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DO'S AND DON'T'S OF PREGNANCY

Summary of perinatal guidelines of the American College of OB/GYN (ACOG), WHO, ABOG. Recommendations also based on provider experience and available medical literature.

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 DO NOT need my permission to seek emergency care. You may go at any time and they will contact me. You do not have to waste time calling the answering service if you think you need to go. You do not have to have chosen a hospital both hospitals will see you, no matter your insurance. Both hospitals take Medicaid. If you have Cigna, Humana, or Huntsville Hospital insurance you are required to go to Huntsville. All other insurances go to both hospitals.

DO NOT GO TO MADISON HOSPITAL

I and my call group do not have privileges there because it is to far away for us to reach in an emergency. There is very little that you could not make it to Huntsville for, but use your judgement or call. If you go there they will not notify me, they will not transfer you to Huntsville. You will be taken care of by the on-call doctors for that hospital and not given the opportunity to transfer your care here. Essentially once you are there you are there and your doctor is in Huntsville.

The following conditions warrant a trip to L&D without needing to call the answering service first.

There are certain conditions in which I am always going to have to send you to be evaluated on labor and delivery because it is after hours or it is not something we can handle in the clinic. Calling the answering service/office may delay your care

1. Vaginal bleeding at > 14 weeks. (If it is just pink or red when you wipe that can be watched. If you are bleeding like a period please go to the hospital.)
2. Large amount of fluid coming from the vagina. It is not possible to tell by the smell of fluid whether it is urine or amniotic fluid. If you are not sure you can put on a pad and if it is wet again within 1 hour go to the hospital. If it stays dry you may have just had sudden loss of urine. This occurs all the time in pregnancy without notice or the feeling of urination. If it was just urine the pad will likely stay dry. If you have any doubt go ahead and go to the hospital. They have a special swab that detects rupture with much more certainty than the clinic or over the phone.
3. Decrease in fetal movement (>24 weeks). If your baby has a specific pattern of movement that it maintains and movement decreases outside of the normal you can do "kick counts".

Kick counts are 5 movements in an hour or 10 in 2. Any movement counts it doesn't have to be a big movement. If you get 5/hour or 10/2 hours check again in 4 hours if necessary. Otherwise go to L&D immediately.

4. Severe cramping that lasts for more than 2 hours and is not relieved by lying down and hydrating yourself (>14weeks)
5. More than 6 contractions in 1 hour (>24 weeks). You may watch this for 2 hours if there is no bleeding, loss of fluid and the baby is moving. If there are painful contractions but only 1 or 2 an hour that is OK. If you have 6 or more an hour, even if they are not painful, lay down and hydrate. If they persist > 6, you need to proceed to the hospital
6. Persistent nausea and vomiting. If you cannot keep fluids down for 24 hours you need an IV. Pregnant women dehydrate very fast. If you can keep down fluids, but not food for >48 hours go in. Chest pain, this needs to be evaluated in the emergency room, not L&D
7. Persistent shortness of breath. Pregnancy causes episodes of shortness of breath, normally, but they are not severe and they rarely last more than 30 minutes. If you have prolonged or unusual shortness of breath this needs to be handled in the emergency room, not L&D
8. Persistent pelvic pressure or pain lasting more than 2 hours and not responsive to laying down >14 weeks.
9. Anytime you are experiencing something disturbing or out of the ordinary and feel that you need urgent advice. I will never fault you for showing up at the hospital. It is better to be safe.

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 5:30 pm. Again, if you think it is something that cannot wait, please go ahead and go in to be safe.

WHO TAKES CALL WHEN DR. PETERSEN IS NOT AND WHAT ARE THE CALL HOURS?

I have always been extremely particular about who I let take care of my patients. All physicians that I take call with have agreed to uphold any approved birth plans. If you are wanting to do something that they are uncomfortable with Dr. Aguayo and I try our best to take over (we rotate) as we are very similar and have always been our own group. During your pregnancy in the third trimester we will create a birth plan together. This is something that I do with all of my patients so that expectations are realistic and anxiety is reduced.

Some things that patients are concerned about that all call partners have agreed to do VBACS, No limitations on delivery/labor positions, Doula's, Natural Childbirth. As above anything that is not on this list we will discuss. Our goal as a call group is to make sure that every patient has the birth experience that they want to the greatest extent possible. The call group only rotates on the weekends (Friday at 3pm-Monday at 7am). During the week we cover ourselves.

I am always on call for myself <u>during the week</u> unless I go out of town (which is rare!). If I am out of town on a weekday **Dr. Edith Aguayo** will cover me. Her practice is called **"All Women's OB/GYN"** if you want to pull up her website or Facebook page. We graduated from the same residency program and were in the Air Force together! Our practice patterns are almost identical. Again, I very rarely go out of town during the week.

DETERMINING YOUR DUE DATE:

A due date for your pregnancy is the date that you will be 40 weeks and 0 days gestational age. The pregnancy is "dated" with a first trimester ultrasound. Dating the pregnancy by conception date is inaccurate as sperm 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.

The ultrasound measurement in the first trimester is the MOST ACCURATE as there are multiple factors that can make last menstrual period dating inaccurate. Even if you think you know the date of conception there are many reasons why you can't use that date either. Once we have a baby with a heartbeat I will set your due date. This date DOES NOT change. This can be

confusing because at every ultrasound the computer will generate a due date that is just based on a mathematical equation. It generates a gestational age measurement that way, also. So, neither of these change your due date. If you are ever confused let me know so that we can revisit it. Anytime you call or are on L&D it is very important that you give this information to the medical personnel on duty.

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. 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 are dizzy in the shower get out immediately and lay down. You do not have to go to the hospital unless you pass-out and fall. Most patients note that after they have an episode of dizziness or near-fainting that they are very fatigued the rest of the day and will need to stay in bed. If dizzy spells become frequent, you need to notify us.

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:

HOW MUCH WEIGHT SHOULD I GAIN?

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 may need special dietary attention. In general the average patient should try to **avoid** gaining **more** than 30 pounds. 30 pounds is a **maximum**, not a **minimum**. It is much more important that you are eating regularly than the number on the scale. If there was a minimum weight gain, I'd say it is 10 pounds. But, again, your daily caloric intake is much more important than the weight on the scale.

If you are already 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 quarter! 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. In the second trimester your appetite will pick up A LOT.

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 do not need to change your whole diet while you are pregnant, some people hate eating fruits or vegetables, some hate eating dairy, and some hate meat. There is no necessity that you eat enough of any one particular thing while you are pregnant. The baby really needs calories more than anything else, and this is easily obtainable by any carbohydrates you are eating. If you don't get enough fat and protein then your body will take it from you to give to the baby. So, try to get some fat and protein even if you have to drink a shake here and there. Sometimes you have to just eat what you can due to work, taking care of children, being nauseated/vomiting, and there are lots of food aversions. So focus on getting protein and at least 1800 calories and on days you can do better, try. 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. 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: Excessive weight gain is not good for you or your baby. The best way to decrease stretch marks is by not gaining more than 30 pounds (FYI: 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).

MYTHS ABOUT WEIGHT GAIN AND LOSS
(I.E. My Personal Advice)

It is a myth that "after your baby is born the pounds will melt away". In the general population, they will not. You will be very surprised of the places that you gain weight when you can't see anything in the mirror but your belly!

It is also a myth that if you breastfeed the fat will melt away. This is VERY untrue. There are people that experience this, and that's nice for them, but this is not guaranteed. You will find that after the first few pounds that you actually may 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.

WHAT ABOUT 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. Eating sushi is up to you, as there are really no guidelines about Sushi. The biggest concern here is just regular food poisoning because there can be contamination of surfaces where the rice is being rolled out. So, you want to make sure that you are at a reputable restaurant and avoid Sushi that is from the gas station or grocery store. If you can live without it then just don't eat it and then you don't have to worry about it. Otherwise I have to say "at your own risk" If you do not like fish you can 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.

a. SOFT CHEESES: Soft cheeses such as feta, queso fresco, brie, camembert, blue-veined, or panela (queso panela) are supposed to be avoided due to possible bacterial contamination unless it is labeled as made with pasteurized milk. Other cheeses are considered safe. This has nothing to do with the cheese dip at the Mexican restaurants. That is cooked. Soft cheeses are not cooked/pasteurized. They are very low risk but just don't eat them, there's no point. This is all to do with Listeria. Unfortunately the only recent outbreaks of Listeria haven't even involved these or anything remotely near them. So it is somewhat of a questionable precaution. It's an "at your own risk"

b. 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. Same issue with Listeria as soft cheeses.

c. LUNCH MEAT AND HOT DOGS. CDC says 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. I think that this is also pretty low risk because it is a Listeria thing. Listeria is a devastating disease, however, the recent outbreaks were in things nobody has even said to avoid eating. The lunchmeat thing is very upsetting to a lot of pregnant women that like to eat sandwiches. This is the CDC guideline. Chances of getting listeria are very low but the recommendation is there. You will have to eat these at your own risk.

d. 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. I bring this up as many people think that they should drink fruit juice while they are pregnant for the nutrients. Sometimes, however, if you are nauseous it's all you can keep down. In that case it is better to drink it.

e. VITAMINS: A prescription prenatal is recommended as these are regulated by the FDA and the content is more consistent than over the counter vitamins, but they are expensive and advice on prescription vs over the counter is not studied. I would truly defer to cost as prenatal vitamins themselves have no proven benefit. Folic acid is the most important thing in the vitamin and this is most important in regular pregnancies at 5-8 weeks. Most patients don't even know that they are pregnant at that point. So if they make you nauseous, constipated, or are too expensive, you should know that there is not a lot of science behind them after the beginning of the first trimester. 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. 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, it is not a concern. 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.

f. 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. They are more expensive and there is no evidence that you have to eat organic food (OR BOTTLED WATER) just because you are pregnant.

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. If you are used to lifting a certain amount of weight the only concern with lifting is that you can strain your back. So, if you lift 45# every day before you get pregnant there is no reason you can't continue to. If you stop lifting in the first trimester because you don't feel good, though, I would be careful about returning to the previous weight. You should probably start lower. 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!

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 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 I 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: 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. "Homemade" 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.

I have no way of telling you that it is OK to use vibrators and other sexual devices. Please use commonsense and remember that the cervix is right inside your vagina and contains the baby, membranes and placenta. If anything were to inadvertently manually enter the cervix the consequences could be devastating. Anything to do with foreign objects or solutions in the vagina is not recommended. If you use any you do so at your own risk.

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 "Frappuccinos" often during pregnancy, because as stated above, too much sugar is not part of a well-balanced diet.

12. BREAST FEEDING DURING PREGNANCY: 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.

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. If you ask me if it's ok to travel, at any time, my answer is going to always be that it is at your own risk.

Things to consider: After 20 weeks it is very uncomfortable to sit on a plane or ride in a car for long distances. I DO NOT RECOMMEND GOING OUT OF THE COUNTRY. We cannot fully immunize or protect you from the environment of another country. There is also the concern with Zika. Military base transfers are the only exception to this rule and in certain situations Military transfer is not a good idea and we may petition your commander to wait until the baby is born if necessary.
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 or plane 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 a doctor immediately.

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 postpartum depression. Postpartum 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 postpartum depression does not typically resolve on its 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 or in a trauma situation

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 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 evaluated on L&D 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. There is no evidence to support a particular amount of water a day. Pregnant women are usually very thirsty and drink a lot of water anyway. If you don't like water and drink other things a good rule of thumb would be to try and get in 3 20 ounce bottles a day. Again, this is not really backed by any literature.

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. Prescribed medications are often expensive and not much better than over the counter. They will often causer a little rectal bleeding. If the blood is on the stool and doesn't color the water it is unlikely to be an emergency. Large amounts of rectal bleeding, however need to be evaluated in the ER

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 should be addressed by your primary care physician as much as possible. Notify us of any dental issues, visits to the ER, or out of town visits to a physician's office so that we can document them in your record.

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 both hospitals have neonatologists and a NICU

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 pediatricians in the area. We cannot really make a recommendation of any particular pediatrician. Location of practice and your preferences are the most important. Most pediatricians will have an interview visit with you. 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. Having them as part of your birth plan is fine, but I cannot say whether it is or is not ok for you to skip immunizations, this is up to your doctor. It is highly recommended that your baby receives vitamin K. If you choose to withhold vitamin K, I cannot do a circumcision on a male baby.

If there are no severe issues, it is the hospital's 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. Babies are never supplemented without a mother's consent. Nurses are not allowed to use a pacifier without your consent. Both Huntsville hospital and Crestwood operate a baby-friendly environment.

BREASTFEEDING: Please call if you have symptoms of mastitis. 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 discouraged if your milk is slow to come in. Most patient's milk does not come in in the hospital. Lactation consultants round at both hospitals and are available after discharge. This is a very valuable resource if you have a baby that won't latch.

As far as milk production, please remember that 15% or more of patients have poor breastmilk supply and some patient's milk never comes in. This is not because they are doing anything wrong. It is because the breast, like any other organ in the body, is not perfect and can be dysfunctional. Despite the teaching that the baby and the breast will sync up and have a perfect relationship, the breast can be just as dysfunctional as any other organ. If the breast was so perfect we wouldn't get breast cancer!! (Personal opinion)

Some well-meaning lactation consultants, friends or family will recommend medications be prescribed to make your milk production better but there are none, unfortunately. 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 called "fen u grek", but there is also no evidence to support increased milk production, and I have rarely seen this work. The best way to deal this the issue is to increase feedings, pump often (every 2 hours if possible) and STAY HYDRATED. If you have done all of this and it's not working please feel free to call and come in and talk to me. You may find yourself feeling like it is your fault and that you are doing something wrong. Please do not. Most of the time if you have tried everything, for several days you have poor milk production. You can make the choice at that point to supplement or to stop breastfeeding. There

are pros and cons of each and we can discuss them.

You will notice when you go back to work that your supply may decrease some. 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.

On the other hand, most patients have normal milk supply, a baby with a good latch and a great experience. For these people it's really not hard. So, go for it! You won't know unless you try. I will support whatever decision that you make, though. I just want you to feed your child and feel at peace with whatever method you choose!

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 anymore. 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 become relentless in active labor. False labor usually does not last more than 2 hours and is very common at any time during the last 6 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 2 hours. 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 shown to have more functional and shorter labors. You cannot start labor with walking, eating particular or spicy foods, having sex, etc. The signal comes from the baby and science just hasn't figured out what causes it to signal when it does. (Darn!)

REMEMBER: You do not need 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. Don't waste time calling, because if you think something is up I'm going to want you to go in.

2. Do you offer inductions of labor?

I 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 new studies show that there is not an increased risk of C-section as we do inductions much differently now. The main reason I offer induction to all of our patients is that new studies actually show there is no benefit to the baby of continuing the pregnancy after 39 weeks, and the bad things that can hurt babies increase after 39 and more dramatically at 40. Patients are also offered induction to avoid weekend deliveries when I am not on call.

At 39 weeks gestation in an accurately dated pregnancy the lungs have matured. There is a possibility that patients will not dilate with the medications. If the water is not broken and the baby has a normal tracing I will offer the patient to go home and wait a week if they would like. The majority of patients in Huntsville are induced and therefore the nurses at your hospital are very skilled in the process. My induction rate is high (due to patient preference) and my C-section rate is well below the national average.

While I do OFFER inductions, **PLEASE DO NOT MISUNDERSTAND THIS AS A PREFERENCE.** I leave this decision up to the patient. Some conditions require you to be induced at 39 weeks and we will talk about those if you develop them.

If you progress beyond your estimated due date I recommend induction. The rate of still birth increases after 40 weeks. This increases again after 41 weeks. After 42 weeks gestation there is a definite increase in danger to your baby. My recommendation if you do not want to be induced is to wait until your due date and if you have not gone into labor you and I will come up with a game plan that you are comfortable with at that appointment.

3. At which hospital should I deliver?

I have privileges at **both** hospitals in Huntsville. We will deliver at whichever hospital you prefer. I 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 me and I will try my 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, but it is certainly not necessary.

A word about Crestwood

Sometimes because I am in the building people think that I work for Crestwood, but I am just renting space there. A benefit of that, however, is that I literally walk down the hall to do a

delivery. In fact, sometimes they call me for other physician's emergencies because I am so close by. Just as the doctors that are on the campus at Huntsville Hospital prefer to deliver close to them at that hospital, I do prefer to be at Crestwood, especially for high risk deliveries such as VBAC's because I am immediately available. Crestwood also has a fully staffed NICU and a neonatologist now. I am very comfortable with delivering babies above 30-32 weeks there. They are also equipped to deal with emergencies in term babies, a concern that has been there in the past because the NICU was not the same level as Huntsville's. Most people are not aware of these changes.

A word about Huntsville

If there is any chance the baby would be preterm <30 weeks I prefer to deliver those patients at Huntsville Hospital. We try to always put the mom where the baby is going to be and not take chances that the baby will be transferred. So, a patient may plan to deliver at Crestwood, but if I think that it is safer for them to deliver at Huntsville I will recommend that they deliver there.

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

4. **What is your opinion on natural childbirth vs. epidurals?**

My opinion is whatever your opinion is!

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 are 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. There have been times in the past when they were being perfected that there were a few complications and the fear was widespread because of that. However, that was over 30 years ago. So, when friends and family make statements that they are not safe or brag that they had natural childbirth in the 70's, for most women it was because there was no safe alternative.

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. Also, if you are desiring a natural birth, I strongly recommend against

these drugs as they will work against your ability to focus.

c. Natural Childbirth: This is very popular practice right now and I do a lot of natural deliveries. I strongly recommend that for you to be successful you consider a Doula. There are also Bradley classes in the area. At the minimum you need a lot of education/reading and preparation. I don't know much about hypno birth but many patients have tried it and been pleased.

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. I prefer that you have certain safety measures during the delivery. I would like an IV heplock. Intermittent monitoring is fine**. If continuous fetal monitoring is necessary** there are a limited supply of cordless monitors, but at the bare minimum the cords are so long on the monitors that you can still get out of bed, sit on the ball, squat on a bar, etc. Most patients, however, qualify for intermittent monitoring. There is no restriction on positions for labor and delivery. I will need to place you in a standard position after delivery to look for tears and possibly repair them. I do use a local anesthetic for the repair but we get varying results. Some people are completely numb and some have sensation of feeling tugging at the suture. You will just have to continue your relaxation techniques during this part and be prepared for it, and most people do just fine. If desired you can always use the nitrous OXIDE during the repair.

e. IV access (heplock): This access will be used in emergency situations or to provide antibiotics after delivery if necessary. There are emergencies that can arise and threaten the wellbeing of mother and baby. A delay to obtain an IV can cause further harm.

f. Pitocin after the delivery is recommended but I am not opposed to waiting to see if it is necessary.

g. Nitrous Oxide is available at Crestwood and can be used if desired

h. Water labor: Many people have found various ways to obtain a bathtub or pool to be used during labor. There is a doula in town that brings one in, also. If you are planning on laboring in warm water I would strongly encourage you to contact Labor and Delivery at your hospital to see what you need. You will need hoses to connect the sink to the pool. If there is a bathtub in the room it is not recommended as they are very small and uncomfortable. Bringing something in appears to work better. I do not have any concerns with laboring in water and there is no good evidence that you cannot sit in the water after your water breaks. However, I do prefer that we get you out before pushing. If there is a shoulder dystocia or a maternal issue it is extremely difficult to lift you out of the tub in hard labor and is a major safety issue.

i. Induction-Patients that want to have natural childbirth are strongly encouraged to avoid induction unless it is necessary.

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. I DO NOT perform an episiotomy unless there is a significant 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 I always try to avoid tearing, some tearing just cannot always be prevented.

6. What about C-sections?

There are specific situations in which patients need a cesarean section. The most common is baby in an abnormal position. 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. Finally, patients that have had a previous C-section require special consideration.

Patients are often afraid that their anatomy (short stature, small hips, etc.) will cause them to have a C-section. I 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 I will honor that request.

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. 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. The baby will be brought to see you for as long as possible and then proceed to the NICU with your support person. As soon as you enter recovery the support person and the baby are brought back to you and you can hold the baby, and even breastfeed. We use a clear drape and try to get lots of good pictures.

After surgery we 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 patients progress much faster than they anticipated.

Remember, the 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?

I 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.

I do not have strict rules on the number of people in the room for the delivery. At Huntsville Hospital there are only allowed to be 3 people in the room at all times and they issue badges. Crestwood has no restrictions. Also, please keep in mind that we need plenty of room to take care of you and your baby. Please ask your guests to remain quiet and out of the way of nurses and staff so that our focus can be on you.

If at any time a high risk situation occurs we will ask your visitors to step out of the room. The father or your 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 company's policies on maternity benefits. I do order some extra ultrasounds in the beginning of the pregnancy that are not considered necessary by the insurances in normal pregnancy so that we can follow the baby's heartbeat. If the insurance will not cover an ultrasound, such as these, we are very unlikely to bill you because I know that I do this for your reassurance and my preference. If you get a bill for an ultrasound that you think was not necessary, please see the office manager.

Details of the 2 routine (covered) 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.

3. We do offer an ultrasound at 16 weeks that we charge 50$ for to determine the gender of the baby for you
4. There are patients that have to have growth scans every 4 weeks in the 3rd trimester if they have complications.
5. 3D/4D Ultrasounds are offered at several places in Huntsville, Dr. Aguayo also does them in her office. You can call 256-882-1785 to make an appointment or ask

questions.

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 and I try to make sure that we get a heartbeat check every 2 weeks.

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 if you are a first time mom or have complications. If you are not a first time mom you can be seen every 4 weeks **(37 weeks to delivery):** You will be seen every week.

10. 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 results.

Please see the other literature in your bag about genetic testing. We offer referral to MFM for 1st trimester screening, standard serum integrated screening (insurance covers) and Natera Panorama (may or may not be covered we have pricing in addition to this packet.

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.

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 streptococcus. 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 24-26 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. If not you need to be evaluated ASAP

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 1-2 hours 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 be seen. Any vaginal bleeding in the 3rd trimester is an emergency until proven otherwise. Bleeding when you wipe, though, is rarely of any concern.

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 60 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 medications 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 the office IMMEDIATELY.

APPROVED COLD MEDICINES (ALONE or in COMBOS):
Guaifenesin (Mucinex)
Acetaminophen (Tylenol 2 extra strength)
Diphenhydramine (Benadryl)

Dayquil/Nyquil
Mucinex D
Loratidine (Claritin) Zyrtec
MUCINEX DM
Medicines that say cough,
cold, congestion, expectorant
are OK.

3. If you think that you have a yeast infection please call the office and do not self-treat

4. The administration of Flu vaccines is approved during pregnancy. They are recommended, but not required and we do 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. Nitric Oxide is safe for use in pregnancy. It is up to you dental provider's discretion. Routine X-rays should be avoided, but if an X-ray is NECESSARY an abdominal shield must be worn.

6. Unisom (check to make sure the ingredient is DOXYLAMINE) 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 24 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, anything that doesn't make you throw up even if it is ginger ale. 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 Call the

office. Hydration during the first trimester is very important.

****1st trimester nausea and vomiting are addressed further on a separate handout****

7. Constipation

Miralax daily for maintenance. If you are constipated you can take it 2-3 times a day. It does not get absorbed.
COLACE/Stool softeners are very poor laxatives.
You can take any over the counter laxative, enema or suppository
Try to get and stay regular rather than waiting until you are constipated over and over.

8. Tums or Mylanta may be used to treat occasional heartburn. If you experience daily heartburn we recommend Zantac150 BID or Prilosec 40 mg daily. We can prescribe these also. They need to be taken on a regular basis not just as needed. These medicines have also been found to help with nausea in the first trimester.

What about VBAC's?

Myself and all of the persons participating in my call group support VBAC (vaginal birth after C-section). **If you have had a previous C-section and desire a trial of labor we will develop a personalized birth plan for you.** All MD's in our call group have committed to this process and we will make every effort to help you obtain a vaginal birth if you desire. Likewise if you would like to proceed with a repeat cesarean delivery that will be scheduled for 39 weeks.

The members of my call group include Dr. Krishna Kakani, The Tennessee Valley Group, and Dr. Edith Aguayo. Please let me know if you have ANY concerns about call and also refer to beginning of pamphlet for schedules.

Thank you so much for choosing my practice. If there is anything further that you need to know or that we need to add, please let me know!

Rachel R. Petersen, M.D.