretions prior to the start of labor. If there is a significant change in the nature of the discharge especially a change in color from clear or white to pink or red, or the amount suddenly increases, you should contact our office.

### VAGINAL BLEEDING

Vaginal spotting or actual bleeding either red, pink, dark red, or brown, or actually bright red bleeding like a menstrual period, may happen with pre-term labor. These things are not considered normal and you should call our office.

## **PRE-TERM LABOR**

### **LEAKAGE OR FLUID (Rupture of Membranes)**

Most of the time, rupture of membranes is associated with a leaking or “gush” of clear or slightly pink fluid. Loss of fluid from the vagina can also be associated with several situations, including increased normal vaginal discharge, a vaginal infection, or loss of a small amount of urine or ruptured membranes. If you suspect leakage of fluid, please call our office.

### **WHAT TO DO IF HAVING CONTRACTIONS**

If more than 3 an hour:

Go to the bathroom and empty your bladder.

Lie down on your left side and drink 2-3 large glasses of water.

Feel with your hand if your tummy is tightening. Write down the times the tightening is occurring. It is very important if you are having more than 4-6 contractions in an hour, or are bleeding or you think your water broke, you must contact us immediately.

**In the event of an EMERGENCY, please call our office telephone number (847) 244-4110.**

# THE WOODS WOMEN'S GROUP

---

351 S. Greenleaf Avenue, Ste A, Park City, IL 60085 · (847)244-4110 · fax (847)244-4494

## **“Kegels” During Pregnancy**

KEGEL exercises are an important part of pregnancy and postpartum care. These simple exercises help strengthen the pubococccgeal (PC) muscle; the muscle that essentially makes a “figure-eight” between and around the vaginal and urethral (urinary) openings.

Exercising this muscle regularly during and after pregnancy can help prevent hemorrhoids, help to support the weight of your growing baby, helps keep the vaginal muscles toned and healthy, minimizes urinary “leaking” during and after pregnancy, aids in recovery from childbirth, and can increase sexual pleasure for you and your partner.

To locate the PC muscle, urinate with your legs slightly apart. Stop the flow of urine; the muscle you squeezed to do this is the PC muscle. Practice stopping the flow of urine a few times, so you feel sure of which muscle you are squeezing. Another way to confirm this is to lie down and put your finger into the opening of your vagina, then squeeze your muscle around your finger. That’s the PC muscle. Congratulations - - you just did a KEGEL!

**WHEN TO KEGEL:** To obtain the best benefits from Kegels, you should do 200-300 Kegels each day. Sounds like a lot, doesn’t it? But Kegels are quick and easy and inconspicuous to do – it’s not difficult to do several hundred a day once you get into a pattern. Try doing 20 Kegels each time you answer the phone, sign your name, change a diaper, or stop at a red light - - in other words, do some Kegels with any repetitive act in your normal life.

**HOW TO KEGEL:** There are several ways to KEGEL. Try them all, and pick which ways suit you best. Here are some suggestions:

- ◆ Squeeze the PC for 3 seconds, relax for 3 seconds, then squeeze again. Do a set of 20.
- ◆ Imagine that there is a tampon at the opening of your vagina. Squeeze your pc and try to bring that imaginary tampon up to the opening of your vagina, then hold it tightly for 2-3 seconds. Do a set of 20.
- ◆ Flutter Exercise: Squeeze and release, squeeze and release, as quickly as you can. Do a set of 20 “flutters”.

# THE WOODS WOMEN'S GROUP

---

351 S. Greenleaf Avenue, Ste A, Park City, IL 60085 · (847)244-4110 · fax (847)244-4494

## LABOR AND DELIVERY

**Our philosophy of care is actually rather simple: We want a good pregnancy, a healthy mom and baby, and a safe delivery. We support the natural process of pregnancy in an up-to-date Preventive Prenatal Program.**

**We believe that educating our patients is a vital part of their pregnancy experience. We take the time to answer your questions and concerns. We also encourage you to write your questions down and bring them in with you to your prenatal visit so we can discuss them with you.**

**Starting with your first visit, you will receive a number of handouts, brochures and books to help in this education process. These sources will provide you with new information about your pregnancy, as well as refresh your memory about some issues that are unclear or confusing. We expect that you will participate in decisions along the way because this is your pregnancy and it is special to all of us.**

**What to expect during labor and delivery:**

### **FETAL MONITORING**

**Monitoring your baby's heartbeat during labor gives us information about your baby's health and well-being that we cannot obtain in any other way. This does not mean that we automatically do it the same way in every patient. Early in labor it does not need to be on continuously; this allows you to walk around if you feel like it. We do not always apply the internal monitor-which includes the part that attaches to the baby's scalp-but if we feel the need to do so we will discuss it with you so you know what we are thinking and why. Despite what you may hear, electronic fetal monitoring in labor is a good thing for your baby.**

### **IV's**

**We do routinely use intravenous fluids. They will be used in situations such as epidural analgesia (pain relief) and oxytocin (Pitocin) usage. IV fluids will help you maintain your fluids and allows access for medication when needed.**

### **WALKING IN LABOR**

**This is OK with us as long as you feel like doing it and your water bag is intact and fetal heart rate is OK.**

## **LABOR AND DELIVERY**

### **PAIN RELIEF**

**The options that are available for you are narcotics and/or an epidural. Obviously, you can make the decision to use nothing for pain relief and that is also acceptable to us.**

**Since none of us ever know what pregnancy, labor and delivery will be like, we all must be flexible and have an open mind. Sometimes the unexpected happens, and our best laid plans may need to be changed. If this should happen to you, our hope is, that the information you have been given throughout your pregnancy and the time we spend with you, will make a confusing moment in your life less stressful.**

**As always, you should feel free to bring your questions and concerns with you to your prenatal visits with us.**

# THE WOODS WOMEN'S GROUP

---

351 S. Greenleaf Avenue, Ste A, Park City, IL 60085 · (847)244-4110 · fax (847)244-4494

## LABOR

### **How will I know I'm in labor?**

**Contractions:** Contractions are the regular tightening and relaxing of the uterus.

As your labor goes on, the contractions:

- Become stronger
- Last longer. At first, they may last 20 seconds. After several hours, they may last 45-60 seconds.
- Become closer together. At first, you may feel a contraction every 20 minutes. As the hours pass, you may feel a contraction every 15 minutes, then every 10 minutes, then every 5 minutes, etc.
- Be sure to time your contractions and write them down on paper.

**Blood Show:** Bloody show is the spotting of pink-colored mucus (discharge) from your vagina. This means that your cervix is opening up.

**Broken Bag:** A gush of water from your vagina may mean your bag of water has broken. Once this happens, you and your baby are no longer protected against germs in the vagina. Please call us if you think your water broke.

## Labor

### **YOU NEED TO KNOW:**

#### ***WHAT TO DO:***

Sometimes it's hard to know real labor from false labor.

***Know the signs and symptoms of labor and when to go to the hospital.***

**FALSE LABOR CONTRACTIONS** are not regular and go away.

***Rest at home or do normal activities, depending on how you feel. Sleep at night.***

**REAL LABOR CONTRACTIONS** are:

1. Regular
2. Get closer together
3. Get stronger (may feel like backache)
4. Get longer

***1. Time contractions.***

***2. Get ready for hospital.***

***3. Rest.***

***4. Call the person who will take you to the hospital.***

***5. Drink fluids and eat only light foods, such as clear soup, plain jello, sherbet, crackers or tea.***

***6. Call the office.***

**BLOODY SHOW** is pinkish to red colored mucus from your vagina.

***Get ready for labor to begin. It may take 24 to 72 hours for labor to start.***

**BAG OF WATER** can break without contractions. It may gush or leak slowly.

***Call the office.***

**\*\*\*Remember to call the office before you go to the hospital so that the Doctors know you are in labor.**

## **BREATHING AND RELAXING DURING LABOR**

### **You Need To Know**

#### ***What to do***

Tension during labor and delivery can make your labor last longer and hurt more.

***Practice breathing and relaxing when you go to sleep at night. Tense your muscles and then relax (go limp). Take deep breaths in your nose and out through your mouth. Lie on your LEFT side and use pillows for support between your knees and under your abdomen.***

### **LABOR CONTRACTIONS**

***At the beginning of each contraction, take a deep breath in through your nose and out through your mouth. Breathe slowly and deeply. When each contraction ends, take another deep breath.***

***Empty your bladder often.***

***Change position often; walk and sit during labor.***

***Avoid lying flat on your back.***

***Have partner give backrubs.***

***Use light abdominal massage.***

***While still at home, eat only light foods and fluids (soup, crackers, sherbet, jello).***

***While in labor, suck on ice chips or lollipops in the hospital.***

What do I bring to the hospital for labor and delivery?

***Socks for cold feet.***

***Chap Stick for dry lips.***

***Favorite personal items.***

***Robe and slippers.***

# WILLIAM E. WOODS, M.D., S.C.

---

351 S. Greenleaf Avenue, Ste A, Park City, IL 60085 · (847)244-4110 · fax (847)244-4494

## Labor Instructions

1. If your bag of water ruptures or leaks, call the office.
2. A bloody show or light spotting is common in the last month of pregnancy and following an examination. It is not necessary to call the office if this occurs.
3. Hemorrhage in the last months of pregnancy is serious. If this occurs, go straight to the hospital.  
**DO NOT WAIT FOR A RETURN CALL.**
4. When labor starts, call the office number, (847) 244-4110, when your contractions are 3 to 5 minutes apart and lasting 30 to 45 seconds, for at least one hour.
5. If the baby's movements have slowed down significantly call us.
6. **ALWAYS CALL US - 1<sup>ST</sup>.**

**PLEASE CALL THE OFFICE AS SOON AS YOU ARE DISCHARGED FROM THE HOSPITAL FOLLOWING DELIVERY TO SCHEDULE YOUR POSTPATUM EXAMINATION.**

**I acknowledge that I have received and read these instructions.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

# THE WOODS WOMEN'S GROUP

---

351 S. Greenleaf Avenue, Ste A, Park City, IL 60085 · (847)244-4110 · fax (847)244-4494

## PREPARING FOR BABY

### Picking a Pediatrician

You will need to pick a pediatrician or family practice doctor by 32 weeks. Dr. Carmen Woods and Dr. Brian Saliba cannot take care of the baby. You will first want to check who is on your insurance plan. Next, talk with your friends for information on who they use and what they like about them. Lastly, call the doctors you have selected and ask to make an appointment or speak with them. Tell them you will be delivering soon and are interested in speaking with them about being your baby's doctor.

- Questions to ask:
- 1) Do you come to my delivering hospital?
  - 2) If not, you may want to take the on call doctor and switch as an outpatient.

### Things to ask:

1. How often will you need to be seen and how soon after you are discharged will you need to be seen?
2. If your child is sick, how quickly can you be seen?
3. Their feelings about breastfeeding if you are planning to.
4. If my child is sick after office hours, is there a number to call?
5. Any other questions you may think of.
6. If your pediatrician does not go to the hospital at which you will deliver, will they have someone who will take care of the baby while you are in the hospital or is it OK to use the on call doctor?

Please let us know who you have selected as soon as you know.

### Circumcision

If you have a boy, you will need to decide if you want him to be circumcised. Circumcision is surgery to remove the foreskin from the end of the penis. Circumcision is usually done when your baby is 12-24 hours old.

In making the decision you may want to think about the following:

- Religious customs
- Cultural customs
- Is it important that he look like his father/brother(s)
- If you decide against circumcision, you will need to take the time to clean the penis and later teach him to clean the penis properly.

Most insurances cover circumcision. If it does not, you will be told. We do not accept the public aid card for circumcisions.

## **Preparing for Baby**

### **Car Seat**

You will need to buy an approved car safety seat for your baby to come home in from the hospital. It is important that your child be in an approved car seat and rides in the back seat away from any airbags in the front seat.

Install the base in the car prior to discharge from the hospital.

### **Clothes & Diapers**

You will need temperature appropriate clothes and blankets to take your baby home. Also decide if you will use disposable or cloth diapers and have a supply ready at home.

### **Feeding Your Baby**

#### **Bottle feeding**

If you choose to bottle feed, the pediatrician will assign a formula for you; one that meets your baby's needs. It is important to remain on formula for the first year. Before switching formula discuss it with your baby's doctor.

#### **Breastfeeding**

Breastfeeding is recommended for the first year of your baby's life, but formula is also a great option. One of the most important aspects of breastfeeding success is the woman's confidence. You can build your confidence during pregnancy by developing a strong support system and having a good knowledge base. The support system should be made up of your health care provider, family, friends and classes and to read about breastfeeding. So be patient, enjoy your baby, and use the support system around you.

### **Advantages of Breastfeeding**

#### ***For the Mother***

- \*Breastfeeding causes the uterus to contract which decreases bleeding.
- \*One of the hormones released when breastfeeding causes relaxation and a feeling of contentment.
- \*Once the learning period has passed, most women find breastfeeding a very rewarding experience.
- \*Breastfeeding costs less than formula feeding and is convenient.
- \*Burns 500k/cal a day

#### ***For the Baby***

- \*Breast milk is specific for the nutritional need of the baby.
- \*Babies who are breastfed have fewer allergies, indigestion, and illness.

## **Preparing for Baby**

### ***Nipple Preparation***

- \*Mothers do not need to “toughen” their nipples to prevent soreness.
- \*Sore nipples are avoided by proper latch-on.
- \*Mothers do need to check to make sure the nipple extends outward during the pregnancy.
- \*Look at both nipples. They should protrude.
- \*Perform the pinch test. Gently squeeze behind the nipple with your thumb and forefinger. The nipples should extend.
- \*If they do not, speak with your health care provider about exercises to assist in extending the nipple or the use of breast shields.

### ***For Breastfeeding questions***

We now offer Lactation services at our office.  
Please refer to the Breastfeeding services page.

# THE WOODS WOMEN'S GROUP

---

351 S. Greenleaf Avenue, Ste A, Park City, IL 60085 · (847)244-4110 · fax (847)244-4494

## BREASTFEEDING SERVICES

In addition to all of the enhancements to this practice, The Woods Women's Group provides a positive comprehensive approach to breastfeeding. We can support any mother and baby (e.g., low milk, sore nipples) with breastfeeding from birth through older children (e.g. weaning) along with breast pump functionality.

Breastfeeding issues addressed at your appointment:

- Infant refusal at breast or sucking difficulties that interfere with breastfeeding
- Infants born early at 36 to 38 weeks who are sleepy at the breast
- Breastfeeding while returning to work or school
- Mothers with breast pain
- Mothers with over-abundant milk supply
- Breastfeeding more than one infant (multiple births)
- Prevention and management of sore nipples and engorgement

Our focus is on maternal-infant bonding and promoting positive caregiver-baby relationships related to breastfeeding.

You will receive support and strategies to manage stress, sleep-deprivation, sibling adjustment and other challenges related to breastfeeding.

\*\*\*\*\*

# THE WOODS WOMEN'S GROUP

---

351 S. Greenleaf Avenue, Ste A, Park City, IL 60085 · (847)244-4110 · fax (847)244-4494

## CONTRACEPTION OPTIONS

Beginning your last trimester we will discuss with you, your contraception options. Some of your choices can be started as early as your hospital stay. We encourage you to not resume sexual activity until your 6 week check. This is the time your body needs to return to it's pre-pregnant state.

Once your post-delivery bleeding has stopped you can expect your period to start again in 4 weeks. You may not resume menstruating if you are breast-feeding solely. This however doesn't mean that you are not ovulating. You should assume the ovulation can occur and therefore pregnancy can occur. If you choose to begin sexual activity before 6 weeks be sure to use a condom.

The **birth control pill** can be started as soon as 3-4 weeks postpartum. If you are breast-feeding, we can use a progesterone only pill until you stop breast-feeding then you can use a combined pill. You will need to use a back-up method for 2 weeks if you start the pill after your 6 week check.

**Depo-Provera**, "the shot", can be given before you leave the hospital. So that by the time you have been seen at 6 weeks you are protected. Depo-Provera does not interfere with breast-feeding. You may experience a slight increase in bleeding during your postpartum period but this is the effect the medicine.

**Nuva Ring** – is a monthly birth control that works with your monthly cycle. You insert 1 (one) Nuva Ring in the vagina and leave it in for 3 weeks in a row. Remove the Nuva Ring for 1 (one) week break. Then insert a new Nuva Ring.

**Liletta IUD** – is an intrauterine contraceptive that delivers a small amount of hormones into the uterus. The Liletta IUD is made of soft, flexible plastic. It is put in place by one of the Doctors. This device prevents pregnancy for as long as you want; up to 5 years.

**Paragard IUD** – is an intrauterine contraceptive device that is non-hormonal. Designed to be small and fit comfortably in a woman's body, it is put in place by one of the Doctors. This device prevents pregnancy for as long as you want; up to 10 years.

**Nexplanon** – is a hormone-releasing birth control implant that is placed under the skin for women who prefer a long-acting option. This device does not need to be taken daily, weekly or monthly. The Nexplanon prevents pregnancy for up to 3 years.

## **Contraception options**

**Surgical Sterilization** is considered permanent. **Tubal ligation** seals a woman's fallopian tubes so that an egg can not travel to the uterus. **Vasectomy** involves closing off a man's vas deferens so that sperm will not be carried to the penis. Salpingectomy is complete removal of the fallopian tube (preferred method for female).

If you are considering sterilization please talk with us early in your pregnancy. Please feel free to discuss your contraceptive needs with us at any time during your pregnancy.

# THE WOODS WOMEN'S GROUP

351 S. Greenleaf Avenue, Ste A, Park City, IL 60085 · (847)244-4110 · fax (847)244-4494

## POSTPARTUM CARE - WHAT TO EXPECT WHEN YOU GO HOME

### **Day of Discharge from the Hospital**

Leaving the hospital and returning home will probably be enough excitement and exercise for the day. Minimal activities are recommended for the remainder of the day.

### **General Activity**

Common sense is an important aspect of planning the activities during your first week at home. You need to rest and spend some time off your feet. Don't take on unnecessary work until you are feeling up to it. Recovery is a progressive process. Generally, you will feel better and stronger every day. Occasionally, though, you will not feel as well as you have been, so take it easy for a day or two after that.

Walking up and down stairs is fine when necessary. Use the handrails to avoid falls. You should carry nothing heavier than your baby for the first week. If you have older children who want to be held, sit down and let them climb into your lap rather than lifting them.

You may shower or wash your hair any time. Swimming or taking a bath may be resumed after checking with our office.

Riding in a car may be done any time, but you may want to wait at least one week before driving yourself. If you have had a cesarean section, do not drive for two weeks, and do not drive if you are still using the prescribed pain medications.

### **After-Birth Pains**

After-birth pains are caused by the uterus continuing to contract and relax following birth. They are more common, and often more uncomfortable, in women who have had more than one child, or in women who breast-feed their babies.

Often, these after birth pains are relieved by emptying your bladder. A full bladder can push the uterus up, allowing it to relax enough to cause an increase in bleeding and cramping. During the first week after delivery, it is a good idea to empty your bladder every two to three hours while you are awake.

Lying down or taking a warm bath may also help to relieve after-birth pains. You may take over-the-counter pain medication such as ibuprofen (Motrin, Advil, etc.) every three to four hours as needed. This will not be harmful to your baby if you are breast-feeding. Do not take aspirin, as it may cause increased bleeding. Some women are sent home from the hospital with a prescription pain reliever. This medication is safe to take while you are nursing.

### **Breast Care**

If you are breast-feeding, use only warm water to keep your breast clean. Soap may dry and crack your nipples. If you have a problem with your nipples, please call the office. It is very important to wear a good-fitting support bra.

## WHAT TO EXPECT WHEN YOU GO HOME

If you are bottle-feeding and you become engorged, use ice packs, acetaminophen (for discomfort), and a good-fitting support bra. Do not express the milk from your breasts because this will only stimulate more milk production and prolong the problem. Standing in a warm shower with the water running on your breast will help relieve the fullness and discomfort.

### Constipation

Constipation should not be a problem if you are eating a well-balanced diet, drinking at least eight glasses of water each day, and getting some exercise. If you still have a problem with constipation in spite of these suggestions, you may use an over-the-counter stool softener such as Colace, Dialose, Citrucel or Metamucil.

### Diet

It is important to continue eating the high protein, well balanced diet you were eating during pregnancy. Increased fiber intake from fresh fruits, vegetables, and whole grain foods, along with plenty of fluids, will help to prevent constipation.

If you are nursing, certain foods you eat may cause intestinal upset in your baby. These problem foods vary from baby to baby. Some common problem foods are chocolate, broccoli, cauliflower, onions, pizza, and spicy foods. It is best to avoid caffeine and alcohol. You will need to drink approximately two quarts of fluids daily to help with milk production. Continue to take the prenatal vitamin that you took during your pregnancy.

### Douching

You should not douch unless you have been specifically instructed to do so.

### Episiotomy

If you have had an episiotomy, you will feel sore for a few days. Sitz baths, three or four times a day, are a great help. Dermoplast Spray (a topical anesthetic) may be purchased without a prescription, and helps to relieve the soreness. Try to resume doing Kegel exercises even if it hurts at first. These exercises help to stimulate blood circulation to the perineal area and help promote healing.

Take the peri-bottle you used in the hospital home with you, and wash off the stitches with warm water every time you go to the bathroom. Remember to always wash and wipe from front to back.

### Postpartum Examination

Please call the office before hospital discharge or when you get home to schedule an appointment for your postpartum exam. We routinely schedule your postpartum exam for one week and six weeks after delivery. Please do not wait until your postpartum visit if you have any problems, questions or concerns, but rather, feel free to call the office.

### Sexual Activity

You are strongly urged not to have intercourse until after you are cleared at your six-week postpartum visit. If, however, you do have sexual relations, be sure to use protection every time. You are also at greater risk to develop an infection inside the uterus. Remember that you can become pregnant again before your first menstrual period. Both of these are also true for nursing mothers. **BREAST-FEEDING IS NOT A METHOD OF BIRTH CONTROL!!!**

## WHAT TO EXPECT WHEN YOU GO HOME

### Vaginal Bleeding

Beginning after delivery, a vaginal flow called lochia is experienced by all mothers. This is a normal process, and it continues until the site where the placenta was attached to the uterus has healed. For most women, this discharge lasts from four to six weeks. Initially, this is a fresh bleeding such as you would experience during a menstrual period. It occasionally can be a little heavier. The flow then turns brown, then tan, then yellow, and gradually stops. Very frequently, about a month after the delivery, you may experience enough of an increase in the lochia flow that you may think it is your first period. This is not menstruation, but it is a signal that the last of the healing area in the uterine wall has come off like a "scab". This is a natural process unless the bleeding persists or becomes much heavier. If you become concerned, please call. What is "heavy" bleeding? You should be using sanitary napkins (not tampons), and if you soak through two pads in thirty minutes, or if you are repeatedly passing clots the size of lemons, that is considered heavy bleeding.

A flow that turns from brownish to bright red, or becomes slightly to moderately heavier, could be a sign that you are doing too much. The first thing to do is to get off your feet to see if that reduces the flow. Don't panic! If getting off your feet does not reduce the flow, please call the office at (847) 244-4110.

### After Leaving the Hospital

Call the office at (847) 244-4110 if you have any of the following:

- Severe chills or fever of 100.4 or greater on two occasions, four hours apart
- Frequency or burning with urination
- Excessively heavy or prolonged bleeding as discussed previously
- Swelling, redness, tenderness or drainage around the episiotomy
- Pain, redness or a tender lump in your breast(s)
- Pain or tenderness in your calf
- Chest pain, SOB, excessive edema
- Headache not resolved with Tylenol or Advil

**CONGRATULATIONS AND BEST OF LUCK**