**DO'S AND DON'T'S OF PREGNANCY**
**RACHEL PETERSEN, MD – OB/GYN**

**Summary of the guidelines for prenatal care by the American College of OBGYN and Dr. Petersen's "educated opinions".**

**If you have an issue, please consult this guide before calling the answering service or the office, as most routine problems are addressed here.**

This is not a replacement for the use of good common sense, but is a guide for you regarding the typical issues and questions that we have answered over the years. In fact, we welcome your new questions to add to the guide if there is something we have left out.

**OFFICE PHONE NUMBER AND 24 HOUR ANSWERING SERVICE 256-489-2442**

## WHAT TO DO IN AN EMERGENCY:

**If for some reason the answering service fails (inclement weather, doctor cannot be reached, etc.) and you have an urgent problem, go to the Labor and Delivery (L & D) unit of the hospital you have chosen to deliver at and they will call us. L & D nurses are extensively trained and experienced in how to handle urgent OB issues. Likewise during office hours, if you leave a message for the nurse and cannot wait to be contacted or the symptoms worsen, go straight to L & D, no matter how far along you are in your pregnancy.**

****YOU ARE ALWAYS SAFER ON LABOR & DELIVERY THAN AT HOME.****

*****You DO NOT need our permission to seek emergency care on L & D. We will NEVER be annoyed with you for going to L & D or the emergency room (ER). BETTER SAFE THAN SORRY.*****

## CONDITIONS THAT WARRANT AUTOMATIC CALL TO THE OFFICE OR PRESENTATION TO L & D:

1. Vaginal bleeding at any time in the pregnancy.
2. Large amount of fluid coming from the vagina.
3. Decrease in fetal movement (>24 weeks).
4. Cramping that lasts for more than 1 hour and is not relieved by lying down and hydrating yourself (>12 weeks).
5. Severe cramping (< 13 weeks).
6. More than 6 contractions in 1 hour (>24 weeks).
7. Persistent nausea and vomiting.

8. Chest pain.
9. Increased shortness of breath.
10. Persistent pelvic pressure or pain lasting more than 30 minutes.
11. Anytime you are experiencing something disturbing or out of the ordinary and feel that you need urgent advice.

## WHAT IF I HAVE ROUTINE OB QUESTIONS AND MY VISIT IS NOT SOON ENOUGH TO WAIT?

Please feel free to call the office during business hours and leave a message for the nurse. We make every effort to call you back before 6 pm; however, we guarantee that your call will be returned within 24 hours. The nurse's priority during business hours is to take care of the patients in the clinic and to assist the physician. Anytime the nurses are free they will do their call-backs. There are some call backs that will not be handled until late afternoon up until 6 pm.

## What Doctors take call for me?

1. **Monday 8:00 am through Friday 3:00pm Dr. Petersen is on call for her patients only.**
2. **Friday at 3:00pm through Monday 8:00am: Call is rotated between Dr. Petersen, Dr. Aguayo, Dr. Evitt and Dr. Cimino.**
3. **Deliveries during the week: Generally covered by your own physician, unless your physician is out of town.**
4. **When your doctor is out of town their calls <u>during the week</u> at all hours will be referred to the other physicians (Dr. Aguayo, Dr. Evitt or Dr. Cimino).**
5. **Deliveries on the weekend: There are times when your physician may actually be able to come in for your delivery and the doctor on-call is notified that you are in labor. This is not guaranteed, but we do make and effort to do our own deliveries on the weekends.**

**Dr. Petersen, Dr. Aguayo, Dr. Evitt and Dr. Cimino are the physicians in the call group. We have chosen our call group very carefully and can assure you that we will do all we can to honor the agreements and management plans that you have created with your own physician. Dr. Cimino is a male physician, board certified, and we feel that he is not only an accomplished obstetrician, but displays the level of compassion and respect for his patients that we do. It is very important to all three of us that your care and delivery experience be as consistent as possible, and we have every confidence in each other. We all agree that your delivery is one of the landmark experiences in your life and we want it to be special. We feel very confident that each member of the call group can guide you through that experience at the level of care and personal attention that your own doctor would provide.**

# NOTICE DR. PETERSEN DOES NOT USE MADISON HUNTSVILLE HOSPITAL

Please be advised that Dr. Petersen and her call partners are not credentialed at the **Madison Huntsville Hospital**. If you choose to go there you will be taken care of by the Physician's employed by the hospital. They **WILL NOT** transfer you to Huntsville if you need to be admitted. You will be admitted there. They **do not** notify Dr. Petersen when you are admitted there and she **cannot** participate in your care. They **do not** notify Dr. Petersen, even if you are just in the **ER**.

Dr. Petersen's and her call group is not credentialed in Madison, because the distance of the drive to get there from Huntsville. It is a time issue that we do not feel it is safe for us to deliver there. Dr. Petersen is aware that it is closer to many of your homes, but needs you to understand that if you go there, while you are there she **cannot** be your doctor and Madison HH **will not** notify her you are there or **allow** her to collaborate in your care.

Please, if at all possible, drive to Huntsville and go to Women's and Children's or Crestwood **EVEN IF** you think it is just a quick ER visit or a quick L&D visit.

We are sorry for the inconvenience.

## DETERMINING YOUR DUE DATE:

A due date for your pregnancy is the date that you will be 40 weeks gestational age. The pregnancy is "dated" with a first trimester ultrasound. Dating the pregnancy by conception date is inaccurate as semen can stay in the fallopian tubes for up to one week and the exact date of ovulation cannot be determined even if you only had sex once that month. We try to date the pregnancy as accurately as possible with allowance for 3-5 days of variation.

In the days before your ultrasounds the Due Date was only an estimation based on the last menstrual period. The date from the period until the next ovulation was estimated to be 2 weeks as the only thing that a woman knew for sure was the date that she had a period, because there was definite bleeding and just a "feeling". From the date of the last period subtracting 3 months and adding 2 weeks brought the estimated date. In fact, it was called the EDC-estimated date of *confinement*.

We have found it to be very confusing when you use a pregnancy journal. The dating is always from the first day of your last menstrual period (or estimated by ultrasound). It IS NOT the date from the conception. So if your journal uses the ACTUAL age of the baby, you will need to subtract 2 weeks from the date we are using at your visits. This is especially true for the pictures of the fetus at certain times during gestation. Don't worry because this is even confusing for US!

The ultrasound measurement in the first trimester is the MOST ACCURATE and DOES NOT change. At every ultrasound the computer will generate a due date. Please don't let this confuse you. It doesn't change your due date. Likewise, do not be alarmed that your baby is "too big" or "too small" based on the later ultrasounds. The ultrasounds are only accurate within 2 weeks in the second trimester and only 3 weeks in the third trimester. For instance, a normal fetus will measure within 3 weeks before or after the date of actual gestation.

It is important to know your due date. Make sure that we have given it to you. Anytime you call or are on L & D it is very important that you give this information to the medical personnel on duty. Luckily your providers do have remote computer access to your record and the prenatal records are faxed to the hospital during your pregnancy. However, you should still know your correct due date. Please feel free to confirm this at anytime with your doctor if you are confused. Regardless of what the record that was faxed may say, the due date that your doctor gave you in the first trimester is your due date until proven otherwise. Paperwork can have typos and it is important for you and very helpful to us for you to know this date.

## FREQUENTLY ASKED QUESTIONS:

1. HOT TUBS and SAUNAS: There is some evidence that shows if you stay in a hot tub or hot bath long enough to increase your core temperature that it could cause a problem. Therefore, you should not remain in a hot tub or bath for more than 15 minutes and you should have your arms and upper torso out of the water to radiate heat and decrease the chance that you will raise your core temperature.

2. HOT SHOWERS: You are less likely to raise your core temperature, but pregnant women get dizzy and pass out very easily, so be careful standing in a hot shower.

3. DIZZINESS: Pregnant women get dizzy very easily because of the blood pooling in their legs and for other physiologic reasons. If you become dizzy you need to sit or lie down immediately. This will usually correct the problem after 15-20 minutes maximum. You will also need to stay well hydrated and not let yourself get too hungry if you have a tendency to get weak and dizzy. This is also a frequent problem on outings where you may be standing for a long time or the weather is warm. Remember to stay hydrated and try to stay cool as much as possible.

   If you become dizzy and lying down (on one of your sides if you are over 15 weeks) resolves the symptom, then you may monitor yourself at home and drink plenty of water. However, if you completely pass out (lose consciousness, black out, lose memory, or wet your pants during an episode) you need to either contact us, got to L & D, or go to the ER.

   If dizzy spells become frequent, you need to notify us at your next appointment. If there is a long wait until your next appointment, notify us so that we can determine if you should be seen sooner.

4. NUTRITION: Try not to get too carried away with worrying about what to eat. "Pregnancy is a condition, not a disease!" Here are a few guidelines:

   a. CALORIES: Due to the dietary caloric intake of most Americans you do not have to work hard to eat the recommended amount of calories in pregnancy. If you are under weight, have an eating disorder, or are diabetic you will need special dietary attention. In general the average patient should try to avoid gaining more than 30 pounds. If you are more than 100 pounds overweight at the beginning of your pregnancy, it is acceptable to gain only about 10 pounds during the entire pregnancy. Remember, most Americans already eat more than the recommended number of calories. You will need to take a good look at what you are eating and make sure that you don't start "eating for two". It is more like eating for one and a half. It is very normal to lose weight in the first trimester. If you lose more than 5 pounds in 1 week, then you need to notify the physician. Otherwise you will usually make up the weight loss more than adequately in the second trimester.

      It is not recommended that you consume less than 1800 calories a day regardless of your weight, and it is best to eat a variety of foods to obtain a balance of vitamins and minerals. You can get some food advice on the web at **WWW.ACOG.ORG** or **WWW.MARCHOFDIMES.ORG**.

      Sweets and other foods with high carbohydrate content are cravings that pregnant women have. Often at the party people will suggest that "the baby wants a piece

of pie". One of the fastest ways to gain too much weight during pregnancy is by eating too much sugar. It is really best not to allow yourself to eat a lot of "sweets" just because you are pregnant. You know it is not good for you when you are not pregnant and the same rule applies when you are pregnant. Do not let family or friends pressure you to eat them. They mean well, but this is not good for you or the baby.

Remember that bread, cereal, pasta, rice, crackers, potatoes and juice all contain sugar and/or they basically break down to only sugar and cause the same effect as the sweets, EVEN IF THEY ARE WHOLE WHEAT OR "HIGH FIBER". It is generally considered safe to eat Splenda® as this is not absorbed out of the digestive tract into the bloodstream in significant amounts. Consumption of aspartame (Equal®) or saccharin (Sweet & Low®) has not been shown to cause adverse effects to the fetus. These products, however, should be used in moderation as they do enter the bloodstream.

A little bit of advice: <u>Excessive weight gain is not good for you or your baby.</u> The best way to decrease stretch marks is by not gaining more than 30 pounds (cocoa butter and other so-called stretch mark reducers are completely useless and have been studied very well. Don't be fooled by marketing and don't waste your money on them).

Excessive weight gain in the mother DOES cause excessive weight gain in the baby. Likewise, underweight mothers cause LESS THAN NORMAL weight of the baby.

MYTHS ABOUT WEIGHT GAIN:
People will tell you that after your baby is born the pounds will melt away. THEY WILL NOT. YOU WOULD BE SURPRISED HOW MUCH YOU HAVE GAINED IN AREAS OTHER THAN YOUR STOMACH AND BREASTS!

People will also tell you that if you breastfeed the fat will melt away. This is VERY untrue. There are people that experience this, however, it is unproven and is the exception rather than the rule. You will find that after the first few pounds that you actually will plateau on losing your "baby weight" while breastfeeding. The best way to avoid this is to avoid gaining greater than 30 pounds while you are pregnant.

b. FISH: It is good for pregnant women to eat fish! However, we recommend only about 2 servings a week (12 ounces). Tuna, in a can, should not be eaten more than twice a week. Albacore has higher mercury content so choose light tuna in water only. Avoid shark, swordfish, and king mackerel. Shrimp, light tuna, catfish, and salmon are all okay. Eat sushi with caution. If you really can live without it then just don't eat it. There is not a specific guideline against sushi, but stick with the conventional and be careful of the hygiene of the restaurant.

If you do not like fish you should take a DHA supplement. The use of fish oil is not recommended unless it is "ultra purified and highly concentrated". The majority of over the counter fish oil is not filtered for mercury.

c. SOFT CHEESES: Soft cheeses such as feta, queso fresco, brie, camembert, blue-veined, or panela (queso panela) are to be avoided due to possible bacterial contamination unless it is labeled as made with pasteurized milk. Other cheeses are considered safe.

d. UNREFRIGERATED ITEMS: Items containing mayonnaise such as potato salad, coleslaw, etc. that are left out at a large gathering such as a picnic or family reunion should be avoided. They can have bacterial overgrowth due to the lack of refrigeration.

e. LUNCH MEAT AND HOT DOGS. DO NOT eat hot dogs, lunch meat, cold cuts, other deli meats like bologna or fermented or dry sausages unless they are heated to an internal temperature of 165F or until steaming hot just before serving. Avoid getting juices from hot dogs and lunch meat packages on other foods, utensils, and food preparation surfaces, and wash hands after handling hot dogs, lunch meat and deli.

f. JUICES: Juices can be bad for you as they are poor sources of nutrition and are full of sugar. Even if they are "no sugar added", the concentration of the fruit sugar in them and the loss of the natural fiber in the fruit make them just as unhealthy.

g. VITAMINS: A prescription prenatal is recommended as these are regulated by the FDA and the content is more consistent than over the counter vitamins. You should not consume high doses of some vitamins such as vitamin A. Therefore, a good prenatal is all that is recommended. Remember, vitamins and herbals that are over the counter or sold in health food stores are not under the jurisdiction of the FDA like prescription medications are. Just as you should limit medications in pregnancy, you should also limit "supplements". They are to be considered drugs and should be chosen just as carefully.

Prenatal vitamins, particularly folic acid, are most crucial in the early first trimester. After this, if you are too nauseous to take them please let your physician know as it is unnecessary to make yourself sick with prenatal vitamins. They are not so important that they cannot be missed when you don't feel well. Vitamins are taken for good measure, but some patients are never able to find one that they can keep down and in that case we try to just use chewable children's vitamins. If you are taking a chewable make sure it says "complete" on it. Take twice the dose recommended for a child or the adult dose if it is stated.

Anemia is a big concern among patients. All pregnant patients feel fatigued and tired. This is not a sign that you are anemic as much as a sign that you are pregnant! This is a common myth and patients become alarmed that they are anemic just because they are tired. We will be checking for anemia at least twice during the pregnancy. Prenatal vitamins do not prevent anemia. If your lab results show you are anemic, we will address the issue. Otherwise, do not worry too much about eating things you don't like "just to get iron". We often get asked, "What if I just don't really like meat?" There are other sources of protein and IRON that can be obtained in the vegan and vegetarian diets. It is a believed that you have to eat a lot of red meat to keep from being anemic however, this is not true. It is important to eat a balanced diet.

Receiving enough calcium is another concern for pregnant women. If you cannot/do not like to eat dairy, we are not concerned. Do not drink orange juice or milk just because it is "fortified with calcium". Green leafy vegetables are actually very high in calcium. Calcium supplements are not necessary as they are heavily removed by the kidney instead of left in the bloodstream.

h. FINAL THOUGHTS ON NUTRITION: Wash all fruits and vegetables. You may want to get a spray that removes the residue and these can be found in the produce section of your supermarket.
You have to be smart and not be fooled by marketing and labeling of products as "healthy" and "organic". Just because these words are on the label does not mean they need to be consumed. Organic items are preferred as they are generally less processed; however, "organic" does not mean they need to be consumed in mass quantities without caution.

5. EXERCISE: Thirty minutes of aerobic exercise per day is RECOMMENDED in pregnancy. You may not feel like exercising during the first trimester, but this will improve later in pregnancy. Get your rest and don't feel pressured to exercise. A brisk walk is sufficient during this time. As you feel better, an elliptical runner is an excellent low-impact training tool. Also, lifting weights less than 25 pounds is a great way to maintain muscle mass during pregnancy. If you are an accomplished athlete and are accustomed to a certain level of activity it is safe to continue this regimen even if this includes running several miles a day. You need to avoid starting any strenuous routine that you are not used to. Pregnancy causes ligaments to relax and you can very easily strain your back or abdominal muscles. Even accomplished athletes need to mindful of this. This will not hurt the baby, but it will HURT YOU!

   If you are used to lifting heavy weights you may be able to lift more than 25 pounds. During pregnancy it may over stress your muscles and ligaments to continue lifting your normal amounts. Drop to less than 25 pounds to avoid injury and pain.

   You must absolutely avoid activities in which you could fall or be hit by another person. Contact sports, rollerblading, skiing, rock climbing, etc. are not recommended. Good aerobic activity, increasing your heart rate, sweating, and "getting hot" while you

exercise will not hurt your baby. Falling WILL hurt you and potentially the baby. Please be wary of these activities even if you are an accomplished athlete because accidents DO happen.

Runners may notice that pressure on the bladder is too uncomfortable to continue running and in this case an elliptical runner or brisk walking is a good substitute. You may find that lengthening your workout with one of these lower impact activities will give you equal results.

Certain conditions such as cervical incompetence, preterm labor, and pre-eclampsia are reasons to recommend that you do not exercise; however these conditions will be discussed on an individual basis. Overall, some level of activity is good for EVERYBODY.

6. TANNING AND TANNING BEDS: Both tanning beds and natural sun bathing are to be avoided as you are sensitive the sun when you are pregnant. Going to the beach and wearing a good sunscreen (>50 SPF) is not going to harm the baby. Remember this sensitivity even when you are at other outdoor activities. At this time there is no good evidence for or against self-tanning products. This is your decision and we cannot tell you that these will cause a problem because there is no good data to support this. These products should be avoided for good measure.

7. HAIR CARE: The chemicals used in perms and hair color are diverse and if used every day could pose a problem. Most people recommend against having your hair dyed or permed in the first trimester. There is not enough evidence against this practice for us to recommend one way or the other. Most sources have studied hair dressers or cosmetologists that are exposed to chemicals every day, and these studies have not conclusively linked any birth defects to the chemicals found in hair care products. It can be assumed, therefore, that periodic application of these products is even less harmful. You must use discretion and be aware of the products you are using. "Home made" products may contain harmful chemicals you are not aware of. In general, we do not feel that you have to avoid having your present color maintained just because you are pregnant.

8. INTERCOURSE: In general intercourse is not harmful. However, it is not necessary and for many women can be uncomfortable. Many pregnancy books glorify sex in pregnancy and if patients don't want to have sex when they are pregnant they think something is wrong with them. The choice about sex is a very personal one. If you enjoy it and you have not been instructed to avoid it, then go ahead; however, if you do not enjoy it do not feel like you are alone. At least 50% of the women seen in our office have no desire for sex while pregnant. It's normal to want to and just as normal to not want to.

   Reasons that you cannot have sex include: Painful intercourse, current or personal history of preterm labor, bed rest, cervical incompetence, any vaginal bleeding, or having been told by your physician to avoid it for any other reason not mentioned.

Also, STDs contracted in pregnancy can be deadly to the fetus. If you are not sure of your partner or are promiscuous you are putting your baby in danger. It is best to avoid sex with a new partner completely during pregnancy. If you do not avoid it at least use a condom. If your partner has herpes and you do not you should avoid intercourse altogether while pregnant. Even though you may have been exposed before you do not need to contract the virus for the first time when you are pregnant.

Finally, some husbands/male partners are not comfortable with sex during pregnancy because they are concerned for the baby. Even if you reassure him that it is OK it is very normal for him to still want to avoid it. This does not mean that you are not attractive to him. Remember, this is a very personal decision. All different opinions are presented in our practice and at least 25% of male partners choose to avoid sex due to pregnancy. They are not rejecting you, they are protecting the baby. Please let your physician know if you have any specific questions or concerns regarding intercourse.

9. CLEANING SOLUTIONS: Use gloves, good ventilation, and common sense when working with cleaning solutions. Avoid using homemade solutions or mixing chemicals that you have never used before.

10. PAINTING: It is probably best to get someone else to do the painting. If you must do it yourself use good ventilation and common sense. Stay off of ladders and avoid awkward positions that could strain your back or other muscles.

11. CAFFEINE: It is a common perception that pregnant women cannot drink caffeine. However, in moderation this is not a problem. Very large doses (such as the amount Dr. Petersen consumes!) are likely best avoided. Having 2 cups of coffee, 1 latte, or 1-2 caffeinated soft drinks is not found to be harmful. Decaf coffee and decaf espresso actually do have a little caffeine in them as well. Switching to these is just as good as giving up coffee altogether. DO AVOID having sugary soft drinks, teas, and high sugar drinks such as "Frappachinos" often during pregnancy, because as stated above, too much sugar is not part of a well balanced diet.

12. BREAST FEEDING DURING PREGNANCY: This is best done with experience or with the assistance of a lactation consultant. In general the baby will tend to wean his or herself during the pregnancy. If you can keep up with the nutritional requirements then it is ok to continue breastfeeding. After 6 months there are some concerns about nipple stimulation causing contractions. Again, we do not advise against breastfeeding, it is just best to receive help from a good lactation consultant.

13. TRAVEL: Decisions about traveling require common sense. After 34 weeks you are at greatest risk for labor than at any other time during pregnancy. Good sense dictates that this not a time to be away from home and your doctor. Remember, the majority of hospitals do not have an obstetrician "on staff" and if you have to go to L & D out of town your physician cannot care for you there. You will be getting your care from the physician on call for "drop in" care. You have worked too hard to have a healthy

pregnancy, labor, and delivery to receive care from just any obstetrician credentialed at the hospital. Be very careful when planning vacations during pregnancy.

**Things to consider**: After 20 weeks it is very uncomfortable to sit on a plane or ride in a car for long distances. You may not want go throught with it. It is best to plan trips before 20 weeks. DO NOT GO OUT OF THE COUNTRY. We cannot fully immunize or protect you from the environment of another country. Military base transfers are the only exception to this rule. If you are going on a long trip stay well hydrated and stop to walk every 1-2 hours. You may notice that your feet or legs swell after a long car ride. This is normal and will resolve on its own. However, if one leg swells significantly more than the other or becomes hot or red then contact your doctor immediately. Please always consult your physician before planning a trip during pregnancy.

14. EMOTIONS: It is very normal for pregnant patients to be very emotional. You may become easily annoyed, cry easily, etc. If you have signs of depression or a personal history of depression, your symptoms may increase during pregnancy. It is very important to identify and treat depression as it significantly increases the risk of post partum depression. Post partum depression is a very real disease and can be dangerous to you and your baby. Depression can rob you of the attachment and enjoyment of your newborn and his young infant years. True post partum depression does not typically resolve on it own and if untreated can last for over a year. There is a normal amount of increased emotion during pregnancy and the early days after delivery. If you experience any of the following warning signs, please report them to your physician **immediately**. There are very safe treatments for depression during and after pregnancy.

    a. Loss of enjoyment in activities that interest you lasting greater than 1 week.
    b. Loss of appetite or increased "comfort eating".
    c. Feelings of hopelessness.
    d. Severe mood swings.
    e. Suicidal thoughts ("I have nothing to live for")
    f. Persistent feelings of "I just don't want to even get out of bed".
    g. Disinterest in your newborn or the desire to harm or neglect them.

15. SLEEP: It is very difficult for pregnant patients to sleep at night. There are medications such as Unisom (generic or brand name) that are 100% safe. It is very difficult to get comfortable due to leg cramps, restless legs, or sharp pains when turning over. These things are normal. There is no evidence to suggest that sleeping on your back is unsafe. If you are comfortable and do not experience shortness of breath, dizziness, and/or nausea there is no need for alarm. It is already too hard to find comfortable sleeping positions without adding unnecessary constraints. The only time lying on your back is monitored closely is during labor.

    We have found that laying on your side with your body pillow between your knees or on your back with your head and knees propped up are often the best positions for sleep.

16. SHORTNESS OF BREATH: Increased progesterone levels during pregnancy causes a normal increase in your breathing rate. This also causes pregnant women to feel that they cannot get a "deep enough breath". You may notice increased breathlessness when walking up stairs and this is completely normal. It becomes a concern if it lasts more than 15-20 minutes or is accompanied by dizziness, chest pain, or fainting. Breathlessness may occur every day, but the feeling when you are at rest should only occur for 15-20 minutes at a time. Persistent shortness of breath needs to be evaluated so contact your physician immediately.

17. VISION CHANGES: It is normal for pregnant women to experience some changes in their vision. You may experience floating spots, flashing lights, or changes in the effectiveness of your prescription lenses. Take note and notify your physician immediately if you experience any of the following:

    a. Blindness for any period of time and in any field of vision.
    b. Persistent eye pain or pain that occurs immediately upon entering a dark room.
    c. Persistent blurry vision (lasting more than a few minutes).
    d. Eye discoloration.

18. LOUD NOISES: There is no evidence that shows concern for the fetus if pregnant women are around loud noises. A general recommendation is that if hearing protection is required, such as in a firing range, it is best to avoid that activity.

19. CHICKEN POX: If you have had chicken pox in the past, it is not a concern for you to be around an individual with the virus. The same rule applies when coming in contact with someone infected with shingles. Likewise, if you have never had chicken pox then you should notify your doctor immediately once you come in contact with an infected individual.

20. FIFTH'S DISEASE: Contact with a child who has "slapped cheek rash" or "5ths disease" is often very disturbing to patients. Notify your doctor immediately, however, it is unlikely to affect you or the baby.

21. CAT LITTER: Exposure to cat litter is a concern if the cat is an outside animal (partial or complete). This concern lessens if the litter is frequently scooped. It is recommended to have someone scoop the litter for you, but if it is necessary for you to do it then be sure to scoop daily as spores will be less likely to form and become airborne. Toxoplasmosis contracted from cat litter is a concern for pregnant women; however, many women are already immune to the organism. It is carried by mice and small animals that cats may eat and therefore it is unlikely that an exclusively indoor cat will carry it.

22. TRAUMA: Small hits to the abdomen, such as that from a small child or a dog jumping on your lap, are of little concern. A large blow anywhere on the body can be concerning and needs to be reported immediately. Any fall, car wreck (even minor), or other trauma that causes a sudden jarring must be reported to your physician immediately.

23. WATER: You do not have to drink only bottled water. Tap water is acceptable and it is your choice based on what tastes good to you. Water is the preferred drink for all pregnant women.

24. HEMORRHOIDS: Pregnant women frequently develop hemorrhoids due to changes in veins and their ability to bring blood back to the heart. Hemorrhoids are dilated veins in the rectum. They will often cause itching, pain, and small amounts of rectal bleeding. You can use over the counter medications or your physician can prescribe something stronger. If you have a sudden increase in pain or rectal bleeding, notify your physician immediately.

25. OTHER HEALTH ISSUES: Call your dedicated physician for ALL issues pertaining to your health. We will let you know if you need to be referred to a primary care physician or if it is something we can handle for you. Please do not make appointments with other physicians without notifying your obstetrician first. Problems such as coughs and colds will be addressed by your obstetrician. Notify us of any dental issues, visits to the ER, or out of town visits to a physician's office.

26. YOUR NEWBORN: Your baby becomes a patient of your chosen pediatrician immediately after birth. If you have not selected a physician by the time of delivery then your baby will be managed by the neonatology service at the hospital. You will then need to decide on a pediatrician as they do not continue care outside of the hospital. Neonatologists are pediatricians that have extra training specializing in the care of newborns. They are skilled to take care of both normal and high risk babies and it is the same group of physicians at both hospitals.

    It is imperative that you choose a physician prior to delivery. We recommend that you begin this process at about 28-30 weeks gestation. We have a list of recommended pediatricians, however, certainly any pediatrician in the area should be considered. If you decide on a physician that does not see patients at the hospital where you have chosen to deliver, your baby will be monitored by the neonatologists, so there is no need for concern.

    Whether or not to immunize your baby is a decision to discuss with your pediatrician. This is not within our scope of care. When you are admitted to labor and delivery you will need to let the nurses know of your preferences immediately so that they can be honored and discussed before your delivery.

    If there are no severe issues, it is our goal for you to be in the same room as your baby. You will be offered and allowed to breastfeed immediately after delivery if you so desire. If the hospital staff needs to give your baby other fluids by mouth they will notify you first. This can often be a concern for new mothers.

27. BREASTFEEDING: Should an infection occur during breastfeeding immediately notify your physician. If you experience severe pain, redness, fevers, chills, lumps or anything out of the ordinary with your breasts we need to be notified so that we may begin

treatment. Problems with the act of breast feeding, such as "latching-on", are to be dealt with by a dedicated lactation consultant. At the hospital you will be seen by their lactation consultant and you are free to follow up with them even after you are discharged. Try not to be anxious about the process as it is our goal to give you good support.

Growth in your breasts can be noticed throughout your pregnancy. Be careful buying bras as this can become very expensive. Towards the end of your pregnancy choose a breastfeeding bra that provides support and is slightly bigger than your current size. You may also choose to purchase these after you deliver. A supportive bra is necessary and you should wait until you have entered the breastfeeding process to purchase one with underwire.

Some women experience lactation during pregnancy. Do not be alarmed as this is completely normal. It is also normal for milk to take up to 3 days to come in. Do not be alarmed if your milk is slow to come in. Your baby is able to tolerate this process. It has been studied and disproven that Reglan increases milk production. Reglan can cause psychosis and other mental problems during the postpartum period. The risks of the medication outweigh the benefits. You can try a vitamin supplement call "fen u grek", but there is also no evidence to support increased milk production. The best way to deal this the issue is to increase feedings, pump often (every 2 hours if possible) and STAY HYDRATED.

You will notice when you go back to work that your supply will decrease. Please consider supplementing with formula if you have this problem and it is not alleviated by the above suggestions. This will not decrease the infants ability to nurse and can be VERY helpful in alleviating your anxiety over the feeding amount. This will give your baby all the benefits of breast feeding and decrease the possibility of having to discontinue due to exhaustion, inconvenience, or anxiety.

## Questions about labor and delivery:

1. **When do we go to the hospital?**
   After 34 weeks gestation we do not adhere to the 6 contractions per hour rule. However, there are still considerations regarding when to go to the hospital for labor. Report to L & D of the hospital you have chosen to deliver if you experience ANY of the following:

   a. If your water breaks (signaled by a big gush of fluid from the vagina)
   b. If you have vaginal bleeding
   c. If your baby is not moving at least 5 times per hour
   d. If you are having REGULAR contractions

   **Contractions:** To determine if you are experiencing "regular contractions" time the beginning of one contraction to the beginning of the next contraction. They are deemed

"regular" if they occur the same distance apart for consecutive contractions. True contractions last for about 40-60 seconds each. If you experience some that are 3 minutes apart and some that are 8 minutes apart, for example, you are having IRREGULAR contractions. Labor almost always has a rhythm. Contractions are increasingly more painful and relentless in active labor. False labor usually does not last more than 1 hour and is very common at any time during the last 3 weeks of pregnancy.
If you experience contractions 5 minutes apart for at least 1 hour please report to L & D to be checked for signs of labor. If you are over 37 weeks you can wait longer if you are not too uncomfortable, the baby is moving well, your water has not broken, and you are not bleeding. If you are really uncomfortable and breathing heavy through the contractions then it is best to go ahead and report to L & D. Remember, if you think you need to go the hospital then GO! We will never be sorry that you came in because you thought that you were in labor. The rule of "every 5 minutes for an hour" is to help you not make unnecessary trips to L & D as false labor usually stops after 1 hour. If you have to travel a longer way to Huntsville then it is best not to wait too long to head to L & D. No benefits have been found to walking in order to keep the contractions going. False labor will not turn into active labor just because you walked a lot. Studies show that you should be well rested and hydrated when you come to the hospital for labor. Well rested patients have been show to have more functional and shorter labors.

The contraction recommendations are difficult to decipher so don't stress about it too much. You will almost always know active labor from false labor and when you should report to the hospital. The main things to remember are bleeding, broken water, and/or decreased fetal movements regardless of contractions are all reasons to report to Labor and Delivery.

**REMEMBER: You do not need our permission to go to the hospital. When you get to L & D let the nurse know who your physician is and they will contact us. Go to the hospital whenever you feel it is necessary and do not worry about calling us first.**

## ****IF YOU HAVE HAD A PREVIOUS C-SECTION DO NOT MANAGE YOUR CONTRACTIONS AT HOME. PLEASE REPORT TO L & D AT ANY SIGN OF REGULAR CONTRACTIONS.****

2. **Do you offer inductions of labor?**
   We do OFFER all of our patients an induction at 39 weeks. This is 1 week before your estimated due date. Over 50% of the deliveries in the United States occur after induction. Due to busy lifestyles of doctors and patients and the geographic distance within families it is found to be a convenient way to set a definite date of delivery. The main reason we offer induction for all of our patients is that there are many studies that show it is better to be delivered during the day when the hospital is fully staffed. This also ensures that neither you nor your physician are sleep-deprived and you have a better labor experience. This also is a way to guarantee that your dedicated physician will be present at your delivery.

The risk to your baby is close to nothing at 39 weeks gestation as lungs have matured and the baby is at a good weight. The main risk in mothers is that the induction will fail and a cesarean section will be performed. This risk is low, but should still be considered. The majority of patients in Huntsville are induced and therefore the nurses at your hospital are very skilled in the process. As a practice, our induction rate is high (due to patient preference) and our c-section rate is well below the national average.

While we do OFFER inductions, PLEASE DO NOT MISUNDERSTAND THIS AS A REQUIREMENT. We leave this decision up to the patient and are happy to perform spontaneous or induced deliveries. The exception to this rule is if you progress beyond your estimated due date we will strongly suggest induction. The rate of still birth increases slightly after 40 weeks. This increases slightly again after 41 weeks. After 42 weeks gestation there is a definite increase in danger to your baby. Our recommendation if you do not want to be induced is to wait until your due date and plan to be induced during the week following your due date if labor has not begun spontaneously.

Know that our recommendations are for the safety of you AND your baby and we DO NOT make unnecessary recommendations about delivery to support our own schedules or opinions.

3. **At which hospital should I deliver?**
   Your physician has privileges at **both** hospitals in Huntsville. We will deliver at whichever hospital you prefer. We recommend that you tour both facilities and get input from friends who have delivered at the hospital. Both hospitals have interactive websites with valuable information as well. You can discuss your questions and concerns with your physician and we will try our best to help you make an informed decision. Once you have selected a hospital it is best to utilize this one facility throughout your pregnancy.

   Many patients feel they must deliver at Huntsville Hospital because of their NICU. This is not true. The chances of your baby requiring a NICU are exceedingly low. Also, Crestwood is fully equipped to manage the care of babies greater than 32 weeks gestation. You cannot prepare for every circumstance, but remember that if your baby has a heart defect or requires surgery he will be transferred to Birmingham or Vanderbilt. You wouldn't choose to deliver at one of these hospitals just because of this small chance of surgery for your baby. We do not recommend that you base your decision on the availability of a NICU. If you have extenuating circumstances throughout your pregnancy your physician will suggest at which hospital you NEED to deliver. This will be determined on a case by case basis.

   It is our goal for you to have the best labor and delivery experience possible and we will support you in whatever decision you make regarding hospitals. Tour the facilities, check references, and find the one that fits you best.

4. **What is my physician's opinion on natural childbirth vs. epidurals?**

We leave this decision to patient preference. Some important facts that you may not be aware of:

a. Epidurals are safe and do not cause paralysis or postpartum back pain. Postpartum back pain occurs because of the positions you were in during labor and the stretching of the pelvis during delivery. Epidurals have evolved greatly and despite the myths of lengthy labor, respiratory arrest, or paralysis, are safe and effective means of pain relief.
b. IV medications: Demerol, Nubain, or Stadol are examples often used in labor and delivery. These medications cause changes in the fetal heart rate and unnecessary c-sections have been performed due to this. These medications do not provide pain relief from contractions, only sedation. This sedation can last throughout labor and even cause you to be unable to remember certain parts of the delivery. You can also become delirious and uncooperative after treatment with IV medications and this will work against you during delivery. The most concerning thing about IV medication is their effect on your baby. Sedation medications can cause respiratory distress in the infant, particularly if given after 7 cm dilation. Some women feel that they should use IV medication until 7 cm and then stop so the baby does not experience distress; however, this is not a guarantee and the hardest labor occurs after 7 cm. This is the time when you would need the most pain relief.
c. To have a successful natural childbirth the patient needs good education from a Lamaze or Bradley method program. The patient needs to remain in control throughout the delivery process as we must be able to monitor the baby and support his head to prevent tearing. It is imperative that if you are going to have a successful natural childbirth you receive good support and education throughout your pregnancy. Remember that after the delivery of your baby we must deliver the placenta, possibly repair your perineum, and control any bleeding. These things are painful and local anesthetic is often not effective. Do not forget that you will have to continue your relaxation techniques during this time as well.
d. Patients must consent to safety measures during the delivery. We require fetal monitoring, IV access, etc. You may walk, change positions, sit in the chair, or take a shower as long as the baby is monitored for at least 20 minutes every hour and you are not receiving Pitocin. You may get out of the bed to use the bathroom. If the fetal monitoring is abnormal, you experience significant vaginal bleeding, or your labor is very advanced, you will be required to consent to constant fetal monitoring at the physicians discretion. Again, it is our goal to give you the best labor experience possible while still providing the best care for you AND your baby.
e. IV access will be placed regardless of your decision to receive IV medication. This is access will be used in emergency situations or to provide antibiotics after delivery. There are emergencies that can arise and threaten the well being of mother and baby. A delay to obtain an IV can cause further harm. Also, IV hydration has been shown to improve the progress and outcome of labor. You may also receive clear liquids during labor as there is no need to restrict oral fluid intake.

5. **What is your view on an episiotomy?**
   Episiotomies used to be routine practice during deliveries yet this has proven to be unnecessary. An episiotomy is a surgical incision to the perineum in order to create room for the baby to deliver. We DO NOT perform an episiotomy unless there is a risk to your baby during delivery. It is best practice to allow the mother to tear naturally and most first time mothers will experience tearing. While we always try to avoid tearing, some just cannot be prevented. If you receive an epidural you will not feel the tearing. Episiotomies increase the risk that your tearing extends to the rectum. However, try not to worry about this too much as we rarely need episiotomies.

6. **What about C-sections?**
   There are specific situations in which patients must have a cesarean section. The most common is when the baby is in a breech position, which means it is coming out feet first rather than head first. Babies born breech have been shown to have a significant risk for severe health problems. The American College of OBGYN recommends against any effort to deliver a breech baby vaginally. Placenta previa is another situation in which a c-section is necessary. This occurs when the placenta implants over the cervix inside the uterus. If the cervix were to dilate the placenta would tear and cause profuse bleeding, a severe threat to the baby. Many patients may note on their early ultrasounds around 18-22 weeks that they have a low-lying placenta or a complete previa. The majority of these cases will resolve themselves as the baby grows; therefore this is not a cause for alarm and will be followed closely by your physician. Finally, patients that have had a previous c-section require special consideration. Studies show that patients with 2 c-sections and no history of a successful vaginal delivery should be delivered exclusively by c-section.

   Patients are often afraid that their anatomy (short stature, small hips, etc.) will cause them to have a c-section. We allow all patients the chance to deliver vaginally unless they have any serious condition as outlined above. It is rare that your physically anatomy will cause you to require a c-section.

   There are things that arise during labor that will cause your physician to recommend you proceed with a c-section, including but not limited to labor that does not progress for several hours or fetal heart tracing that becomes abnormal.

   Some patients will request an elective c-section and we will honor your requests.

   If you require a c-section you will be counseled regarding the procedure before it is performed, even in emergency situations. We will begin the procedure with a spinal or epidural anesthesia so that you will not feel pain. Very rarely is a patient put under complete anesthesia. A low incision is made in the bikini area in almost all cases. You will be allowed one support person in the operating room to remain by your head during the procedure. This person will immediately be invited to join the baby at the warmer with the nurses and neonatologists. Your baby will be brought out of the OR for the remainder of your procedure and your support person will go with the baby to the nursery. Before the baby is removed from the OR pictures may be taken, but unfortunately the support person cannot cut the umbilical cord.

After surgery we will vigorously address pain control. You will also be sent home with prescriptions also. Most people are concerned about being able to care for their baby after a c-section and we have found that this really is not a problem.

Remember, our goal is for you to have an excellent labor and delivery experience and we will work hard to provide that regardless of your delivery method.

**7. How do you feel about father participation and other visitors?**

We encourage the participation of a support person during your labor and delivery process whether this person is the father of your baby or another friend or family member. In almost all vaginal deliveries the father will be given the option to cut the baby's umbilical cord.

As a rule we allow 2 people in your room during delivery; however, we will discuss the possibility of additional people on a case by case basis. Remember that a delivery is not without risks and it can be terrifying for friends and family to witness you in pain or having a problem. Also, please keep in mind that we need plenty of room to take care of you and your baby. Please ask your guest to remain quiet and out of the way of nurses and staff so that our focus can be on you. We also ask that guests do not ask questions or make comments during your delivery.

If at any time a high risk situation occurs we will ask your visitors to step out of the room. Know that the father or other key support person will be allowed to stay with you. We make every effort to have that person at your side supporting you through any situation that may occur.

**8. What about ultrasounds?**

All patients will have a first trimester ultrasound to confirm an estimated delivery date. You will have another screening ultrasound at around 20 weeks to check gender and fetal anatomy. Most insurance companies cover these routine ultrasounds. Other ultrasounds may be ordered throughout your pregnancy for various reasons. We will not order any ultrasound that we do not feel is necessary to monitor the health of you and your baby; however, we cannot guarantee that ANY ultrasound will be covered by your insurance. We recommend that you become very familiar with your insurance companies policies on maternity benefits.

Details of the 2 routine ultrasounds:

1. First trimester dating ultrasound: Trans-vaginal ultrasound to determine the presence of a gestational sac and determine your estimated delivery date based on the size of your gestational sac.
2. 20 week fetal anatomic survey: Abdominal ultrasound to screen the anatomy of your baby and determine gender. Contrary to popular belief it is very difficult to determine accurately your baby's gender prior to 18 weeks. We do have an on staff ultrasound technician and we can generally get you scheduled for your survey without difficulty.

We do not perform 3D/4D ultrasounds in our office as this requires special equipment. These types of ultrasounds are not deemed necessary by insurance companies and do not require an order from our office to have them performed. These ultrasounds are best when done at 26-28 weeks and we will be happy to recommend some places that you can go if you desire to have this done. It is important to note that these ultrasounds are just for fun and do not provide a means of diagnosing any problems that may be going on during your pregnancy. Sometimes the sonographer will see something unusual causing you unnecessary anxiety and therefore they are not recommended. Overall, this is a personal choice, but do know that the American College of OBGYN has issued a statement against the use of recreational ultrasounds.

**9. How often will I have prenatal appointments with my physician?**
**Note: Dr. Petersen's *routine* OB clinic is on MONDAY and THURSDAY mornings.**

**1st trimester (4-13 weeks gestation):** You will be seen every 2-4 weeks to monitor nausea, signs of miscarriage, and to receive reassurance that your pregnancy is progressing normally. Most mothers are very anxious during this time because you cannot yet feel your baby moving or see your tummy expanding.

**2nd trimester (14-28 weeks gestation):** You will be seen every 4 weeks.

**3rd trimester (29-36 weeks gestation):** You will be seen every 2 weeks.
**(37 weeks to delivery):** You will be seen every week.

Depending on your progression of pregnancy and individual problems/concerns that arise, you may be asked to return more frequently to the office.

**10. Why do you not take a urine sample at every visit?**
It is no longer recommended to test a urine sample at every prenatal visit. It has been found to be a messy and inconvenient process and provides no clinical benefit. If you are experiencing problems such as burning or pain with urination, high blood pressure, or have a history of frequent urinary tract infections your physician will require regular urine samples. A routine urine culture is obtained at the beginning of your pregnancy; however, these samples do not detect pre-eclampsia, UTIs or diabetes. Please inform your physician if you are experiencing problems and you think your urine needs to be tested.

**11. What lab work can I expect throughout my pregnancy?**
On your **initial prenatal visit** you will have a routine OB panel to check for anemia, HIV, hepatitis, and/or syphilis. This test will also let us know your blood type and whether or not you are immune to certain diseases. You will not be called or notified of your results unless they are abnormal. This test is routine for all pregnant patients and we find that most results come back normal. Feel free to ask us if you are curious about your result, but unless we tell you otherwise you can assume that everything was normal.

Between **16-20 weeks** you will be given the choice to accept or decline a "quad screen". This is a blood test that determines the risk that your baby will have certain birth defects. This is completely optional and you will be asked to sign a consent form informing of us your decision. You may ask to review the consent form before you make your decision. You will be notified of any abnormal result, but note that it can take up to 1 week to get your results back. If you will be over the age of 35 when you deliver you will be offered specific counseling and evaluation.

Between **26-28 weeks** you will receive the 1 hour glucose test, as well as a test for anemia, blood type and antibodies. You will receive the medication Rhogam if your blood type is found to be Rh negative. Your physician and nursing staff can give you more information regarding this if you fall in this category.

Between **34-36 weeks** we will obtain a Group B strep culture. This is a routine culture from the vagina and outer rectum to determine if you are a carrier of the bacterium Group B strep. If you test is positive you will be required to receive IV antibiotics during labor. A positive result does not mean that you have an active infection, just that you are a carrier of the bacteria. This cannot be treated with antibiotics before labor as it does not kill the bacteria permanently as there is no active infection. This will be explained further at the time the culture is obtained.

## THIRD TRIMESTER WARNING SIGNS:

1. **Fetal Kick Counts**
   Usually between 20-24 weeks your baby will begin moving at a consistent pattern. You will become accustomed to his moving habits and should take note if anything seems out of the ordinary. If you feel your baby is not moving as he previously did then lie down immediately (preferably on our side) and place a hand on your abdomen. It often helps to get quiet as you don't typically feel as much movement when you are working or moving. The baby should move at least 5 times in the hour or 10 times in the next 2 hours. It is extremely important that you notify your physician immediately if you are concerned about the baby's movement. DO NOT wait until your next appointment as decreased fetal movement needs to be addressed immediately. You may be asked to go to L & D for 20-30 minutes of monitoring for reassurance that there is not a problem.

2. **Contractions**
   Contractions are felt differently by every patient. There is generally a feeling of cramping or mild to moderate lower abdominal discomfort. Also, there is a tightening sensation usually around the belly button. If you think you are having contractions and you are less than 34 weeks begin counting them. If you are having less than 6 per hour it is best to just lie down and hydrate yourself. If the contractions do not resolve within 1 hour or become more frequent you need to report to L & D. If you are having more than 6 per hour you need to be seen on L & D. Remember, you are always safer at the hospital than at home.

3. **Pelvic Pressure**
   Pressure is very normal and gets worse with your second and third pregnancies even as early as 15-20 weeks. If you lie down the pressure should resolve. If it does not resolve itself or becomes increasingly worse please notify your physician.

4. **Vaginal Bleeding**
   Vaginal bleeding at any point in your pregnancy must be evaluated. Sometimes after intercourse you may experience a small amount of bleeding; however, if this is persistent you need to notify your physician. Any vaginal bleeding in the 3rd trimester is an emergency until proven otherwise.

5. **Burning with Urination**
   Pressure on the bladder and frequent urination are very normal. If you have burning when you urinate please notify your physician. Bladder infections can progress rapidly to kidney infections during pregnancy.

6. **Rupture of Membranes/Vaginal Discharge**
   During pregnancy there is increased vaginal discharge. You may have already noticed this and become accustomed to a certain amount. If your discharge increases or changes we recommend that you change your underwear or panty liner and monitor the changes closely. If the discharge continues please notify your physician as this could be a sign of preterm labor. If you experience a large gush of fluid from the vagina it is best to be evaluated on L & D. You may put on a pad or change your underwear and monitor yourself for thirty minutes. If there is no further leakage, the baby is moving, and you are not contracting you can continue to monitor yourself at home. However, if there is further leakage or it is obvious that your water is broken go directly to L & D at the hospital in which you have chosen to deliver. We recommend that you be monitored at the hospital to ensure the safety of you and your baby.

*******OVER-THE-COUNTER MEDICATIONS THAT ARE SAFE TO TAKE*******

1. Tylenol (Acetaminophen) 1000mg every 6 hours

2. Cold medicines that DO NOT contain Ibuprofen, Motrin, Aleve (Naprosyn), or Aspirin. IF you get a cold you may try to treat your symptoms with over-the-counter mediations as most of these are viral and will not respond to antibiotics. If you have a fever greater than 101° that last for more than 24 hours or will not respond to Tylenol, you have trouble keeping down liquids, you are short of breath, have chest pain, or have significant asthma please notify your physician IMMEDIATELY.

   APPROVED COLD MEDICINES (ALONE or in COMBOS):
   Guaifenesin (Mucinex, Robitussin)**
   Acetaminophen
   Diphenhydramin (Benadryl)

Chlorphenamarine
Sudafed (no more than twice per day)
Phenelephrine
Loratidine (Claritin)
Zyrtec
Dextromethorphan (DM)
**Guafenesin extended release (Mucinex or generic) is highly recommended for sinus congestion. Take 600-1200 mg twice per day with LOTS of water.

3. Monistat or over the counter yeast medications that end with "azole" are approved in pregnancy. It is important, however, to make sure that you do indeed have a yeast infection and not ruptured membranes or some other source of discharge. Yeast is associated with itching/burning and not foul odor. The discharge is thick with a white/green hue and is clumpy (like cottage cheese). Any watery or bloody discharge needs to be evaluated by your physician.

4. The administration of Flu vaccines is approved during pregnancy. They are recommended, but not required and we do not provide them at our office. Any other immunization should not be administered without instruction from your physician.

5. If you find that you need to receive dental work during your pregnancy you may request a standard letter from our office that we can provide for your dentist. Good oral hygiene is important during pregnancy and standard cleanings should be scheduled. IV narcotics and novacaine are safe to use during pregnancy; however, the used of Nitrous oxide (laughing gas) is NOT approved. Routine X-rays should be avoided, but if an X-ray is NECESSARY an abdominal shield must be worn.

6. Unisom and B6 vitamin is useful for some people for the treatment of nausea. However, there is not much over-the-counter medication that can be used to treat it. Ginger is another option, but please be aware of herbal products as concentrations vary widely. Some patients have found relief with anti-nausea bracelets. Luckily, for most women, nausea begins to subside at about 14 weeks. There are good prescription medications that we can give to manage your symptoms. *Vomiting is normal at all stages of pregnancy and may not be avoidable. However, if you are unable to keep down water for more than 12 hours you need to receive IV hydration. Remember that pregnant women become dehydrated quickly due to high urine output. Dehydration also makes nausea and vomiting worse. Try and keep down fluids such as water, Gatorade, or other electrolyte solutions. As long as you can keep down fluids you may manage your symptoms at home. If you are unable to keep down food after 48 hours please notify your physician. Hydration during the first trimester is very important.
   **1st trimester nausea and vomiting are addressed further on a separate handout**

7. Stool softeners are approved for the prevention of constipation during pregnancy. These do not get absorbed outside of your GI tract and into your bloodstream. You may take 100mg of Docusate Sodium (Colace) once or twice a day as needed to keep yourself regular. Remember, this is a stool softener, not a laxative. You may require this everyday to maintain regularity in your GI system. This along with drinking plenty of water is crucial in the

management of constipation. *If you haven't had a bowel movement and are getting uncomfortable, you may need to treat yourself with an enema or suppository that can be purchased over-the-counter. Colace will not be enough once you become constipated. We do not typically recommend oral laxatives as they can cause other problems. If you feel you need a laxative, consult your physician first. DO NOT take caster oil, colon cleansers, blackstrap molasses, senna cot etc. as these are too harsh for pregnant women.

8. Tums or Mylanta may be used to treat occasional heartburn. If you experience daily heartburn we recommend Zantac or Pepcid once to twice per day and if these are not effective then you should take Prilosec twice a day. These medicines have also been found to help with nausea in the first trimester.

We would like to take this opportunity to thank you for choosing us to manage your care during your pregnancy. We want to remind you that we are available for any questions or concerns you have regarding your health or that of your baby. We hope that you find the next few months to be a joyful and memorable experience and we are delighted to be a part of it.

Rachel R. Petersen, M.D.