

Pregnancy Information

Appointment Schedule

Your first New OB visit

When you come to the office for your first visit, we ask that you bring your medical history forms and other registration materials completed. We will confirm positive pregnancy, discuss health modifications and perform your first ultrasound if needed.

After your first visit

There will be a series of prenatal labs that will test your blood type and blood count for infections (syphilis, hepatitis B and C, HIV, Varicella, HSV, and rubella). All of these results will be discussed at your next appointment.

Between now and 28 weeks, we would like you to schedule a visit every four weeks. We will perform a dating ultrasound during your first trimester and an anatomy ultrasound around 20 weeks to check the growth and development of your baby. Around 32 weeks, your visits will increase to every two weeks, then once a week after 36 weeks until delivery. We will request to see you more frequently if you are high risk. During each visit, you will have your weight, blood pressure, urine, and fetal heartbeat checked. Several additional tests are done at scheduled markers throughout your pregnancy.

These include:

Anemia and gestational diabetes screening – this screening is performed at the lab between 24-28 weeks. You will be given a sugar drink and instructions for how/when to drink it. One hour after you finish the sugar drink, your blood will be drawn. You do not need to fast. You may be asked to do an early 1-hour glucose test if you are at higher risk including: 1st degree relative with Diabetes Mellitus (Type 1 or Type 2) and/or Gestational Diabetes, a BMI greater than 30, and birth weight of baby greater than 9 pounds.

Vaginal culture for group B strep – this swab of your vaginal area is performed at approximately 36 weeks. Group B strep is a normal bacterium that is naturally found in the vagina and is not harmful to women or a developing fetus. However, it can be harmful to your infant if exposed at the time of delivery. If you test positive for this bacteria, you will receive antibiotics during labor and delivery.

NST (Non-Stress Testing) – Towards the end of your pregnancy your providers may request this testing to evaluate the health of your baby.

Optional Testing

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. Please discuss with your provider.

Carrier Screening – this blood screening test will determine if you are a gene carrier for Cystic Fibrosis, Fragile X Syndrome, and Spinal muscular atrophy. Patients who are of Ashkenazi Jewish decent or other ethnicities, may be screened for additional diseases. This may not be covered by your insurance.

Pentascreen – is a non-invasive test that determines risk for Trisomy 21 (Downs Syndrome), Tris 18, Spina Bifida

NIPT – non-invasive test that detects common fetal trisomies in pregnancies of 10 or more, based on direct analysis of DNA in maternal blood. Non-Invasive Prenatal Testing will test for Aneuploidies of chromosomes 21, 18,13, X, Y, Down Syndrome (Trisomy 21), Edwards Syndrome (Trisomy 18), Patau Syndrome (Trisomy 13), Turner Syndrome, Triploidy (Monosomy X), Feat Sex (Optional), 22q Deletion Syndrome and other microdeletions that are common and have severe consequences

AFP – Alfa-Fetoprotein (AFP) a blood test that provides your doctor with useful information about the pregnancy. The test predicts the likelihood of certain problems occurring, it DOES NOT diagnose the problem. This screen determines if a woman is at a lower or higher risk of carrying a baby with a birth defect. This screening is generally done between 15-22 weeks.

Routine Testing/Preventive Care

Ultrasounds

We recommend an ultrasound at 20 weeks in the pregnancy to evaluate fetal anatomy. Additional ultrasounds will be performed based on the medical need. Insurance will only cover additional ultrasounds 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 your baby may be at risk for Rh disease. Rh disease is a pregnancy complication in which your immunes 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 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

Flu Shots (Influenza) – The Centers for Disease Control (CDC) recommend that pregnant women receive a flu shot if pregnant during flu season. Although a flu shot can be given at any time during the pregnancy, it is best to get vaccinated as soon as possible. The flu vaccine helps protect the baby for the first six months until they can be vaccinated. Family members and caregivers should also get a flu shot to further protect your baby. Flu vaccines are safe for pregnant women as determined by the American Congress of Obstetricians and Gynecologists and the preservatives used in some vaccines will not harm your baby. The only flu vaccine that you should avoid is the nasal spray because it contains the live flu virus.

Tdap – This vaccine protects you and your baby from tetanus, diphtheria, and pertussis (whooping cough). Pertussis is a highly contagious disease that causes severe coughing and can be life-threatening to newborn babies. Babies under two months old are not able to get the vaccine so it is important that family members and caregivers get vaccinated at least two weeks prior to contact with your newborn baby. It is recommended that all pregnant women get the Tdap vaccine during the third trimester (between 28-36 weeks) of every pregnancy.

RSV (Respiratory Syncytial Virus) – RSV is a common respiratory virus that can cause serious illness in newborns and young infants. The CDC recommends the maternal RSV vaccine (Abrysvo) for pregnant women between 32 and 36 weeks of pregnancy during RSV season (September through January). The vaccine helps protect your baby by allowing protective antibodies to pass from mother to baby before birth, reducing the risk of severe RSV illness during the first six months of life. Most pregnant women only need the RSV vaccine during one pregnancy. If you have previously received a maternal RSV vaccine, your baby may instead receive an RSV antibody injection after birth. If you do not receive the vaccine during pregnancy, an RSV antibody injection is recommended for most infants to help protect them from severe RSV illness. Talk with your healthcare provider about which option is best for your baby.

We also recommend all family or friends who will be in close contact with your baby remain up to date on their influenza and Tdap vaccinations.

Many women have concerns about the safety of vaccines and breastfeeding. It is not only safe to breastfeed after getting vaccinated, but helpful to the baby because your antibodies can be passed through the breast milk which can further protect your baby from getting sick. It is important to discuss with your healthcare provider what, if any, vaccinations you have had before conception. Your provider will then determine which vaccines you will need based on you medical history and lifestyle. For more information visit www.immunizationforwomen.org, www.cdc.gov, and www.flu.gov

Prenatal vitamins

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

Common Symptoms of Pregnancy

Nausea/Vomiting – feeling nauseous during the first three months of pregnancy is very common. For some women, it can last longer, while others may not experience it at all. Try to eat 5-6 smaller meals a day in order to keep your stomach full at all times. Try bland foods like plain crackers, toast, dry breakfast cereal as well as carbonated drinks. Ginger is a natural treatment for nausea. Peppermint can also be used. Some over-the-counter medications are safe. If the symptoms become severe or you are unable to keep fluids down without vomiting for more 12 hours, contact the office. Safe medications include: Vitamin B6, 10 to 25 mg and Unisom ½ tablet.

Discharge – an increase in vaginal discharge that is white and milky is common in pregnancy. If the discharge is watery, itchy, 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, call your provider to notify us if this occurs. 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.

Leg Cramps – cramping in your legs or feet can be common. Eating more magnesium rich foods, such as whole grains, beans, dried fruits, nuts and seeds may help, as well as taking magnesium supplements. Also, stretching, hydrating, wearing proper footwear, staying active and applying warm compresses will also help.

Dizziness – you may feel lightheaded or dizzy at any time during 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/salt. 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 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 treat backaches with ice or heat. Acetaminophen may be taken for all aches and pains.

Safe Medications List

The list below is over the counter/non-prescription medications and treatments that may be used to relieve discomforts experienced during your pregnancy. Please call your Physician before taking any medication other than the ones listed below.

Condition/Symptom	Over-the-Counter Medications & Other Treatments.
Headache	Tylenol, Regular or Extra Strength, Excedrin Migraine, Caffeine **Do NOT use aspirin or ibuprofen which may be harmful to the fetus.** Warm compress to eyes, temples and nose to relieve a headache in the sinus area. Cold compress to the back of the neck to relieve a tension headache. Reduce stress with relaxation exercises. Rest in a dark, quiet room and get enough sleep.
Allergies	Benadryl; Tylenol Sinus; Zyrtec (NOT Zyrtec D); Claritin; Flonase
Cold Symptoms	Benadryl; Tylenol; Regular or Extra Strength; Emergen-C; Sudafed; Zyrtec (NOT Zyrtec D); Increase fluids. ***Call Physician with fever over 100.4***
Congestion Runny Nose	Benadryl; Robitussin DM; Mucinex; Vicks Vapor Rub; Drink Plenty of fluids. Use a humidifier. Elevate your head when you sleep. Ocean or Any Saline Nasal Spray
Cough	Cough Drops or Throat Lozenges; Robitussin DM; Increase oral hydration
Fever	Tylenol, Regular or Extra Strength ***Report any fever greater than 100.4 that does not respond to Tylenol***
Sore Throat	Cepacol Lozenges; Cholraseptic Spray or Lozenges; Saltwater Gargle
Constipation	Chia Seeds; Glycerine Suppositories; Metamucil; Colace; Flax Seed; Milk of Magnesia; MiraLAX; Magnesium *Drink at least 8-10 glasses of water each day *Eat foods high in fiber such as raw fruits, vegetables, and bran.
Diarrhea	Bland Diet or BRAT diet (Bananas, rice, applesauce, tea, or toast); Immodium; Lomotil ***Call your physician if symptoms persist for more than 24 hours.***
Gas	Increase Walking; Simethicone Avoid gaseous foods: broccoli, cauliflower, onions, and dairy.
Antibiotic Skin Ointment	Neosporin; Bacitracin
Skin irritation/Rash/Itching	Benadryl; Claritin; Moisturize twice a day; Caladryl Lotion; Coconut Oil; Calamine Lotion; Neosporin; Hydrocortisone 1% Cream Avoid long, hot baths/showers
Sleep Problems/Insomnia	Benadryl; Tylenol PM; Unisom
Vaginal Yeast Infection	Monistat – use the 5- or 7-day course. Do not douche. ***Call the office for any signs of infection (itching, irritation, greenish or yellow color, odor) or if you may be leaking amniotic fluid.***
Hemorrhoids	Preparation-H; Anusol; Tucks; Witch Hazel
Nausea/Vomiting	Vitamin B6 (25mg every 6 hours); Unisom 1 tablet every 6 hours; Ginger; Dramamine; stomach settle hard candy. *Eating crackers, or bland foods may help. Some have found eating small meals during the day rather than 3 normal size meals also helps.
Heartburn	Tums; Pepcid; Prilosec; Mylanta; Maalox
Back Pain	Heating pad to back; Thermacare patch; Tylenol; pregnancy belly band for growing belly.

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 do 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 < 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): 11-20 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 a peanut butter and jelly sandwich and a glass of low-fat milk.

Hydration

Adequate hydration is essential to healthy pregnancy, as a woman accumulates 6-9 L of water during gestation. The total water Adequate Intake for Pregnancy (including drinking water, beverages and food) is 3 L/day. This includes approximately 2.3 L (approximately 10 cups) as total beverages.

Physical Activity

Physical activity during pregnancy benefits a women's overall health. In pregnancy with no complications moderate to intense physical activity is recommended. Even walking 30 minutes a day can help reduce complications such as preeclampsia and gestational diabetes, especially for women who started their pregnancy at a higher weight. Target heart rate is 160 bmp or less

Key Nutrients During Pregnancy

Nutrient	Reason for Importance	Sources
Calcium (100 mg)	Helps build strong bones and teeth	Milk, Cheese, Yogurt, Sardines
Iron (27 mg)	Helps create red blood cells that deliver oxygen to the baby, prevents fatigue	Lean Red Meat, Dried Beans, Peas Iron-Fortified Cereals
Vitamin A (770 mg)	Helps Bone Growth, eyesight, healthy skin	Carrots, Dark Leafy Greens
Vitamin C (85 mg)	Helps body absorb iron, healthy gums/teeth	Oranges, Melon, Strawberries
Vitamin B6 (1.9 mg)	Helps form red blood cells, body use protein	Beef, Liver, Pork, Ham, Bananas
Vitamin B12 (2.6mg)	Maintains nervous system, forms RBC	Liver, Meat, Fish, Poultry, Milk
Folate (600mg)	Needed to produce blood and protein	Orange Juice, Green Leafy Veggies
Omega 3	Necessary for healthy brain development. Fish oils have proven to extend pregnancy	Fatty fish low in mercury (limit to twice per week), Walnuts
Vitamin D (600IU)	Needed for organ development	Egg Yolk, Sunlight, Fortified Milk
Fiber (28 g)	Provides adequate nutrition for baby	Whole Grains, Wheat, Barley

Foods to Avoid in Pregnancy

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. For other fish, limit consumption to two servings per week. * Albacore tuna has more mercury than other tuna.

Deli Meat – avoid deli meat in pregnancy due to risks of listeria.

Smoked Seafood – refrigerated, smoked seafood should be avoided due to risks of listeria contamination.

Raw Shellfish – including clams, oysters, and mussels can cause bacterial infections. Cooked shrimp is safe.

Raw Eggs – raw eggs or any foods containing raw eggs can be contaminated with salmonella. This includes some homemade Caesar dressings, mayonnaise, and homemade ice cream. Cook eggs thoroughly, until the yolk is firm.

Soft Cheeses – imported soft cheeses may contain listeria. Soft cheeses made with pasteurized milk are safe.

Unpasteurized Milk – may contain listeria which can lead to miscarriage.

Pate – refrigerated pate or meat spreads should be avoided due to risks of listeria.

Caffeine – limit caffeine to less than 200 mg per day (equal to about 2 small cups of coffee or a few sodas) Excessive caffeine may cause increased heart rate, increased blood pressure and dehydration which are not recommended in pregnancy.

Trans Fat – can be found in processed food, baked goods, margarine, and creamers. These fats can inhibit healthy development of the brain and other organs.

Sugar Sweetened Drinks – such as sodas, iced teas, juices, fruit drinks, energy drinks, and sports drinks should not be used during pregnancy. We advise against their use. These drinks contain no nutritional value and are a source of added sugars.

Unwashed Vegetables – wash all vegetables well to avoid exposure to toxoplasmosis which may contaminate the soil where vegetables are grown.

*Avoid spilling fluids from raw meat and hotdog packages on other foods, utensils, and food preparation surfaces. In addition, wash hands after handling hot dogs, luncheon meats, delicatessen meats, and raw meat (such as, chicken, turkey, or seafood or their juices)

Special Concerns

Vegetarian Diet – Be sure you are getting enough protein. 20-30% of your diet should be protein. Also be sure to get enough B vitamins in your diet. Discuss your options with your provider.

Lactose Intolerance – During pregnancy, symptoms of lactose intolerance often improve. If you are still having problems after eating or drinking dairy products, talk with us. We may prescribe calcium supplements if you cannot get enough calcium from other foods. Remember, calcium can also be found in cheese, yogurt, sardines, certain types of salmon, spinach, fortified orange juice, soybeans, soymilk, plant milks, etc.

Artificial Sweeteners – Try to avoid, if you must use limit to 1-2 servings per day. If you have diabetes, the artificial sweeteners are better than sugar to help control your blood sugars.

Common Questions

When will I feel my baby move?

Sometimes 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. A good time to do so is 20-30 minutes after breakfast and dinner. You should expect 10 movements within 2 hours. If you are concerned about movement, eat or drink a glass of water or juice, lie on your side and press your hands to 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 is 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 late in pregnancy. 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 hot tub?

Using a hot tub 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. Around 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 and stay well hydrated. If traveling by vehicle, wear a seatbelt, positioning it under your abdomen as your baby grows. If you are involved in a car accident, please seek immediate emergency care and call the office immediately. You may need to be monitored. Always have access to your medical records while traveling.

Can I care for my pets?

If you have cats, please let us know. Avoid changing the litter box, but if necessary, 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?

Dental care is very important in pregnancy. 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. A letter authorizing treatment can be faxed to your dentist.

Can I go to the salon for treatments?

Hair coloring and nail care should always be done in large, well-ventilated areas. There are no studies to definitely say it is safe, some suggestions if necessary are to highlight instead of full color, use vegetable-based color instead of harsh chemicals, and use gloves if coloring at home.

Can I exercise?

30 minutes of exercise is recommended daily in uncomplicated pregnancies. This could include walking, jogging, biking, aerobics class, yoga, swimming, ect. 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). While exercising keep heart rate less than 160 beats per minute.

Can I have sex?

You can have sex unless you are having complications or sex becomes too uncomfortable. There are some medical reasons that your provider may request that you abstain from sex, these include: unexplained vaginal bleeding, leaking amniotic fluid, cervical incompetence, placental issues, history or preterm birth or carrying multiples.

What is FMLA

Family and Medical Leave Act (FMLA) protects an employee's job, seniority, and your employer-provided health insurance for 12 weeks unpaid to address your own medical issues related to pregnancy, childbirth, and recovery or to care for your newborn baby. This may be taken all at once or in increments if needed due to complications. Please note there will be an extra cost for FMLA paperwork.

Alcohol, Smoking, and Drug Abuse

There is no safe amount of alcohol, so we recommend avoiding all alcohol during pregnancy. Drinking alcohol can cause birth defects, mental retardation, and abnormal brain development.

If you smoke or abuse drugs, including marijuana, so does your baby. This is a very important fact of pregnancy and breastfeeding. Here are some known complications from smoking during pregnancy:

- Low birth weight baby: Low birth weight can be caused by prematurity (birth less than 37 weeks), poor growth, or a combination of both. Prematurity is increased in pregnant smokers and is the number on cause of neonatal death and chronic illness in babies. Problems such as cerebral palsy, life long lung, kidney, or other organ problems, mental retardation and learning disabilities are much more common in premature and low birth weight babies.
- Placenta previa: Low-lying placenta that covers part 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 and placing the baby's life at risk
- Preterm premature rupture of membranes: The water breaks before 37 weeks of pregnancy, which is associated with an increase of preterm and low birth weight births.
- Stillborn: The fetus has died in the uterus.
- SIDS: Sudden Infant Death Syndrome.

Ways to Quit Smoking

No matter what your approach to quitting, a conversation with us can make the difference between success and failure. Quitting cold turkey is a great way. If you want to try a quitting aid such as a nicotine patch, gum, or the medication Zyban or Wellbutrin, we can help you choose a method that is right for you.

The March of Dimes recommends women to stop smoking prior to becoming pregnant and remain smoke free throughout pregnancy and once baby is born. The more a pregnant woman smokes the greater the risk to her baby. However, if a woman stops smoking by the end of their first trimester (first three months), she is no more likely to have a low birth weight baby than a woman who never smoked. Even if a woman is not able to stop smoking during her first or second trimester, stopping during the third trimester (the last three months) can improve her baby's growth.

The effects smoking has on your baby continue when you take him/her home. Children exposed to smoke in the home have higher levels of lung problems such as asthma, pneumonia, or bronchitis. They also suffer from more ear infections than children not exposed to smoke. Even more troubling is the increased incidence of Sudden Infant Death Syndrome (SIDS) found in children exposed to smoking in the home. A child exposed to smoking in the home during the first few years of life are at an increased risk of developing asthma.

ALABAMA QUIT LINE: quitnowalabama.com or 1-800-784-8669

Domestic Violence

Love is caring, trusting, secure, accepting. Love is not controlling what you do, who you see or where you go, stopping you from seeing your family and friends, shoving, slapping, chocking, hitting, intimidating, or threatening you with weapons. If you are a victim of domestic violence, tell a trusted friend, coworker, or neighbor about your situation. Hide a bag at a neighbor or friend's house with keys, identification, money, and copies of important documents. Have a phone accessible at all times and know which numbers to call for help. Call the National Domestic Violence Hotline for help at 1-800-799-SAFE (7233) or go to www.thehotline.org, anonymous and confidential help 24/7.

When to go to the Hospital

If you experience any of the following, please report to Baptist Medical Center East or nearest hospital.

- Continuous leaking or a gush of fluid that is not urine (water broken)
- Abdominal trauma or car accident
- Heavy Bleeding
- Fever greater than 100.4°
- Decreased fetal movement
- Urinary tract infection
- Headache with vision changes
- Painful contractions greater than 5 times an hour if less than 36 weeks

Illness/Symptom	Call The Office If: During Office Hours	Go to ER/Call the Doctor Immediately If:	Home Treatment:
Bleeding/Cramping • Some bleeding/spotting may occur after an internal exam		• Bleeding is heavy (using a pad every hour) • 2nd & 3rd trimester cramping or painless heavy bleeding • Cramping is equal or worse than menstrual cramps. • Bleeding accompanied with cramping	• Rest • Avoid heavy lifting (more than 20 pounds) • No intercourse until resolved • Wear only pads
Vomiting • Common in 1st trimester	• 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. • Unable the keep down liquids and solids for more than a 24-hour period	• Vitamin B6 10-25 mg every 6-8 hours • Separate liquids from solids • Plain popcorn • Rest • Avoid hot sun
Decreased fetal movements after 28 weeks		• No fetal movement if accompanied by severe abdominal pain • Baby moves less than 4 times in a 30-minute period while you are resting, during a normally active period of baby	• Rest • Drink iced water • Eat a small snack
Labor	• If less than 36 weeks, call if contractions are every 15 minutes	• 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	• Rest (you'll need energy for real labor) • Increase fluids to 8-12 glasses daily • Dehydration can cause contractions, especially in the summer
Urinary Urgency	• Pain with urination • Feeling of urgency with little urine produced	• Temperature of 100.4° 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 in AM. Swelling of feet & ankles is common near the end of the 3rd trimester and at the end of the day • Swelling of face & hands	• Swelling accompanied with headache or upper abdominal pain • Swelling with decreased fetal movement • Elevated blood pressure if using home monitor	• Lie on left side and elevate legs • Avoid salty foods (e.g. ham, pizza, chili)
Cold and Flu	• Temperature of 100.4° F or higher • Green or yellow mucus develops • Persistent cough for over 5 days • If experiencing body aches and suspect the flu or if exposed to the flu	• Breathing is difficult or wheezing occurs	• Tylenol, Actifed, Sudafed, any Robitussin and Mucinex • Increase fluids • Rest • Use vaporizer
Rupture of Membranes		• Water breaks; small leak or as a gush	

Third Trimester

Fetal Movement Count

What is fetal movement counting?

Healthy babies are usually active. Unborn babies sleep for short periods of time, but most of the time they will kick, roll, twist, and turn. Counting your baby's movements is a way to assess your baby's well-being. A healthy baby usually moves at least 10 times in 2 hours. Doctors and midwives usually recommend that you begin counting movements around the 7th month of pregnancy (about 28 weeks). As you get to know your baby's movement pattern, you will be able to report any changes to your care provider.

How do I count my baby's movements?

1. Choose a time of day that your baby is usually active. Try to count around the same time each day. It may be best to count after a meal.
2. Get in a comfortable position. You can lie down or sit in a chair with your feet up.
3. Write down the date and time that you begin counting your baby's movement.
4. Continue counting until your baby has moved 10 times. Count any movements including kicks, rolls, swishes, or flutters.
5. After your baby has moved 10 times, write down the time in your chart.
6. If you can't feel your baby move, try to wake the baby by drinking a glass of juice or walking around for a few minutes. Then start counting again.

Making the most of those precious moments

Generally, moms find their babies are most active after eating a meal, something sweet, drinking something very cold or after physical activity. You may also find your baby more active between 9:00 and 1:00 am, as your blood sugar is declining. Taking time to do your kick counts will encourage you to rest and bond with your baby. Start by finding a comfortable position during a time when your baby is usually most active. Some moms prefer sitting in a well-supported position with their arms holding their bellies. Other moms prefer lying on their left sides, which they find most comfortable and most effective for monitoring their babies. Lying on your left side also allows for best circulation which could lead to a more active baby.

When should I go to the Hospital?

- If you have followed the above recommendations and have not felt 10 kicks by the end of the second hour, wait an hour and try again. If after trying a second time, you do not fell 10 movements within 2 hours you should go to the hospital.
- If you have noticed a significant deviation from the pattern over the course of 3-4 days.

Preparing for Labor and Delivery

Preparation for Labor

If you have a birth plan, please share it with your provider. If desired, there are several options to provide pain relief while you are in labor. We are supportive of whatever you choose.

Narcotics – Narcotic medication is given through injection or IV and it helps take the edge off strong contractions. It can make you feel sleepy if given early in labor. We avoid giving this near delivery time as it can affect the baby after birth.

Epidural – This safe and popular option is administered by an anesthetist and requires a fine, thin catheter or tube to be placed in your back during active labor. Medicine slowly drips through the tubing to provide pain relief throughout labor. It is removed after delivery.

Local Anesthesia – Many patients deliver without pain medication. Sometimes we need to five a small injection of numbing medicine for stitches called lidocaine. It feels like a small pinprick.

Research cord blood banking

Your baby's blood is a valuable source of cells that could be used by your baby or another family member to treat some life-threatening diseases. It can easily and safely be obtained immediately after delivery. Parents can choose to have their baby's blood saved; however, the decision must be made before birth for private banking. Insurance does not usually cover private banking. If interested, you can order a kit from the company you chose for cord blood banking and bring it with you to delivery. You can also donate cord blood for free.

Attend Education Courses

There are educational courses on labor and delivery, breastfeeding, infant CPR, and baby care through Baptist Hospital email smallwonders@baptistfirst.org for class dates and times. Consider these classes especially if you are a first time parent.

Choose a Pediatrician for your baby

You will need to decide on a doctor for your baby by the time you deliver. The hospital will send your baby's information and test results to your chosen doctor. Your baby is commonly seen withing 1 week after birth. You will need to contact the doctor's office prior to delivery and make sure they are accepting your insurance and are taking new patients. We can provide you with a list of doctors if you have trouble locating one.

Obtain and install a car seat

You must have a car seat installed in your vehicle before taking your baby home. By law, children must be in a federally approved, properly installed, crash-tested care seat for every trip in the car beginning with the trip home from the hospital.

Learn more about breastfeeding

Human milk is perfectly designed nutrition for babies. Babies who are breastfed get fewer infections and are hospitalized less. Mothers that breastfeed burn 500 calories a day which can help lose extra weight and reduce a woman's risk of developing breast cancer. After delivery, the nurses and a lactation specialist are there to help you learn the art of breastfeeding. Your insurance may cover a breast pump for you at no charge, you should contact your insurance company for instructions.

Consider circumcision

A circumcision is the removal of excess foreskin from the penis of baby boys. Please let your provider know if you would like your baby to have this procedure. Baby must receive Vit K at birth if you wish to have this preformed. We respect your choice if you choose not to circumcise.

When will I know I'm in Labor?

The chart below will help you determine if you are in labor. If you have signs of **true labor**, go to your hospital. If your water breaks, report to labor and delivery **immediately**, day or night.

True Labor	False Labor
Contractions are regular <5 minutes apart, get closer together and last 40 to 60 seconds.	Contractions are irregular, do not get closer together and last 20-40 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 the front.	Pain/discomfort often felt in abdomen.
Contractions steadily increase in strength.	Contractions usually are weak and don't get much stronger.
Bloody show may be present.	Usually no bloody show is present.

Induction

Your due date is considered 40 weeks. Anticipate delivery sometime before or after your due date. We recommend additional testing for your baby after your due date. We induce labor in your 41st week or sooner if there are concerns. Induction is a process where we give medication to stimulate contractions. It can take more than 24 hours to work, especially if it is your first baby. It is important to allow your baby to fully grow and develop before we schedule a delivery. Induction is reasonable after 39 weeks.

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 and the person you choose. 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 a short period of time once surgery begins. Once delivered, it will take approximately 45-60 minutes to complete surgery. Your incision will be closed with staples or sutures. You will then be moved to the Recovery Room.

Initial Recovery after Cesarean Birth

The immediate recovery period is similar to the recovery period of a vaginal birth. Rest to conserve your strength. You, your baby and your support partner will remain in the Labor and Delivery Recovery Room for approximately two hours. During this time, you and your baby will be monitored closely.

Vaginal Birth after Cesarean (VBAC)

If you have had a Cesarean delivery in a previous pregnancy and are now preparing for the birth of another child, discuss the option to deliver vaginally with your provider, and provide your prior C-section records. Not all providers offer this service.

Episiotomy/Vacuum/Forceps

We plan to help you deliver your baby with the least amount of trauma. Episiotomies are not routinely needed and many deliver without the need for any stitches. Sometimes we need to make a small incision at the vaginal opening to help deliver. We make sure you are numb if you don't have an epidural and will stitch the area after delivery. The stitches dissolve over time and od not need to be removed. We provide you with medicine to keep you comfortable after delivery.
We are highly skilled in the use of vacuum or forceps for deliveries. We will recommend using them only if medically indicated. Our goal is to deliver your baby in the safest manner. There are definite times when this is the safest way to help your baby into this world.

Postpartum Instructions

1. Make an appointment to see the doctor for a check-up following your providers instructions. Vaginal deliveries 6 weeks, cesarean deliveries 2 weeks.
2. Refrain from douching, tampons, and swimming until after your 6-week postpartum check
3. Please call the office if you have a temperature of 100.4°F or greater, swelling, tenderness, or redness in the lower leg, chest pain or shortness of breath. If you experience severe pain, redness or swelling at your incision site, notify your provider.
4. Vaginal bleeding may continue for 6-8 weeks while the uterus contracts back to its 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 ibuprofen and rest. If bleeding is persistently heavy, call the office for further instruction.
5. Avoid lifting anything heavier than your baby until you have been cleared by your provider.
6. Exercise – Avoid sit-ups, jumping jacks, and aerobics until after your 6-week postpartum check-up, when cleared by your provider. You may do simple abdominal tightening exercises, Kegel exercises, and walking.
7. Constipation is very common. Drink 6-8 glasses of liquids every day. Citrucel, Metamucil, Miralax, 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.
8. Hemorrhoids usually are more symptomatic after delivery. If they are a problem for you, we can prescribe medication to relieve symptoms.
9. Abstain from intercourse until evaluation at your 6-week postpartum check. Contraception options may be discussed with your provider at your check-up.
10. 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. If you have Dermabond/glue on your incision you may use Vaseline to remove the glue after 2 weeks. Avoid baths until your evaluation at your 2-week postpartum visit. Showers are ok. Pat incision area dry.
11. Showering is permitted after vaginal birth. Do not bathe in tub or swim.
12. Follow up with your provider if you have any questions regarding weight loss, breastfeeding, etc.

Postpartum Blues and Depression

40-80% of women experience mood changes after their delivery. Postpartum blues, sadness, and crying are normal responses to hormonal changes in your body after the baby is born. 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 this problem is occurring. We are known for our compassionate care and have effective treatments for postpartum depression.

Breast Issues

- 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 breast infection (fever, flu-like symptoms, pain, or redness in the breast) call the office for further instruction.
- If not breastfeeding, continue to wear a good supportive bra, bind if necessary, use ice packs, washed cabbage leaves for engorgement, take Acetaminophen or Ibuprofen for discomfort, and call the office if the problem persists or worsens.
- Mastitis is a breast infection that can be very serious if not treated. Symptoms include; severe breast pain, red streaks, fever and body aches. If you develop these symptoms call your doctor's office right away.
- For engorged breasts or clogged ducts apply warm moist compresses, massage your breasts, continue to breastfeed or pump. If symptoms persist contact your doctor's office.

Important Contact Information

Clinic (334) 281-1191

Monday – Thursday 8:30 – 4:30

Friday 8:30 – 11:30

After Hours (205) 930-4139

Website www.montgomerywomenshealth.com

Baptist East OB Triage (334) 215-5990

Baptist East Labor and Delivery (334) 244-8443

Baptist East Lactation Breastfeeding (334) 244-8360

Baptist East Small Wonders (334) 273-4445

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