



Your Guide to a *Healthy* Pregnancy



**Obstetricians &
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Dear Expectant Parents,

Congratulations on your pregnancy and thank you for choosing Obstetricians & Gynecologists, P.C. for your obstetrical care.

The physicians, nurse practitioners and nurse midwives at our practice are committed to providing comprehensive, compassionate care throughout your pregnancy, labor, delivery and postpartum experience. Our goal is to not only meet, but exceed your expectations.

During your pregnancy we schedule visits regularly to monitor your progress. This will also allow time for your questions, concerns and desires regarding your pregnancy, labor and delivery. Your care will include occasional lab work and ultrasounds. You will be notified in advance so that you are able to adjust your schedule appropriately. For your convenience, most of this can be accomplished during your regular OB visit. We are proud to provide services for patients with special or high risk pregnancy issues as well as work along with geneticists, perinatologists and other specialties within our network of care.

Rest assured that at the time of your labor and delivery care one of our providers will be present at the hospital. We pride ourselves in being attentive to your needs and desires during your birthing experience and postpartum. You will be included in all decision making. Childbirth education classes as well as breastfeeding, CPR and others are available at our office and the hospital. We highly recommend you consider any or all of these.

We look forward to sharing this special time in your lives.

Sincerely,

Obstetricians & Gynecologists, P.C.

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Table of Contents

Common Questions	2
Common Symptoms of Pregnancy	3
Tips to Help Prevent Nausea During Pregnancy	3
What to Avoid in Pregnancy	4
When to Call the Doctor	5
Safe Medications During Pregnancy	6
Testing During Pregnancy	7-9
Nutrition and Pregnancy	10
Recommended Sources of Essential Nutrients	11
Pregnancy and Weight Gain	12
Labor and Delivery	13
What is Shoulder Dystocia?	14
Breastfeeding	15-17
Disability During Pregnancy	18
Suggested Items for Your Hospital Bag	19
Postpartum Instructions	20
A Partner's Guide to Pregnancy	21-23
Your Baby's Growth	24
Your Prenatal Visits	25
Additional Notes and Questions for My Doctors	26-28

Common Questions

When will I feel my baby move?

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

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

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

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

Can I use a Jacuzzi?

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

Can I travel?

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

Can I care for my pets?

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

What do I need to know about dental care?

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

Can I go to the salon for treatments?

Hair coloring and nail care can be done in any trimester, but should always be done in large, well-ventilated areas.

Can I exercise?

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

Can I have sex?

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



Common Symptoms of Pregnancy

Nausea/Vomiting – feeling nauseous during the first three months of pregnancy is very common. For some women, it can last longer, while others may not experience it at all.

Discharge – an increase in vaginal discharge that is white and milky is common in pregnancy. If the discharge is watery or has a foul odor, call the office.

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

Constipation – is a common complaint which can be related to hormone changes, low fluid intake, increased iron or lack of fiber in your diet. Try to include whole grains, fresh fruit, vegetables and plenty of water. There are safe over-the-counter medications (Refer to Page 9 for recommendations). If you develop hemorrhoids, try sitz baths three to four times per day for 10-15 minutes each time. If the pain persists, contact the office.

Cramping – experiencing some cramps and contractions are normal. When they occur, empty your bladder, drink 1-2 glasses of water and try to rest. If you are less than 36 weeks pregnant and having more than 6 contractions in an hour after trying these measures, contact the office.

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

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

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

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

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

Tips to Help Prevent Nausea During Pregnancy

- Before getting out of bed in the morning, eat a few crackers, a handful of dry cereal, or a piece of toast or dry bread. Put these within reach of your bed the night before.
- Get up slowly in the morning and sit on the side of the bed for a few moments before standing up.
- Avoid any sudden movements.
- Eat six to eight small meals during the day. Never go for long periods of time without food.
- Eat foods that are high in long acting proteins such as milk, yogurt, cheese, peanut butter, and nuts.
- Drink fluids, including soups, between rather than with meals.
- Avoid greasy, highly seasoned, and fried foods. These include butter, margarine, bacon, gravies, pie crust, pastries, fried meats, and french fries.
- Always eat a snack high in protein before bedtime.
- Avoid unpleasant smells. When you cook, open windows or use the exhaust fan to get rid of odors. After cooking, wait for a short period of time before eating.
- Be sure to have plenty of fresh air/good ventilation in the bedroom while sleeping.
- Try eating popsicles if you are having difficulty keeping down liquids.
- Doxylamine 25 mg tablet (Unisom tablet, not the gel or melt) one at bedtime combined with vitamin B6 100 mg a day (available as a sucker or candy also). This combination works best as a preventive, so take it routinely. You may add 1/2 tablet in the morning and 1/2 tablet in the afternoon if needed.
- Ginger, peppermint and acupressure may all be helpful in preventing nausea during pregnancy.

What to Avoid in Pregnancy

Smoking

If you smoke, SO DOES YOUR BABY! This is a very important fact of pregnancy. The placenta is the organ that connects the developing baby to you. It consists mostly of blood vessels and is attached to your uterus on one side and your baby on the other side by way of the umbilical cord. Its job is to allow the passage of nutrients, oxygen, vitamins, and other substances to pass from your blood to the baby allowing it to grow and develop. It also carries away your baby's waste products to your kidneys, liver, and lungs and acts for the baby until his/her organs are mature enough to do well on their own outside the womb.

Cigarette smoke contains more than 2,500 chemicals. It is not known or certain which one of these chemicals are harmful to a developing baby. However, both nicotine and carbon monoxide (the same gas released from a car's exhaust) are believed to play a role in causing bad pregnancy outcomes. These chemicals are directly taken from your lungs, to your blood to your baby's blood. Imagine how these chemicals affect the fragile tissues of a developing baby.

Here are some known complications from smoking during pregnancy:

- **Low birth weight baby** – low birth weight can be caused by prematurity (birth prior to 37 weeks), poor growth, or a combination of both. Prematurity is increased in pregnancy smokers and is the number one cause of neonatal death and chronic illness in babies. Problems such as cerebral palsy, life-long lung, kidney or other problems.
- **Placenta previa** – Low lying placenta that covers part or all of the opening to the uterus. Placenta previa blocks the exit of the baby from the uterus causing the mother to bleed.
- **Placental abruption** – the placenta tears away from the uterus causing the mother to bleed.
- **Stillbirth** – the baby dies in the womb before birth.
- **Premature rupture of membranes** – the water breaks before 36 weeks and is associated with low birth weight babies and increased preterm labor and delivery.

The effects smoking has on your baby continue once you are home. Children exposed to smoke in the home have higher levels of lung problems such as asthma, pneumonia, or bronchitis. They also suffer more ear infections than children not exposed to smoking.

Alcohol/Drugs

There is no amount of alcohol or street drugs that are known to be safe during pregnancy and therefore should be avoided. Drinking alcohol or using drugs can cause birth defects, mental retardation and abnormal brain development.

Foods to Avoid

- **Raw meat** – Avoid uncooked seafood and undercooked beef or poultry due to risk of bacterial contamination, toxoplasmosis and salmonella.
- **Fish with mercury** – Avoid fish with high levels of mercury including shark, swordfish, king mackerel and tilefish. (Limit Albacore Tuna to 6 oz./week.)
- **Smoked seafood** – Refrigerated, smoked seafood should be avoided due to risk of listeria contamination.
- **Raw shellfish** – including clams, oysters, and mussels can cause bacterial infections.
- **Raw eggs** – raw eggs or any foods containing raw eggs can be contaminated with salmonella.
- **Soft cheeses** – imported soft cheeses may contain listeria (soft cheeses that are pasteurized are safe).
- **Unpasteurized milk** – may contain listeria which can lead to miscarriage.
- **Caffeine** – limit caffeine intake to equivalent of one cup of coffee a day.



When to Call the Doctor

If you experience any of the following, please contact us immediately as these are considered an emergency:

- Continuous leaking of fluid (water broken)
- Abdominal trauma or car accident
- Heavy bleeding
- Decreased fetal movement
- Urinary tract infection
- Headache with vision changes
- Painful contractions greater than 6 times an hour for 2 hours if less than 36 weeks

Illness/Symptom	Call The Office If:	Call Doctor Immediately:	Home Treatment:
Bleeding/Cramping • Some bleeding/spotting may occur after an internal exam	• Bleeding is less than a period with mild cramping; common in 1st trimester	• Bleeding is heavy (using a pad every 2 hours) • 2nd & 3rd trimester cramping or painless heavy bleeding • Cramping is equal or worse than menstrual cramps	• Rest • Avoid heavy lifting (more than 20 pounds)
Vomiting • Common in 1st trimester	• Unable to keep down liquids and solids for more than a 24 hour period • Weight loss of more than 3-5 pounds	• Signs of dehydration occur (e.g. dry mouth, fatigue/lethargy, poor skin turgor) • Abdominal pain accompanied with vomiting	• Vitamin B6 100 mg a day • Separate liquids from solids (e.g. dry cereal followed by a glass of milk 1 hour later) • Plain popcorn • Rest • Avoid hot sun
Decreased fetal (baby) movements after 24 weeks	• Baby moves less than 10 times in a 2 hour period while you are resting, during a normally active period of baby	• No fetal movement if accompanied by severe abdominal pain	• Rest • Drink juice or soft drink • Eat a small snack • Lay on left side
Labor	• Contractions stronger than Braxton-Hicks (mild, irregular contractions), but may not be regular • If less than 36 weeks, call if contractions are every 10 minutes for 2 hours	• Contractions are every 5 minutes apart for 2-3 hours • Water breaks; small leak or as a gush • Bleeding is more than a period • Pain or contractions won't go away	• Rest (you'll need energy for real labor) • Increase fluids to 8-12 glasses daily • Dehydration can cause contractions, especially in the summer • Empty bladder • Lay on left side
Urinary Urgency and/or Pain With Urination • Frequency is common in early and late pregnancy	• Pain with urination • Feeling of urgency to void with little urine produced	• Temperature of 101°F or higher • Pain in upper back • Contractions occur • Blood in urine	• Urinate at regular intervals • Increase fluid intake to 8-12 glasses daily
Swelling	• Recent, noticeable increase in feet and ankles • Swelling of face and hands	• Swelling accompanied with headache or upper abdominal pain • Swelling with decreased fetal movement • Elevated blood pressure if using home monitoring	• Lie on left side and elevate legs • Avoid salty foods (e.g. ham, pizza, chili)
Cold and Flu	• Temperature of 101°F or higher • Green or yellow mucus develops • Persistent cough for more than 5 days	• Breathing is difficult or wheezing occurs	• Tylenol, Actifed, Sudafed, and any Robitussin • Increase fluids • Rest • Use vaporizer
Rupture of Membranes		• Water breaks, small leak or as a gush, and continues leaking	

Safe Medications During Pregnancy

Note: Use medications sparingly in the first 14 weeks of pregnancy. Call if your temperature is 100.4 F or greater, or if symptoms persist or worsen.

Allergies

Chlor-Trimeton
Benadryl
Tylenol Sinus
Zyrtec
Claritin

Antacids

Tums
Rolaids
Mylanta
Zantac
Tagamet, Pepcid, Prilosec, Prevacid
(If no relief from Tums or Rolaids)

Colds, Flu

Tylenol – Aches and Pains
Robitussin – Coughing
Chloraseptic/Cepacol Lozenges – Sore Throat

Constipation

High bran diet and increase water
Metamucil
Konsyl-D
Miralax
Colace
Milk of Magnesia

Cough

Robitussin plain
Robitussin – for dry cough (unless you have high blood pressure or are taking an antidepressant)
Mucinex

Decongestants

Claritin
Instant Ocean Spray
Tylenol Sinus
Netti Pot

Diarrhea

Kaopectate
Immodium
BRAT diet – bananas, rice, applesauce, tea or toast

Dental

You may have dental care with the following precautions:
Make sure you are well shielded if x-rays are required.
Local anesthesia is permitted without epinephrine.
No sodium pentothal or nitrous oxide.
Antibiotic therapy is permitted, such as Penicillin, Amoxicillin, Ampicillin, Keflex
(Should you require additional information, please contact our office)

Headache/Mild Pain

Tylenol or Extra Strength Tylenol

Heartburn/Gas

Mylanta
Maalox
Tums
Rolaids
Zantac
Tagamet, Pepcid, Prilosec, Prevacid
(If no relief from Tums or Rolaids)

Hemorrhoids

Preparation H
Anusol HC
Tucks Pads
Sitz baths with or without Epsom salts
Konsyl Easy Mix – daily to keep stools soft

Iron Supplements

Slow Fe
Fergon
Irospan

Insomnia/Sleep Aid

Benadryl
Tylenol PM (if you also have pain)
Unisom
Chamomille Tea

Leg Cramps

Caltrate
Calcet
Viactiv
Calcium, Magnesium supplement
Epsom salt baths

Nausea

Small frequent meals (every 2-3 hours)
Sea bands (wristband)
Vitamin B6 100 mg twice a day
Ginger, Ginger Tea
Emetrol
Unisom

Sore Throat

Warm salt water gargle several times/day
Cepacol Lozenges
Vicks Lozenges or spray
(Avoid anything with phenol or hexylresorcinol)

Testing During Pregnancy

Making the Decision That is Right for You

We understand that making decisions regarding testing that is available during your pregnancy can be difficult. This information is provided to help guide you and your partner through decisions concerning screening and testing that is available should you so choose.

Routine screening is available to identify those who are at the highest risk for chromosome problems and certain congenital birth abnormalities. Diagnostic testing is available for those who require more definitive information.

A chromosome problem is when a baby is formed with either an extra or missing chromosome. We all have 23 pairs of chromosomes. Screening tests are available to you if you would like to see whether your personal risk of having a baby with the most common chromosome problems is considered high or low. Chromosome abnormalities can cause severe mental and physical handicaps and are usually not hereditary.

A screening test means that the test does not tell you whether or not the baby has or does not have the problem in question, but only if the risk appears high or low. Insurance coverage varies, although most insurers cover some form of screening.

A diagnostic test means that the test gives an almost definitive “yes” or “no” answer concerning whether the baby has a chromosome problem. These tests identify 99% of chromosome problems and are available to all pregnant women. Insurance coverage varies, although most insurers cover high risk patients.

For the majority of women, these problems are not considered hereditary. Women with a personal or family history of genetic or chromosome abnormalities, birth defects, learning disabilities, autism or environmental exposures are encouraged to notify their caregiver so that appropriate counseling can be arranged for specific risk assessment.

What Problems are We Talking About?

Down Syndrome is when a baby is found to have three instead of two of the 21st chromosome, we call this Trisomy 21. This is named after Dr. Langdon Down, a British doctor who first described these children in the late 1800's. All these children have characteristic features and learning disabilities. Many will also have some birth defects such as heart or other organ problems.

Edwards Syndrome is when a baby is born with three instead of two of the 18th chromosome, it is called Trisomy 18. These children many times do not survive the pregnancy and only rarely survive the first year of life given the severe and devastating malformations that it causes.

Spina Bifida is a congenital abnormality that develops in 1 in 1,000 pregnancies and can cause mild to severe physical and sometimes severe developmental abnormalities. There is ongoing research to try to improve the outcome of these babies before birth. Having a close family relative or previous child with this abnormality may substantially increase your risk of an affected child.

Screening tests are available to see if the risk for having one of the above three problems is considered high or low. However, these tests will not tell you if the baby has or doesn't have these problems, but can identify those who may want more definitive testing. Screening tests have no direct risk to the pregnancy and are covered by the majority of insurers.

Diagnostic testing is available for those who want more definitive testing for all 23 chromosomes. Diagnostic tests many times are covered for specific indications and different insurers vary in their coverage.

What Does This Mean for Me?

There are several things you can do to make the best decision for your pregnancy.

Be informed. Talk to your doctor, nurse practitioner, or nurse midwife about your testing options. Read about the tests that are available and ask questions.

Weigh the pros and cons. What are your reasons to choose testing? What are the reasons not to choose testing? What are the risks of the test?

Recommended Screening Tests

The Sequential Screen (Nuchal Translucency) is a test that provides the most comprehensive risk assessment available and is the test we recommend for most women. This test provides risk assessment both in the first and second trimester. The Sequential Screen detects over 90% of babies with Down Syndrome, 90% of Trisomy 18 and 80% of those with Spina Bifida. The chance of false positive results is considered very low compared to other, older tests and is less than 5%.

This test combines two separate blood tests plus a special ultrasound, called the NT (nuchal translucency) ultrasound. This ultrasound measures the fluid behind the baby's neck. This fluid collection is known many times to be thicker in babies with certain genetic and structural problems. The NT ultrasound may require travel because of availability.

The first blood test and NT ultrasound is completed optimally between 12 and 13.6 weeks and provides results within a week of the test. The first part of the test is designed to identify those with the highest risk of Down Syndrome or Trisomy 18. These results allow consideration of CVS or amniocentesis, described later.

If the result reveals a low risk, a second blood sample is optimally taken at 16-18 weeks. If the risk appears high from the second test, an amniocentesis is available to give more definitive answers.

Quadruple Screening (Quad/Tetra) is a test that detects 81% of babies with Down Syndrome, 80% of Trisomy 18, and 80% of those with Spina Bifida, with a false positive rate of 5%.

This test measures four different substances in mother's blood (MSAFP, hCG, unconjugated estriol, inhibin A). The blood sample is accurate between 15-21 weeks. It is the next best choice if sequential screening is not available, or if one begins their pregnancy care after 13 weeks. If the risk appears high from this test, an amniocentesis is available to provide a more definitive answer.

Cell-free DNA is a screening test now available to all patients. This test involves drawing blood from the mother. Fetal DNA can be detected in the maternal blood. This test can screen for Down Syndrome (Trisomy 21), Edward Syndrome (Trisomy 18) and Trisomy 13. It is reported to detect over 99% of Trisomy 21 and 18, and 91.7% of Trisomy 13 with a false positive rate of under 1%. It can also screen for sex chromosome abnormalities such as Turner Syndrome (a missing X chromosome in a girl), Klinefelter Syndrome (XXY), Triple X Syndrome and 47 XYY with a detection rate of 96% and again false positive rates are under 1%.

High risk candidates for this test include mothers over 35, couples with a previously affected child, or one of these disorders. Other risk factors include an abnormal screening test such as sequential screen or quad screen, or a finding on ultrasound. This test has not yet been validated in low risk populations. If interested in this test please consult with your provider.

Diagnostic Tests

CVS (Chorionic Villus Sampling) is a biopsy of the placenta. It is safely done between 10 and 13 weeks and can be done through the vagina with an aspiration tube or through the abdomen with a thin needle. This test is not considered painful, is done under the guidance of ultrasound and takes about one minute to perform. It will provide information about all 23 chromosomes. However, many genetic abnormalities cannot be identified without prior knowledge of a family history. Out of



every 100-200 people who have this test, one person will have a miscarriage because of this test. This test is not always covered by insurers depending on certain risk factors that may be present.

Amniocentesis is a test done safely after 15 weeks and is performed with a thin needle through the abdomen under the guidance of ultrasound. This test will provide information regarding all of the 23 chromosomes and detect 96% of babies with Spina Bifida. Out of every 300-500 people who have this test, one person will have a miscarriage because of the test.

Please Note:

- The only test that can provide close to a Yes or No answer is a CVS or amniocentesis.
- None of these tests are mandatory and are purely your choice.
- Ultrasound alone is not considered as reliable a screening test as combined blood and ultrasound screening because the risk of false positives is high.
- The risk of a false positive result for combined blood and NT screening tests is less than 5%. This is the number of people told their results are high risk, who have babies who do not have the problem in question.

Special circumstances:

- All multi-fetal pregnancies (twins, triplets, etc.) have a lower detection rate with blood and NT ultrasound combined. Detection rates can be as low as 70%. We recommend a discussion with a high risk specialist or genetic counselor prior to screening in multi-fetal pregnancies. NT screening is available for twins.
- Bleeding/Subchorionic Hematoma – some controversy exists when bleeding has occurred as to the effect on the results of serum screening. You should note that early screening tests done within a week of bleeding may influence the detection rates, increase the risk of false positive results and can lead to more invasive testing. Many times, it is appropriate in this circumstance, to wait until the second trimester to perform Quad Screening.

Ultrasounds

We recommend an ultrasound around 20 weeks in the pregnancy to evaluate fetal anatomy. Additional ultrasounds will be performed based on the medical need. Insurance will only cover this service if there is a medical need.

The Rh factor

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

Vaccinations

The Centers for Disease Control (CDC) recommends that women pregnant during the flu season (November-May) receive the flu shot. The present recommendation is for every pregnant woman, their partner and childcare providers to be vaccinated with Tdap (vaccine to protect mom and baby against tetanus, diphtheria and pertussis) between 28 to 36 weeks. Receiving the vaccine in pregnancy gives your baby extra protection against whooping cough, which can be very dangerous for newborns. Vaccines can be obtained through your primary care provider or at local CVS/Walgreen's pharmacies.

Prenatal Vitamins

We recommend a prenatal vitamin that contains at least 400 mcg folic acid prior to conception, throughout pregnancy and postpartum while breastfeeding. Please check with your physician before taking any vitamins, herbs or other supplements as some may be unsafe during pregnancy.

Nutrition and Pregnancy

Recommendation for weight gain

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

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



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

Underweight women (BMI less than 18.5): 28-40 lbs

Normal weight women (BMI 18.5 – 24.9): 25-35 lbs

Overweight women (BMI 25.0 – 29.9): 15-25 lbs

Obese women (BMI greater than 30): 11-20 lbs

Healthy Diet

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

Key nutrients during pregnancy:

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

Recommended Sources of Essential Nutrients

Milk and Dairy						
						
1 cup milk	1 cup yogurt	Two 1" cubes cheese	Lowfat: 1-1 ½ cups			
Meat, Fish, Chicken, Beans, Eggs and Nuts						
						
3 oz. meat	3 oz. fish	3 oz. chicken	½ cup beans	1 egg	2 tablespoons	½ cup nuts
Bread and Cereal						
						
1 slice bread	½ cup cooked rice	½ cup cooked pasta	½ cup cereal	4 crackers	2 tortillas	
Fruits and Vegetables						
						
apple, banana or orange	¾ cup juice	1 cup raw, leafy vegetables	½ cup cooked vegetables			
Foods Rich in Folic Acid						
						
AVOID						
						



Pregnancy and Weight Gain

Expectations

Your life has changed and over the next months you will be preparing for the birth of your baby. Nutrition is especially important because what you eat can have an effect on your health, the birth and your baby's adequate nutrition.

You cannot change how much you weighed at the beginning of this pregnancy but you can make important and wise decisions during the rest of the pregnancy. The goal is to eat well so that the baby gets good nutrition and is born healthy at term. The following provides information related to shoulder dystocia, a delivery complication which is associated with large babies and mothers being overweight.

What is my BMI?

A common way of determining if your weight is appropriate for your height is with a ration called the Body Mass Index (BMI). Here is a table that gives you a rough idea how height and weight are related to BMI. Find your height on the outside vertical columns and then move horizontally until you are in the column that corresponds to your weight as shown in the outer top or bottom row. The cell where your height-row and weight-column meet is your BMI.

B.M.I.																		
Height (ft-in)	Weight (kg)															Height (m)		
	54.5	59.1	63.6	68.2	72.7	77.3	81.8	86.4	90.9	95.5	100.0	104.5	109.1	113.6	118.2			
	6' 0"	16.4	17.8	19.2	20.5	21.9	23.3	24.7	26.0	27.4	28.8	30.1	31.5	32.9	34.2		35.6	1.82
	5' 11"	16.9	18.3	19.7	21.1	22.5	23.9	25.4	26.6	28.2	29.6	31.0	32.4	33.8	35.2		36.6	1.80
	5' 10"	17.4	18.8	20.3	21.7	23.2	24.6	26.1	27.5	29.0	30.4	31.9	33.3	34.8	36.2		37.7	1.77
	5' 9"	17.9	19.4	20.9	22.4	23.9	25.4	26.8	28.3	29.8	31.3	32.8	34.3	35.8	37.3		38.8	1.75
	5' 8"	18.4	20.0	21.5	23.0	24.6	26.1	27.6	29.2	30.7	32.3	33.8	35.3	36.9	38.4		39.9	1.72
	5' 7"	19.0	20.6	22.1	23.7	25.3	26.9	28.5	30.1	31.6	33.2	34.8	36.4	38.0	39.5		41.1	1.70
	5' 6"	19.6	21.2	22.8	24.5	26.1	27.7	29.3	31.0	32.6	34.2	35.9	37.5	39.1	40.8		42.4	1.67
	5' 5"	20.2	21.9	23.5	25.2	26.9	28.6	30.3	31.9	33.6	35.3	37.0	38.7	40.3	42.0		43.7	1.64
	5' 4"	20.8	22.5	24.3	26.0	27.7	29.5	31.2	32.9	34.7	36.4	38.1	39.9	41.6	43.3		45.1	1.62
	5' 3"	21.5	23.3	25.0	26.8	28.6	30.4	32.2	34.0	35.8	37.6	39.4	41.2	42.9	44.7		46.5	1.59
	5' 2"	22.2	24.0	25.9	27.7	29.6	31.4	33.3	35.1	36.9	38.8	40.6	42.5	44.3	46.2		48.0	1.57
	5' 1"	22.9	24.8	26.7	28.6	30.5	32.4	34.4	36.3	38.2	40.1	42.0	43.9	45.8	47.7		49.6	1.54
	5' 0"	23.7	25.6	27.6	29.6	31.6	33.5	35.5	37.5	39.5	41.4	43.4	45.4	47.3	49.3		51.3	1.52
	4' 11"	24.5	26.5	28.6	30.6	32.6	34.7	36.7	38.8	40.8	42.8	44.9	46.9	49.0	51.0		53.0	1.49
	4' 10"	25.3	27.4	29.6	31.7	33.8	35.9	38.0	40.1	42.2	44.3	46.4	48.6	50.7	52.8		54.9	1.47
	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260			
Weight (lbs)																		

Labor and Delivery

When will I know I'm in labor?

The chart below will help determine if you are in labor. If you have signs of true labor or your water breaks, call the office day or night.

Usually, labor pains are uniform in their intensity and predictably rhythmic in their timing.

In general, when at term, there is NO need to call if:

- 1) You are cramping or have erratic contractions, even if some are strong.
- 2) You note a slight bloody discharge, pass your mucous plug, or see blood-tinged mucous in the absence of regular labor pains.

Induction

Labor induction is labor that is started with medication to begin the process of childbirth. Labor may be induced for medical reasons. If there is concern for your health or the health of your baby, a medical induction is indicated.

Forceps & Vacuum Assisted Deliveries

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

Cesarean Birth and Recovery

A Cesarean birth may be planned or unplanned. Nurses, anesthesia staff and your physician will be with you in the operating room. If necessary, a group of neonatal health care providers also will be with you. Your blood pressure and heart rate/rhythm will be monitored, and a nurse will listen to your baby's heart rate. Your baby will be delivered in a short period of time once surgery begins. It will take approximately 20 minutes total to complete the surgery. Your incision will be closed with staples or sutures. You will then be moved to the recovery room, where you will stay for one hour before being transferred to the postpartum floor.



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

What is shoulder dystocia?

Shoulder dystocia is the condition where, after delivery of a baby's head, the baby's shoulder gets stuck under the mother's pubic bone. This prevents the rest of the baby from emerging easily from the birth canal. Shoulder dystocia occurs in approximately 1 in every 100 vaginal births.

The natural forces of labor and delivery and the delivery techniques necessary to resolve the shoulder dystocia are sometimes associated with injury to the nerves in the baby's neck and shoulder that go to the arm and hand. This is called a brachial plexus injury. It occurs in approximately 1 in 1000 vaginal births overall.

There are other risks to your infant if you have a shoulder dystocia at delivery. The baby's arm or collarbone may be fractured. These injuries will almost always heal completely. If recovery is not complete, children with brachial plexus injuries may not have full use of their shoulder, arm or hand. Fortunately, about 85-90% of brachial plexus injuries heal completely.

A more severe complication – your baby not getting enough oxygen during the resolution of the shoulder dystocia – is extremely rare.

Risk Factors for Shoulder Dystocia

Maternal Diabetes in this pregnancy

Previous baby over 4000g (8lbs 12oz)

Previous delivery with shoulder dystocia

Weight gain over 45lbs in this pregnancy and a BMI > 30

BMI over 35 at the end of this pregnancy

Fundal height measurement over 42 cm

Maternal height $\leq$ 1.52 m (5 feet)

What can I do about shoulder dystocia?

In the last month of pregnancy, the presence of any of the risk factors listed here indicate that you may be at greater risk for having a large baby or shoulder dystocia. You may wish to discuss this with our providers.

How can we know the weight of the baby?

We can be certain of the baby's weight only after birth. Before birth we can make an educated guess by considering how much your previous babies weighed, how much weight you have gained and the size of your uterus from clinical examination. We can also measure the baby by ultrasound. Ultrasound based estimates of the baby's weight can be off by 15%, but most of the time will be closer.

An ultrasound examination to estimate the weight of the baby is available with a referral from your provider.

If you have any of these risk factors, ask your provider.



Breastfeeding

Whether to breastfeed your baby or not is a very personal choice and is your decision to make. Mother Nature, though, has provided you with the best food to feed your baby. Human milk is a unique combination of fats, sugars, mineral proteins, vitamins and enzymes, custom-made to promote brain and body growth.

Colostrum also called first milk, is a milky or yellowish fluid secreted by the mammary glands a few days before and after birth. Colostrum provides unmatched immunity against bacteria and viruses. Colostrum also acts as a natural laxative to clear the meconium (first bowel movement) from the baby's intestine, thereby, decreasing the chance of jaundice.

There are several breastfeeding advantages such as breast fed babies have fewer ear and diarrhea infections, decreased vomiting and acute respiratory illnesses, a lower risk for diabetes, lymphomas and Crohn's disease and breast fed babies tend to have higher IQ's than bottle fed babies.

Breastfeeding Options for Working Mothers

Full time Nursing means you can nurse the baby during the workday OR you want to express milk often enough (at least every 3-4 hours) to be able to provide all the milk your baby needs while separated from you. Formula will be used in only rare instances when you don't have quite enough breast milk.

About seven to fourteen days prior to returning to work begin practicing with expressing milk by hand or with a pump to become familiar with the technique. It will take about 3 to 4 times before you become proficient.

Most women find they have more success expressing milk in the morning. Try this about one hour after the baby nurses. Just express for 10 to 15 minutes at the most and do it consistently each day. Expressing more than 1-2 times per day is not recommended.

Milk can be stored in baby bottles, a pitcher or any clean container in the refrigerator. Don't worry if you only get a small amount when you begin. Fresh milk can be added to the milk you already have in the refrigerator as long as the new milk is chilled first. Milk can be kept in the refrigerator for 5 days. After 5 days it should be frozen or discarded. Breast milk, when removed from the refrigerator or freezer, may appear discolored (yellow tinged, bluish green, even a little brown). This does not mean the breast milk is bad. Always check breast milk to be certain it does not smell sour or taste bad. Because breast milk does not look like cow's milk when stored, taste and smell, not color, should determine if the refrigerated breast milk is good.

Remember that you only need enough milk for your first day back to work. What you express each day at work is what is used the next day.

Occasional bottle-feeding should begin at about 4-6 weeks after delivery even if you are not planning on returning to work until your baby is several months old. Introduce the baby to the bottle 1-3 times per week by letting dad or someone else feed some of your expressed milk by bottle. It doesn't need to be a "full" feeding; the intent is for the baby to get used to how to drink milk from a rubber nipple and bottle.

When you are at work express milk every 2-4 hours. You do not have to express at the same time every day but express milk often enough to prevent engorgement.

You should nurse as soon as you can when you get home and as exclusively as you can. If you find that your breast milk supply has dropped, try expressing milk before bedtime to help stimulate the supply.

Part time Nursing involves the ability to nurse the baby or express milk occasionally during the workday. You do not expect to be able to feed or express milk often enough to maintain a full milk supply and meet all of your baby's needs with your breast milk. Formula will be used frequently to provide all or most of the milk your baby needs while you are at work.

This option works better when babies are older and mothers do not have long workdays and long commutes. Mothers with babies less than 3-4 months old risk losing more of their milk supply than they planned on if they are not able to express milk at all during the day. "Comfort Expressing" (removing just enough milk to avoid discomfort from overly full breasts) can help you meet this goal better. Another variation of this option is expressing milk (even on a limited basis) at work until the baby reaches

3-4 months of age and then discontinuing it and using formula while you are working and continued frequent breastfeeding when you are at home.

About seven to fourteen days prior to returning to work eliminate one or two feedings that you will miss while you are at work. Replace breastfeeding at those feedings with a bottle of formula or breast milk. If your breasts are uncomfortable place some ice on your chest or express just enough for comfort. This will reduce the amount of stimulation your breasts receive and thereby, decrease the milk supply a little.

Try to express your milk while at work if you can, even if it is not every day or the same time every day. Nurse as much as you can when you are home.

Sore Nipple Management

Breastfeeding is meant to be a comfortable, pleasant experience. However, many new mothers still find their nipples tender for the first few days when the baby starts nursing. This usually disappears by 1-2 weeks.

To help prevent nipple tenderness, start with the correct positioning and latch on.

Cradle Position

- Place a pillow or two in your lap to support your baby.
- Place your baby's head on the crook of your arm
- Make sure your baby is turned toward you chest to chest at breast level
 - a. Support your breast with your hand in an "L" or "C" position, thumb on top of your breast, fingers below, away from areola.
 - b. Tickle your baby's lower lip until he opens WIDE, and then quickly pull him onto your breast. Be patient. This may take a minute.
 - c. Make sure your baby's lips are behind the nipple, encircling the areola.
 - d. The tip of your baby's nose should be touching the breast.



Football/Clutch Position

- Put a pillow or two at your side to help support your arm and your baby.
- Support your baby's neck and the lower back of his head in your hand, with your forearm supporting his upper body against your side.
- Follow steps a, b, c, and d under the Cradle position.

Lying down Position

- Lie on your side with pillows supporting your back and your top leg, which is bent forward.
- Place your baby on his side facing you.
- Follow steps a, b, c, and d under the Cradle position.

Vary nursing positions for the first week.

Breastfeed frequently, about every one and one-half to three hours. Keeping your baby on an artificially longer schedule may make him frantically hungry and increase the likelihood of vigorous nursing and tender nipples.

Release the suction before you remove your baby from the breast. Do this by placing a clean finger in the side of your baby's mouth between his jaws. Don't take him away until you feel the suction break.

After nursing your baby, express a little breast milk and massage it into your nipples and areola, then air dry. Leave them open to the air as much as possible.

If your nipples do become sore, try these suggestions:

- Use deep breathing, soft music or other relaxation techniques before and during breastfeeding.
- Limit the nursing time on the sore nipple.
- Express a little milk first to stimulate let down.
- Massage your breasts while nursing. This helps stimulate the milk to flow.
- Use non-plastic lined bras and/or bra pads. Change the pads frequently to keep the nipple dry.
- If your nipples become dry or cracked, use a little USP Modified Lanolin on them. This forms a moisture barrier so they stay dry.

10 Steps to Successful Breastfeeding

- 1) Breastfeed 8-12 times in a 24-hour period, about every 1 ½ to 3 hours during the day. You may have to work to keep your baby awake for a full feeding in the first few days.
- 2) To help your baby latch-on correctly, support your breast with four fingers underneath and thumb on top ("C" hold). Be sure that your fingers are well behind the areola (the dark area around your nipple). Baby's entire body should face you, chest-to-chest, with baby's legs at breast level. Baby's nose and chin should be touching the breast.
- 3) Tickle/stroke the baby's lips lightly with a downward motion until the baby opens its mouth wide (like a yawn) with the tongue down, then quickly bring the baby onto your breast.
- 4) The baby should take the entire nipple plus ½ to 1 inch of the areola into its mouth. If the baby gets only the nipple, break the suction, remove the baby, and try to latch again.
- 5) Your baby will suck several times, then pause for a moment, then suck again several times. You should see movement in the baby's jaw, ears, and temples with each correct suck.
- 6) Let the baby finish the first breast before offering the second. Watch the baby, not the clock. The baby receives more hindmilk (richer, higher in fat) as the feeding continues. Alternate the breast you begin with at each feeding.
- 7) It is normal to feel a very strong pulling sensation when the baby is at the breast. Although you may feel some tenderness when the baby first latches on, you should not experience pain throughout the entire feeding. The most common cause of nipple soreness (pain) is incorrect positioning.
- 8) During days 1 to 4 before your mature milk "comes in", your baby receives colostrum. Colostrum is rich in nutrients and immunities, but small in quantity. Expect at least one wet diaper on Day 1, two wet diapers on Day 2, and three wet diapers on Day 3. The baby should have at least one stool in the first 24 hours, and the stools should increase in frequency.
- 9) Once your milk is in (days 3 to 5 and beyond), expect 6 or more wet diapers in a 24 hour period. The urine should be a pale yellow color. The baby should also have frequent yellow, liquid-seedy stools, at least 3 to 4 in 24 hours. Your baby should be content after feedings.
- 10) Exclusive breastfeeding (no bottles or pumping and limited use of pacifiers) in the first 3 to 4 weeks helps to establish a good milk supply.

If you have any questions or concerns about your breastfeeding experience, please call the Lactation Nurses at Mary Lanning Healthcare. If you feel your concern needs to be addressed immediately, or if you have an emergency, please call our office.

Lactation Line: (402) 462-5226

Suggested Books on Breast Feeding

"The Womanly Art of Breast Feeding" by: LaLeche League International

"Breast Feeding your baby" by: Sheila Kitzinger

"Best feeding: Getting Breast feeding right for you by": Mary Renfew, Chloe Fisher, Suzanne Arms

"The Nursing Mothers Companion" by: Kathleen Huggins.

Disability During Pregnancy

Your pregnancy may easily affect your work. These comments were written to prevent the misunderstanding that may occur between a pregnant woman, her physician, and employer.

The usual pregnancy discomforts, e.g., nausea, tiredness, back and low abdominal pain, do not qualify as an illness requiring disability. A complication of pregnancy or illness unrelated to your pregnancy does not qualify.

If you are unable to carry out certain tasks necessary for your work, first speak to your employer. Your physician may authorize physical restrictions on your work after they have received a complete and specific job description from your employer.

If the restrictions written for your employment prevent you from performing your job, it is then the responsibility of your employer either to find you a less demanding position, or, if no such position is possible, to give you disability. If you become too uncomfortable to work, you may want to discuss a leave of absence with your employer.

Please do not ask your physician for disability unless he has restricted you from ALL work.

Most employers will give disability four weeks prior to your due date through six weeks after your delivery. We will happily furnish a letter with those dates. The decision to grant medical disability any earlier in pregnancy will be made honestly, carefully, and only with proper justification. Disability will be granted only for medical illnesses that may jeopardize a mother's ability to safely nurture, protect and promote the development of her unborn child. Disability will not be granted for symptomatic complaints that stem from the normal physical or emotional changes of pregnancy.



Suggested Items for Your Hospital Bag

Toiletries

- ☐ Shampoo
- ☐ Conditioner
- ☐ Hair dryer
- ☐ Facial cleaner
- ☐ Any special soaps or lotions which you may use
- ☐ Deodorant
- ☐ Lip balm
- ☐ Supplies to clean your contact lenses (if necessary)
- ☐ Makeup (if you desire)

Night Clothes

- ☐ Nightgown (if you plan to breast feed, make sure that it will accommodate this)
- ☐ Bathrobe
- ☐ Slippers
- ☐ Warm socks
- ☐ Supportive, full-coverage bra (to prevent engorgement)

Baby Clothes

(The hospital will provide t-shirts, blankets and diapers while the baby is in the hospital but, they will not let you take any of the clothes or blankets home. Therefore, you will need one outfit for the baby to go home in.)

- ☐ T-shirt or "onesie"
- ☐ Blanket
- ☐ Appropriate outerwear, depending on the season
- ☐ **DO NOT FORGET THE CAR SEAT!!!!**

Clothes to wear home

- ☐ One loose-fitting, comfortable outfit

Dad's Bag

- ☐ Razor
- ☐ Pajamas or shorts (even if you don't wear them to sleep in at home, you will want them here as nurses and doctors will be walking into your room often while you are still asleep)
- ☐ Comfortable clothes

Miscellaneous Items

- ☐ Glasses (you may need to remove your contact lenses)
- ☐ Camera, recording devices, adapters and chargers
- ☐ Music and appropriate equipment to play it on (some women find light music soothing during labor)
- ☐ Telephone numbers of family and friends that you will want to call
- ☐ Paper and pencil to write down all the information that we will be telling you before you go home (future appointments for you and baby, etc.)
- ☐ Snacks for your birthing coaches (if you can stand to see them eat in front of you when you will only be allowed ice chips)



Postpartum Instructions

Here is a list of helpful hints and instructions to help make your recovery as pleasant and uneventful as possible.

These first few days at home, you should not be doing housework, laundry, or shopping. You may gradually increase your activities in a reasonable manner so that in about 2-3 weeks from delivery you are back to your normal routine. If your delivery was by cesarean section, allow 3-4 weeks.

You will have a certain amount of vaginal bleeding for the next 4-8 weeks. In general, it should gradually decrease in amount. The flow will vary with your activities. If you do more one day than you did the day before, you may find the flow is a little heavier. The color may vary from red to pink to dark brown. If bleeding becomes heavy and does not decrease with rest, call the office.

Your use of stairs should be progressive. Make your trips up and down count. Too many trips will cause discomfort in your incision or episiotomy.

You may shower at any time. Soaking your bottom in a Sitz bath will help the discomfort from episiotomy or vaginal stitches.

Do not do any heavy exercise for 6 weeks after your delivery. Walking at any time is ok!

You may drive a car whenever you are free of physical discomfort and feel like you can stomp on the brake pedal without discomfort.

If you are breast feeding: wear a well-fitted nursing bra, resume your prenatal vitamin while breast feeding, and drink plenty of water. If you have any questions or concerns, please call the Virtua Voorhees Lactation Line at (856) 247-2793.

You should refrain from intercourse for 6 weeks. If you have been given a prescription for birth control pills, you may start on the Sunday the 4th week after delivery. Please think about your contraceptive needs so this can be discussed at your postpartum visit.

After you are home from the hospital and things begin to settle, call the office to make an appointment for your postpartum visit 6 weeks from delivery. If you wish to return to work earlier than this, make your appointment prior to returning.

Call the office for any of the following symptoms:

- Fever higher than 100.4 degrees.
- Pain not controlled by prescribed pain medicine.
- Nausea/vomiting/inability to tolerate liquids.
- Chest pain/shortness of breath/lightheadedness.
- Heavy vaginal bleeding, soaking through more than 2 large pads for 2 hours in a row.
- Redness, pain, or significant tenderness of the breast.
- If you had a cesarean section, redness, drainage, or bleeding from your incision.

Remember, when you first go home from the hospital, take it easy and don't overdo it. Avoid a lot of excitement and too many visitors the first few days at home. Take time to enjoy the newest member of your family!

We hope we have answered many of the questions that normally arise; if you have any other questions or concerns, please don't hesitate to call our office at 800-742-3305.

Postpartum Depression

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

A Partner's Guide to Pregnancy

How long does pregnancy last?

Pregnancy lasts about 40 weeks, which is equal to 9 months. The 9 months of pregnancy are divided into three 3-month periods called trimesters.

What is a “due date”?

The due date that you are given by your partner's health care provider is only an estimate of when the baby will be born. To calculate a due date, try this simple formula: take the date of the first day of your partner's last menstrual period and subtract 3 months. Then add 7 days to get the due date.

What happens during the first trimester?

During the first trimester, most women need more rest. Women in early pregnancy also may have symptoms of nausea and vomiting. Although commonly known as “morning sickness”, these symptoms can occur at any time during the day or night.

What happens during the second trimester?

For most women, the second trimester of pregnancy (weeks 14-28) is the time they feel the best. As the woman's body adjusts to being pregnant, she usually begins to feel better physically. Her energy level improves, and morning sickness usually goes away.

What happens during the third trimester?

In the third trimester of pregnancy (weeks 28-40), your partner may feel some discomfort as the baby grows larger and her body gets ready for the birth. She may have trouble sleeping, walking quickly, and doing routine tasks.

Is sex OK during pregnancy?

Unless your partner's health care provider has told her otherwise, you and your partner can have sex throughout the entire 9 months. There are other ways to be intimate during her pregnancy.

What if I smoke?

Not smoking around your partner is important because the chemicals in secondhand cigarette smoke can harm your baby before and after it is born. Babies exposed to secondhand smoke have an increased risk of developing asthma and sudden infant death syndrome.

Should I attend my partner's prenatal care visits?

It may be helpful for you to go to some of your partner's prenatal visits. At one of the early visits, you and your partner will be asked about your personal and family health histories. If you have a strong family history of certain disease, you may have a **gene** for the disease that can be passed to your baby. Be sure that your partner knows your history if you cannot be there.



What tests will my partner have at her first prenatal care visit?

Your partner may have these tests and exams at the first visit:

- Complete physical exam with blood and urine tests
- A **pelvic exam**
- Blood pressure, height, and weight measurements

All pregnant women are tested for **human immunodeficiency virus (HIV)** and **syphilis**. Many women also receive routine tests for other **sexually transmitted diseases**.

When is an ultrasound exam done?

Most women receive an **ultrasound** examination at 20-22 weeks of pregnancy. This exam gives an estimate of the actual age of the fetus and checks the baby's development. It also may be possible to find out the baby's sex.

What other tests may be included in prenatal care visits?

Later prenatal care visits may include the following tests and exams:

- Checking the baby's heart rate
- Measuring your partner's blood pressure
- Testing her urine for signs of **gestational diabetes**
- Measuring her weight
- Measuring the height of the **uterus** to gauge the baby's growth
- Checking the position of the fetus
- Screening tests for birth defects
- Blood test to screen for gestational diabetes
- Screening test for group B streptococcus

What can I do to help prepare for labor and delivery?

You can help prepare for labor and delivery by taking the following steps:

- Enroll in childbirth classes.
- Take a tour of the hospital.
- Install an infant car seat.

What should I expect during labor?

Labor happens in three stages. It may last between 10 hours and 20 hours.

How can I help my partner during labor and delivery?

Although your partner is the one giving birth, there is plenty you can do to help during labor and in the delivery room:

- Help distract your partner during the first stage of labor.
- Unless she has been told to stay in bed, take short walks with your partner.
- Time her contractions.
- Offer to massage her back and shoulders between contractions.
- Help her with the relaxation techniques you learned in childbirth classes.
- Encourage her during the pushing stage.

What will my partner experience during the postpartum period?

The postpartum period is the first 6 weeks after birth. Most women will feel tired and sore for a few days to a few weeks after childbirth. Women who have had a cesarean delivery may take longer to heal. Also, having a new baby in the house can be stressful. You, your partner, and any other children you have need to adjust to a new lifestyle.

What is postpartum depression?

It is very common for new mothers to feel sad, upset, or anxious after childbirth. Many new mothers have mild feelings of sadness called postpartum blues or "baby blues". When these feelings are more extreme or last longer than a week or two, it



may be a sign of a more serious condition known as postpartum depression. Postpartum depression also can occur several weeks after the birth. Women with a history of depression are at greater risk of this condition.

What are the symptoms of postpartum depression?

A new mother may be developing – or already have – postpartum depression if she has any of the following signs and symptoms:

- The baby blues do not start to fade after about 1 week, or the feelings get worse.
- She has feelings of sadness, doubt, guilt, or helplessness that seem to increase each week and get in the way of normal functions.
- She is not able to care for herself or her baby.
- She has trouble doing tasks at home or on the job.
- Her appetite changes.
- Things that used to bring her pleasure no longer do.
- Concern and worry about the baby are too intense, or interest in the baby is lacking.
- Anxiety or panic attacks occur. She may be afraid to be left alone with the baby.
- She fears harming the baby.
- She has thoughts of self-harm or suicide.

How can I bond with the baby during breastfeeding?

Some partners feel left out when watching the closeness of breastfeeding. But if your partner has chosen to breastfeed, there are ways you can share in these moments:

- Bring the baby to her for feedings.
- Burp and change the baby afterward.
- Cuddle and rock the baby to sleep.
- Help feed your baby if your partner pumps her breast milk into a bottle.

When can I and my partner have sexual intercourse after the baby is born?

There is no set “waiting period” before a woman can have sex again after giving birth. However, we recommend waiting 4-6 weeks. The chances of a problem occurring, like bleeding or infection, are small after about 2 weeks following birth. If your partner has had an episiotomy or a tear during birth, the site may be sore for more than a week and she may be told to not have intercourse for a while.

Terms Explained:

Episiotomy: A surgical incision made into the perineum (the region between the vagina and the anus) to widen the vaginal opening for delivery.

Gene: A DNA “blueprint” that codes for specific traits, such as hair and eye color.

Gestational Diabetes: Diabetes that arises during pregnancy.

Human Immunodeficiency Virus (HIV): A virus that attacks certain cells of the body’s immune system and causes acquired immunodeficiency syndrome (AIDS).

Pelvic Exam: A physical examination of a woman’s reproductive organs.

Sexually Transmitted Diseases: Diseases that are spread by sexual contact, including chlamydial infection, gonorrhea, human papillomavirus infection, herpes, syphilis, and infection with human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Syphilis: A sexually transmitted disease that is caused by an organism called *Treponema pallidum*; it may cause major health problems or death in its later stages.

Trimesters: The three 3-month periods in which pregnancy is divided.

Ultrasound: A test in which sound waves are used to examine internal structures. During pregnancy, it can be used to examine the fetus.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Your Baby's Growth



Week 4
Your baby's body now has three distinct layers from which all of his organs will develop



Week 8
Your baby's tiny fingers and toes start to develop



Week 12
Your baby's facial features continue to become more defined, particularly his nose and chin



Week 16
Your baby's skeletal system and nervous systems start to coordinate movement



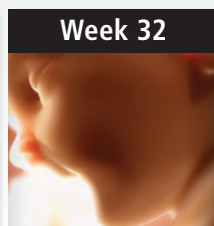
Week 20
Your baby's skin thickens and develops layers under the vernix



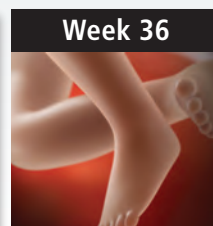
Week 24
Your baby's movements can reveal to your doctor more about your baby's development



Week 28
Your baby is starting to take 20- to 30-minute naps



Week 32
Your baby's movements could start to change



Week 36
Although your baby's bones are hardening, his skull remains soft and flexible for birth



Week 40
A surge of hormones in your baby's body could play a part in initiating labor



Your Prenatal Visits

Because pregnancy is a time of great change for your body as well as the fetus, you will be visiting our office on a regular basis. During your regular visits, your weight, blood pressure and urine will be checked. Your abdomen is measured to check fetal growth and we will listen to your baby's heartbeat beginning around week 14. Visits will be as follows:

- Monthly office visits until 28 weeks
- Office visits twice a month from 28-36 weeks
- Weekly office visits from 36 weeks to 40 weeks
- Postpartum follow-up visit 6 weeks after delivery

- **8 – 12 weeks: OB Intake**

Appointment to obtain complete health history of patient, father of baby and prenatal labs ordered.

Date: _____

- **10 weeks: CFDNA**

Blood screening to assess high-risk mothers who may be at risk to carry baby with Trisomy 13, 18 or 21.

Date: _____

Sequential Screen

An optional fetal ultrasound and blood test to evaluate the baby's risk for Down Syndrome and chromosomal problems. Additional blood work will be done at 16 weeks to complete testing.

Date: _____

- **16 weeks: AFP-4 (Alpha Fetal Protein)/Quad**

An optional blood test performed to detect whether baby may be at risk for birth defects of the brain and spinal cord, or chromosome problems such as Down Syndrome.

Date: _____

- **20 weeks: Anatomy Ultrasound**

A test that uses sound waves to outline and photograph organs of the developing baby to determine if there are any abnormalities. This test also allows the physician to determine or confirm the due date.

Date: _____

- **28 weeks: 1 hour Glucola (1 hour Sugar Test)**

A blood test performed to detect if the pregnancy is causing diabetes. Repeat complete blood count and HIV at this time.

Date: _____

RHOGAM Injection

Administered if the mother has Rh negative blood type.

Date: _____

- **36 weeks: GBS Culture**

A vaginal/rectal culture collected to detect Group B Strep. If < 25 years old – repeat Gonorrhea and Chlamydia cultures.

Date: _____

Additional Notes and Questions for my Doctors

If you have additional questions, or need information on another topic, please take note and ask the nurse or doctor at your next appointment. We ask that when you call the office or if you have an emergency and need to speak to the doctor on call that you please have a pharmacy number available so that prescriptions can be called in if necessary. It is also important that we speak to you directly, if at all possible.

My Pharmacy and Phone Number: _____

8 to 12 WEEKS:

Date: _____ Appointment Time: _____

Doctor/Provider: _____ Weight: _____

Questions: _____

To do before next visit:

☐ Bloodwork _____

☐ Genetic Screening _____

10 to 14 WEEKS:

Date: _____ Appointment Time: _____

Doctor/Provider: _____ Weight: _____

Date the first time we heard your heart beat: _____

Date I first felt you move: _____

Questions: _____

To do before next visit:

☐ Bloodwork _____

☐ Special Tests _____

16 to 20 WEEKS:

Date: _____ Appointment Time: _____

Doctor/Provider: _____ Weight: _____ Fetal Heart Rate: _____

Questions: _____

To do before next visit:

☐ Anatomy Ultrasound _____

Date _____

20 WEEKS:

Date: _____ Appointment Time: _____

Doctor/Provider: _____ Weight: _____ Fetal Heart Rate: _____

Questions: _____

To do before next visit: _____

24 WEEKS:

Date: _____ Appointment Time: _____

Doctor/Provider: _____ Weight: _____ Fetal Heart Rate: _____

Questions: _____

To do before next visit:

☐ Register at Hospital _____

☐ Decide on Prenatal Classes _____

☐ Schedule 28 week labs _____

28 WEEKS:

Date: _____ Appointment Time: _____

Doctor/Provider: _____ Weight: _____ Fetal Heart Rate: _____

Questions: _____

To do before next visit:

☐ Fetal Kick Count Hart _____

☐ Vaccinations (Tdap/Flu) _____

☐ Rhogam _____

32 WEEKS:

Date: _____ Appointment Time: _____

Doctor/Provider: _____ Weight: _____ Fetal Heart Rate: _____

Questions: _____

To do before next visit:

☐ Ultrasound (if indicated) _____

☐ Start looking for Pediatrician _____

☐ Cord Blood Banking _____

32 - 36 WEEKS:

Date: _____ Appointment Time: _____

Doctor/Provider: _____ Weight: _____ Fetal Heart Rate: _____

Questions: _____

37 WEEKS:

Date: _____ Appointment Time: _____

Doctor/Provider: _____ Weight: _____ Fetal Heart Rate: _____

Questions: _____

To do before next visit:

☐ Results of GBS _____

☐ CALM Score _____

38 WEEKS:

Date: _____ Appointment Time: _____

Doctor/Provider: _____ Weight: _____ Fetal Heart Rate: _____

Questions: _____

39 WEEKS:

Date: _____ Appointment Time: _____

Doctor/Provider: _____ Weight: _____ Fetal Heart Rate: _____

Questions: _____

40 WEEKS:

Date: _____ Appointment Time: _____

Doctor/Provider: _____ Weight: _____ Fetal Heart Rate: _____

Questions: _____

41 WEEKS:

Date: _____ Appointment Time: _____

Doctor/Provider: _____ Weight: _____ Fetal Heart Rate: _____

Questions: _____

To do before next visit:

☐ Discuss Induction _____