

You and Your Pregnancy ***Important Information from Your Doctors***

Introduction

Congratulations on your pregnancy! All of us in the office want to do everything we can to make the experience as safe and pleasant as possible.

The information in this folder should answer most of the common questions that occur during pregnancy. Otherwise, you can call the office at (972) 938-3493, Monday through Friday, 8:00 am to 12:00 pm and 1:00 pm to 5:00 pm. After hours, for emergencies, you may speak to someone from our answering service by calling our office.

The doctors of our group deliver at Methodist Mansfield Medical Center and Baylor Scott & White Medical Center at Waxahachie. You are asked to pre-register by 12 weeks gestation at the hospital where you will be delivering. You are also encouraged to register for prenatal and breastfeeding classes (especially if this is your first pregnancy). You will also need to make arrangements for a pediatrician or family practice doctor to take care of your baby after dismissal from the hospital.

Please be aware that the physician charges include care for a normal, uncomplicated pregnancy and delivery. Any additional problems, testing, visits, or hospital admissions will incur additional charges. Also be aware that these charges **do not** include **hospital** or **anesthesia** costs. Arrangements should be made separately for these services.

Since it is impossible for one physician to be available 24 hours, 7 days per week, our physicians participate in a rotating on-call schedule for deliveries. Rest assured, on your special delivery day, one of our highly trained obstetricians will be with you.

Important Reminders

Emergencies to be reported immediately:

- Constant severe headache
- Blurred vision (constant)
- Bleeding from vagina (more than spotting)
- Fever greater than 101°
- Persistent severe abdominal pain
- Burning or pain with urination

How to time contractions:

Contractions may be perceived as pain or cramps in your abdomen or your low back. The key is that they come and go, even when lying down. Place hand on the uterus, feel when it starts to tighten. Time the contractions from the beginning of one contraction to the beginning of the next contraction, and how long it lasts.

When to go the hospital or call our office:

- Contractions: Every five minutes for at least one hour, each one lasting 30-60 seconds.
- Water breaks: Signs are a sudden gush of clear, watery fluid from the vagina or constant leaking of fluid from the vagina. (Do not wait for contractions to start.)
- Bleeding from the vagina: Bleeding heavier than a period should be investigated by the doctor.

General

During your pregnancy, you should avoid:

- Smoking
- Drinking any type of alcohol (liquor, beer or wine)
- Drugs: It is preferable that no medications be taken in the first 12 weeks of pregnancy other than Tylenol. See the list of acceptable medications in this handout.
- Exposure to X-ray, if possible. Microwaves and computer terminals have not been shown to have detrimental effects on the unborn fetus.

Prenatal Visits

Your prenatal visits will be every four weeks until approximately 28 weeks, then every two to three weeks until 36 weeks. Beginning at 36 weeks you will be seen weekly until your delivery. We will keep track of your pregnancy in weeks rather than months, since this is more accurate. Full term is 40 weeks. Patients who are at high risk for complications (i.e., high blood pressure, diabetes) will be seen on a more frequent basis.

Laboratory Tests

Blood Work: During early pregnancy, blood will be drawn and a complete blood work-up will be performed including: a complete blood count (CBC), blood type and Rh antibody screen, sickle cell, if necessary, Rubella titer, RPR (syphilis check), hepatitis screen, and HIV. Periodically during your pregnancy, we will check for anemia. Patients who are Rh negative will be checked for Rh antibodies. A blood sugar test will be done on one or two occasions during your pregnancy. At 35 to 37 weeks, we do a culture for Group B Strep (or GBS). This is a vaginal culture that determines if you have this bacteria which can harm your baby after birth. If this is positive, we will give you antibiotics during labor so it is not passed to the baby.

Cervical Tests: Gonorrhea and chlamydia cultures of the cervix may be performed on your first visit. A pap smear will be performed on your initial visit if you are due for one.

Urine Samples: Urine samples will be checked each visit for the presence of protein and sugar. A urine culture will be performed in early pregnancy.

Ultrasound: Ultrasound (sonogram) is recommended for all patients, usually at 18-22 weeks. In specific cases, additional sonograms will be performed.

Early Screening: A test for chromosomal defects is available, and can be performed around 12 weeks gestation.

Cystic Fibrosis (CF) Screening: CF Screening is offered to all pregnant women. CF is an inherited disease affecting mostly those with ancestors from Northern/Western Europe and people of Ash Kenazi Jewish descent. A positive screen means you are a carrier and the father of the baby will need the same screening. This only needs to be done once, and not with every pregnancy. This is an optional test.

Medication for Pregnant Patients

Allergies

Benadryl, Zyrtec, Claritin, Allegra, Flonase

Aches and Pains

Tylenol (avoid Motrin/ibuprofen, Aleve/naproxen, aspirin)

Cold Symptoms

Congestion: Mucinex plain or DM

Cough: Robitussin, Nyquil, throat lozenges (DO NOT take medications with phenylephrine or pseudoephedrine)

Constipation

Milk of Magnesia, MiraLAX, Metamucil, Benefiber, Colace

Diarrhea

Imodium AD

Fever

Tylenol

Heartburn

Mylanta or Maalox (liquid works best), Pepcid AC, TUMS, Rolaids

Hemorrhoids

Anusol, Preparation H

Nausea and Vomiting

Doxylamine Succinate (Unisom) 12.5 mg which is half of the 25mg tablet PLUS Vitamin B6 25mg, Ginger Capsules, Emetrol, Benadryl

ALL MEDICATIONS LISTED ARE AVAILABLE AT YOUR DRUGSTORE WITHOUT A PRESCRIPTION.

Dealing with the Discomforts of Pregnancy:

Abdominal or Groin Pain (Round Ligament Pain): Pain that only occurs with movement is usually not dangerous. Application of heating pad may help. Avoid sudden movement. Sit down and get up slowly. Tylenol may help.

Backache: Careful attention to correct posture and body mechanics can help with this problem. Sleep on a firm mattress. Do not wear high heels.

Colds and Flu: You may use Sudafed or Actifed tabs for congestion and/or Robitussin DM as a cough suppressant. These will usually run their course without medications. Fluids and rest are the most helpful remedies. If you are vomiting or have diarrhea, try managing these problems with diet. Go on clear liquids for 24 hours (hot tea, broth, Jell-O, Popsicles, 7-Up, or Gatorade). Avoid milk! Call if your temperature goes over 101°.

Dizziness, Fainting, Lightheadedness: Avoid sudden changes in posture, especially after lying down. Get up slowly: roll to side, and then push up to a sitting position (using arms). Avoid standing or lying flat on your back for long periods of time. Don't skip meals and try to eat healthy foods. Drink plenty of water.

Headache: You may use Tylenol but try to avoid aspirin and ibuprofen (Advil or Motrin).

Heartburn or Gas: Avoid spicy foods and overeating. Do not eat immediately before lying down. Pillows elevating your head at night may help. If you need an antacid, you may use Maalox, Mylanta, Tums or Rolaids.

Leg Cramps: The object is to stretch the cramped muscle, thus improving circulation. Stretch should be gentle and constant, not jerky. Warm baths may help.

Nausea and Vomiting: This may occur during the early months of pregnancy. Although it's frequently referred to as "morning sickness," it can occur any time of the day or night. It usually disappears after 12 weeks. Try the following suggestions:

- Try taking Ginger capsules, one every 6-8 hours.
- Wristbands to decrease nausea are available and sometimes help.
- Eat a piece of bread or a few crackers before you get out of bed in the morning (put them close to your bed the night before) or when you feel nauseated. Keep something in your stomach at all times.
- Get out of bed slowly. Avoid sudden movements.
- Eat several small meals during the day so your stomach doesn't remain empty for very long.
- Avoid greasy or fried foods.
- Avoid spicy, heavily seasoned foods.

If unable to keep solids or liquids down for more than 24 hours, call the office or the hospital.

Numbness and Tingling: Common in the fingers. This may occur from time to time but usually goes away after the pregnancy. Some swelling is normal.

Shortness of Breath (Dyspnea): Sleep with head well propped up with pillow. Concentrate on taking slow, deep breaths if feeling occurs. Please report wheezing or severe difficulty with breathing.

Tiredness (Fatigue): During pregnancy, women are often more tired. You should go to bed earlier, and try to take a nap during the day. Fatigue often lessens in the second trimester, but, in general, most patients need additional rest during pregnancy.

Urinary Frequency: This occurs normally during the first 3 months of pregnancy because the growing uterus places increased pressure on the bladder. It will usually improve as the uterus rises out of the pelvis by the second trimester. It may return near the time of delivery as the baby's head engages and presses against the bladder. However, pain during urination is not normal and should be checked by your doctor if it occurs.

Diet Guidelines

High levels of mercury may harm an unborn baby's developing nervous system. DO NOT eat shark, swordfish, king mackerel or tilefish while pregnant as they contain high levels of mercury. Shrimp, canned light tuna, salmon, pallock and catfish are low in mercury, and do not need to be avoided. Albacore ("white") tuna has more mercury than canned light tuna, so do not eat more than 6 ounces of albacore tuna per week.

For more information about the current FDA recommendations, please visit <http://www.fda.gov/food/resourcesforyou/consumers/ucm110591.htm>

Travel

Travel is discouraged in the last 4 weeks of your pregnancy, especially for more than one hour's travel time from the hospital. If and when you do any traveling, it is wise to stop and walk or stretch your legs every 1-2 hours. Be sure to wear a seat belt at all times. Place it under your abdomen as your pregnancy advances.

Sexual Activity

No restrictions need to be placed on sexual intercourse. You may find changes in comfort and sexual desires due to pregnancy. Rarely, certain conditions may exist which require you to limit sexual activity. If so, you will be advised as such by your physician.

Exercise

Exercise during pregnancy is important and a key to your well-being and comfort during pregnancy, labor and delivery. It also definitely affects how quickly you “shape up” in the postpartum period. Swimming and 30 minutes of fast walking or aerobic classes are also good for you and your baby. Only activities that risk direct injury to the abdomen or cause exposure to extreme heat need to be avoided. Avoid a heart rate of more than 140 beats per minute. Avoid any activity that seems to strain your back or that might lead to a fall or other injury.

Packing Your Suitcase

Chapstick or Carmex	Going home clothes
Camera-Batteries	Baby clothes/Diapers
Nursing bra	Gown, robe & slippers
Toothbrush/paste	Non-Skid Socks
Deodorant	Shampoo & blow dryer
Car seat for your baby	Baby book

Working During Pregnancy

The great majority of expectant mothers can continue to work until late in pregnancy without any problem. Sometimes, however, the physical changes that occur in pregnancy or the demands of a woman’s job can create workplace difficulty. When medically appropriate, we will recommend that a pregnant patient be placed on disability leave from her job. Such leave is rarely required, however, and in the absence of a serious condition that would endanger the health of the mother or baby, medical ethics prevent us from making such a recommendation. We will, however, do everything we can to reduce or eliminate pregnancy-related difficulties you may be having at work. This includes contacting your employer, when appropriate, to recommend helpful adjustments or alterations to your duties. There are specific medical conditions that may arise which would require a decrease or stoppage of work or even bed rest.

In general, avoid heavy lifting (more than 25 pounds) due the increased risk of injury.

Fetal Movement

You will first feel movement sometime between the 16th to 20th weeks of pregnancy. Healthy babies are active babies. Each baby has a routine for sleep and activity; get to know your baby’s routine. If you notice a significant decrease in baby’s activity, let your doctor know. If you are not sure, lie still for about an hour and count the number of baby’s movements you feel. Drinking or eating something sweet may cause activity to increase or start. If your baby is still moving less than normal after paying closer attention, call the office or the hospital.

Dental Care

When you visit a dentist, tell the dentist and office staff that you are pregnant. Your teeth can be X-rayed if your abdomen is shielded. You can have local anesthesia, but epinephrine injected into a blood vessel should be avoided. Most dental pain medications prescribed by dentists for pregnant women are okay to take after the 12th week of pregnancy. Call our office if you have any questions.

Video Taping

It is our policy that we do not allow video recorders in the delivery room at the time of delivery. You may record during labor and afterwards during recovery. However, no videotaping is allowed during the actual delivery and the initial medical care of the baby.

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