



## **OB Patient Handbook**

**WomanKind Obstetrics and Gynecology**

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### **Locations:**

#### **Gahanna**

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Pickerington, OH 43147

#### **Canal Winchester**

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11925 Lithopolis Road  
Canal Winchester, OH 43110

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## **ATTENTION**

**After regular business hours, weekends and holidays:**

**\*If you are 16 weeks or less and have an emergency, go to the Emergency Room.**

**\*If you are over 16 weeks, please go to Grant Medical Center, Labor & Delivery**

### **FMLA and/or Disability Forms**

WomanKind OB/GYN will complete forms under the Department of Labor for the Family Medical Leave Act of 1993. A sliding form fee is to be paid prior to the form completion, and is charged as follows:

Effective July 1st, 2016:

\$35 for 7-10 business days turn-around

\$50 for 3 business days turn-around

\$100 for the next day turn-around

Please submit your forms in a timely manner so they may be completed prior to delivery. When dropping off the forms to the office staff please specify how you wish to receive the completed forms whether by: email, fax, or mail.

If the forms are to be completed for a spouse, family member or support person, please indicate how much time they are taking as well.

The physicians allow for 6 (six) weeks for a vaginal delivery and 8 (eight) for a cesarean section. Since FMLA allows patients to take up to 12 (twelve) weeks this is something that can be addressed directly with your Human Resources Department.

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## **WELCOME ...TO WOMANKIND OBSTETRICS AND GYNECOLOGY**

We are here to help you during your pregnancy and beyond. The physician, the nurses and staff are trained to help you learn as much as possible about having a healthy baby.

### **MAKING APPOINTMENTS and DOCTOR ON CALL SCHEDULE**

You are welcome to make your next and future appointment(s) with your clinician. During your pregnancy, there are a few situations when the physician may not be available for your prenatal appointment. You will be given the option to either wait to be seen or to be rescheduled. We strive to keep this to a minimum. On occasion, Dr. Balaloski may share some call with another physician group, however, in general, Dr. Balaloski will be the on-call doctor available to care for you during your pregnancy and labor.

### **SUPPORT PERSON and FAMILY...**

Your support person and/or family are always welcome to attend as many appointments as possible.

### **IF YOU ARE HAVING PROBLEMS...**

Our office is open during normal business hours. Should you have a concern or pregnancy- related question, please call during those hours. However, if you have any of the following WARNING SIGNS, please call immediately:

(614)75-WOMAN or (614)759-6626

- Severe vomiting or diarrhea uncontrolled by usual measures.
- One sided, sharp, severe knife-like pain that does not go away.
- Sharp and constant pain in your abdomen.
- Severe headache, blurred vision, seeing spots, fainting.
- Change or increase in vaginal discharge.
- Vaginal bleeding
  - 8-36 weeks pregnant- any bleeding or spotting.
  - 37-42 weeks pregnant- heavy bleeding {like a period}.
  - \*Slight vaginal spotting after a pelvic exam is not unusual.
- Uterine cramping, and you are less than 36 weeks. Regular tightening or "balling-up" of uterus, even if painless.

- Gush of fluid or leaking from your vagina. Call immediately if the fluid is thick and greenish.
- Painful urination, blood in your urine, flank or lower abdominal pain.
- Fever and/or chills, temperature over 100.4 F.
- Decreased fetal movement:
  - After 24 weeks: Lie on your left side after drinking some fruit juice or cold water, place your hand to your tummy and count all baby movements -you should feel at least 6 movements in one hour, if not repeat for one more hour. If there are still less than 6 movements in that hour, please call. You may stop counting if you have felt at least 6 movements within the hour.
- Labor contractions
  - First baby- Contractions 5 minutes apart, lasting 6 around one minute, for more than an hour, or “5-1-1”. You will notice the contractions become longer, harder and stronger when you walk around.
  - Second+ baby- Contractions 5-7 minutes apart, lasting 60-90 seconds for more than an hour and becoming stronger.
- A feeling of doom, a sense that something is not right.



# **PRENATAL CALENDAR**

This prenatal calendar provides a guideline as to how your prenatal appointments may be scheduled. This guideline reflects a schedule for the normal, uncomplicated pregnancy. Should your pregnancy be identified as high risk, your appointment schedule will change to meet your health needs.

## **INITIAL VISIT:**

A comprehensive health history, an educational session and a prescription for prenatal vitamins will be given, however, you may continue to take over-the-counter prenatal vitamins instead as they offer the same benefit.

At this first visit, laboratory specimens (blood and urine) will be collected. A complete gynecologic exam by your physician will be performed. Pap smear (if you are due for one) and cultures will be obtained.

## **APPOINTMENT SCHEDULE**

The remaining prenatal appointments will be scheduled according to how far along you are in your pregnancy. You can expect to return every 4 weeks during your first through sixth months (6-28 weeks). Once you have entered your seventh month, you can expect to return every 2-3 weeks until your final month (36 weeks). In your final month, you will then return every week until the birth of your baby.

## **WHAT TO EXPECT AT YOUR APPOINTMENT**

Every prenatal visit, you can expect to have your weight, blood pressure, urine checked for sugar and protein. Starting at 12 weeks of pregnancy we will also include fetal heart tones. If you are also taking supplemental iron, your hemoglobin will be monitored periodically. Your prenatal care will be specific for your needs. On average, some type of blood test will be obtained (mandatory or elective blood work) around every third appointment.

## **YOUR RESPONSIBILITY**

You are a partner in your care. Bring a list of questions with you to your appointments. Should you have a pregnancy related health concern, please let us know as soon as possible- we may need to see you sooner than your next appointment.

Along with your prenatal appointments are educational sessions and specific laboratory tests. Birthing classes (covered later) and breastfeeding education are encouraged.



## TESTS

***INITIAL PRENATAL LABWORK***- Obtained during your first visit. These labs tests are recommended by the American College of Obstetricians and Gynecologists.

• <i>Complete Blood Count</i> - A blood test that is done to measure many things, especially your hemoglobin level which tells if you are anemic.
• <i>Rubella</i> - A blood test to look at your immunity to rubella, also known as German Measles. German Measles can cause birth defects such as blindness, deafness, and retardation if contracted by the mother during pregnancy.
• <i>RPR or VDRL</i> - A blood test for syphilis, a disease that can cause birth defects.
• <i>Hepatitis Surface B Antigen</i> - A blood test to detect Hepatitis B.
• <i>Type, Screen, and Antibody</i> - A blood test to identify your blood type, Rh factor and if there are any different blood antibodies.
• <i>Urine Culture</i> - A urine test to detect a bladder infection which is more common in pregnancy. A bladder infection can lead to a kidney infection or premature labor.
• <i>Varicella</i> - A blood test to check to see if you have ever had the Chicken Pox.
• <i>Gonorrhea/Chlamydia Testing</i> - Both tests are done during a pelvic exam which detect gonorrhea or Chlamydia, infections that can cause blindness in the newborn and premature labor.
• <i>HIV</i> – A test for the virus that causes AIDS
• <i>Ultrasound</i> – An ultrasound will be scheduled to confirm the correct due date, as well as number of babies

**...and other tests which are dependent upon your history:**

- |  |
|--|
| <ul style="list-style-type: none"> <li>• <i>Sickle Cell Screening</i> - For those ethnic groups who are at risk, this blood test will identify those who have the trait. If you are trait positive, the father of the baby needs to also be tested.</li> </ul> |
|--|

- *Pap Smear*- A test done during a pelvic exam which detects abnormal cells in the cervix or vagina, if one has not been obtained within the last three years or has ever been abnormal.
- *TSH* – A test of thyroid function, usually checked if there is fatigue
- *Hepatitis C* – An increasing common, usually non-symptomatic, infection

## ADDITIONAL TESTS OFFERED DURING PREGNANCY

- **>10 WEEKS** – Non-invasive prenatal testing (NIPT). This blood test is offered to screen for a type of mental retardation called Down Syndrome as well as other chromosomal abnormalities. Although this test can determine the sex of your baby, it should not be used for that sole purpose. Other tests that are available include NT ultrasound screen and the “quad” screen, which may not be as sensitive for Down’s syndrome testing as NIPT.
- **15-20 WEEKS** Multiple Serum Screening blood test. This is a screening blood test for Down Syndrome or Neural Tube Defect. This test is offered, but not required.
- **24-28 WEEKS** Diabetic Screen and Hemoglobin evaluation. A handout with instructions will be given along with the screening drink. If your blood type includes Rh(-), then you will receive a Rhogam shot (to protect your baby) closer to 28 weeks.
- **35+ WEEKS** A “Beta” Strep culture will be obtained through a vaginal check to see if you will need antibiotics during labor, again, to protect your baby from this infection. It is very common to be “Strep test positive”(1 in 6 are), but fortunately, it is rare for your baby to get this infection when treated appropriately with antibiotics in labor. You can expect your hemoglobin will be rechecked as well.
- Weekly visits and cervical exams may be performed after this time to see if your body is preparing for labor.

## High Risk Pregnancy

It is our goal to provide you with the most up to date, relevant care for you and your baby, however, certain health conditions can arise prior to, or during pregnancy that put you at a higher risk. We may refer you to a “high risk” OB physician (perinatologist) for a second opinion, or to help co-manage your high-risk condition. In most cases, we will still provide your care in our office. Additional surveillance may be required depending on your high-risk condition.

### **Additional testing *may* be ordered, including:**

- ***Non-Stress Test (NST)***- With this office-based test, monitor straps are wrapped around your abdomen and sensors attached to listen to the heartbeat for 20-30 minutes. This does NOT hurt you or the baby. Your baby's movements are compared to his heartbeats. This test may be performed either weekly or twice weekly (depending on the condition) after 32 weeks.
- ***Ultrasound***- This test uses ultra-short pulses of sound waves to produce an image of the baby on a screen. This is different than the type of ultrasound that produces heat and is completely safe during pregnancy. Multiple studies have confirmed this. Only those who have a MEDICAL INDICATION for an ultrasound will be scheduled.

## ULTRASOUND POLICY

- There is a 10-minute grace period for ultrasound appointments. After which you may be asked to reschedule.
- There is a limit of 2 support persons in the ultrasound room during diagnostic scans. This does NOT apply to Gender and 3D scans.
- If children are present at the time of the appointment they will need to have supervision at all times and not to be unattended in the ultrasound room.
- *Gender ultrasounds* and *3D ultrasounds* may have a maximum of 5 additional people at the time of the appointment. As these ultrasounds in particular are not covered by insurance, please ask the front desk regarding pricing.
- We request that you refrain from videotaping during the ultrasound.

## OBSTETRICAL ULTRASOUND

Your initial obstetrical ultrasound will be performed intra-vaginally if you are in your first trimester (<13 weeks pregnant), as this provides a more detailed study. Ultrasounds performed later than this will be done transabdominally.

- The obstetrical ultrasound procedure involves placing a water-soluble gel on the skin and scanning the abdomen with a device to visualize the uterus. The ultrasound head or device emits sound waves at short intervals, which enter the body and are then reflected to show the pregnancy. This is not like an x-ray.

The obstetrical ultrasound is divided into levels. In a level 1 ultrasound, the following is gathered: menstrual date, growth, presence of fetal heart rate, fetal number, amniotic fluid volume, and placental position. A level 2 ultrasound may be performed after 18 weeks to look for a specific issue and is a detailed study and not done in every pregnancy. Ultrasounds are NOT intended to guarantee the absence of birth defects and can't tell us anything about how the baby will develop after birth. A 2-4% risk for birth defects is still present in the general population, and most defects are never noticed, nor ever cause a problem despite a "normal" ultrasound.

In general, most ultrasounds are performed in our office by our experienced sonographer, who has spent most of her career performing ultrasounds for high-risk physicians.

Dr. Balaloski and staff believe ultrasounds should only be performed when there is a MEDICAL INDICATION- a health concern about the mom or baby. Most insurance companies will only reimburse for those ultrasounds that were medically indicated. If you do not need any further ultrasounds, it is because you have a healthy pregnancy. Something to be congratulated!

## ELECTIVE SCREENING FOR DOWN'S SYNDROME

*Our office, upon recommendation by the American College of Obstetricians and Gynecologists offers a blood tests that help to identify those babies who may be at risk for Down Syndrome or may have an open neural tube defect.*

What is Down's Syndrome? Down's Syndrome is caused by an extra gene that happens at conception. Down's Syndrome affects about 1 in every 700 babies. Very young mothers and older mothers (35 ±years old) have a greater risk for having a baby with Down Syndrome, but since it occurs randomly (by chance), the test is offered to anyone who wants it. Babies born with Down Syndrome have some form of mental retardation and may also have anatomic problems with their hearts.

## ELECTIVE SCREENING FOR SPINA BIFIDA

What is an open neural tube defect? Babies born with an open neural tube defect have something wrong with their brain and/or spine. The brain and/or spine did not grow or close normally. Only a couple babies out of 1000 are born with open neural tube defects. Two of the most common are spina bifida and anencephaly. Spina bifida is an opening somewhere along the baby's spine. Depending on where the opening is, the baby could have minimal symptoms or could have severe neurologic symptoms. Anencephaly happens when the baby's skull and brain did not form completely. Fortunately, these are rare occurrences and most, but not all, can be predicted by the "AFP" test.

- There are multiple tests now offered to screen for some of these conditions as discussed earlier, however, the most accurate way of diagnosing is by a procedure called an amniocentesis. This is an invasive procedure used to sample the fluid around the baby and definitively test for Down's syndrome and other conditions, when indicated. Because it is invasive, it is only performed (electively) when high risk factors are seen, such as age >34, or an abnormal

screening blood test. Amniocentesis (when after 16 weeks) or CVS (Chorionic Villus Sampling), done in the first trimester, are associated with a very small risk of miscarriage of around 0.5-1%. In general, these invasive tests are performed by a perinatologist when necessary.

- You have the right to consent or decline these screening tests. The decision is only yours. The decision should be based on whether you would do anything with this information. Many patients just want to know to help prepare them but would do nothing else. Please allow us to answer any questions you may have.

## COMMON DISCOMFORTS OF PREGNANCY

Many of these conditions are caused by increased levels of the hormones estrogen and progesterone during pregnancy, and most of these conditions improve within the first couple of weeks after delivery.

### *BLEEDING GUMS*

- Use a soft toothbrush and brush gently
- Visit the dentist while you are pregnant

### *BRAXTON-HICKS (False Labor)*

- Relax, change positions, walk or lie down
- Warm bath
- Drink 2-3 glasses of water
- Remember, TRUE labor will not stop after 1-2 hours and will be associated with more regular, painful contractions
- If less than 36 weeks, call the OFFICE if you are feeling regular, painful contractions every 5-7 minutes if drinking the water and lying down has not helped.

### *COLD/COUGH/SORE THROAT/ALLERGY*

- Increase liquids, rest, gargle with salt water, nutritious foods, cold mist vaporizer, warm baths, chicken soup
- Sudafed for nasal congestion (preferably after 13 weeks)
- Warm liquids, such as tea, upon arising
- Many over the counter antihistamines (Claritin, Benadryl) may be safely used sporadically if needed for severe allergies.
- Room humidifier during cold weather months helps

### *DARKENING: Nipples, abdomen, Neck, Face*

- No prevention available- caused by hormones of pregnancy
- Try to avoid long periods in the sun, use sun screen whenever in the sun
- The affected skin usually will lighten postpartum



### *DIZZINESS*

- Common in the second trimester and due to lower blood pressure
- Avoid sudden changes in position
- Stand slowly after you have been lying down
- Do not stay in sun for prolonged periods of time; avoid over heating or very hot showers/baths
- Drink fluids, eat a small nutritious snack
- Regular exercise may help improve stamina, but should be avoided when experiencing dizziness/lightheadedness
- Adequate fluid intake: 8-10 glasses of water daily

### *FATIGUE*

- Common in early and late pregnancy
- Try to exercise daily
- Short nap during the day
- Drink plenty of fluids

### *CONSTIPATION*

- Eat raw vegetables and fruits, whole grain cereals and breads
- Exercise daily, walking is very good
- Never hold back a bowel movement
- Drink at least 8-10 glasses of fluid daily
- Try whole prunes
- You may use Benefiber, Metamucil, Citrucel, Fibercon or MiraLax(laxative) as directed
- Balanced diet
- Take your prenatal vitamin daily, but the iron in some prenats may worsen stomach upset/constipation
- Try to sleep at least 8 hours each day

### *FEELING FAINT WHEN LYING ON BACK*

- Lie on your left side whenever possible

### *FEVER/PAIN*

- Under 100.5F: Tylenol as directed, increased fluids, rest, food. If above this, call OFFICE.
- Fever/Pain -take Tylenol only, do not take aspirin or ibuprofen

### *FREQUENT URINATION*

- Limit fluids at bedtime
- Practice Kegel exercises
- Do not delay in emptying your bladder
- Limit caffeinated beverages to one daily

### *GAS*

- Chew foods slowly and thoroughly
- Avoid gas producing foods, fatty foods, large meals
- Regular bowel movements
- Daily exercise

### *HEADACHES*

- Try Tylenol, as directed on bottle
- Caffeinated products may help, but avoid taking in the evening
- Massage is very helpful, as most of these are muscle-tension headaches experienced from positional changes (e.g. long time on keyboard). Can also perform side-to-side head/neck stretches to prevent them
- Rest on left side
- Relaxation breathing, cool cloth, darkened room, soothing music
- Minimize stress
- Stop smoking, or breathing second hand smoke
- Call if vision changes or Tylenol does not help and the pain's increasing if greater than 20 weeks

### *HEARTBURN*

- Very common after 20 weeks
- Try Tums, not to exceed 6-8 daily (as too many can cause constipation)
- Avoid fatty or gas producing foods
- Small meals- 5 or 6 daily
- Do not lie down after meals
- Try chewing gum
- While sleeping, elevate head with an extra pillow, or place a wood block under the two bed frame legs by the head of the bed to create a small incline
- If nothing helping, may try over the counter Pepcid once or twice daily after discussing with your clinician

### *HEMORRHOIDS*

- Try keeping bowel movements regular
- Do not strain with bowel movements
- Take short rests with hips lifted on a pillow
- Sit on a firm chair
- Try over-the-counter hemorrhoid cream, with hydrocortisone if available
- Cold Tucks or Witch Hazel pads to rectum
- Sitz baths, soak your bottom in warm water

### *INCREASED SECRETIONS (Mucous- nose, saliva- mouth)*

- Saliva- Astringent mouth wash, (Listerine); chewing gum, decrease high starch diet
- Mucous- soft tissues for blowing; avoid mucus producing foods (if allergic to milk)
- Do not take anything over the counter without discussing with your clinician

### *LEAKING BREASTS*

- Nursing pads, or in a bind, can cut mini pads in half, placing the adhesive side against the cup of your bra

### *LEG CRAMPS*

- Nobody really knows why it happens, but it can be painful at times. Some believe increase calcium (tums) or magnesium supplements can help, but no proof. Certainly cannot hurt.
- Point toes upward and press on kneecap
- Light massage, heat, increase milk intake
- Avoid heavy meals at bedtime
- Moderate exercise- walking, daily

### *LOW BACK PAIN*

- Use good posture; good body mechanics
- Wear low heeled shoes with good arch support
- Move around, do not stand in one place too long
- Use a foot stool for your feet
- If working from a desk all day, try to incorporate a standing work routine/work desk
- Keep your knees higher than your hips
- Try pelvic rock exercises
- Later pregnancy, prop tummy with pillow while sleeping
- Back massage, warm baths

### *NAUSEA*

- Eat dry crackers or dry cereal before arising
- Avoid strong smells
- Eat five or six meals daily
- Drink plenty of liquids between meals, not with meals
- Try lemonade and potato chips as a snack (helps some)
- Take Vitamin 86 50 mg, one every 8 hr.
- Try commercial wrist bands
- Try timing your prenatal vitamin with a less nauseous time (e.g. bedtime), temporarily switch to a gummy vitamin (no iron), and if no better, can temporarily stop the vitamin when you feel the worst
- Remind yourself, this will pass, usually by twelve weeks
- Avoid an empty or overloaded stomach

### *SHORTNESS OF BREATH*

- Most shortness of breath is a normal (yet aggravating) symptom of your later months in pregnancy, with changes in posture usually improving your symptoms. It can also be a symptom of a significant medical condition and if not improved, you should call the OFFICE
- Sleep with pillows
- Avoid sleeping on back
- Good posture
- Stretch arms above head
- Stop smoking

### *STRETCH MARKS (STRIAE)*

- No prevention measures available or proven effective
- After delivery, may be treated with fractional laser or Retin-A with some improvement but may take months of treatment to see benefit
- Try to avoid scratching when skin itches
- Maintain good hydration
- Keep skin from drying out with your favorite lotion

### *NOSE BLEEDS*

- Avoid dry air, humidify the room air, especially during winter months
- Adequate fluids
- Avoid excessive blowing of nose
- Avoid using nasal decongestants
- Apply pressure (5 minutes) to nostril(s) while head is tipped forward and lowered

*ROUND or BROAD LIGAMENT PAIN* (sharp or stretching pain radiating into groin or from belly button)

- “Growing pain” common in mid-pregnancy due to rapid growth of uterus and baby
- When sitting, elevate your feet 6-8 inches
- When standing, elevate one foot 6-8 inches (standing at sink, open the cabinet door and elevate your foot, one at a time, on the bottom shelf)
- Knee-chest position for twenty minutes
- Avoid over reaching, stretching, sudden movements
- When lying, support tummy with a pillow and a pillow between the legs
- When standing, use your thigh muscles
- Getting out of bed, roll to your side and walk yourself up with your hands, try not to sit straight upright

*SHOOTING PAINS DOWN LEGS*

- Change position: if sitting, stand; if standing, sit

*SWOLLEN FEET AND ANKLES*

- Lie on your left side 30 minutes daily
- Exercise often
- Do not sit cross-legged
- Avoid tight shoes
- Eat three servings of protein daily
- Maternity support hose during the day

*TENDER BREASTS*

- Wear a support/sports bra
- If no better, try wearing a bra 24 hours a day

### *TROUBLE SLEEPING*

- Do not eat before you go to bed
- To help relax, try drinking warm milk
- Try a warm bath before bedtime
- Practice relaxation exercises
- Read a boring book
- No caffeine

### *VAGINAL DISCHARGE*

- Common during late pregnancy. If no itching or odor, then largely normal discharge (protects the baby from infection). Toward the end of your pregnancy, you can pass your “mucous plug” which is a thicker mucus (“snot” like consistency) without odor. This is a normal part of your body getting ready for delivery, but it doesn’t mean it will happen right away. If discharge is watery or bloody, please let the OFFICE know.
- You may bathe the outer vaginal area often
- Avoiding scented soaps, vaginal sprays, douching, or feminine hygiene products
- Use panty liners
- Use white toilet paper
- Wear cotton panties
- Avoid tight pants, girdles, or pantyhose
- Wipe from front to back
- Again, please call if discharge changes in color, is bloody or with odor

### *VARICOSE VEINS- LEGS*

- Rest with feet above hips
- Avoid prolong periods of standing
- Support hose- apply before arising
- Avoid tight clothes, do not cross legs
- Good posture, good body mechanics
- Walking promotes good circulation

## VARICOSE VEIGNS- VULVA

- As outlined above (varicose legs)
- Kegel exercises
- Elevate hips several times daily
- Physical support by wearing a thick pad
- Sitz bath and witch hazel compresses

## *VOMITING*

- Try Emetrol, 1 Tablespoon every 15 minutes until vomiting stops- available at pharmacies as an over-the-counter liquid medication.
- Drink clear, simple sugar fluids 1ounce every hour
- DO NOT take Pepto-Bismol, or Alkaselzer
- Try peppermint or spearmint lozenges



## EXERCISES THAT HELP DECREASE PREGNANCY DISCOMFORTS

*Posture* - Standing and sitting tall will minimize backache and fatigue as well as make more room inside you for the baby.

*Lifting* - Stand with your legs apart for more support. Keep your back straight, bend your knees and let your leg muscles do the lifting.

*Getting out of bed* – Roll onto your side. Pull your legs toward you and then slowly move into a sitting position. Stand using your arms to raise your body.

*Squatting* - This helps your pelvis become larger. Standing put your feet about a foot apart. Squat down for as long as it is comfortable.

*Head/Shoulder Circles* – To relieve upper back, neck and shoulder tension, slowly circle your head back and around, doing several circles in one direction. Then reverse, going the opposite direction.

*Tailor Sitting* – This will relax your lower back. While sitting on the floor or firm surface, pull your legs up toward you and cross them at the ankle.

*Tailor Press* – This improves your leg's muscle tone. Begin by sitting on the floor, with your legs crossed. Put the bottoms of your feet together and pull your legs toward your body. Gently press down on your knees with both hands.

### *Pelvic Rock -*

Classic exercise that helps strengthen abdominal muscles and relieve lower backache. While lying down (on your back), bend your knees and slide your feet up towards your buttocks. Breathe in and out slowly. While breathing out flatten your lower back against the floor.

While standing, lean against a wall and slide your buttocks down while pressing your lower back against the wall, tucking your tailbone under.

### *Kegel -*

This develops the muscle tone around the vaginal opening which helps you deliver your baby. Tighten the muscles in your genital area as if to stop urination. Hold this position for 3 seconds, relax for 6 seconds and repeat for 10 sets. Do this several times each day.

### *Stretch -*

For leg cramps: Sit on the floor with your feet straight out and legs apart. Put your arms in front of your body and reach your toes.

For upper backache: raise one arm straight up, above head, stretching waist; hold, then repeat with other arm.

## EXERCISE TIPS FOR PREGNANT WOMEN

- Talk to your doctor about the normal activities that you currently do or plan to continue during your pregnancy.
- Decreasing weight bearing exercises such as jogging, running, etc. These can be more difficult with the extra weight of the baby. Exercises such as swimming, riding a bike or stretches are easier to perform during pregnancy. Strenuous exercise during the last 4 weeks of pregnancy should be greatly reduced to minimize the risk of complications
- Do not do activities that are:
  - Dangerous- mountain climbing, skydiving, surfing, racquetball, horseback riding, motorcycle riding, rollercoaster rides, water-skiing
  - Require extra balance- gymnastics
  - Require you to hold your breath- weight lifting, snorkel, scuba
  - Have jerky, bouncy movements- horseback riding, rollercoaster rides, high impact aerobics
- Do not do exercises flat on your back during the last month of pregnancy. As the baby grows, it puts pressure on the main vein that runs along the right side of your abdomen. Lying on your back places the baby against that blood vessel and decreases the blood flow to you and the baby. Lying on your left side is the best position because it removes the pressure on the blood vessel and increases the blood flow. Stand up slowly to prevent dizziness or fainting.
- Exercise regularly several times a day to build up strength and endurance and make losing weight after the baby's birth much easier. Exercise at least three times a week to improve muscle tone and increase your stamina. Limit your exercise to 10-15 minutes, rest and then another 10-15 minutes. You should be able to talk easily while exercising. If you cannot, you need to slow down.

- As a general rule,
  - Warm up and stretch before you begin your exercises
  - Cool down period to bring your heart rate and breathing back to normal
  - Rest for 10 minutes after exercising lying on your left side
  
- We used to recommend that your heart rate should stay below 140 beats per minute. There isn't a lot of data to support this, so if you're feeling well and able to talk through a workout, then you're probably okay to have a heart rate a little higher than 140.
  - To check your heart rate, find your pulse on your wrist or at the side of your jaw and count the beats for 6 seconds, then add a zero. For instance, if you counted 13 beats in 6 seconds then your heart rate is 130 beats for one minute.
  
- Stop exercising immediately and call the office if you experience any of the following:
  - Shortness of breath
  - Numbness, tingling
  - Decreased fetal movement
  - More than 4 uterine contractions per hour
  - Dizziness
  - Pain of any kind
  - Vaginal bleeding
  
- The real purpose for exercising during pregnancy is to feel good through general conditioning- and try to relieve any discomforts you might be feeling because of the pregnancy. This is not a way to control your weight gain. Remember, "No pain, No gain" does NOT apply to exercise during pregnancy.

## SPECIFIC EXERCISES AND PREGNANCY

Here are some guidelines you should know when to stop a particular exercise: If you feel pain anywhere, have uterine cramping, vaginal bleeding or leakage of fluid from the vagina, or if you experience extreme shortness of breath and/or dizziness. Also avoid exercising in either extreme heat or extreme cold.

Some types of exercise, as you will see, are not safe later in pregnancy. This is because as your joints, ligaments and muscles change, so too does your sense of balance, stability and stamina. If you are in doubt about a specific exercise consult your doctor.

Remember, any form of exercise should be preceded by a warm-up period to help ready your muscles for the work ahead and be followed by a cooldown period to help your heart rate return to normal.

**WALKING** - 15-30 minutes of brisk walking is the perfect exercise even if you weren't a walker prior to becoming pregnant. Start out with a slow but steady pace for at least 5 minutes. Work up to 15-30 minutes at a brisk pace. Then slow to 5-10 minutes.

**RACE WALKING** - As with jogging, you can continue to race walk if you were doing this prior to your pregnancy. Just be sure to stop if it doesn't feel good or causes unusual fatigue.

**JOGGING** - Don't take up jogging if you did not jog before you became pregnant. If you're accustomed to jogging, you may continue, but remember to avoid prolonged jogging which leads to unusual fatigue.

**SWIMMING** - If you are used to swimming, by all means continue. Swimming is an excellent exercise because it uses so many muscle groups while the water supports your weight. Diving, however, should be avoided due to increased chance to injury.

**AEROBICS** - Low impact aerobic exercise is usually safe. It is important to avoid any high impact exercise and to avoid jerky movements. Wear shoes which afford good footing and reduce any jarring shock to the body.

**ICE/ROLLER SKATING** -These are best avoided due to the balance needed and the risk of injury.

**TENNIS**- Continue to play tennis if you are accustomed to playing, however, later in pregnancy, you should be aware that quick movements and a change in your sense of balance could increase your chance of injury.

**GOLF & BOWLING** -Both of these sports are fine for recreation but neither offer any of the real benefits of exercise such as conditioning the heart or lungs.

**BIKING** - Generally, biking is fine. Start up in moderation and avoid unusual fatigue. Remember to protect your head with a bike helmet and avoid busy/dangerous roads.

**SKIING** - Good skiers might continue safely in early pregnancy, but should stop by the second trimester.

**WATER SKIING/SURFING** - Avoid these sports completely.

**SCUBA DIVING** - Changes in pressure as you dive or surface make this sport one to avoid in pregnancy.

**WEIGHTLIFTING** - Some weightlifting programs may be beneficial. However, special precautions and guidelines should be discussed if you are already lifting weights and wish to continue.

**OTHER SPORTS NOT LISTED...** Discuss your sport with your physician before continuing any program.

# GOOD NUTRITION AND WEIGHT GAIN IN PREGNANCY

Mothers who eat well have fewer problems and healthier babies. It is important to eat foods that will keep you healthy and help you look and feel your best. Foods supply the materials needed for the changes that happen to your body.

During your pregnancy, you need to eat healthy and drink plenty of liquids. Drinking liquids helps the circulation of blood, prevents constipation, and guards against bladder infections.

Eat a variety of healthy foods from the Food Pyramid. Doing this will provide your baby with the nutrients needed to grow strong and healthy. You only need 300 extra calories over and above a normal diet. This would be the same as an extra glass of milk and a medium apple. Do not allow others to convince you to “eat for two”!

Most of the vitamin and mineral supplements you and your baby will need can be obtained from a healthy diet and the extra supplementation you will receive from your prenatal vitamin. In general, additional supplements should not be necessary.

## ***Calcium and Vitamin D***

- Recommendations are to get an extra 1000-1300mg of calcium (2 tums/day if not getting enough dietary calcium) for strong bones and teeth. Sources include milk, cheese, yogurt, as well as dark, leafy greens.
- Vitamin D also important for bones and obtained from milk, fatty fish (salmon) and adequate sunlight exposure. The recommendation is for 600 international units of Vit D/day. Excess Vitamin D levels can be harmful.

### ***Iron***

- Helps red blood cells deliver oxygen through the body of your baby. Good sources include red meat, poultry, fish, beans, peas and prune juice. The minimum recommended is 27 mg, however, in late pregnancy, extra iron may be recommended based on your blood counts.

### ***Vitamin A***

- Necessary for healthy skin, eyesight and bone growth. Can obtain from carrots, dark green vegetables, sweet potatoes. Recommendation is 770 micrograms per day.

### ***Vitamin B6 and B12***

- Helps form red blood cells and maintain the nervous system. Sources include beef, fish, pork, fortified cereal and bananas. Vegetarians may need to have blood levels checked as well as may need to take an additional supplement

### ***Folic Acid***

- A typical prenatal vitamin has 0.8-1 mg of folic acid, which is double the amount you'll find in a multivitamin. This is an important vitamin to start early (preferably before pregnancy) since folic acid has been found to prevent spina bifida-type birth defects if started very early in pregnancy, or before conception.



## **Foods to Avoid**

### **Seafood**

- Most seafood is healthy to a developing baby as they are rich in Omega-3 fatty acids which may assist in your baby's brain development.
- Industrialization has caused some fish to be higher in mercury content which at high levels has been associated with birth defects. Fish that can have higher mercury levels, and that should be avoided, include shellfish, shark, swordfish, king mackerel or tilefish.
- "Safe" fish include shrimp, salmon, catfish, pollock (and tuna, but limited to albacore, and no more than 2 cans/week)

### **Certain Meats and Unpasteurized Foods**

- Certain foods in this category can cause foodborne illness causing diarrhea and vomiting. The main concern is an infection called Listeriosis. Infection with Listeria is 13 times more likely in a pregnant woman, compared to someone who is not pregnant. Flu-like symptoms such as nausea, fever, aches and diarrhea are common, however, it can lead to serious complications to your baby such as stillbirth and premature delivery.
- Avoid unpasteurized milk, as well as foods made from it, such as soft cheeses (feta, queso blanco, queso fresco), camembert, brie, or blue-veined cheeses. These are okay if the label says "made with pasteurized milk".
- Avoid refrigerated pate and meat spreads, refrigerated smoked seafood, as well as lunch meats, cold cuts or hot dogs unless they are heated until steaming hot.

## Weight Gain

Gaining Weight during pregnancy is normal. When you gain weight and how much you gain is important for a healthy baby. A slow and steady weight gain of about 2-4 pounds for the first three months is recommended. By the 20<sup>th</sup> week, the average weight gain is 10-15 pounds. After that, it is normal to gain 1/2-1 pound a week. The weight that you gain will not always mean that your baby will weigh more. Tell your doctor if you gain or lose any weight suddenly.

- *What makes up the weight gain?*

○ Baby	7-8	pounds
○ Placenta	1	pound
○ Uterus	2	pounds
○ Breasts	1/2	pound
○ Amniotic Fluid,	3-4	pounds
○ Increased Blood volume	3-4	pounds
○ Increased fluid in tissues	2-6	pounds
○ <u>Maternal fat stores</u>	<u>5</u>	<u>pounds</u>

24-30 pounds

- *Total normal weight gain varies on your starting body weight, but is anywhere from 11 (if starting heavier) to 35 (if skinnier) pounds by the end of your pregnancy.*

***Losing Weight and dieting*** when you are pregnant is unhealthy for you and your baby. Pregnancy is not the time to lose weight. You can lose weight after the baby is born. Exercise is a good way to help control your weight gain and helps during labor and delivery. If you are exercising, you may need to eat more to make certain you and your baby have enough food for the energy required.

***Instead of Soft Drinks***, drink water, juice, milk, and caffeine-free coffee or herbal tea. Soda pop has empty calories and makes you hold fluid (your hands and feet will feel tight).

***Limit Junk Foods*** which have many calories, but few nutrients. These are usually foods that have a lot of sugar, fat, salt, and/or artificial ingredients. Replace junk foods with foods that are high in nutrients.

***Instead of Cakes, Pies, Doughnuts, etc.,*** try limiting yourself to two servings per week. Make your own cookies with healthy ingredients such as whole wheat flour instead of white flour, choose applesauce, raisin, or oatmeal cookie recipes, and add raisin, nut or dried fruit instead of chocolate chips. Try ice milk or sherbet, pudding or custard made with low-fat milk.

***Instead of candy,*** try dried fruit: apples, dates; raisins, prunes, pineapple, apricots, and peaches; Fresh fruits; Frozen unsweetened fruit like cherries, strawberries, peaches, grapes, or melon balls; Fruit canned in its own juice; Fruit combinations like apple with peanut butter or pears with cheese.

***Instead of Snack Foods and Chips,*** try whole grain crackers made from wheat, rye, rice, or corn; Unbuttered popcorn; Dry cereal with little or no sugar added; Unsalted pretzels; Fresh vegetables with low-fat dip; Unshelled nuts or seeds- having to shell them keeps you from eating too many too fast; Dips made with plain yogurt, low-fat or fat-free sour cream or cottage cheese instead of mayonnaise or full fat sour cream.

***Instead of FAST FOOD*** (hamburgers, hot dogs, fried chicken, fries), try the salad or the salad bars limiting creamy salad dressings; Broiled or baked chicken instead of fried; Plain cheeseburgers with lettuce, tomatoes and pickles; Plain tacos with lettuce and tomatoes; Soup or stews with whole grain crackers; Frozen yogurt instead of shakes or ice cream; Choose water or juice instead of soda pop.

This does not mean you may NEVER eat your favorite foods; It is important to remember that moderation is the key. Balance your choices with healthy choices. **Pregnancy only requires an additional 300 calories to your normal diet-** this is like medium apple and a glass of milk extra.

## SELF CARE TIPS FOR THE PREGNANT WOMAN

***Hot Baths...*** Avoid water temperatures greater than 102 F. When you leave the shower or bath your skin should not be bright pink. If you love a hot bath, warm the room with a small space heater, the cooler water will feel good. Hot Tubs should be avoided during pregnancy: Showers are great, just watch your balance and have a non-slip bath mat. If you do not have a problem with yeast infections, bubble baths should be fine.

***Drink Plenty of Water...*** Water should be your best friend. Try drinking at least 8-10 cups of water a day. This is over 1/2 gallon. You can drink twice as much using a straw then by just sipping. Water will decrease your swelling, increase your energy level, soothe that crampy feeling and generally, make you feel better, less grumpy.

***Wear Proper Clothing...*** Make certain you wear a supportive bra; you may find you will need to increase both chest and cup size. Shoes should have low heels (less than 1.5 inches), and ideally, arch support. If you stand on your feet all day, bring a second pair of shoes to change into at lunchtime. Just changing the shoes will help your feet feel rested. Your clothing should be nonbinding and comfortable.

***Dental Care...*** Continue to see your dentist for routine checkups. Poor dental health is associated with premature delivery. It is important to tell your dentist you are pregnant. If possible, x-rays and dental work should be postponed until after the birth. If you must have dental work, (fillings, extractions, etc.) local anesthesia is best. Dental x-rays are permitted as long as your abdomen is shielded with a lead apron. It is common for your gums to bleed more easily during pregnancy. A soft-bristled toothbrush and gently flossing may help. If there is any concern, have your dentist contact our office for an information sheet on what medications can be safely administered.

***Pets...*** To avoid the disease toxoplasmosis, an infection that may lead to stillbirth or preterm birth... avoid cat litter (if you have an outdoor cat), bird droppings, and eating raw/insufficiently cooked meats. Ask someone to help clean the litter box or bird cages if you have these pets. Wash your hands after handling pets and any raw meats. Wear gloves when gardening.

***Household Substances...*** Avoid contact with strong chemicals such as insecticides, herbicides, oil-based paints, turpentine and other petroleum-based products. These products can be poisonous and can be breathed in and absorbed through your skin. Wear gloves when using strong cleaners and use latex paint if you are painting. If you work with chemicals that give off strong fumes, make certain the area is well ventilated. If you are exposed to chemicals, get the names of the chemical and read the MSDS for its safety recommendations.

***Rest...*** Women need more sleep during pregnancy especially in the early months; Sleep 8-10 hours each night and rest for short periods during the day. It is best to lie on your left side and elevate your feet during these rest periods to help with blood flow.

***Work/School...*** You can work or go to school through your entire pregnancy unless your physician tells you differently. If your job requires long periods of standing, lifting heavy objects or vigorous activity, please talk to us.

## **MEDICATIONS, DRINKING, SMOKING & DRUGS**

### ***ALCOHOL***

When you drink any alcoholic beverages, your baby drinks it too. Alcohol crosses the placenta and gets into the baby's blood stream just like yours. All alcohol can affect the baby. This includes beer, wine, champagne, and all "hard liquors" like gin, whiskey, vodka, scotch, rum, etc.

During your pregnancy and breastfeeding, all amounts of alcohol are off limits. There is no safe amount of alcohol for your baby. Also know there are some medications that have hidden alcohol like "Nyquil".

The best gift you can give your baby is staying alcohol-free. Try sparkling water, juice or a fruit smoothie. Or try a fruit drink without the alcohol, such as a Virgin Pina Colada, Virgin Bloody Mary, or a Virgin Strawberry Daiquiri.

### ***SMOKING***

Cigarettes are full of toxic substances that can affect your baby's growth and development. Burning the tobacco releases the toxins and inhaling brings the toxins into your body. Some babies of smoking mothers are born too early or have low birth weight or both. Even second hand smoke (breathing someone else's smoke) has been shown to affect the babies of mothers who do not smoke.

*E-cigarettes* don't contain as many harmful substances from smoking, but they still contain nicotine which can affect the growth of your baby. While you are pregnant, nicotine interferes with your body's immune system and you may catch colds easier and become more susceptible to lung infections such as bronchitis and pneumonia. It is best to quit smoking completely. If you must smoke, we recommend stopping while you are pregnant.

***ASK US HOW!***

## ***PRESCRIPTION DRUGS***

If you are taking any prescription drugs, tell your physician. Some medications are very dangerous to unborn babies. Do not take any prescription drugs unless okayed by us.

Before you are prescribed any medications, make certain you tell your family doctor and/or dentist you are pregnant or breastfeeding. When you fill the prescription at the pharmacy, ask the pharmacist if this medication is allowed during pregnancy and/or breastfeeding.

## ***ILLEGAL DRUGS***

All cocaine hurts babies. If a pregnant woman uses crack or any form of cocaine, she decreases the food and oxygen supply to her unborn baby as well as increasing the risk of fetal death. Heroin and other narcotics are also harmful and present similar risks to the unborn infant. Marijuana smoking has some of the same warnings as with smoking cigarettes. The active ingredient, THC, is toxic to both mother and baby. If you are a user of illicit drugs, we can help you seek the appropriate care to help protect you and your child during your pregnancy. WE are here for you

## TRAVEL GUIDELINES

Most travel during pregnancy is not hazardous to mother or baby as long as certain precautions are taken. We here at WomanKind recommend you discuss your travel plans with your physician.

### ***Domestic Travel...US and Canada***

- ***Car Travel:*** The use of seat belts is very important. Make certain your seat belt is placed below your abdomen, stretching across your hip bones. Traveling more than 1-2 hours, consider stopping every hour to stretch your legs and use the rest room. Drink plenty of water, more than usual, and avoid high sodium drinks and foods. If you are planning a trip after 28 weeks, make certain you discuss this with us prior to leaving.
- ***Air Travel:*** Commercial flying is safe during pregnancy, but women should try to walk in the aisle for at least 5-10 minutes an hour on longer flights. Drink more water than usual, avoiding the high sodium drinks and foods. Most domestic airlines will not permit pregnant women to fly after 35 weeks gestation.

### ***Foreign Travel (All travel except US and Canada)...***

- ***Immunizations:*** Pregnant women should avoid live vaccines.
  - ***Unsafe immunizations;*** yellow fever, cholera, and measles/mumps/rubella vaccines.
  - ***Safe immunizations;***
    - polio
    - tetanus/whooping cough (tDAP)
    - influenza immunizations
    - hepatitis A
    - rabies vaccine
    - Hepatitis B, although safe, is generally not associated with travel.



- ***Zika virus*** - The Zika virus is transmitted through the bite of a mosquito and can be particularly worrisome during pregnancy, potentially causing birth defects such as microcephaly (small head with resulting intellectual problems). Travel to areas endemic with the mosquito that carries the Zika virus should be restricted, not only by pregnant patients, but their partners as well, since Zika may be spread through sexual activity during pregnancy. Some areas in Texas and southern Florida may be at risk certain times of the year, however, most infections have been reported in Brazil and Central/South America. For updated information refer to the CDC website at [www.cdc.gov/pregnancy/zika/protect-yourself.html](http://www.cdc.gov/pregnancy/zika/protect-yourself.html)
- ***High Altitudes/Changes in Pressure:*** Pregnant women should avoid exposure to altitudes greater than 7,000-9,000 feet and should refrain from extreme activities such as water skiing or scuba diving at depths greater than 18 meters (50 feet). Air travel does exceed this altitude, however, the pressurized cabins compensate for the altitude change.
- ***Travelers Diarrhea:*** Pregnant women must take every precaution in avoiding contaminated water or food. Iodides should not be used for water purification. In the case of diarrhea, sulfa and tetracycline should be avoided as well. Oral rehydration packets (containing electrolytes and glucose) should be carried to prevent dehydration if diarrhea occurs.
- ***Malaria:*** The use of chloroquine to treat chloroquine-sensitive malaria appears to be safe during pregnancy, but drug therapy to prevent relapses may not be safe. Women should fastidiously avoid mosquito exposure. DEET containing mosquito repellents are safe to use during pregnancy. Avoid travel to areas where chloroquine-resistant malaria is endemic (East Africa and Thailand, for example).

# PLANNING AHEAD FOR YOUR BABY

## ***CHILDBIRTH CLASSES***

While the birth of your baby will happen whether or not you take classes, we recommend you consider the option. Knowledge is power. This is what the classes can do for you. The information from childbirth classes will help you make informed choices on the many issues of childbirth. Your baby's birthday is a day you will never forget. The childbirth classes help you prepare for one of the most important days in your lifetime.

There are many different choices:

- Hospital offered:
  - Grant Medical Center (614)566-9000 or (614) 566-9241 (labor & delivery)
  - Mount Carmel East (614) 234-6000 or (614) 234-6525 (Birthing center)

## ***CAR SEAT***

It is a law in Ohio to use a car seat whenever your baby is in any car. A car seat will be needed on the day you take your baby home from the hospital. It is important to make plans for a car seat and to have it ready for your trip home. Bring the seat to your postpartum hospital room. This way you will be able to adjust the straps to your baby's size in the comfort of your room.

Proper placement of an infant car seat is in the middle of the back seat with the baby facing the rear of the car. The infant car seat carrier must be specifically designed for use as a car seat, not just a carrier only. Read the tags; it will say if approved as an infant car seat.

Car seats can be purchased in many different stores. You could also borrow one from a family member as long as it is an approved seat. If you have yet to obtain a car seat, contact the Ohio Department of Health.

## ***FEEDING YOUR BABY***

How to feed your baby is probably the first of many decisions you will need to make as a parent. Both breastfeeding and bottle-feeding are nutritious. There are advantages to both methods.

### ***Breastfeeding Offers:***

- Human milk is ideal for babies
- Readily available/perfect temperature
- Fewer allergies and illnesses
- Easy to digest
- Easier night time feeding
- No mixing/no bottles
- Inexpensive
- Relaxing
- Warm human touch, special closeness
- Faster healing
- No worry about baby bottle mouth

### ***Bottle-feeding Offers:***

- Allows fathers and others to feed the baby
- Various types of formula available to meet your baby's need
- You know exactly how much the baby is getting
- Mom's medications will not affect the baby

Some moms choose breastfeeding, and then slowly change over to the bottle before returning to work or when it is right for them. Some moms continue breastfeeding after they return to work, and use an electric breast pump while at work. And still some moms, nurse their baby only in the mornings and evenings, relying on formula while the baby is at the sitters.

Whatever your decision, you may be certain that your baby will thrive with either method of feeding. Your decision will be the right decision for you, your baby and your family.

***Breast Pump*** – Be sure to contact your insurance company to let us know where to send your prescription. All insurance plans are required to offer an electric breast pump to pregnant patients

## **PLANNING AHEAD FOR YOUR BABY -After Delivery**

### ***CIRCUMCISION***

If you have a baby boy, you will need to decide whether you want to have your son circumcised. If you have any questions, your physician can discuss this procedure. Usually circumcision is performed before you and your son leave the hospital.

### ***PEDIATRICIAN***

Before your baby is born, you will need to decide on a doctor for your baby. It can either be a pediatrician (a physician who specializes in children's healthcare) or a family practice physician (a physician who specializes in healthcare for the entire family). Our office is happy to provide a list of physicians we know and trust to help care for your family.

Make an appointment to meet the physician before your baby's birth. This will give you a chance to ask questions and decide if this is the right choice for your baby.

Most physicians like to see your newborn sometime within the first two weeks of life. By having made the decision about who will care for your baby's health, you will feel secure when you need to call for an appointment.

### ***“BACK” TO SLEEP***

When you were a baby, the latest theory was that babies should always be placed on their tummies when sleeping. New research has shown that babies who are placed on their tummies during sleep have an increased risk of sudden infant death syndrome (SIDS).

The Academy of Pediatrics recommends all babies be placed on their sides and backs for sleep to help reduce the risk of sudden infant death. Hence the term "Back To Sleep". Do not fear the baby spitting up and then breathing it in. If this is still a concern for you, place your baby on his/her side. There are specially designed pillows to help your baby maintain that position. You may need to explain this to your baby's grandparents or babysitter.

### ***CARING FOR YOUR NEWBORN***

Your newborn needs love, nutrition and dry diapers. Everything else is a "learn as you both grow" process. Remember, you are not alone. There are experts in the hospital to help you learn the beginning infant care. Don't be afraid to ask questions. Your baby's physician can be another good source for information. Remember, you are the parent. Listen to the advice, and then decide what is right for your child.

### ***BABYSITTING/CHILD CARE***

Finding the right child care provider is not an easy process. There are many choices. If you need to return to work or school after the normal postpartum period (6-8 weeks), most experts agree you should start interviewing as soon as possible. Talk to your friends and family about whom they chose and why. Interview the prospective child care providers and get references. Check the references thoroughly. Be certain both you and the provider you choose share similar goals for child rearing.

### ***FAMILY PLANNING***

Your decision about family planning is unique to you and your family. Before the birth of your baby, we suggest you and your partner discuss this issue and develop a plan. We are here to support your decision. Should you or your partner have any questions or concerns, please allow us to help you find the information.

## YOUR BABY

- ***FIRST MONTH – Weeks 1 through 4*** (6 weeks since your last menstrual period)

- By the end of this month, your baby has grown to about an inch long inside a beginning sac of amniotic fluid (bag of water).
- The way your baby will look was determined when the egg and sperm met.
  - The father's sperm has already determined whether your baby is a girl or boy.
- The brain, heart and nervous system are already forming. By the 25th day, the heart begins to beat.
- You may feel more sleepy and tired than usual.
- Your uterus will grow larger, softer and rounder, but it is down behind the pubic bone where you can't feel it.
- You will use the restroom more often because the growing uterus is pressing on your bladder
- Your breasts are bigger and begin to feel tender and tingly.
- You may feel nausea (called morning sickness, but it can come at any time of the day)
- You haven't gained weight or changed your body size this month.
- Decide how and when you want to tell your family and friends and maybe the people at work, about your pregnancy.
- In general, your visits to the office occur every 4 weeks

- ***SECOND MONTH – Weeks 5 through 9***

- Your baby grows to be about 2 inches long by the end of this month.
- All the major organs are formed, but not completely developed.
- Its head is large because the brain is growing faster than the body.
- Its heart beats and its stomach, liver and kidneys are forming.
- Cartilage, skin and muscles are starting to give shape to your baby's body.

- Its eyes, nose and mouth are forming.
- By the end of this month, your baby looks more like a person than a tadpole.
- Your breasts get bigger, sorer and the area around your nipple gets darker.
- Your vaginal discharge is becoming thicker, whiter and stickier: the area around your vagina is a blue color because of the extra blood to help the baby grow.
- You may still have nausea, especially in the morning.
- You may still be more sleepy and tired than usual.
- Your uterus is still small enough to be behind your pubic bone, but is softer, larger and rounder.
- You may gain a pound or two by the end of this month.
- Office visits are every 4 weeks

<p>▪ <b>THIRD MONTH – Weeks 10-13</b></p>
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- By the end of this month, your baby measures about four inches long and weighs a little over an ounce.
- Amniotic fluid around your baby equals about 1 cup.
- Your baby swallows the amniotic fluids and its kidneys return the fluid back to the amniotic sac.
- You can hear your baby's heartbeat for the first time (10-12 weeks) using a special instrument called a doptone.
- For the rest of your pregnancy, all body organs will mature and your baby will gain weight.
- Your baby's elbow can bend, legs can kick and fingers can form a fist; the baby is still too small for you to feel its movements.
- Your uterus is now large enough to be felt above the pubic bone.
- You'll begin to feel better by the end of this month.
- The placenta is now completely formed and hormones are produced in amounts needed to keep your baby healthy.
- Pregnancy may seem like an emotional roller coaster. You will feel all sorts of emotions: happy one minute and sad the next, without any apparent reason.
- Office visits are every 4 weeks

#### • ***FOURTH MONTH – Weeks 14 - 18***

- By the end of this month, your baby will measure about 6-7 inches long and weigh about 5 ounces.
- Your baby moves, kicks, swallows and can hear your voice.
- Baby's movements *may* become strong enough to be felt.
- The skin is pink and transparent.
- Hair begins to grow.
- Your uterus grows to just a little bit below your belly button.
- Your nipples and the area around them will become much darker.
- A line down the middle of your belly may become darker.
- Your pregnancy is now beginning to show.
- Make sure your seat belt fits low over your hips, not over your belly.
- Learn and practice the Kegel and pelvic rock exercises everyday.
- When resting, lie on your left side with your feet up.
- Schedule your Childbirth Classes to begin in your seventh month.
- If you work, find out about maternity leave.
- Office visits are every 4 weeks

#### • ***FIFTH MONTH - Weeks 19 - 22***

- By the end of this month, your baby will be 8 to 12 inches long and show as the "Bloom of pregnancy".
- The baby's skin is covered with a protective white coating that protects the skin while it moves in the amniotic fluid.
- Eyelids are still closed
- Fingernails continue to grow
- If you haven't already, you will begin to feel the baby move inside you.
- Be sure to buy good fitting support bras.
- Your uterus has grown to the height of your belly button



- You may need 8 hours of sleep each night
- Your hair may feel thicker, and your nails longer
- Office visits are every 4 weeks

<ul style="list-style-type: none"> <li>• <b><i>SIXTH MONTH – Weeks 23 - 26</i></b></li> </ul>
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- By the end of this month, your baby will be 11-14 inches long and weigh 1-1/2 pounds.
- The skin is red and wrinkled and covered with fine hair.
- The eyelids can open and close; the eyes are almost completely formed.
- Your baby can respond to noises from the outside; it may move or become quiet.
- Finger and toe prints can be seen.
- Your baby, at this stage, is usually too small and its lungs not ready for life outside of you. If born now, your baby might survive with intensive care.
- Your baby can hiccup and kick.
- You may feel the baby kicking strongly now.
- The skin on your growing belly may start to itch; try not to scratch.
- Stretch marks may show up on your abdomen, hips and breasts as you gain weight
- You should notice gaining 1/2 - 1 pound a week.
- You may notice some tightening and relaxing of the uterus, called Braxton- Hicks contractions. These relatively painless contractions are common and not worrisome unless they become painful and start occurring at regular intervals
- You may want more or less sex; it may change from week to week
- If you plan to breast feed, find out about classes that may be available; if you plan to bottle feed, check on the supplies you will need.

- You can sign up for **breastfeeding classes** at:  
<https://www.ohiohealth.com/services/womens-health/our-programs/breastfeeding/? t id=1B2M2Y8AsgTpgAmY7PhCfg%3D%3D& t q=breastfeeding& t tags=language:en,siteid:62b4e9dc-b3e0-4193-b50f-d6d1bb3156c3& t ip=165.171.240.50& t hit.id=OhioHealthModels Pages ServicePage%2F 8af3fe8a-9410-4a51-b359-eeafeae1df87a en& t hit.pos=1>
- Office visits are every 4 weeks

<ul style="list-style-type: none"> <li>• <i>SEVENTH MONTH - Weeks 27 - 30</i></li> </ul>
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- Your baby will now measure about 16 inches and will weigh a little over 2 - 3 pounds by the end of this month.
- Its body is now covered with a fine hair, soft hair called lanugo.
- Its fingerprints are set.
- It will have definite periods of being asleep and awake.
- It practices sucking its thumb.
- If it is a boy, the testicles will start to descend into the scrotum.
- You can watch your belly move as the baby moves.
- Another person may be able to hear the heartbeat by listening to your belly.
- Your breasts may leak enough to wear padding in your bra.
- You may notice some swelling of your feet, ankles and hands by the end of the day, especially if it is hot or if you have been on your feet a lot.
- Your weight may tend to increase faster than you expect; this begins the time for greatest growth of your baby.
- You may feel more awkward when you move around and you may feel light headed as you get up from a lying position.
- You may notice your pelvic bones getting looser (“popping” or moving) as you walk.
- Eat healthy foods, continue to drink 8 glasses of water every day.
- You should think about choosing your baby's doctor.
- Tour the hospital(s) labor and delivery and postpartum floors.
- Start thinking about items you will need the first six weeks at home:
- convenience foods, your health, supplies, baby supplies, etc.

- If you are Rh negative, you will need your RhoGAM injection.
- Continue to do daily fetal movement counts.
- At work, check to see if there is any required paperwork (FMLA, etc.)
- Office visits are every 4 weeks

<ul style="list-style-type: none"> <li>• <b><i>EIGHTH MONTH – Weeks 31 - 35</i></b></li> </ul>
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- Your baby gains about two pounds this month; by the end of the month it will weigh about 5 pounds and will be 18 inches long.
- Its skin is smooth and fat begins to fill out the wrinkles.
- Its eyes are open.
- The soft hair gradually disappears.
- It is still active and noticeable patterns of sleep and activity.
- It may settle down into position for birth.
- Born today, your baby would have a very high chance of survival.
- Your baby responds to touch and sound.
- The top of your uterus is now up near your rib cage.
- You may have trouble breathing when the baby pushes up against your lungs.
- Your heartburn may increase.
- You may have trouble sitting or lying comfortably for long periods of time.
- You begin to get tired easily.
- Your vaginal discharge increases.
- You perspire more.
- You may need to urinate frequently day and night as the baby's head pushes on your bladder.
- You may notice hemorrhoids.
- Prenatal check-up occurs every 2-3 weeks this month.
- Consider making a Birth Plan.
- Start to gather the items you will need for you and the baby postpartum.

## • ***NINTH MONTH – Weeks 36 through Birth***

- Your baby grows 2 1/3 inches and gains 2 pounds this month, weighing 6 1/2 to 7 1/2 pounds and is about 20 inches long.
- The amniotic fluid equals about one quart.
- The baby may seem quieter since there is less space to move around.
- Its definite sleep and activity periods continue.
- Its eye color is dark gray, but will probably change by six months of age.
- Its fingernails become complete and may grow long.
- Your baby continues to grow; it will be ready to take its first breath and grow on its own as soon as it is born.
- The Braxton-Hicks contractions are more frequent.
- Your abdomen may look lopsided as the baby moves arms or legs or changes positions.
- You get tired easily and feel drowsy.
- You may wake up at night because you need to urinate and/or change positions.
- Your hands and feet may swell.
- You may feel pressure low in your pelvis from the baby getting into position for birth.
- You are tired of being pregnant and are ready for birth.
- Prenatal check-ups occur each week until the baby arrives.
- During this time, a vaginal culture will be obtained for Group B Beta Strep, as well as another blood count
- Continue exercise and practice for childbirth.
- Limit any out of town travel now.
- You and your partner need to decide what family planning methods you two want to practice.
- Pack what you need to take to the hospital, also clothes for you and the baby to wear home.
- List of people and phone numbers to call when the birth occurs.
- Decide how to feed your baby, read about both methods.
- Continue to do fetal movement counts daily.
- Be certain to have an infant car seat ready for your baby's trip home.
- Choose your baby's doctor; know the name, address and office phone number.

***POST TERM PREGNANCY*** – Going past your due date is perfectly fine and it is generally better to wait for normal labor to start on it's own, especially if this is your first baby. Doing so may lower your chances for having a cesarean delivery. In general, if you are 1-2 weeks past your due date, an induction of labor will be recommended since things start to become a little more risky after this time. Your doctor may recommend addition testing of the baby after your due date to make sure continuing the pregnancy is safe.

## **POLICY FOR OBSTETRICAL HOSPITALIZATION**

Dr. Balaloski currently direct all obstetrical patients to Grant Medical Center or Mount Carmel East.

If you require medical care or hospitalization during one of these periods, you may be required to go to Grant Medical Center, even if your choice for hospitalization is Mount Carmel East or vice versa. The only exception to this policy is if your insurance carrier requires hospitalization at a specific hospital. If this exception applies to you, special instructions will be provided close to your delivery.

Please understand, we will try to honor your hospital choice. However, circumstances may prevent us from directing you to your designated hospital.

Always call WomanKind's main phone number (614) 75-WOMAN (614) 759-6626 before heading to the hospital. Except in an extreme emergency, calling before you leave may save you an extra trip. If our office is closed, your call will be received by the answering service. The operator will contact the provider on call or will give you specific instructions. In the unusual circumstance when you do not receive timely attention, call again.

### **PLEASE RESPECT NORMAL OFFICE HOURS FOR ALL NON-EMERGENCIES PHONE CALLS**

#### *Pre-registration*

Around your seventh month visit, you will be encouraged to pre-register for both Grant Medical Center and Mount Carmel East. This can be done online by logging on to the hospital websites. You should send paperwork in by your 34th week of pregnancy. If you have any questions, please feel free to ask.

#### *Hospital Tours*

We recommend you tour both hospitals, although Dr. Balaloski delivers most of his patients at Grant Medical Center. This helps to decrease anxiety when the "big day" arrives. The tour will help you understand important information like parking entrances, maternity floor location, and

a tour of the entire maternity unit. Specific hospital policy questions may also be answered at that time, like: number of visitors allowed, policies about drinking/eating, picture-taking, walking, showers, etc.

### *Birth Plan*

Many couples like to plan how they would like their baby's birthday to occur. You have many options available to you. We recommend you consider your options, and then discuss your thoughts with your physician. Our goal is to have a safe and satisfying birth. This is a day you will never forget, and we want to provide you with the best care, while meeting your birthing needs.

## LABOR

**FALSE LABOR** ...When you are pregnant, especially in your last trimester, it is common to have pressure in your abdomen and sometimes contractions. This does not mean that you are "in labor" and will deliver soon. This is called false labor. The contractions of false labor do not happen regularly, and they do not become closer together and stronger.

- The discomfort of false labor pains will usually not interrupt what you are doing.
- Contractions are irregular, they are not strong nor do they last long.
- Walking or activity does not make the contractions come harder, stronger or faster.

These contractions may become very uncomfortable at times, and even regular in frequency. They will eventually get better, and may even require a trip to the Labor and Delivery Unit to fully evaluate them. Don't ever feel embarrassed or that you are bothering the staff by going to Labor and Delivery, then being sent home for false labor. It's very common with your first pregnancy and we're happy to evaluate and reassure you.

**MUCUS PLUG**...Sometimes a slow gradual softening of the cervix causes you to pass thick mucus. The mucus occasionally might have some streaks of blood. This is called a mucous plug. This is a sign that your body is preparing for birth although true labor may be days or weeks away. Let your doctor know if this happens prior to 36 weeks, especially in the presence of contractions.

**WATER BREAKING** ...You may feel a gush of fluid or a continuous trickle of fluid that you cannot control. If you have a small trickle, put on dry panties without a panty liner. If the dry panties also become wet within the next 15 or 20 minutes, you need to let your doctor know you think your water has broken. If you are unsure, please call and talk to the person on call. Note the time this happened and if there was any color or smell. If you have that gush of fluid from your vagina, call and let us know before you head to the hospital.



**WARNINGS...**Call the office at (614) 759-6626 if any...

- Heavy bleeding like a period
- Constant abdominal pain with "brick-like" firmness
- Water is thick and greenish
- Strong sense of doom

**TRUE LABOR ...**A contraction is a feeling of discomfort (pressure, cramping, squeezing, pain, tightening) in your belly and lower back. During a contraction your belly will become as hard as the back of your hand. In between contractions, there is little or no discomfort and the belly becomes as soft as your cheek. During true labor, any activity like walking, showering, or moving will make the contractions become harder, last longer, and happen more often. You will notice a change from feeling the contractions only in the lower part of your belly and back, to feeling the contractions over your entire abdomen (underneath your breasts).

- Any movement will make the contractions harder, stronger and closer.
- Your belly will regularly get as hard as the back of your hand, then soft as your cheek.
- You will notice the labor pains change or move from the lower back/belly to rise and include your entire abdomen.

**TIMING YOUR CONTRACTIONS...**To check your contractions, you will need a watch or clock with a second hand. You need to start timing your contraction when the pain begins. Stop timing it when the pain ends. This will tell you how long your contraction lasts. To tell how far apart the contractions are coming, check the time from the start of one contraction to the start of the next contraction.

- If this is your first baby and your contractions are 5-7 minutes apart lasting 60-90 seconds for more than an hour, call (614) 759-6626.
- If this is your second+ baby and your contractions are 7 minutes apart lasting 60 seconds for more than an hour, call (614) 759-6626.
- If you have a history of short labors, live far away from the hospital, or problems during this pregnancy, you will probably receive individual instructions.

*DELIVERY...* In general, most women will have an uncomplicated vaginal delivery. Sometimes you will need help during this process.

- Episiotomy is not performed by Dr. Balaloski unless necessary, and the literature supports this as “best practice”, however, lacerations or “tears” are very common and usually recover very quickly.
- Vacuum or Forceps assistance...Again, sometimes patients may require help with the delivery process with use of vacuum or sometimes forceps. Dr. Balaloski was extensively trained with the used of these techniques, which would only be performed with the consent of the birthing mother and only if necessary.

## WHAT TO EXPECT DURING LABOR AND DELIVERY

GRANT MEDICAL CENTER

111 S. GRANT AVENUE

(614) 566-9000 or (614) 566-9241 (labor & delivery)

*TOUR...* Before the birth of your baby, arrange for a tour of labor & delivery, as well as the mother/infant floor. Call 4-HEALTH (614-443-2584)

*PARKING ...*There is free valet parking (main entrance on corner of Grant and State Streets) from 630am-930pm Monday through Friday and 11am-7pm on weekends. Outside of these times, parking for the laboring couple is located in the parking garage attached to the hospital off of Grant Avenue as well as the parking garage on Sixth Street, across from the Emergency Room. You (and visitors) will park for free with use of a validated ticket. Tickets can be validated at the hospital entrances.

*ENTRANCE...* If outside of normal valet parking hours, you can enter Grant Medical Center from the emergency room entrance off of 6<sup>th</sup> Street. You will be directed to the elevator nearest to that entrance. Labor and Delivery is on the 3<sup>rd</sup> floor.

*SUPPORT PEOPLE...*Support people with you during labor and delivery should be there for the whole experience. Because of the privacy of other laboring women, your support persons should not continuously come or go at will. Their role is to support you through this exciting experience. We encourage you to have 1 or 2 support people, however, if your plans include more, please talk to your doctor about the benefits. This is your birth, and we all have the same goals; safety, satisfying, memorable, and healthy.

*PAIN RELIEF...*Grant Medical Center has a natural birth focus. The nurses are trained to help support the laboring couple in a variety of choices during their labor experience. Grant Medical Center has the ability to provide both non-pharmacological and pharmacological methods of pain relief.

- Non-pharmacological methods include: walking, rocking, birthing ball, showering, juice, popsicles, and water for drinking, hot packs, cold packs, position changes, back massages, squatting, intermittent monitoring, allowance to bring own music system.

- Pharmacological methods include: IV medication for pain relief or relaxation, walking and regular epidurals.

*CHILDREN* ...Children at birth are welcomed as long as each child has his/her own support person only for that child. Should the child need to leave the room, the designated support person needs to accompany the child.

*PICTURES*...Cameras are welcome, however videotaping is permitted after the baby is born. This is a city-wide policy among the hospitals in Columbus. Before you snap, please ask the person's permission.

*BIRTH* ...Vaginal birth will occur in your birthing suite. The bed breaks apart for the birth. Discuss your birthing plan with your doctor. If you are planning a scheduled cesarean birth, your support person is welcome into the surgery suite to be by your side. Cameras are allowed for those first, just minutes old still shots.

*MOTHER/INFANT ROOM* ...After the birth of your baby, you will remain in your birthing suite for an hour or two before you are transferred to your mother/infant room. This will be a private room. Your main support person is welcome to remain with you throughout your hospital stay.

*HOSPITAL STAY*...You can expect to stay anywhere from 24 to 48 hours. Most insurance companies approve a two day stay for vaginal births. Should you have an unexpected cesarean birth, that stay will be lengthened to 3 or 4 days. For a scheduled cesarean birth, your insurance company has approved 3 or 4 day stay. Your health will dictate your length of stay.

## **WHAT TO EXPECT DURING LABOR AND DELIVERY**

**MOUNT CARMEL EAST**  
**6001 EAST BROAD STREET**  
**(614) 234-6000 or (614) 234-6525 (Birthing Center)**

***TOUR...***Before the birth of your baby, arrange for a tour of the Birthing Center and schedule childbirth classes; Call (380) 898-MOMS (380) 898-6667. Mount Carmel no longer offers physical tours, however, an online tour is available by logging on to [www.mountcarmelhealth.com/maternity](http://www.mountcarmelhealth.com/maternity) and follow the links to maternity services for online tours as well as classes and preregistration.

***PARKING...***Parking is located either in front of the hospital or the garage, at no charge.

***ENTRANCE...***The front entrance is open until 8 p.m., enter through the emergency room. Once in the hospital, use the Visitors Lobby elevators to go to the 3<sup>rd</sup> floor of the Heart and Maternity Services building. The Birthing Center is located on the 3<sup>rd</sup> floor. Should you need assistance, an associate of the hospital will help.

***SUPPORT PEOPLE...***The role of the support person is to help you through this exciting experience. The father of the baby or one primary support person may stay at your side. If you request a second support person may also be present for the birth. No visitors are permitted during labor. In addition, Mount Carmel offers the services of a Doula to assist in your labor. This is not covered by insurance (around \$300) and must be arranged prior to labor.

*Information regarding Hospital Stay, Pictures, Birth, etc., are similar to information provided above in the Grant Hospital section.*

## AFTER THE BIRTH OF YOUR BABY

Just after the birth of your baby, you could feel tired, hungry, elated, confused, scared...in other words, you will definitely feel different. Experiencing “The Shakes” is a common and normal experience immediately after delivery due to a combination of IV fluids and “stress hormones” that you need during the labor process.

These next hours and days, should be spent resting and learning how to care for both you and your newborn. Each birth is unique, as is each newborn. If this is not your first baby, this is the first time you have spent with THIS baby. Get to know your son or daughter. The time you are spending in the hospital is the perfect time to ask questions, and learn the latest thoughts on caring for both you and your new baby.

### *During your hospital stay...*

- Your health care learning needs:
- Pain/cramping relief
- Normal amounts of bleeding
- Return of bowel/bladder habits
- Breast care/nipple care
- Postpartum exercising nutritional needs
- Rest requirements
- Activity restrictions

### *Newborn's health care learning needs:*

- Nutritional requirements
- How-to: breastfeeding/bottle feeding
- Genital care, diapering
- Bathing
- Warmth, swaddling
- Cord care

### *Use your hospital phone to schedule your health care follow-up appointments with:*

- Baby's doctor- usually within one week
- Postpartum check- usually within 4-6 weeks postpartum

*Your main support person or family members need to get ready for your return home.*

- Do the grocery shopping or have easy to prepare foods at home.
- Have the house clean and laundry done.
- Prepare your pet for the new baby by introducing him to dolls and other baby objects.
- Take flowers and gifts home from the hospital the day before discharged.
- Coordinate child care (if needed) for the other children at home.
- Go home as a family- Bring the baby's siblings to the hospital the day of discharge.
- Arrange to have dinner ready for you and the new mom.
- Limit visitors the first couple of days.
- Animals (specifically dogs):
  - Some people have had a lot of luck “introducing” the baby to your dog via the baby’s hat or initial clothing used after delivery. Introducing your baby’s smell to your dog the day before bringing your baby home may help this transition. As always, you should NEVER leave your newborn unattended around your dog no matter how “good” he/she is.

*Know the warning signs for mom:*

- Temperature over 100.4 degrees F
- Abdominal pain
- Bad smelling discharge
- Heavy bleeding- more than a sanitary pad per hour
- Warmth, redness or drainage of the incision if the mother has a cesarean birth
- Warm, red area anywhere on the body (especially breast, think “mastitis”)

*Know the warning signs for baby:*

- Change in skin color, especially if yellow colored
- Change in eating habits
- Change in urine or bowel movements: color or frequency
- Sleeping for longer periods of time
- Bleeding from circumcision

- Bad-smelling belly button
- Temperature over 100 degrees F, under the arm reading
- Long periods of uncontrolled crying

## GOING HOME INSTRUCTIONS

### *Rest and Activity*

- Wear your loose fitting or nightwear clothes during the first week or two at home. If you have chosen (or are unable) to breastfeed, wearing a tighter bra during the day, as well as a sports bra when you sleep, may help suppress the normal, uncomfortable breast engorgement that can occur after delivery in bottle-feeding moms.
- Rest when your baby sleeps, frequent rest periods are essential for healing.
- At first, only take care of you and your baby. Let others do all the household jobs. When others offer to help- LET THEM.
- Keep supplies for both of you on each floor. Your needs include- sanitary pads, clean underwear, breast pads, pain relief medication, somewhere to rest, etc. The baby will need diapers, wipes, clean sleepers, burp clothes, somewhere to sleep, receiving blankets, etc.
- Shower for the first three weeks, then baths are fine (scrub the tub before use).
- You may notice night sweats. This is very normal and healthy.
- Avoid heavy lifting- The weight of the baby is enough for the first week or two, then gradually ease into your household weight bearing activities- laundry, other children, grocery bags, etc. Remember to use your thigh muscles.
- Riding in a car is fine. Driving yourself is allowed after the second week.
- Wash your hands often. Visitors must wash their hands before touching the baby. Have waterless handwash gel bottles available for visitors and don't feel bad to ask them to wash before handling your baby. Your baby's first several weeks are spent "ramping" up it's immune system and he/she is a lot more susceptible to bugs we may be immune to.



## BREAST CARE

### *Bottle-feeding Breast Care:*

- The first week- Keep a supportive bra tight against your chest then over your bra, binding your breasts with an ace wrap may be helpful. Do not unwrap except for a shower.
- In the shower, do not allow the water to beat on your breasts. The shower" will stimulate the milk and increase the swelling/pain. Wash your breasts, but. avoid deep massage and rinse off with your arms crossed over your chest.
- After the shower, replace your bra and wrap if necessary.
- Ice packs (like a bag of frozen peas) to your breast may help with pain and swelling, but be careful as they may stimulate milk production as well.
- Do not squeeze your breasts to see if there is still milk. Any milk that is released will be replaced with double the amount loss.
- Tylenol or Ibuprofen: two tablets every 4-6 hours, as needed, will help with the pain. If you have a fever over 100.4 or redness, hot spots on your breasts- CALL the office.

### *Breast-feeding Breast Care:*

- Wear a supportive bra at all times.
- Breast pads, or commercial or sanitary pads cut in 1/3s, help to absorb leaking milk.
- If your nipples are sore, make certain the baby has more than the very end of your nipple in his mouth. When "latching-on", as much of the dark part of your nipple as possible needs to be included. At the end of nursing, express some breast milk and massage this into your nipple - air dry. Try different positions.
- If you are engorged, express enough milk to make your nipple less tight. Warm compresses will help loosen the tightness.
- Warm shower may feel soothing.
- Drink plenty of water - 2 extra quarts a day.
- Tylenol or Ibuprofen- two tablets every 4-6 hours, as needed are safe.
- If you have a fever over 100.4 or redness, hot spots on your breasts - CALL the office.

### *Laceration/Episiotomy Care*

- In general, episiotomies are not performed by Dr. Balaloski unless necessary, and the literature supports this as “best practice”, however, lacerations or “tears” are very common and usually recover very quickly.
- After each voiding, pat dry from front to back. Use your squirt bottle for the first week to keep any urine from burning/irritating the episiotomy site.
- Sitz baths 3-4 times a day for the first week, then as is comforting. If you don’t have a sitz bath, then fill the tub high enough to soak your bottom and perineum.
- The stitches will usually dissolve on their own. If you notice that they are falling out after a few weeks, this is normal. The stitches merely tell the body where to heal. Your body is doing most of the work, not the stitches.
- An itching or pulling sensation is normal.
- If there is any foul smell, CALL the office.
- Tylenol or Ibuprofen: two tablets every 4-6 hours, as needed, will help with the pain.

### *Cesarean Incision Care*

- Keep your incision clean and dry. In many cases there will be no obvious staples on the incision site as most of the time we close the incision with stitches that dissolve under the skin. In many cases there will also be a “glue” on the surface of your incision as well. This helps reduce wound infections and will generally start to peel off in 2-4 weeks.
- Alternatively, you may sometimes have steri-strips which have replaced the staples, or you may even be sent home with a special vacuum-type dressing designed to reduce wound infections if you are felt to be at higher risk.
- If there is any discharge or foul smell from the incision, CALL the office.
- If you have a fever over 100.4, CALL the office.

- Pain Management:
  - You will usually be given a prescription for Naproxen (a non-narcotic NSAID similar to Aleve) and a medium strength narcotic. You may need the narcotic for a couple of days but optimally, you are only taking the Naproxen for the next seven days twice daily. If it starts to bother your stomach, you can switch to Tylenol.
  - After the first week, Tylenol or Ibuprofen: two tablets every 4-6 hours, as needed, should be sufficient.

## GOING HOME INSTRUCTIONS

### *Bowel Movements*

- Your bowels should move by 48 hours after birth- Do not be afraid to move your bowels. Relax, do your Lamaze breathing.
- Drink plenty of water.
- Natural foods- prunes, prune juice, apples, apple cider, bran flakes, raisin bran, etc. Avoid caffeine products.
- If you need a laxative- Milk of Magnesia or Miralax as directed.

### *Hemorrhoid Relief*

- Avoid straining with bowel movements.
- Drink plenty of water; 6-8 glasses.
- Tucks or Preparation-H may help.
- Knee-chest position is helpful, 10-15 minutes several times per day.
- Avoid standing or sitting for long periods. Side lying or sitting with legs propped on two pillows during rest periods.
- Excessively large (thumbnail size) or painful hemorrhoids, CALL the office.

### *Diet and Nutrition*

- A well-balanced diet is necessary for healing. Eat at least three meals per day.
- Now is not the time for an extreme diet. The extra weight gives you an energy reserve for the demands of motherhood and breastfeeding.
- Continue to take your prenatal vitamins and iron supplement.
- Drink plenty of water- at least 8 glasses.
- Include plenty of protein; eggs, meat, cheese, milk.

### *"Baby Blues"*

- Having the Baby Blues is not a joke. It is normal to feel blue and a little let down after all the excitement of pregnancy and delivery.
- Your hormones are in a state of flux after the birth of your baby. Your changing role with your partner, the needs of the baby, and sleep interruptions add to this blue feeling.
- Getting enough rest helps.

- Baby Blues should last no longer than a week or two. If these feelings last longer than that or you are unable to cope, or feel helpless- CALL US.

### *Exercises*

*The first two weeks after the birth, you need to rest and heal. Start the postpartum exercises slowly, building strength and endurance. Stop if you feel pain. Use a firm, flat padded surface. Music helps to relax and breathe rhythmically.*

- **Deep Abdominal Breathing:** Breathe deeply through your nose. Inhale, letting your abdomen rise upward as you stretch your muscles outward. Hold for three seconds. Exhale letting your abs fall while pulling in your abdominal muscles. Hold for count of five. Repeat three to five times.
- **Chin Lifts:** Begin with deep breathing and abdominal tightening. While holding your muscles tight, exhale and raise your head to attempt to touch your chin to your chest. Hold for a few seconds. Slowly relax your head back to the floor, release your abdominal muscles.
- **Kegel (Pelvic Floor):** Squeeze the pelvic floor muscles and hold as you count three seconds. Relax for six seconds. DO NOT hold your breath and do not tighten your buttock muscles. Begin with a series of 10 squeezes three times per day, increasing to ten times per day.
- **Windmill:** Breathe deeply. Place your arms at right angles to your body and slowly raise them, keeping your elbows straight. When your hands touch over your head, lower your arms. Repeat 20 times, going faster with each repetition.
- **Low Back Stretches:** Slowly bring your right knee to your chest, holding your leg behind your thigh, not behind the knee. Hold for 20 seconds. Repeat with your other leg.
- Wait until after your postpartum check-up before you advance to a regular exercise program.

- High impact exercises will need to be restarted slowly. Stop if there is any pain.

### *Sexuality*

- Time is needed to allow for tissue healing and to prevent infection.
- Sexual intercourse should not occur until the bleeding has stopped, tissues have healed and you feel comfortable.
- While you are healing, there are other ways to show love and affection- massaging, touch, holding, cuddling, etc.
- When you are BOTH ready, make certain your choice of family planning is effective. Condoms and foam are always a good choice if you need extra protection. It is possible to return for your postpartum visit pregnant!
- If you are breastfeeding, a water soluble lubricant such as K-Y Jelly will help relieve dryness.

Subject: Pregnancy and Disability

Dear Patient,

The great majority of expectant mothers can continue to work until late in pregnancy without any problem. Sometimes, however, the physical changes entailed in pregnancy or the demands of a woman's job can create workplace difficulties.

Please let us know if you have any concerns in this regard. We are usually able to suggest simple steps to deal with the fatigue, "morning sickness" or aches and pains that can be particularly challenging while you're at work.

If you have more serious symptoms, or concerns about potential workplace hazards to you or your baby, we will evaluate the situation and respond accordingly.

When medically appropriate, we will recommend that a pregnant patient be placed on disability leave for their job. Such leave is rarely required, however, and in the absence of a serious condition that would endanger the health of the mother or baby, medical ethics prevent us from making such a recommendation. We will, however, do everything we can to reduce or eliminate pregnancy-related difficulties you may be having at work.

Again, please tell us of any work-related concerns you may have.

Sincerely,

Dr. Steven P. Balaloski

## FINANCIAL OBLIGATIONS

The following information has been provided to inform you of your fees for obstetrical care and any financial responsibility you may have. We here at WomanKind feel it is important you become aware of the costs and obligations associated with your obstetrical care. Please feel free to ask questions.

### *FEES*

Obstetrical charges, in most instances, are considered as a global package. This includes all routine prenatal visits, delivery and postpartum care. Charges for extra visits for special problems, lab charges, ultrasounds, additional procedures and testing are not covered.

\$3,300.00 Prenatal Care, Vaginal Delivery, Postpartum Care

\$3,700.00 Prenatal Care, Cesarean Delivery, Postpartum Care

These fees do not include your inpatient hospital charges or the anesthesiologist fees.

### *INSURED PATIENTS*

Your insurance coverage is very important. We suggest you contact your insurance carrier to discuss your benefits, both for your prenatal care and your hospital stay. If you discover a portion of your obstetrical care will not be covered, please let us know as soon as possible, and we can set up payment plan. You will have peace of mind, if your financial requirements are completed before the birth of your baby.

After your initial obstetrical visit, our office contacts your insurance carrier with notification of your pregnancy. It is vital that you present to us a current insurance card. Should you have an HMO policy, check with your insurance to see if you require a referral from your primary care physician for a referral.



A separate office visit fee is charged for your initial intake interview. Your initial and subsequent blood and urine test will be sent to the reference laboratory indicated by your insurance and will be billed directly to your insurance. If an ultrasound is indicated for a medical reason, the fee will be billed at the time of service. If you request an ultrasound and there is no medical indication, you are required to pay the fee at the time of service.

Please notify our office immediately if your insurance changes during your pregnancy as we will need that information to bill your former insurance carrier as soon as possible. The charges will be divided between the two carriers proportionately. If you do not notify us in a timely fashion you may be responsible for any claim denied by the insurance.

### *SELF PAY PATIENTS*

If you do not have medical insurance that will cover your obstetrical care, you will be given a detailed listing of your financial obligations. You have two options of payment. You can choose to pay remaining balance at the time of your physical exam or may choose to pay in monthly installments with the final payment due one month prior to your due date. Charges for all laboratory fees, procedures and additional testing are due at the time of service or billed by the service provider.

You will be asked to sign an agreement to meet the financial obligations that are stated on the detailed listing. Care is subject to termination if your obligations are not met.

Should you acquire covered medical insurance during this pregnancy, we will meet with you to review if any of the previously paid portions should be returned.

## *PRECERTIFICATION*

Pre-registration forms for both Grant Medical Center and Mount Carmel East can be found online. We recommend you, apply to both. The only exception to this is if your insurance coverage is specific to one or the other. You should send the paperwork in by your 34th week of pregnancy. If you have any questions or have not received the forms, please feel free to ask.

## *INSURANCE CARRIER NOTIFICATION OF DELIVERY*

Many insurance carriers are requiring you to notify them of your delivery even if you pre-certified. Most require you to call within 24 hours of delivery. This is YOUR responsibility, because you are the policy holder. Check with your insurance carrier about what they require at the time of delivery.

If child is to be added to the policy, most carriers require submitting of application within 30 days from birth.

<b>STEVEN P. BALALOSKI, M.D.</b>
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Dr. Balaloski is an Obstetrician/Gynecologist, Board certified by the American College of Obstetricians and Gynecologists as well as being a Fellow of the American College of Surgeons, and Accredited by the Council for Gynecologic Endoscopy. He grew up in east Columbus and graduated from Groveport High School. He attended college at The Ohio State University where he obtained his Bachelor of Science in Microbiology. He continued at The Ohio State College of Medicine where he earned his Doctor of Medicine degree in 1993. Dr. Balaloski finished his residency at the combined Riverside Methodist/Saint Ann's Hospitals residency program.

Dr. Balaloski is a member of the American College of Obstetricians and Gynecologists, the American College of Surgeons, the American Urogynecologic Society, and the American Association of Gynecologic Laparoscopists.

He continues to be active in the medical community via his ties with The Ohio State College of Medicine as well as with resident and medical student education. He has enjoyed his organizational leadership roles as previous President of the Ohio State University College of Medicine Board of Governors, The Columbus Obstetrics and Gynecology Society, and the Columbus Medical Forum.

His current hospital affiliations include: Grant Medical Center, Mount Carmel East and the Pickerington Surgery Center. He has acquired expertise in all current gynecologic and urogynecologic procedures including minimally-invasive laparoscopic procedures and the most current urinary incontinence and pelvic floor reconstructive surgery procedures, and frequently serves as an instructor to his peers.

Dr. Balaloski is a member of St. Mary's Macedonian Orthodox Church and has maintained his strong Macedonian ties with the eastside community. In his spare time, Dr. Balaloski enjoys hiking, biking, and renovation projects.

He is honored to be able to be part of your family's care.

## **Erin Smith, CNP**

Erin is a Board Certified family nurse practitioner with 11 years of experience specializing in emergency medicine and women's health. Erin began her nursing career after receiving an associate degree with honors from Central Ohio Technical College. She completed her advance practice nursing education graduating magna cum laude with a Master of Science in nursing degree from Otterbein University in 2012.

Erin is a member of the American Association of Advanced Practice Nurses (AANP) and the Ohio Association of Advanced Practice Nurses (OAAPN). She is a clinical instructor for the nurse practitioner program at Otterbein University. She is involved with clinical research studies of both endometriosis and uterine fibroids.

As a provider, Erin is dedicated to providing compassionate, thoughtful women's healthcare and focusing on the unique needs of her patients. Her areas of interest include wellness/preventive medicine, contraception management, irregularities in menstrual cycles, sexual health and the treatment of menopause.

Erin has been a resident of the Columbus community for the last 30 years. When not in the office, she enjoys running, volunteering, watching the buckeyes and spending quality time with her family and 3 dogs.