



Your Guide to a *Healthy* Pregnancy



713-796-2200 | www.TheObGynCenter.com | 

Welcome! Congratulations! You're Pregnant!

Congratulations on your pregnancy! We welcome you to The Ob-Gyn Center. We thank you for choosing us as your care provider. Our providers and staff are all dedicated to your health and we look forward to getting to know you over the course of the coming months.

Having a baby is one of the most memorable and important experiences for a woman. We will do all we can to ensure your pregnancy experience is safe, healthy and happy.

This booklet is provided to you to help answer common questions you may experience along the way. We encourage you to keep it nearby as a resource throughout your pregnancy. You can also visit our website at www.TheObGynCenter.com for valuable information.

Thank you for placing your trust in our care.

The Physicians and Staff, The Ob/Gyn Center

Your Providers



Dr. Paul Cook



Dr. Roz Nanda



Dr. Ziad Melhem



Dr. Vida Esfandiari



Dr. Cathy Gabel

Like many Ob/Gyn practices, The Ob/Gyn Center is a group practice. Our providers have days they work in the office, days they are on-call for deliveries at the hospital and days they are off. Your primary provider may not be on-call on the day you are in labor and delivery. We encourage you to schedule your regular prenatal visits with as many of the providers as possible if you would like the opportunity to meet all of the providers who may deliver your baby.

Office Information

Office hours and locations

Our offices are open Monday through Friday 9:00 am – 5:00 pm for office visits. (office closed between 12:30 pm and 1:45 pm) You will be seen at our office location:

Memorial Hermann Medical Plaza, 6400 Fannin, Ste 1900, Houston, TX 77030

How to contact our office

You may call our main number at 713-796-2200 Monday through Friday 9:00 am – 5:00 pm for both emergency and non-emergency questions or concerns. If you need to contact the office on weekends or after business hours for emergencies, you may call the same number. Our answering service will give an on-call provider your message to return your call.

Table of Contents

Your Prenatal Visits	Page 2
Your Baby's Growth	Page 3
Testing During Pregnancy	Page 4
Common Questions	Page 5
Common Symptoms of Pregnancy.	Page 6
Tips to Help Prevent Nausea During Pregnancy.	Page 7
Nutrition and Pregnancy.	Page 8
Recommended Sources of Essential Nutrients	Page 9
What to Avoid in Pregnancy	Page 10
Safe Medications During Pregnancy	Page 11
When to Call the Doctor	Page 12 - 13
Preparing for Labor and Delivery.	Page 14
Labor and Delivery	Page 14 - 15
Hospital Registration	Page 16
What is Cord Blood Banking.	Page 17
Breastfeeding.	Page 18 - 20
Disability During Pregnancy	Page 21
Postpartum Instructions	Page 22
Additional Notes and Questions for My Doctors	Page 23
Suggested Items for Your Hospital Bag	Page 24



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 29 weeks to 36 weeks
- Weekly office visits from 36 weeks to 40 weeks
- Postpartum follow-up visit 4-6 weeks after delivery

Please bring this book with you to each of your scheduled prenatal visits, so that we may document the date in which your visits occur.

- **First OB visit: Cystic Fibrosis Screening**
Date: _____ An optional blood test to evaluate the risk of parents having a child with cystic fibrosis. This test can be performed any time during the pregnancy.
- **11-14 weeks: First Trimester screen (Ultrascreen)**
Date: _____ An optional fetal ultrasound (performed at Walter Adams Hospital) and blood test to evaluate the baby's risk for Down Syndrome and chromosomal problems.
- **15-22 weeks: AFP-4 (Alpha Fetal Protein)**
Date: _____ 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.
- **16-18 weeks: Amniocentesis**
Date: _____ An optional procedure offered for all pregnant women to screen for chromosomal and genetic disorders and certain birth defects.
- **20-22 weeks: Ultrasound**
Date: _____ 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.
- **26-28 weeks: 1 hour GCT (1 hour Sugar Test)**
Date: _____ A blood test performed to detect if the pregnancy is causing diabetes.
Anemia rechecked
RHO GAM injection
Administered if the mother has Rh negative blood type.
- **30 weeks-delivery: Non-Stress Test**
Date: _____ A test using an electronic fetal monitor to record the heart rate of the fetus and measure contractions of the uterus, if complications occur, and is also used to monitor fetus in a high risk pregnancy.
- **35-37 weeks: GBS Culture**
Date: _____ A vaginal /rectal culture collected to detect Group B Strep.
- **36 weeks-delivery:** An internal exam to check the cervix for dilation.
Date: _____

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



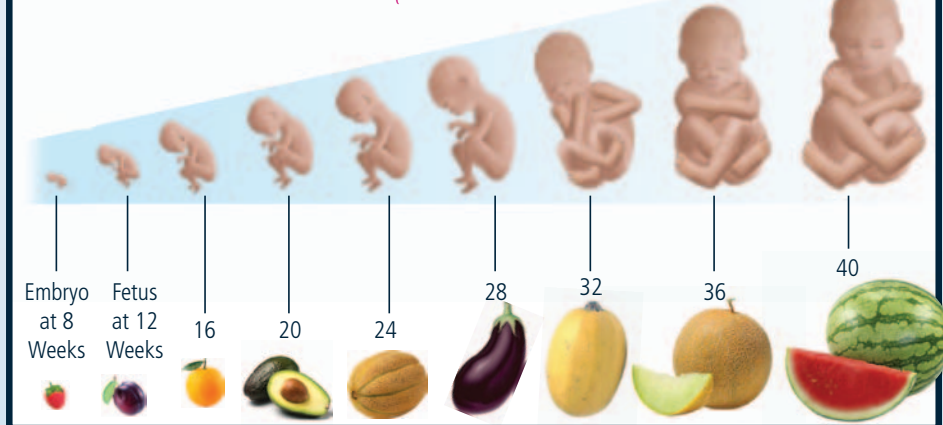
Although your baby's bones are hardening, his skull remains soft and flexible for birth

Week 40



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

Fetal Growth From 8 to 40 Weeks Compared to Fruit



Testing During Pregnancy

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

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

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

Early screen/nuchal translucency – this ultrasound and blood test is performed between 11-14 weeks. The test determines high or low risk for Down Syndrome, Trisomy 13 and 18.

AFP-4 (Alpha Fetal Protein) – this blood screening test is performed between 15-22 weeks. The test determines high or low risk for Down Syndrome, Trisomy 18 and birth defects of the spinal cord and skull.

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

Ultrasounds

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



The Rh factor

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

Vaccinations

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

Prenatal Vitamins

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

Common Questions

When will I feel my baby move?

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

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

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

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

Can I use a Jacuzzi?

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

Can I travel?

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

Can I care for my pets?

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

What do I need to know about dental care?

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

Can I go to the salon for treatments?

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

Can I exercise?

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

Can I have sex?

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



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.

See specific tips to help with nausea and vomiting on page 7.

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 also safe over-the-counter medications. 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 six 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.
- 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.
- Always eat a snack high in protein before bedtime.
- Be sure to have plenty of fresh air/good ventilation in the bedroom while sleeping.
- If the nausea is severe, avoid drinking citrus juice, coffee, and tea.
- 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 25 to 50 mg twice 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.



Nutrition and Pregnancy

Recommendation for weight gain

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

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

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

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

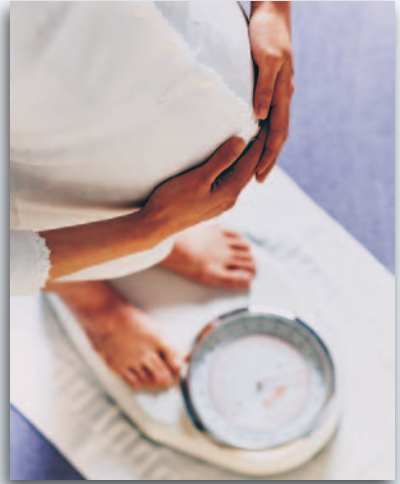
Normal weight women (BMI 20-25): 25-35 lb

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

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

Healthy Diet

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



Key nutrients during pregnancy

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

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



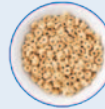
1 slice bread



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



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 baby and or mother to bleed.
- **Placental abruption** – the placenta tears away from the uterus causing the mother and baby 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.

Safe Medications During Pregnancy

Note: Use medications sparingly in the first 14 weeks of pregnancy. Call if fever 100.4 F or greater, or if symptoms persist or worsen – 713-796-2200.

Allergies

Chlor-Trimeton
Benadryl
Actifed
Tavist-D
Claritin-D

Antacids

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

Colds, Flu

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

Constipation

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

Cough

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

Decongestants

Claritin-D
Sudafed (avoid in first trimester, or if you have high blood pressure)
Instant Ocean Spray
Tavist-D
Tylenol Sinus

Diarrhea

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

Dental

OK to see dentist. Have X-Rays with abdominal shield. Get "novocaine", some antibiotics and some pain pills. HAVE DENTIST CALL US TO DISCUSS MEDICATIONS.

Headache/Mild Pain

Tylenol or Extra Strength Tylenol

Heartburn/Gas

Mylanta
Maalox
Tums
Rolaids
Children's Mylanta
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

Sore Throat

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

When to Call the Doctor

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

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

Please use the chart on page 13 to determine how you should treat certain illnesses or symptoms throughout your pregnancy. If in doubt, call the office at 713-796-2200.



When to Call the Doctor

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

Preparing for Labor and Delivery

The list below contains things to consider before your delivery date. We call this our 20 Week To Do List since you are now officially half way through your pregnancy!

20 Week To Do List:

1. Register for Classes

- Childbirth Preparation
- Baby Care Basics
- Breastfeeding 101
- Infant CPR & Safety

2. Schedule a Hospital Tour

3. Register for your Delivery

4. Choose a Pediatrician

5. Consider Cord Blood Banking

Childbirth Preparation Classes

As an added convenience for our patients, we now provide pregnancy and childbirth classes in our own state-of-the-art facility. Each program is designed with substantial input from Sharonville OBGYN physicians and reflects the standards and philosophy of our medical practice.

Baby Care Basics

Learn about normal newborn activities and how to feed, bathe, change and protect your baby.

Breastfeeding 101

Learn the facts about breastfeeding, as well as how to position your infant, feeding routines and how to resolve common breastfeeding issues.

Childbirth Preparation

Learn how to prepare for labor and birth by understanding the stages of labor, relaxation techniques, pain medication options and guidance for partner support.

Infant CPR & Safety

Learn how to keep your baby safe around your home, provide basic first aid, avoid common childhood accidents, and provide Infant and Child CPR should an emergency occur.

Labor and Delivery

When will I know I'm in labor?

The chart on page 15 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.

When to call The Ob/Gyn Centre

- 1) 5-1-1 Contractions. Call when you are having contractions 5 minutes apart, lasting 1 minute, for 1 hour.
- 2) Ruptured membranes, clear fluid, no labor pains as your vaginal culture at 36 weeks was positive for Group B Strep.
- 3) If your membranes rupture after 4:30pm and your Group B Strep culture is negative, you can wait for signs of labor. If there are no contractions by 7am, please call our office.

Labor and Delivery

- 4) If your membranes rupture during the day.
- 5) Ruptured membranes, green amniotic fluid. In general, you will be asked to come to the hospital when fluid is this color.
- 6) Heavy bleeding and/or unremitting, severe pain.
 - During office hours, please call to discuss plans: 713-796-2200.
 - Outside office hours, please call: 713-796-2200. Our answering service will immediately page the physician on call.

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

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.

Induction

Labor induction is labor that is started with medication to begin the process of childbirth. Labor may be induced for medical reasons or as an elective procedure. 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 45-60 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 two hours before being transferred to the postpartum floor.

Hospital

Hospital Registration Information

You will receive an information packet at our office. Please go to the front desk and ask for the Children's Memorial Herman pre-registration form.

What is Cord Blood Banking?

Your baby is born with a lifesaving gift: cord blood stem cells.

After a baby is born and the umbilical cord has been clamped and cut, some blood remains in the blood vessels of the placenta and the attached portion of the umbilical cord. This cord blood and cord tissue is rich in unique, powerful and smart stem cells that have been used in more than 30,000 transplants. These stem cells are also being explored for their ability to treat conditions, such as cerebral palsy and autism, that currently have no cure.

Collecting and storing these stem cells gives your family access to a potentially lifesaving treatment option. However, you only have one chance to collect and store your baby's stem cells – immediately after birth. It's important to make a decision about storing your baby's stem cells before the due date. You may choose to store these stem cells for your family's private use or donate them for public use.

Please ask one of your physicians to learn more about cord blood banking.



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 a little.

Breastfeeding

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.

Breastfeeding

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. Never use soap, alcohol or breast creams on your breasts or nipples. Water is all that is needed to clean your breasts when you shower or bathe.

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.

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 Renfrew, 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 two 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.



Postpartum Instructions

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

Postpartum Depression

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

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)

Clothes to wear home

- One loose-fitting, comfortable outfit

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!!!!**

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 and video recorder (make sure you bring extra film, batteries and any plug-in adapters which may be necessary)
- 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)

did you know?

The Affordable Care Act requires insurances to cover breastfeeding support, counseling, and equipment for the duration of breastfeeding.

GET YOUR BREAST PUMP THROUGH INSURANCE IN 3 simple steps



Complete the Qualify Through Insurance form attached or online at breastpumps.aeroflowinc.com.

That's all you have to do! Aeroflow contacts your insurance company to verify coverage and reimbursement benefits.



Aeroflow requests breast pump prescription from your doctor and submits required paperwork to your insurance.



**CONGRATS!
YOU'RE RECEIVING
A BRAND NEW
BREAST PUMP!**

Pump options on reverse side.

Call or visit us online for more information and to qualify for your pump!



breastpumps.aeroflowinc.com / P 1.844.867.9890 / F 1.800.249.1513



Breast Pump Prescription Form: PATIENT INFORMATION

YES! I would like to qualify for a breast pump through insurance.

Patient Name: _____

DOB: _____

Phone: _____

Email: _____

Due Date: _____

Insurance Name: _____

Member ID (Letters & Numbers): _____

Insurance Phone: _____

An Aeroflow Breastpumps Representative will follow up to discuss your coverage and breast pump options.

SUBMIT COMPLETED FORM TO AEROFLOW BREASTPUMPS:

FAX: (800) 249-1513 | PHONE: (844) 867-9890 | EMAIL: breastpumps@aeroflowinc.com

www.breastpumps.aeroflowinc.com

(tear and complete)



Breast Pump Prescription Form: PHYSICIAN INFORMATION

Double Electric Breast Pump (E0603) and Accessories

Breastfeeding/Lactating Mother V24.1/Z39.1

Other: _____

Office Name: _____

Physician Name: _____

Physician NPI: _____

Office Phone: _____

Notes: _____

Physician Signature: _____

Date: _____

**SUBMIT COMPLETED FORM TO AEROFLOW BREASTPUMPS:
FAX: (800) 249-1513 | PHONE: (844) 867-9890 | EMAIL: breastpumps@aeroflowinc.com
www.breastpumps.aeroflowinc.com**

(tear and complete)

AEROFLOW OFFERS MOM **choice** AMONG THE **best brands** IN BREASTFEEDING



Medela Pump In Style Advanced Starter Set



Medela Pump In Style Advanced Backpack or Tote



Medela Pump In Style Advanced Metro Bag



Medela Freestyle



Hygeia Q Basic Tote



Ameda Purely Yours Tote

**TO SHOP ALL PUMPS AND QUALIFY THROUGH INSURANCE,
VISIT US ONLINE OR CALL TODAY!**

breastpumps.aeroflowinc.com / P 1.844.867.9890 / F 1.800.249.1513