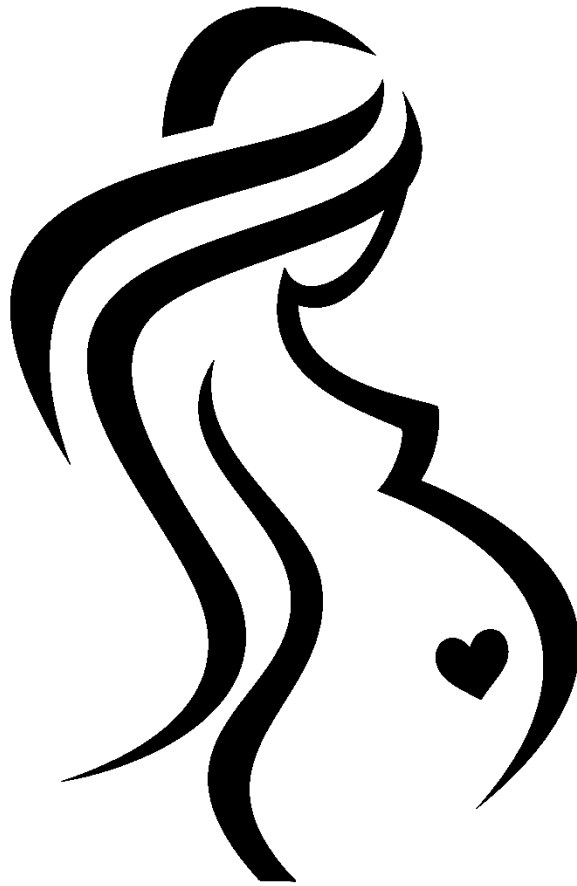


*Congratulations
On Your Pregnancy!*



*Welcome to
The Center for Women's Health*

Dear Patient:

Congratulations on your pregnancy! We are delighted you have chosen the Center for Women's Health to partner with you and your family during this special time. Please rest assured that we are committed to providing you with the best care possible during your pregnancy.

We have put together this information packet to answer some of the most common questions that arise during pregnancy. We hope you find it helpful. We always welcome any questions that you might have through the course of your pregnancy.

While our primary goal is a healthy pregnancy and delivery for you and your baby, we also recognize that this time represents one of the most memorable in a woman's life. We are dedicated to making your pregnancy and birth experience one that will be remembered with pure joy just as it should be.

Sincerely,

The Center For Women's Health

MEDICAL PRACTICE INFORMATION

Your doctor will be seeing you throughout your pregnancy and takes great joy in participating in your delivery. Your doctor is committed to being present at delivery when possible. In the uncommon event that your doctor is unavailable during delivery, call responsibilities are shared with following providers:

*David Melendez, M.D.
Devin McAdams, M.D.
Beverly Vavricka, M.D.
Karen Wilks, M.D.
Misty Wayman, M.D.*

OFFICE INFORMATION

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HOSPITAL OF DELIVERY

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Websites

Pregnancy

American College of Obstetricians and Gynecologists - www.acog.org

American Academy of Pediatrics - www.aap.org

Centers for Disease Control - www.cdc.gov

Baby Center - www.babycenter.com

March of Dimes - www.marchofdimes.com

Breastfeeding

La Leche League - www.lllusa.org

www.breastfeedingbasics.com

Smoking Cessation

<http://www.okhelpline.com/smoking-and-pregnancy>

Medication Safety in Pregnancy

www.otispregnancy.org

Nutrition in Pregnancy

<http://www.choosemyplate.gov/pregnancy-breastfeeding/pregnancy-nutritional-needs.html>

<http://www.webmd.com/baby/guide/health-pregnancy-nutrition-and-fitness>

<http://mayoclinic.com/health/pregnancy-and-fish/PR00158>

<http://americanpregnancy.org/pregnancy-health/mercury-levels-in-fish/>

***Please keep in mind that we do not have control of the content of these websites however we have generally found them to be reputable and of sound advice. If you have any questions please ask us at one of your visits.*

Prenatal Care Schedule

During each prenatal visit, we will do a general assessment, answer any questions, and provide guidance on how to remain healthy during your pregnancy. The following is a general schedule of prenatal visits and may change depending upon your individual needs.

You will generally be seen every 4 weeks up to 28 weeks of gestation unless more frequent visits are needed. After 28 weeks, you will be seen every 2 weeks until 36 weeks gestation. From that point, you will be seen weekly until you deliver.

First Prenatal Visit (ideally between 6-10 weeks)

- *Full History and Physical*
- *Prenatal Blood Tests*
- *Pap smear (if indicated) and cervical infection screening tests*
- *Ultrasound if not done previously to confirm or establish estimated due date*
- *Discussion of genetic testing options available*

Every Prenatal Visit after 12 weeks

- *Weight, blood pressure, and urine evaluation*
- *Measure growth of uterus*
- *Fetal heart rate assessment*

18-20 weeks Gestation

- *Ultrasound to assess fetal anatomy and gender (as desired)*

24-28 weeks Gestation

- *Glucose tolerance test to screen for diabetes in pregnancy*
- *If you are Rh negative blood type, will also screen for antibodies and administer Rhogam*
- *Screening for Anemia*

36 weeks Gestation

- *Group B Strep Screening*
- *Start cervical exams to determine progression of dilation*

Personal Care

Smoking

Tobacco use is a serious health hazard for you and your unborn child. Smoking during pregnancy exposes your baby to harmful chemicals including nicotine, tar, and carbon monoxide. These chemicals impair the delivery of oxygen and nutrients to your baby increasing the risk of fetal growth abnormalities, preterm birth, and placental abnormalities. In addition, infants of smokers have a higher risk of dying from SIDs (sudden infant death syndrome) and have a higher likelihood of having respiratory illnesses. Secondhand smoke has also been shown to increase risks to an unborn child. If you live with someone who smokes encourage them to quit or at a minimum avoid being around you when smoking. If you are a smoker, talk to us at one of your visits. We can help you find support. You also can call the national "quit line" at 1-800-Quit-Now or visit <http://www.okhelpline.com/smoking-and-pregnancy>.

Alcohol

The quantity of alcohol required to cause abnormalities in your baby is not known. However, daily drinking of alcohol, binge drinking, and social drinking have all been shown to have harmful effects on the fetus. Because we do not know how much alcohol is safe, we recommend you do not drink alcohol during pregnancy.

Drugs

When you become pregnant, it is important to tell us if you are taking any prescribed or over the counter medications or drugs. Certain drugs and medicines can be harmful to the baby's development. For this reason, from the earliest stages of your pregnancy, take only drugs or medicines prescribed or approved by us. Do not take any drugs from a health food store or "home remedies" until you talk with us. We have provided a list of approved medications for your convenience and we are always available to answer any questions.

It is essential that you avoid illicit drugs such as cocaine, marijuana, heroin, methamphetamines, barbiturates, LSD or other hallucinogens. Please talk with us if you need help to stop a drug habit.

Work

Most women can continue to work throughout their pregnancy. Keeping active can help you stay healthier and pass the time more quickly. If you have a question about your particular job, please let us know.

Bathing

You may take baths or showers during pregnancy. Avoid frequent bubble baths or perfumed products as they can increase the risk of getting a yeast infection. Do not use douches. Vaginal discharge does tend to be heavier during pregnancy and can be normal. However, the addition of itching, burning, odor, or other concerns please come see us.

Exercise

Exercise is encouraged in uncomplicated pregnancies. Exercise has many benefits in pregnancy including reducing some of the common aches and pains of pregnancy and better sleep. Exercise also helps keep you fit during pregnancy and may help you cope better with labor. Regular exercise is best (at least 30 minutes/day on most days of the week). If it has been a while since you have engaged in regular exercise it is best to start slow and increase over time. Drink plenty of fluids and listen to your body. If you find you are experiencing cramping or pain it is time to stop and rest. Avoid contact sports and jerky or bouncing motions. Avoid lying flat on your back after the first trimester.

Swimming

You can go swimming in pools or at beaches. In fact, swimming is a great way to stay fit during pregnancy. Avoid any rough water, body surf, or scuba diving. No diving, jumping, or belly flops. Avoid hot tubs or saunas while pregnant.

Dental Care

Continue with regular dental care during pregnancy. Pregnancy does produce some changes in your gums which become softer and spongier than normal. Continue to brush and floss twice daily. If guidance is needed regarding medications recommended by a dentist, please ask.

Travel

Travel is generally considered safe in uncomplicated pregnancies. If you experience any complications, please ask us regarding any travel limitations. Due to the unpredictability of labor in late pregnancy, avoid long distance travel after 36 weeks. While traveling, it is recommended that you mobilize frequently at least every one to two hours.

Sexual Relations

Sexual intercourse is considered safe through pregnancy if the pregnancy is uncomplicated. As the uterine size increases, trialing different positions may make intercourse more comfortable. Sexual desire may vary through the course of pregnancy and this is considered normal. If complications of pregnancy do arise, we may recommend against intercourse for a period of time.

Pets

If you have cats or ferrets, it is important that you avoid litter duties for the duration of pregnancy due to the possibility of toxoplasmosis, a disease carried in the litter. Please talk with us further if you have any questions.

Painting Rooms

If you choose to paint during pregnancy, please do so in a well ventilated area only with frequent breaks. Avoid climbing on ladders since this may increase your chance of falling. Consider wearing a filter mask to minimize the inhalation of paint fumes

Hair Care

Available evidence suggests you may have your hair permed, colored, or straightened however out of an abundance of caution we would recommend waiting until the 2nd trimester (after 12 weeks). Discuss with your hair stylist as pregnancy can change the effect on your hair.

Weight Gain

The recommended amount of weight gain will depend upon your pre-pregnancy weight. The Institute of Medicine has given guidelines as outlined below. At your first prenatal visit, your Body Mass Index (BMI) will be calculated and you will be advised on the proper amount of weight gain.

Prepregnancy Weight Category	Body Mass Index*	Recommended Range of Total Weight (lb)	Recommended Rates of Weight Gain† in the Second and Third Trimesters (lb) (Mean Range [lb/wk])
Underweight	Less than 18.5	28-40	1 (1-1.3)
Normal Weight	18.5-24.9	25-35	1 (0.8-1)
Overweight	25-29.9	15-25	0.6 (0.5-0.7)
Obese (includes all classes)	30 and greater	11-20	0.5 (0.4-0.6)

*Body mass index is calculated as weight in kilograms divided by height in meters squared or as weight in pounds multiplied by 703 divided by height in inches.

†Calculations assume a 1.1-4.4 lb weight gain in the first trimester.

Modified from Institute of Medicine (US). Weight gain during pregnancy: reexamining the guidelines. Washington, DC. National Academies Press; 2009. ©2009 National Academy of Sciences.

Overweight and obese pregnant women are at an increased risk of pregnancy complications including gestational diabetes mellitus, hypertension, preeclampsia, cesarean delivery, and postpartum weight retention. Similarly, fetuses of pregnant women who are overweight or obese are at increased risk of prematurity, stillbirth, congenital anomalies, macrosomia (excessively large baby) with possible birth injury, and childhood obesity. Additional concerns include increased intrapartum and postpartum complications as well as challenges with anesthesia. Thus, weight gain management is very important during pregnancy. If you are overweight or obese, you are not alone. One half of pregnant women are considered overweight or obese. We recognize the ongoing struggle this is for many women. We will be working with you throughout your pregnancy to obtain the best outcome possible.

Nutrition

Nutrition is key to having a healthy pregnancy. General guidelines for the pace of weight gain are as follows. The first three months you should gain about 1 pound per month. Then you should gain 1 pound per week for the next 6 months. Most women gain a third of their weight by 20 weeks gestation. You typically need to add approximately 300 calories to your daily diet during the 2nd and 3rd trimesters.

A wonderful resource for meal planning is <http://www.choosemyplate.gov> which allows for personalized meal planning. With MyPlate, you can get a personalized nutrition and physical activity plan by using the "SuperTracker" program. This program is based on five food groups and shows you the amounts that you need to eat each day from each group during each trimester of pregnancy. The amounts are calculated according to your height, prepregnancy weight, due date, and how much you exercise during the week. The amounts of food are given in standard sizes that most people are familiar with, such as cups and ounces.

Fish and seafood:

Fish consumption is an important part of every healthy diet. Omega-3 fatty acids are a type of fat found naturally in many kinds of fish. There is evidence that they may be important factors in your baby's brain development both before and after birth. To get the most benefits from omega-3 fatty acids, women should eat at least two servings of fish or shellfish (about 8-12 ounces) per week and while pregnant or breastfeeding. However it is important to avoid fish with elevated levels of mercury which can have adverse effects on a developing baby's brain.

- All pregnant women should avoid eating shark, swordfish, king mackerel, or tilefish.*
- Limit white (albacore) tuna to 6 ounces a week.*
- Choose fish like salmon, shrimp, canned light tuna, and catfish which are low in mercury (up to 12 ounces/week)*
- For more info please visit <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm397443.htm>*

Milk and Dairy:

Milk and dairy products are a good source of calcium needed for pregnancy. Important considerations are to avoid soft cheeses while pregnant. Certain soft cheeses can become contaminated with a bacteria called listeria. Listeria can cause your fetus to become sick and in rare cases can lead to fetal death. If you do use soft cheeses while pregnant cook them until they are boiling hot. Use only pasteurized dairy products. Soft cheeses to avoid include:

- *Feta (goat cheese)*
- *Brie*
- *Cammembert*
- *Blue veined cheeses, like Roquefort*
- *Queso blanco and fresco*
- *Asadero*

Folate:

Folic acid, also known as folate, is a B vitamin that is important for pregnant women. Taking 400 micrograms of folic acid daily for at least 1 month before pregnancy and 600 micrograms of folic acid daily during pregnancy may help prevent major birth defects of the baby's brain and spine called neural tube defects. It may be hard to get the recommended amount of folic acid from food alone. For this reason, all pregnant women and all women who may become pregnant should take a daily vitamin supplement that contains the right amount of folic acid.

Iron:

Iron is used by your body to make a substance in red blood cells that carries oxygen to your organs and tissues. During pregnancy, you need extra iron—about double the amount that a non-pregnant woman needs. This extra iron helps your body make more blood to supply oxygen to your baby. The daily recommended dose of iron during pregnancy is 27 milligrams, which is found in most prenatal vitamin supplements. You also can eat iron-rich foods, including lean red meat, poultry, fish, dried beans and peas, iron-fortified cereals, and prune juice. Iron also can be absorbed more easily if iron-rich foods are eaten with vitamin C-rich foods, such as citrus fruits and tomatoes.

Caffeine:

Although there have been many studies on whether caffeine increases the risk of miscarriage, the results are unclear. Most experts state that consuming fewer than 200 milligrams of caffeine (one 12-ounce cup of coffee) a day during pregnancy is safe.

Examples

<i>Coffee</i>	
<i>Drip</i>	<i>115-175 mg</i>
<i>Percolated</i>	<i>64-272 mg</i>
<i>Regular instant</i>	<i>57 mg</i>
<i>Decaffeinated Instant</i>	<i>3 mg</i>
<i>Espresso</i>	<i>75-150 mg</i>
<i>Starbucks coffee grande (16 oz)</i>	<i>330 mg</i>
<i>Soft drinks</i>	
<i>Dr. Pepper</i>	<i>41 mg</i>
<i>Regular cola</i>	<i>34 mg</i>
<i>Diet cola</i>	<i>45 mg</i>
<i>Tea</i>	
<i>Lipton Brisk Tea</i>	<i>8 mg</i>
<i>Lipton Iced Tea</i>	<i>48 mg</i>
<i>Arizona Iced Tea</i>	<i>38 mg</i>
<i>Canned ice tea</i>	<i>22-36 mg</i>

Vaccinations

Influenza Vaccine: you are strongly encouraged to get the influenza vaccine while you are pregnant during the flu season. It is safe in pregnancy in all trimesters.

Tdap (Pertussis)Vaccine: To maximize protection of young infants, the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices (ACIP) recommends that all women be given Tdap during every pregnancy, regardless of previous Tdap status, preferably between 27 and 36 weeks' gestation. Transplacental transfer of maternal pertussis antibodies from mother to infant provides some protection against pertussis in early life, before infants are able to receive the primary Tdap series. If Tdap is not administered during pregnancy, it should be given immediately postpartum. This vaccination will not provide direct protection to the infant, but it may prevent transmission of pertussis from mother to infant. Everyone (eg, parents, siblings, grandparents, child care providers, and health care personnel) who anticipates close contact with an infant younger than 12 months should receive Tdap if they have not already done so. Please see <http://www.cdc.gov/vaccines/vpd-vac/pertussis/tdap-pregnancy-hcp.htm> for more information.

Over the Counter Medications Safe for Pregnancy
Avoid motrin, advil, and aspirin (unless directed by MD)

Common Colds

- Afrin nasal spray
- Saline spray
- Robitussin (sugar free for diabetes)
- Chlor-Trimeton (for hypertension)
- Dimacol Capsules
- Vicks Formula 44
- Mucinex DM
- Sinex decongestant nasal spray
- Sudafed (do NOT use if hypertension and avoid in first trimester)
- Tussin diabetic formula
- Throat lozenges
- Tylenol cold formula or sinus formula (avoid in first trimester)

Sinus Allergies

- Claritin
- Benadryl
- Zyrtec

Constipation

- Colace
- Dulcolax tablets and suppositories
- Milk of Magnesia
- Metamucil

Pain/Fever

- Tylenol

Flatulence

- Mylicon
- Gas-X

Nausea & Vomiting

- Ginger capsules 340 mg, 3 times/day
- Vitamin B6 25 mg tab, 3 times/day
- Unisom 25 mg tab. Cut tab in half and take ½ tab 3 times/day
- Unisom 25 mg at night

Heartburn

- Maalox
- Mylanta
- Tums-up to 6 per day
- Zantac
- Pepcid

Itching/rash

- Benadryl
- Topical Caladryl lotion
- Aveeno bath salts

Topical yeast skin

- Monistat cream
- Mycostatin powder
- Nystatin powder

Vaginal Yeast

- Monistat 7 day formula

Hemorrhoids

- Anusol HC
- Anusol suppositories and ointment
- Tucks pads
- Preparation H

Possible Discomforts During Pregnancy

Aches and Pains

Many women feel stretching and pulling in the abdomen that sometimes run down the groin, thighs, or vagina. These may be due to pulling on ligaments or stretching of nerves as the uterus enlarges some of which is the “round ligament pain”. These pains are usually made worse by standing and are relieved by lying down.

Backaches and aching over the pubic bone are due to the pressure of the baby’s head, increase in weight, and the normal relaxing of joints in the pelvis. Maintain good posture and use lumbar support when possible. You may also use an abdominal (pregnancy) support/belt if necessary. If ever severe or unrelenting pain please speak with us as we would want to rule out any concerning problems.

Dizziness, fainting, Lightheadedness

Many women will experience these at some point in pregnancy. These symptoms are often due to the extra blood flow going to your uterus and pooling in your legs with gravity. Lying down on your left side usually relieves these symptoms. It is important to stay very well hydrated during pregnancy and to avoid lying flat on your back (which obstructs blood flow back up to your heart due to the enlarged uterus). If symptoms are persistent or very frequent, please contact us for evaluation.

Hemorrhoids and Varicose Veins

These are a common finding in pregnancy and are increased during pregnancy due to pressure on the large veins behind the uterus which causes the blood to slow its return to the heart. While these can’t be prevented completely, here are some tips to minimize them as much as possible

- Sit with your legs raised when possible
- Wear support hose
- Avoid constipation. Warm tub baths and Tucks pads can help relieve hemorrhoid discomfort
- When standing, keep legs moving so the blood can be pumped back upwards

Leg Cramps

These are common during pregnancy often occurring during the night in the 2nd and 3rd trimesters. While the cause is largely unknown you can take some steps to prevent them.

- Stretch your calf muscles before bedtime*
- Stay active with regular exercise*
- Stay well hydrated*
- Choose proper footwear*
- If persistent, speak to us about taking a magnesium supplement*

When they do occur, try stretching, massage, and heat to the calf.

Skin Changes

Changes in your skin are part of a normal pregnancy. Your nipples darken and you may notice a dark line down your abdomen running from your umbilicus (belly button) to the pubic area. You may also have blotchy pigmentation (discoloration) on your forehead or cheeks. Stretch marks are also common and are pink, red, or purple streaks in the skin over the breasts, abdomen, thighs, or buttocks. Unfortunately, nothing has been found effective in prevention of stretch marks. However, it is advisable to gain weight slowly and stay well hydrated to allow skin to adapt to the pregnancy. Most of these changes will fade after delivery but many not disappear completely.

Hand Tingling/Numbness

Tingling and numbness of the fingers and feeling of swelling in the hands are common in pregnancy particularly in the latter part. This is the so called Carpal Tunnel Syndrome of pregnancy and will disappear after pregnancy. If persistent, we can discuss use of wrist splint for treatment of symptoms. If you notice your muscle strength or motor skills are affected, please bring it to our attention.

Acne

Many women have acne during pregnancy. If you get acne during pregnancy, take these steps to treat your skin:

- Wash your face twice a day with a mild cleanser and lukewarm water.*
- If you have oily hair, shampoo every day and try to keep your hair off your face.*

- *Avoid picking or squeezing acne sores to lessen possible scarring.*
- *Choose oil-free cosmetics*

Over-the-counter products containing the following ingredients can be used during pregnancy:

- *Topical benzoyl peroxide*
- *Azelaic acid*
- *Topical salicylic acid*
- *Glycolic acid*

Frequency of Urination

Increased frequency of urination is common in pregnancy. The changes in pregnancy cause more production of urine and as the pregnancy advances your growing uterus presses on the bladder and causes you to urinate more frequently. It is common particularly as pregnancy advances to urinate multiple times at night.

Constipation

Constipation results from relaxed intestinal muscles and from pressure caused by a growing uterus. The best way to prevent constipation is to make sure you eat fresh fruits, raw vegetables, and whole grain breads and cereals every day. Drink 8-10 glasses of mostly water daily. If necessary, you can use Metamucil or Colace. It is not necessary to have a bowel movement every day as long as the stool is soft

Heartburn

Heartburn or indigestion may cause a burning feeling in your chest or a burp of bitter fluid, especially in the latter part of pregnancy. You may use antacids such as tums, Mylanta, or Maalox. Other simple tips include eating 5 to 6 small meals instead of 3 large meals, do not lie down or bend directly after eating, and avoid fatty and fried foods.

Nausea and Vomiting

Nausea and vomiting, often called “morning sickness”, are common in early pregnancy. Many women have these symptoms at other times of the day as well. Fortunately for most women these symptoms are mild and tend to disappear after the first trimester. When severe, the condition is known as “hyperemesis gravidarum”. If you experience morning sickness, there are several things you can do that might help you feel better. You may need to try more than one of these remedies:

- Get plenty of rest.*
- Avoid smells that bother you.*
- Eat five or six small meals each day instead of three large meals.*
- Eat a few crackers before you get out of bed in the morning to help settle your stomach.*
- Eat small snacks high in protein (such as a glass of milk or a cup of yogurt) throughout the day.*
- Avoid spicy foods and fatty foods.*

There are medications that can be safely used in pregnancy for the treatment of significant nausea and vomiting in pregnancy. Please discuss your symptoms with us at one of your visits or call if the above measures are not effective. Severe symptoms can lead to loss of weight and fluid imbalance.

Preparing for Delivery

Please call us or proceed directly to the hospital if any of the following occur:

- If pregnant with your first baby and you are term (>37 weeks), when your contractions are 3-5 minutes apart and regular for over an hour*
- If this is not your first baby and at term (>37 weeks), when your contractions are every 5-8 minutes apart and regular.*
- If you are experience bleeding from the vagina*
- If you break your bag of water even if you do not have contractions*
- If you notice a decrease in fetal movements*

Items to bring to the hospital:

For Mother:

- Insurance card and photo ID*
- Pajamas and a robe (or you can wear hospital gowns)*
- Nonskid slippers or socks*
- Hair band/accessories*
- One or two supportive bras and 3-4 pairs of panties*
- Toiletries*
- Eyeglasses (even if you wear contacts)*

For Baby:

- Diapers as desired (hospital will also provide)*
- Outfit for pictures as desired*
- Extra outfits as desired (hospital will also provide)*
- Receiving blanket and cap*
- Outer heavy blanket if weather is cold*
- Car seat*

For Father or support person

- Camera*
- Toiletries and change of clothing*

Birth Experience

Our goal for delivery is to provide a positive and memorable birth experience while ensuring a safe entry into the world for your little one. We understand that this time is one of the most life changing, cherished events in the lives of the families we serve and we consider it a privilege to be entrusted with your care. We are fortunate to have an amazing nursing staff at labor and delivery who pride themselves on facilitating a beautiful, safe delivery for our patients. The following are answers to some commonly asked questions. Please do not hesitate to ask us if any other questions arise throughout your pregnancy.

Labor:

Your doctor will monitor your progress and provide support as needed throughout your labor course. You do have the option to walk around during labor or utilize a birthing ball. If your labor course is considered uncomplicated and low risk, you may choose to have intermittent fetal monitoring. However, if the use of Pitocin is indicated or risk factors are present it is recommended to have continuous fetal monitoring throughout labor. You will need to have an IV in place for fluid administration or in the rare need for blood transfusion should excessive bleeding be encountered.

Anesthesia/Pain Medicine:

There are pain management options during labor depending on your personal preferences. These include short acting pain medications given in your IV (such as nubain) which are typically used earlier in the labor course and epidural anesthetic administered by an anesthesiologist. Once an epidural is placed, you will no longer be able to move around due to effects on your legs. We wish to provide support in whichever pain management option you choose and are fully supportive of un-medicated labors.

Episiotomy:

Your doctor engages in selective use of episiotomy only when indicated. It has been established that allowing natural tearing results in less extensive lacerations in most cases. Indications for episiotomy would include need for expeditious delivery of baby (such as a low heart rate) or if it appeared that

allowing natural tearing would result in a more extensive laceration. Lacerations are typically repaired in the delivery room.

Delivery:

Your doctor and the nursing staff will provide gentle guidance and encouragement during the delivery process. Your birth partner will have the opportunity to cut the umbilical cord. You will have the option of having baby placed directly on your abdomen after delivery for immediate bonding. If the labor and delivery has been uncomplicated, then trained nursing personnel will assist with assessment of baby. If any concerns arise, the neonatology staff will be called to the delivery room.

After Delivery:

Family and baby bonding are encouraged directly after delivery. This will be the best time to begin first attempts at breastfeeding. The nursing staff is well trained to assist you in this process and lactation consultants will be available throughout your stay. You will likely remain in the delivery room for 1-2 hours and then be moved to a postpartum room.

Cesarean Delivery:

Cesarean delivery is reserved for those who have had a previous cesarean or for those who are found during their pregnancy or labor course to have a medical indication to do so. You will be actively involved in this very important decision. In most cases, regional anesthesia (either spinal or epidural) will be used for cesarean delivery. In these circumstances, your birth partner will be able to accompany you during the surgery. In rare emergencies, it may be indicated to have general anesthesia in which case no one besides hospital personnel is allowed in the room. If regional anesthesia is utilized you will be able to bond with baby after delivery while the cesarean is completed. In addition, breastfeeding will be encouraged while in the recovery room following the cesarean delivery.

Postpartum:

Following initial recovery, you will be moved to your postpartum room. "Rooming in" with baby is encouraged for bonding but you may ask nursing personnel to take baby to the nursery as needed for rest. The usual hospital stay after a vaginal delivery is 1-2 days and for a cesarean delivery is 2-3 days. Following discharge, you will need to make an appointment to be seen by your doctor for your postpartum check-up 4-6 weeks following delivery.

Breastfeeding

The American Academy of Pediatrics recognizes breastfeeding as the best method of feeding and nourishing infants to achieve optimal growth and development. While breastfeeding is considered normal and natural, most women will need help during the transition. Lactation consultations are available to assist you at the hospital. You may want to attend a breastfeeding class prior to delivery. Below are some of the documented benefits of breastfeeding:

- Breast milk has antibodies that help your baby's immune system fight off viruses and bacteria.*
- Breast milk is easier to digest than formula.*
- Breastfeeding decreases the risk of sudden infant death syndrome (SIDS).*
- If your baby is born preterm, breast milk can help reduce the risk of many of the short-term and long-term health problems that preterm babies face.*
- During breastfeeding, the hormone oxytocin is released. Oxytocin causes the uterus to contract and return to its normal size more quickly.*
- Breastfeeding may help with postpartum weight loss.*
- Women who breastfeed have lower rates of breast cancer and ovarian cancer than women who do not breastfeed. It also has been shown to reduce the risk of heart disease and rheumatoid arthritis.*

While breastfeeding is always encouraged, it remains a very personal decision for every mother. Your baby can also be well nourished with baby formula at some or all of the feedings.

Physical Changes after Delivery

Just as you have had many physical changes during pregnancy, you will have many changes that occur after delivery as well.

Uterus: Your uterus will return to its pre pregnancy size approximately 6 weeks after delivery. Cramping is normal after delivery particularly while you breastfeed.

Lochia: Vaginal bleeding after delivery is called “lochia”. This will gradually decrease over the 6 weeks period. It will first be dark red with some clots then become pink followed by turning to white in color.

Urination: Occasional leakage of urine is common directly postpartum. It does usually resolve. Kegel’s exercises can help strengthen the pelvic muscles after deliver and is recommended after you are completely healed.

Bowel Movements: Constipation is common after delivery particularly with use of narcotic medications for pain control. Drink plenty of water and eat fiber rich foods. For many women a stool softener such as Colace is needed.

Circulation: Mild anemia is common after delivery and you will be directed by your doctor if you need additional iron. Swelling particularly in the legs is also common. Most often, this swelling will improve by about 2 weeks postpartum. If you develop redness or pain in either leg or asymmetric swelling, notify us so that you can be evaluated for a blood clot in that leg.

Mood: “Baby blues” are common directly after delivery. Please notify us if they are persistent or if you are experiencing significant symptoms of depression.

Breasts: Breast changes are expected. Wear a supportive bra. Watch for engorgement (fullness and tenderness) even if not breastfeeding. You can apply ice packs and take ibuprofen to relieve the pain. If fever accompanies pain and redness, please call us so you can be evaluated for mastitis.