Pregnancy Handbook

Prepared especially for you by:

James A. Mong, M.D., FACOG; Michele Martin, M.D., FACOG
Jean W. Carter, M.D., FACOG; Andrea D. Roche, M.D., FACOG
Phelicia A.C. Flanagan, M.D., FACOG
Kirk J. Matthews, M.D.
Michelle M. Homeister, M.D., FACOG
WELCOME

Pregnancy is a time of major physical and emotional changes.

It is perfectly normal to have many questions at this time. We have designed this handbook to help answer some of those questions and concerns... and hopefully offer some reassurance to you.

Please take a few minutes to read over the information and refer to the handbook throughout your pregnancy when you have questions. If you don’t find the answer you’re looking for, we are always more than happy to address any questions you may have.

We look forward to seeing you soon!
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SCHEDULE OF OFFICE VISITS

After your initial New OB exam, you will typically be seen on the following appointment schedule (may vary slightly):

- Every 4 weeks until 28 weeks of pregnancy.
- Every 2 weeks between 28 and 36 weeks of pregnancy.
- Once a week between 36 and 40 weeks of pregnancy.

Your visits will be rotated between each doctor to ensure you meet all the doctors. The “On-Call” doctor will be the one to assist in the delivery of your baby. Weekend and holiday call is shared with the physicians at Atrium Ob-Gyn (www.atrium-obgyn.com).

It is important that you come to all of your scheduled appointments to help ensure a healthy pregnancy. Please call us at least 24 hours in advance if you need to cancel and reschedule an appointment. Please call if you will be more than 10 minutes late for any appointment.
ROUTINE PRENATAL TESTS

Routine Testing
• OB panel (blood test): Blood type and Rh factor; hemoglobin (checks for anemia); STDs; immunity to Rubella (a.k.a. German Measles); Hepatitis B virus surface antigen and antibody screen; HIV.
• Ultrasound: Between 18 and 20 weeks of pregnancy unless otherwise indicated.
• O’Sullivan (glucose screening): At approximately 24 to 28 weeks of pregnancy. Tests for gestational diabetes.
• Beta Strep Screen: Between 35 and 37 weeks of pregnancy. Group B-hemolytic streptococcus (GBS) is a common bacterium. Many people are carriers. If you test positive as a carrier, you will be given antibiotics while in labor.

Optional Testing
• Cystic Fibrosis Screen.
• First trimester screening.
• Second trimester maternal serum screening (MSS or Quad screen).
• Maternal serum AFP (For neural tube defect).

Age 35+ and/or History of Chromosomal Abnormality
• Non-invasive prenatal testing (NIPT) for Down Syndrome, trisomy 18, trisomy 13 and other conditions by cell-free fetal DNA in maternal circulation.
• Chorionic villus sampling (CVS) and Amniocentesis.
COMMON DISCOMFORTS OF PREGNANCY

Nausea

- Eat small frequent meals.
- Drink fluids throughout the day.
- Get plenty of fresh air.
- Increase protein and carbohydrate intake.
- Eat dry toast or crackers before getting out of bed each morning.
- Take two 50 mg. tabs of vitamin B6 daily.
- Suck on hard sour candy.
- Try Sea-Bands / ginger

Fatigue

- Get plenty of rest.
- Mild to moderate exercise.

Gas / Heartburn

- Avoid greasy or spicy foods.
- Get regular exercise.
- Eat 6 small meals a day.
- Avoid eating or drinking just before bedtime.
- Eat slowly and chew food well.
- Take low-sodium antacid as needed, such as Tums (follow directions on package) or Mylanta (take 1 to 2 teaspoons 30 minutes after meals).
- Take over-the-counter Pepcid AC, Zantac 75mg, or Gas-X.
COMMON DISCOMFORTS OF PREGNANCY (CONT’D)

Backache
- Maintain proper posture.
- Elevate feet whenever possible.
- Try “pelvic tilt” exercises.
- Warm baths.
- Massages.
- Abdominal binder for support (available at maternity clothing stores).
- Take Tylenol as directed.

Swelling in Legs or Feet
- Sit, swim, or walk in water.
- Increase fluids.
- Avoid foods that are high in salt.
- Elevate feet several times a day.
- Try wearing support hose.

Headache
- Get plenty of rest.
- Seek peace and quiet.
- Eat regularly and maintain good nutrition.
- Try an ice pack applied to the back of your neck for 20 minutes.

*Call your doctor if headache persists or gets worse.*
COMMON DISCOMFORTS OF PREGNANCY (CONT’D)

Varicose Veins
- Elevate legs several times a day.
- Wear support hose.
- Try a warm bath to soothe legs.
- Avoid crossing legs when sitting.
- Avoid sitting for long periods of time.

Constipation
- Drink 8-10 glasses of water each day.
- Get regular exercise.
- Eat lots of foods with bulk, such as whole-grain breads and cereals, bran, raw vegetables, fresh and dried fruits.
- Drink a 4-oz glass of warm prune juice at bedtime.
- If constipation persists, try Colace, Metamucil, Benefiber or Miralax (use as directed on package).

Hemorrhoids
- Avoid constipation.
- Anusol or Preparation H (cream or suppositories).
- Use Witch Hazel or Tucks pads.
OTHER DISCOMFORTS OF PREGNANCY

**Occasional Dizziness**
- Change positions slowly.
- Drink plenty of fluids.
- Call if symptoms persist.

**Nose Bleeds**
- Finger pressure on side of nose to stop bleeding.
- May use an ice pack.
- Call office if you have frequent nose bleeds.

**Swollen and Bleeding Gums**
- Use a soft toothbrush.
- Continue to visit dentist regularly.

**Insomnia or Trouble Sleeping**
- Warm, relaxing bath.
- Do not exercise within a few hours of your bedtime.
WHEN TO CALL THE DOCTOR

You are very important to us. Please let us know if a problem arises or if you have any concerns including:

- Decrease in fetal movement.
- Persistent and severe lower pelvic pain.
- Any vaginal bleeding.
- Leakage or rupture of the “bag of waters” or amniotic sac. This can be a small trickle of fluid or a large gush. Note the color, amount, time and if there is any odor.
- Contractions (a tightening and relaxing of the uterus).
  True contractions generally become longer, stronger, and closer together. Call when your contractions are 5-7 minutes apart or are causing a lot of discomfort.
- Symptoms of a urinary tract infection (painful urination, feeling like you must urinate right away, or blood in the urine).
- Fever of 100 degrees Fahrenheit or above.
- Severe headaches - especially if accompanied by visual disturbances or swelling in the hands or face.
- Vomiting more than 2-3 times a day.
- Vaginal itching, burning, foul odor and/or increased vaginal discharge.
MINOR ILLNESSES / MEDICATIONS

Colds / Nasal Congestion
- Rest.
- Increase fluid intake (especially warm drinks).
- Apply a warm compress to sinuses.
- Saline nasal spray.
- Sudafed PE (Phenylephrine HCL) only AFTER 12 weeks of pregnancy.
- Tylenol for headache (use as directed).
- Robitussin or Robitussin DM for cough (use as directed), Mucinex, Claritin, Zyrtec, or plain Allegra.

Fever
- Increase fluid intake.
- Take Tylenol or Extra-Strength Tylenol as directed.
- Call if fever persists for more than 24 hours or is higher than 100 degrees F.

Sore Throat
- Gargle with warm salt water (add 1-2 tsp. salt to 4 oz warm water) 4x a day.
- Rest and increase fluids.
- Hard candy or mild throat lozenges.
- Call if sore throat lasts for over 24 hours.
MINOR ILLNESSES / MEDICATIONS (CONT’D)

Upset Stomach with Diarrhea or Vomiting

• Rest.

• Increase fluids to prevent dehydration, especially clear fluids such as water, diluted tea, ginger ale or Sprite. Take small sips every 15 minutes. Also try ice chips or popsicles.

• Modify your diet: clear broth, plain toast, white rice, boiled or baked potatoes, bananas, applesauce and Jell-O. Add other foods gradually.

• Imodium AD as directed if diarrhea is severe.

   Call if diarrhea or vomiting persists over 24 hours or if you are unable to retain any fluids.

Other Symptoms

• If you have a question about a specific symptom, please call.
HEALTHY CHOICES

Avoid Harmful Agents
- Almost everything that goes into your body is shared with your baby. By putting harmful substances in your body, you put your baby at risk!
- DO NOT SMOKE, DRINK ALCOHOL, or TAKE STREET DRUGS (including marijuana).
- Avoid second-hand smoke.

Avoid Too Much Caffeine
- Avoid drinking more than 2 cups of caffeinated beverages (including coffee, hot or iced tea, and sodas) per day.

Avoid Overheating
- Avoid saunas, hot tubs, tanning beds and anything that can overheat you.
- Drink lots of water when outside.

Wear Your Seatbelt
- The seat belt can be worn below your belly.
- Wear the shoulder strap.
- A seat belt could save the life of you and your baby!
DOMESTIC VIOLENCE

Is your Relationship Abusive?
Emotional or physical violence is not a part of a normal, healthy relationship. How do you know if your relationship is abusive? Ask yourself these questions…

- Does your partner make jokes at your expense or put you down?
- Does he threaten you or throw things when he is angry?
- Has he pressured you to perform a sexual act?
- Has he physically hurt you in the past year?
- Does he say that it is your fault if he hits you?
- Does he promise it won’t happen again, but it does?

If you answer “yes” to any of these questions, your relationship is not healthy. You need to get help.

If you are in an abusive relationship it is NOT your fault. NO ONE deserves to be abused. Please tell someone you trust about the abuse or call Interact (a FREE agency that provides safety and support to victims of domestic violence) on their 24-hour crisis line: (919) 828-7740.
NUTRITIONAL GUIDELINES

Weight Gain
• Recommended weight gain during pregnancy is approximately 25-30 lbs depending on your pre-pregnancy weight. Discuss this with your doctor.

Diet
• Focus on the quality of food intake.
• Strive to maintain a healthy, well-balanced diet.

Vitamins
• Take a prenatal vitamin supplement as recommended by your doctor.

Water
• Drink at least ten 8-ounce glasses of water daily.

Sodium
• Read food labels.
• Limit table salt and be aware of “hidden” sodium in prepared foods.

Dangerous Foods
• Avoid foods that may be dangerous to your developing child.
• See “Foods to Avoid”.

For Appointments or Questions: (919) 571-1040
FOODS TO AVOID

Fish (Mercury)
- Swordfish, Shark, Tile fish, King Mackerel, canned and fresh Tuna.
  *These large fish harbor high levels of methyl mercury that can affect brain and neurological development in the fetus.*
- The FDA recommends a total weekly limit for seafood of 12 oz. This includes small fish and seafood other than fish (shrimp, etc.)

Raw or Undercooked Foods
- Raw or undercooked meat, poultry, seafood and eggs.
- Dough or batter made with eggs.
- Raw or undercooked foods may contain a variety of harmful bacteria and viruses.
- Use a meat thermometer when preparing meat and poultry.
- Cook eggs until they are not runny.

Deli Meats including Hot Dogs
- All deli ham, turkey, bologna and salami.
- These foods may contain Listeria monocytogenes, a bacteria that may result in miscarriages and serious health problems.
- If consuming, reheat these foods until they are steaming hot.

Unpasteurized Dairy Foods and Juices
- Some milk and cheeses such as Brie, Feta, Camembert, Roquefort, Blue-veined, Queso Blanco, Queso Fresco and Panela.
- Refrigerated pate or meat spread.
- Refrigerated smoked seafood (refrigerated smoked seafood is safe when used in a cooked dish, such as a casserole).
- Juices such as cider purchased from roadside stands, farms or in some stores. These products may contain E. coli or Listeria. Check labels for pasteurization.
EXERCISE GUIDELINES

Exercise in Pregnancy Promotes Healthy Well-Being.
Exercise may help:
• Decrease discomforts such as: nausea, heart-burn, swelling, and insomnia.
• Improve digestion and reduce constipation.
• Improve stamina and flexibility for labor and delivery.

Always check with your doctor before starting an exercise program. Due to certain complications in pregnancy, exercise may need to be avoided.

Discontinue Exercise and Seek Medical Advice Immediately if you Experience:
• Any bleeding or gush of fluid from vagina.
• Sudden swelling of hands, ankles or face.
• Redness or soreness in legs.
• Pain or contractions in stomach or pelvic areas.
• Persistent or severe headache, dizziness, or vision problems.
• Any rise in blood pressure.
ACOG EXERCISE RECOMMENDATIONS

• You can continue mild to moderate exercise during pregnancy (unless restricted by your M.D.)

• Regular exercise (at least 3x a week) is preferable to intermittent activity.

• Avoid exercising flat on your back after the first trimester (12 weeks).

• You may need to modify the intensity of your workout. You should not exercise when tired. Do not exercise to the point of exhaustion.

• Choose exercises that do not require balance.

• Do not participate in activities where there is potential for even mild abdominal trauma.

• Avoid becoming overheated. Drink lots of water before, during and after exercise. Pre-pregnancy exercise routines should be resumed gradually after delivery. Check with your doctor first.

• Recommended exercise: walking, stationary biking, swimming, low-impact aerobics, light free weights and yoga (avoid certain movements).
OTHER ISSUES

Medication
• Do not take ANY medication unless listed in this booklet or approved by your doctor.
• Herbs are considered medication and should only be taken with your doctor’s approval.

Sex
• Unless your doctor tells you otherwise, it is normally safe to continue to have sexual intercourse through your pregnancy. Comfortable positioning is important.
• Use condoms if there is ANY risk of contracting a sexually transmitted disease from your partner.

Dental Care
• It is important to continue good dental care during pregnancy.
• It is safe to have your teeth cleaned by your dentist, as well as continued dental care at home. Brush and floss twice a day.
• Check with your doctor about any dental procedure that you may need.

Travel
• Unless your doctor has restricted travel, it is usually safe to continue to travel until your 36th week of pregnancy.
• Travel by commercial airline, train and car is usually safe.
• Cruise lines do not permit travel if you are over 24 weeks and usually require a verification of gestational age from a physician.
• Please call office with any specific concerns.
SIGNS OF LABOR AND PRE-TERM LABOR

Labor
Signs of labor may begin a week or more before actual labor and may include:

• Loss of mucous plug (either a brownish vaginal discharge or pink-tinged mucous).
• Weight loss of 1-3 lbs.
• “Lightening” - when the baby drops into the pelvis.
• Urinary frequency due to pressure on bladder.
• Backache.
• Loose stools.

Pre-term Labor
3 or more weeks before your due date. **Call your doctor immediately if you are experiencing signs of Pre-term Labor including:**

• Leaking of fluid from the vagina.
• Strong pelvic cramps or pressure.
• Pressure that feels like the baby is pushing down.
• Dull, low backache that comes and goes or doesn’t go away.
• Contractions that are 10-15 minutes apart or more than 4-5 contractions per hour.
POSTPARTUM - WHAT TO EXPECT

• **Lochia** - A bloody vaginal discharge that usually turns pink then yellow or white over the first month after delivery.

• **Perineal Discomfort** - soreness from the delivery or from an episiotomy. Use cold packs or apply chilled “Tucks” pads. Take “sitz” baths or soak area in warm water.

• **Fatigue** - try to sleep when your baby sleeps. Ask for help and be specific! Take it easy. Limit visitors during the first few weeks. Eat a healthy diet.

• **After Pains** - pains in the uterus as it continues to contract and shrink to its pre-pregnancy shape. Take Tylenol or Ibuprofen if needed.

• **Sweating** - may be profuse but it will stop.

• **Difficulty with Bowel Movements** - you may experience constipation. Take short walks, eat foods high in fiber, increase fluids, or use a mild stool softener.

• **Hemorrhoids** - try a medicated cream, chilled “Tucks” pads, or warm sitz baths.

• **Difficulty Urinating** - try a warm sitz bath or spray water over the perineum while urinating. Increase fluids. Do Kegel exercises.

• **Swollen, Painful Breasts** - wear a well-fitting bra. Apply ice packs (bags of frozen peas work well) to reduce swelling. Frequent breastfeeding helps to encourage milk flow. Prior to nursing, try using warm compresses. Engorgement (when your milk comes in) usually lasts about 36 hours. If you do not plan to breastfeed, wear a snug sports bra, use ice packs, and DO NOT extract any milk from your breasts.

• **Baby Blues** - due to hormonal changes, expect mood swings and occasional “baby blues” for the first few days after delivery. Get as much rest as possible. Eat a well balanced diet. Take time out for yourself. Talk to your partner, a friend, or your doctor about how you are feeling.

• **Menstrual periods** - it may be a matter of weeks or even months before you resume periods. Avoid intercourse until after your postpartum visit with the doctor. You CAN get pregnant even if you have not resumed your menstrual period!

**Appointment:** your postpartum visit will occur at 6 weeks after delivery of your baby. Call our office to schedule your postpartum appointment.
WHEN TO CALL POSTPARTUM

**You are very important to us.** Please let us know if a problem arises or if you have any concerns including:

- Fever higher than 100.4 degrees F.
- Nausea and vomiting and unable to keep fluids down.
- Pain or burning during urination.
- Bleeding that is heavier than normal.
- Severe pain in your pelvic area.
- Pain, swelling and tenderness in your legs.
- Chest Pain.
- Red areas, painful lumps in your breasts and/or fever.
- Perineal pain or pain from an incision that gets worse.
- Vaginal discharge that smells bad.
- Severe depression.
- Baby blues that last for more than 2 weeks.
- Feelings of anger, depression, sadness that worsen over time.
- Panic attacks.
- Thoughts of harming yourself or the baby.
A FEW REMINDERS

Pre-registration Papers
• Send in the pre-registration papers to Rex by the end of the first trimester.

Prenatal Birth Classes
• We encourage all obstetrical patients to go through Rex Family Birth Center for prenatal birth classes.
• Review a schedule of classes available at RexHealth.com as well as register online or call 919-784-2145 to receive additional information.
• Classes fill up quickly so be sure to sign up by the end of your first trimester.

Question or Concerns
• You are very important to us. Please let us know if a problem arises or if you have a concern.
• Feel free to call our office during our regular office hours with any questions or concerns you may have: (919) 571-1040 ext. 223.
• You may also reach the nurse with an email via the patient portal.

After-Hours Emergency
• In the case of an after-hours, weekend or holiday EMERGENCY call the office and leave a message with the answering service.
• The on call doctor will return your call.
• If your call is not returned in 15 minutes, please call again: (919) 571-1040.
3D AND 4D ULTRASOUND

Baby’s First Picture

- Wilkerson OB/GYN is pleased to offer you the opportunity to view your growing baby using 3D/4D ultrasound imagery in the convenience of our office. This experience can be an enjoyable way to bond with your baby and share your baby’s first pictures with your family and friends.
- This is not a medically necessary ultrasound and therefore is not subject to insurance reimbursement or used for medical diagnosis or assessment.

27-32 Weeks

- It is recommended that the 3D scan be done between 27 and 32 weeks gestation, which is the ideal time to obtain the best image of your baby.
- The charge for this scan will be $150 payable by cash or credit card at the time you schedule your 3D ultrasound appointment.
- Our ultrasonographer will make every attempt to obtain quality pictures to take home on a CD to share with your family and friends.

20 Weeks

- At your 20 week scan we will also offer you your pictures on CD so you can take them home and print as many as you would like.
- The charge for this CD is $25.00 payable at time of service by cash or credit card.

**Questions:** Please contact our office if you have any questions regarding your appointment for ultrasound.
RESOURCE GUIDE

- **Interact**
  Provides safety and support to victims and survivors of domestic abuse and sexual assault.
  1012 Oberlin Rd
  Raleigh, NC, 27605
  (919) 828-7740

- **La Leche League International**
  Breastfeeding information and referrals.
  1-800-LaLeche

REFERENCES

- American College of Ob/Gyn Compendium of Selected Publications. Copyright 2000 ACOG.
- Planning your Pregnancy and Birth. American College of Ob/Gyn. Copyright 2000 ACOG.
- This booklet is general and common information and is subject to change based on individual patient situations.