



Your Guide
To A
Healthy
Pregnancy



Congratulations on your pregnancy!

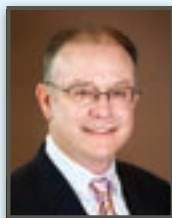
We welcome you to OBGYN North Dallas. We thank you for choosing us as your care provider. Our providers and staff are all dedicated to your health and we look forward to getting to know you better over the course of the coming months. Having a baby is one of the most memorable and important experiences for a woman. We will do all we can to ensure your pregnancy experience is safe, healthy and happy.

This booklet is provided to you to help answer common questions you may encounter along the way. We encourage you to keep it nearby as a resource throughout your pregnancy. You can also visit our website at www.obgynorthdallas.com for valuable information.

Thank you for placing your trust in our care.

The physicians of OBGYN North Dallas

Your Providers



Darrell E. Robins, MD



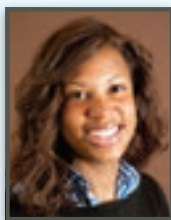
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Office Information

Office hours and locations

Office hours are Monday through Friday, 8:30 am to 5:00 pm. We are located:

**Texas Health Presbyterian Plano
Building 3
6124 W Parker Rd Ste 134
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How to contact us

You may call our main number at **972-981-7777** during normal office hours. If you need to contact the office on weekends or after business hours, you may call the same number and will be directed to the answering service.

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Your Prenatal Visits

These visits are a guideline and are subject to change at your doctor's discretion

Reminders:

We will need a clean catch urine sample at **EVERY** visit. Feel free to leave a urine sample while waiting. Write down any questions prior to your visit with the doctor so you won't forget them. Additional sonograms or antenatal tests of fetal well being will be performed as indicated.

*If having a scheduled c-section, Group B Strep & cervical checks may not be necessary.

Gestational Age Visit Will Include:

6-8 wks	Sonogram confirming pregnancy and estimated due date. • Lab work: OB Panel, Urine Culture, HIV test, Tsh, STD screen. • Review possible Genetic Testing such as Cystic Fibrosis/ Sickle Cell, Circulating Freefetal DNA. • Review medication list and hospital packet.
12-13 wks	Optional first trimester NT and/or blood work. • Discuss MT21/Panorama testing. • Listen to fetal heartbeat with doppler. • Go over any questions or concerns.
16 wks	Physical Exam (Undress Completely) • Doctor will perform Physical Exam/ Pap Smear. • Measure size of uterus and listen to fetal heartbeat. • Go over any questions/concerns. • (Optional gender sono, see page 4 for cost)
20 wks	Sonogram to evaluate fetal anatomy (heart, lungs, stomach etc. . .) • Find out gender of the baby. • Visit with doctor and go over any questions or concerns.
24 wks	Discuss Cord Blood Banking & Instructions regarding Diabetes screen. • Pediatrician referral list given. • Go over any questions or concerns.
28 wks	Lab work: Glucose Tolerance Test/ Complete Blood Count. • Measure height of uterus and listen to fetal heartbeat. • Go over any questions/concerns. • Schedule remaining visits for pregnancy.
32 wks	Measure height of uterus and listen to fetal heartbeat. • Receive Tdap vaccine. Go over any questions/concerns. • Begin every two week visits.
34 wks	Measure height of uterus and listen to fetal heartbeat. • Go over any questions/ concerns.
36 wks	Rate of Growth Sonogram. • *Undress Waist down for Group B Strep vaginal/rectal culture & cervical check to see if thinning and/or opening have begun. • Go over any questions/concerns. Begin weekly visits.
37 wks	*Vaginal delivery: undress waist down for cervical check. • Measure height of uterus and listen to fetal heart beat. • Go over questions/concerns.
38wks	*Vaginal delivery: undress waist down for cervical check. • Measure height of uterus and listen to fetal heart beat. • Go over questions/concerns.
39 wks	*Vaginal delivery: undress waist down for cervical check. • Measure height of uterus and listen to fetal heart beat. • Go over questions/concerns.
40 wks	*Vaginal delivery: undress waist down for cervical check. • Measure height of uterus and listen to fetal heart beat. • Go over questions/concerns.

Your Baby's Growth



Week 4

Your baby's body now has three distinct layers from which all of his organs will develop



Week 8

Your baby's tiny fingers and toes start to develop



Week 12

Your baby's facial features continue to become more defined, particularly his nose and chin



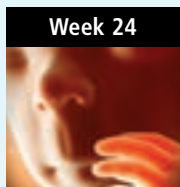
Week 16

Your baby's skeletal system and nervous systems start to coordinate movement



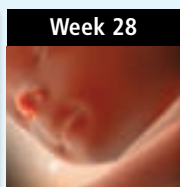
Week 20

Your baby's skin thickens and develops layers under the vernix



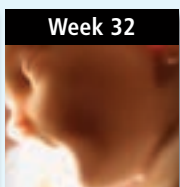
Week 24

Your baby's movements can reveal to your doctor more about your baby's development



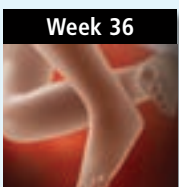
Week 28

Your baby is starting to take 20- to 30-minute naps



Week 32

Your baby's movements could start to change



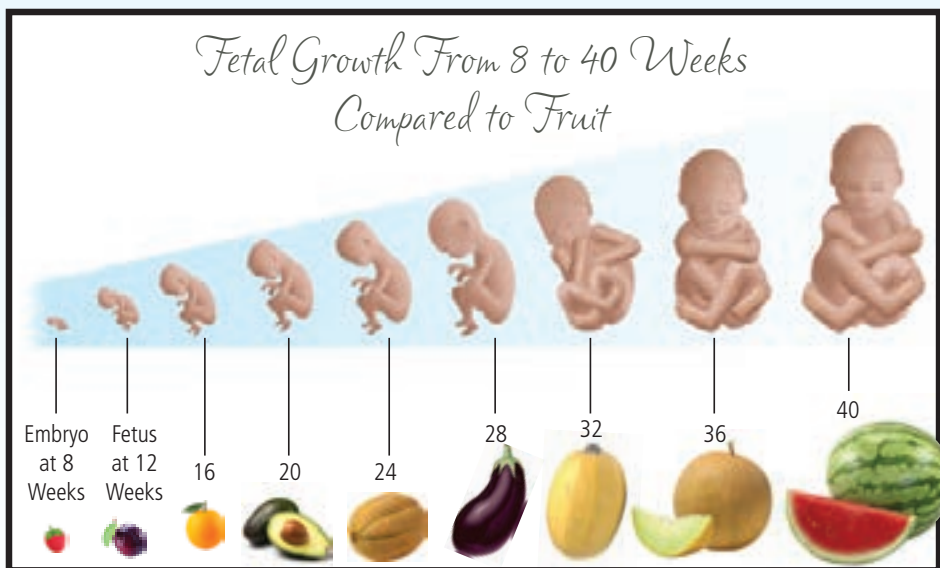
Week 36

Although your baby's bones are hardening, his skull remains soft and flexible for birth



Week 40

A surge of hormones in your baby's body could play a part in initiating labor



Prenatal Testing

Your family history or ethnic background may indicate a greater risk of a condition that could affect you or your pregnancy. You will have the option to test for the potential of some genetic diseases. Questions you may have regarding these tests can be discussed with your physician.

First trimester/nuchal translucency: this ultrasound and blood test is performed between 11-14 weeks. The test determines high or low risk for Down syndrome, Trisomy 13 and 18.

Cystic Fibrosis Screening: this blood screening test will determine if you are a gene carrier. Further testing is then required if the test is positive to find out if the baby has Cystic Fibrosis.

Glucose Tolerance Test: this blood test will screen for gestational diabetes.

Group B Step: culture screen for a bacterial infection commonly found in pregnant women.



Ultrasounds

Few things will be more exciting during your pregnancy than seeing your baby on ultrasound. We typically perform an ultrasound on your first visit to confirm due date. We recommend an ultrasound at 20 weeks to evaluate fetal anatomy. Additional ultrasounds will be performed based on medical need. Insurance will only cover this service if they are medically indicated. Optional gender ultrasounds are offered at 16 weeks for \$100.00.

The Rh Factor

We will test your blood for the Rh factor. If your blood type is Rh negative, then you may be at risk for Rh disease, which affects about 10% of patients. Rh disease is a pregnancy complication in which your immune system attacks the baby's blood and can result in a life threatening situation for the baby if left unknown. Fortunately, it can be prevented with a Rhogam shot which is given around 28 week's gestation.

Vaccinations

The Centers for Disease Control (CDC) recommends that women pregnant during the flu season receive the flu shot. Also, pregnant women who haven't had a dose of Tdap should get one after 20 weeks gestation. Tdap is a vaccine to protect mom and baby against tetanus, diphtheria and pertussis. Receiving the vaccine in pregnancy gives your baby extra protection against whooping cough which can be very dangerous for newborns.

Nutrition and Exercise During Pregnancy

Vitamins

We recommend prenatal vitamins for the duration of the pregnancy. These have been formulated to be better tolerated during pregnancy and will supply the greater amounts of folic acid and iron that you will need. If you choose to take an over the counter vitamin make sure that the following guidelines are met:

- Folic acid: at least 1mg/day. If you have a history of a pregnancy affected by a neural tube defect you should take 4mg of folic acid daily from before conception through the first trimester.
- Vitamin A: maximum of 5000IU/day before, during and after pregnancy.
- Iron: at least 27mg of elemental iron daily.
- DHA

Supplements are not recommended during pregnancy. Some have been found to be harmful. Supplements have not been studied in pregnancy and are not regulated in the same fashion as prescription drugs.

Iron Absorption

Iron absorption is optimal when iron supplements are taken on an empty stomach and not with food. It has been proven that certain foods can greatly inhibit the absorption of iron by as much as 1/3 to 1/2 compared to that on an empty stomach. It is therefore recommended that you take the supplements either one hour before or two hours after mealtime with a glass of water or juice (citric juice preferred). However, if you are experiencing difficulties taking iron supplements on an empty stomach because of nausea, your doctor may recommend that you take your supplements with a plain piece of toast or some saltine crackers. Your physician may even recommend that you reduce the dosing (number of times you take the pills per day) of your iron supplement to try and relieve the nausea. It has always been preferred to take iron in the fasting state, even if the dose must be reduced to relieve the side effects.

Food Products that Interfere with or Inhibit Iron Absorption

Tea	Milk or Dairy Products
Coffee	Eggs
Soda	Legumes (Peas & Beans)
Caffeine Products	Dietary Fiber (Bran & Lignin)
Protein	

Certain vitamin supplements and medications can also greatly reduce or inhibit the absorption of iron. These include prenatal vitamins, antacids, anti-inflammatory agents, and some antibiotics (see below). In order to insure optimal iron absorption, it is suggested that you do not take iron supplements together with any vitamins or medications. This will also prevent the iron supplement from reducing the therapeutic effectiveness of your medication and/or vitamins. It is usually recommended that you separate taking your iron supplements from other medications or vitamins by at least 2 hours (before or after).

Vitamins and Medications that Interfere with or Inhibit Iron Absorption

Antacids	Sulfanamides	Magnesium
Anti-Inflammatory Agents	Randitine	Cadmium
Chloramphenicol	Quinidine	Cobalt
Deferoxzmine	Calcium	Manganese
Penicillamine	Phosphate	Aluminum
Tetracyclines	Copper	

If you have any questions or are experiencing difficulties taking iron supplements, please contact your physician.

Weight gain

Weight gain is a necessary part of any normal pregnancy. Your recommended weight gain will be based on your pre-pregnancy weight and whether or not you have a multiple pregnancy. Your body mass index (BMI) determines recommended weight gain as below:

Your BMI: _____	Recommended weight gain range (lbs)
<18.5	28-40
18.5-24.9	25-35
25-29.9	15-25
>30	11-20
Twins/Triplets	35-45

For most people, a thirty pound weight gain is a good goal. A good rule of thumb is to gain 10 pounds in the 1st half of pregnancy and twenty pounds in the second half, or about a pound per week. This is usually obtained by eating an additional 100-300 calories per day.

Healthy Diet

Nutrient	Reason	Sources
Calcium (1000 mg)	Helps build strong bones and teeth	Milk, cheese, yogurt, sardines
Iron (27 mg)	Helps create the red blood cells that deliver oxygen to the baby and prevent fatigue.	Lean red meat, dried beans and peas, iron-fortified cereals
Vitamin A (770mcg)	Forms healthy skin, helps eyesight, helps with bone growth	Carrots, dark leafy greens, sweet potatoes
Vitamin C (85 mg)	Promotes healthy gums, teeth, and bones. Helps body absorb iron.	Oranges, melon and strawberries
Vitamin B6	Helps form red blood cells, helps body use protein, fat and carbohydrates	Beef, liver, pork, whole grain cereals, bananas
Vitamin B12 (2.6mcg)	Maintains nervous system, needed to form red blood cells	Liver, meat, fish, poultry, milk (only found in animal foods, vegetarians should take a supplement)
Folate (600 mcg)	Needed to produce blood and protein, helps some enzymes	Green leafy vegetables, liver, orange juice, legumes and nuts

Exercise

If you are currently exercising you can usually continue your current regimen at the same intensity as long as you are comfortable. Most people will benefit from 30 minutes of moderate exercise most days of the week. Moderate exercise should not make you breathless-you should be able to carry on a conversation during the activity. Common examples are walking, biking, swimming, water aerobics and yoga. It is important to avoid activities which involve a risk of falling or abdominal trauma. Avoid lying flat on your back, especially after twenty weeks. Avoid new and strenuous sports. Be aware that your exercise tolerance may change during the course of the pregnancy, and that changes in your posture and balance may put you at greater risk of injury. Be quick to adapt to these changes.



Pregnancy Effects on Your Body

Aches and pains – As your baby grows, backaches are common. You may also feel stretching and pulling pains in the abdomen or pelvic area. These are due to pressure from your baby's head, weight increase and the normal loosening of joints. Practice good posture, try to rest with your feet elevated, wear low heeled shoes and perform pelvic floor exercises. You may also treat pain with Tylenol, Vicks VapoRub and/or a heating pad. (BenGay or IcyHot are not recommended)

Breast changes – changes in early pregnancy are the result of vessel engorgement. Progesterone increases smooth muscle relaxation, causing the valves located in the veins to work less efficiently, which then causes them to become engorged with blood. Wearing a good support bra, properly fitted will help. If your breasts are large, wearing a bra while sleeping may be beneficial as well. If you have breast implants, check with your physician concerning the advisability of breastfeeding. Notify your doctor if you notice any breast or nipple bleeding.



Cramping/Abdominal Pain – cramps are not uncommon in early pregnancy. Mild, menstrual-like cramps happen to some women. A stretching/pulling, possibly sharp pain on the sides of your abdomen may be present at times and is due to the changing size and shape of your uterus and is called round ligament pain. If any cramps/pains become severe, persist for long periods of time, or are accompanied by bleeding or spotting, notify your physician immediately.

Constipation – Constipation occurs because food goes through the digestive system at a slower pace due to the effect of progesterone. Progesterone relaxes smooth muscle; therefore, food is propelled more slowly by the smooth muscle of the intestines. As food slows down, more water is absorbed from the contents of the colon, creating a harder stool. Iron, in your prenatal vitamins, can also contribute to constipation. Drinking more water and eating more fiber (raw fruits, veggies, bran cereal,

fruit juice) may help. You should NOT take laxatives. If constipation becomes a problem, ask your doctor to recommend a natural stool softener.

Discharge – vaginal discharge increases in pregnancy due to the rapid turnover of cells. It should be white and milky, odorless and non-irritating. You may be more comfortable wearing a panty liner. If the discharge becomes thick, odorous, itchy or colored, call the office. Yeast infections are very common during pregnancy and should be treated by your physician. Remember, even the simplest things should be handled differently during pregnancy. Notify the office immediately if you experience any sudden gush of fluid from your vagina.

Dizziness – Dizziness/faintness is caused by a decrease of blood flow to your brain. This happens because more blood is going to the uterus and the smooth muscles of your veins are relaxed, causing pooling in your legs. Low blood sugar can also contribute to faintness/dizziness. You can avoid this by changing your body position slowly (lying to sitting, sitting to standing) and by not standing in one position for long

periods of time. Eating frequent, small meals may also help. If you do feel faint, sit down immediately. If sitting does not help, lie down or put your head between your legs.

Fatigue – fatigue is caused in part by the sedative effect of progesterone. Your body will tell you how much sleep you need. Learn to listen and rest when you can.

Frequent urination – frequent urination is the result of increased kidney function to rid the body of waste products and toxins for two-you and your baby. You may want to avoid teas. Tea has a natural mild diuretic effect. A better choice would be herbal tea. Drink plenty of fluids (mostly water) to replace what you lose.

Hair – hair becomes thicker and grows faster due to hormone changes. Normally you lose 15-20% of your hair at any one time. During pregnancy, this rate of hair loss decreases to 10%. Because every woman is different, you may also react to hair color or dyes differently. You should avoid the fumes and unpredictability of metallic or permanent dyes. Highlighting is acceptable.

Headaches – headaches can be common throughout pregnancy. Tension, low blood sugar, mild dehydration or vascular effects of hormone changes may cause them. Eating frequent small meals, drinking plenty of fluids, Tylenol or relaxation techniques may help. You should inform your physician if your headaches are accompanied by blurred vision or are severe or continuous.



Heartburn – heartburn is caused by progesterone’s relaxation of the smooth muscle at the entrance of the stomach. This allows back flow of stomach contents into the esophagus. The esophagus reacts to the stomach acid with a burning sensation. Try to eat 5-6 smaller meals a day and avoid laying down immediately after eating. Some over-the-counter medications are also safe to use, but please call your physician if discomfort persists.

Hemorrhoids – hemorrhoids can easily occur in pregnancy due to increased pressure in the pelvis and changing hormones slowing the bowels. Keep stools soft with a high fiber diet and extra fluids. AVOID rectal straining and use stool softeners as needed. Over the counter treatment is sometimes helpful, but if bleeding occurs or symptoms are severe, consult your physician.

Leg cramps – cramping in your legs or feet can also be common. Eating bananas, drinking more lowfat/nonfat milk and consuming more calcium-rich foods like dark green vegetables, nuts, grains and beans may help. To relieve the cramp, try to stretch your leg with your foot flexed toward your body. A warm, moist towel or heat pad wrapped on a muscle may also help.

Mood Swings/Apprehension – Mood swings and apprehension are the result of both pregnancy hormones and your own variable and changing feelings about being pregnant. Talking to your partner or a friend, a gentle massage, reassurance that it is normal, and sitting in a quiet place while taking slow, deep, calming breaths may help.

Nails – Nails grow faster during pregnancy. Splitting and breaking can occur more easily. Keep nails short and use hand cream liberally.

Nausea/Vomiting – feeling nauseous during the first three months of pregnancy is very common. For some women, it can last longer, while others may not experience it at all.

See specific tips to help with nausea and vomiting on page 12.

Sleep Disturbances – Sleep disturbances can occur even in early pregnancy. The increased metabolism you are now having as well as the thermogenic effects of progesterone will cause an increase in body heat. Frequent urination may cause you to get out of bed several times at night. Heartburn can be more intense at night, while you are lying down. As the pregnancy progresses, the increase in abdominal pressure may increase the general discomfort you feel. Disturbing dreams also can occur throughout pregnancy. These are common and normal. You may have dreams that you miscarry, that something is wrong with your baby or that you will have problems in labor or delivery. These dreams mean nothing and are not predictors of things to come. Some of the things you can do is to try to relax, have a gentle massage before bedtime, drink chamomile tea at bedtime, do not drink caffeine after 3:00 pm, use an antacid one hour before bedtime and use “white” noise in your bedroom. You can also try to sleep with your head and shoulders elevated on extra pillows or a pregnancy pillow.

Skin – skin changes can occur during pregnancy. Although most changes occur later in pregnancy, some can be very early. These include: acne, dryness, pigmentation changes, spider or varicose veins, blotchy skin and increased sensitivity to cosmetics. Your growing body can increase the chance of varicose veins, especially as baby gets bigger and puts more pressure on your lower body. Avoid wearing garters and tight knee socks. Avoid standing for long periods and do not cross your legs while sitting. Walking may help circulate the blood in the legs. The increased estrogen levels in pregnancy can cause spider veins and blotchiness. Along with estrogen, increased levels of progesterone and melanocyte-stimulating hormone (MSH), a hormone that is responsible for skin pigmentation, cause an increase in skin pigmentation. This is more pronounced in women with dark hair. The increased levels of hormones can also cause increased oiliness or dryness of the skin. Every woman is different and there is no way to predict how the hormone changes will affect you. Using natural moisturizers, natural facial cleansers, or changing to natural cosmetics may help.



Spotting – light bleeding can be common, especially in the first 12 weeks of pregnancy. It may occur after intercourse, cervical exams, vaginal ultrasounds or strenuous activity or exercise. If the bleeding is heavy or is accompanied by pain, contact us immediately.

Swelling – because of the increased production of blood and body fluids, normal swelling, also called edema, can be experienced in the hands, face, legs, ankles, and feet. Elevate your feet, wear comfortable shoes, drink plenty of fluids and limit sodium. Supportive stockings can also help. If the swelling comes on rapidly, or is accompanied by headache or visual changes, contact us immediately.

Urinary tract infection – urinary tract infections occur in up to 10% of pregnancies. Please notify us if you are having symptoms such as painful urination, urinary frequency or urgency, blood in your urine, fever, and/or chills.

Vision – Your vision may also be affected as the cornea of the eye thickens due to water retention. Some women even experience vision changes early in their pregnancy. If you wear contact lenses, you may find them more difficult to tolerate as your pregnancy progresses.

NAUSEA & MORNING SICKNESS

Nausea and vomiting are common to occur during the early months of pregnancy. Although it's frequently referred to as morning sickness, it can occur any time of the day or night. Usually it disappears after the third month.

Morning sickness is actually the result of the influence of increased amounts of estrogen and progesterone that are produced by the ovaries early in pregnancy. Because of the increasing levels of these hormones, the secretory cells in the stomach increase their production of gastric juices. But at the same time, the bowel slows down in the ability to empty the contents of the stomach. This causes a feeling of nausea and in some cases vomiting.

To PREVENT morning sickness, try the following suggestions until you find one that works for you.

- Eat a piece of bread or a few crackers before you get out of bed in the morning (put them close to your bed the night before) or when you feel nauseated.
- Get out of bed slowly. Sit on the side of bed before standing, avoid sudden movements.
- Have some yogurt, cottage cheese, juice or milk before you go to bed, or before you get up.
- Eat several small meals during the day so your stomach does not remain empty for very long.
- Eat high protein foods: eggs, cheese, nuts, meats, yogurt, peanut butter, etc. As well as fruit and fruit juices. These foods help prevent low levels of sugar in your blood, which can also cause nausea.
- Eat a high protein snack before bedtime.
- Drink soups and other liquids between meals instead of with meals.
- Avoid greasy or fried foods. They're hard to digest. Avoid spicy, heavily seasoned foods.

To REMEDY morning sickness, try these suggestions:

- Sip soda water (carbonated water) when you begin to feel nauseated.
- Get fresh air: take a walk, sleep with a window open, use an exhaust fan or open a window when you cook, take deep breaths.
- Drink spearmint, raspberry leaf or peppermint tea.
- Try eating popsicles if you are having difficulty keeping liquids down.
- Try any of the suggestions listed above under PREVENTION.

If vomiting persists, or it becomes difficult to retain food or liquid, you should consult your physician. Anti-nausea medications available over the counter should be AVOIDED unless your physician prescribes them.

Common Questions in Pregnancy

When will I feel my baby move?

Sometime between 16-25 weeks of pregnancy, mothers will begin to feel movement. Initially movements will be infrequent and may feel like butterfly flutters. As your baby grows, you will feel movement more often.

Why am I so tired? What is the best sleep position?

It is normal to feel more tired. You may also notice you need more sleep than usual. Try to get at least 8-10 hours of rest per night.

Try to sleep on your side to allow for maximum blood flow to your baby. Lying on your back can cause your blood pressure to drop. You may also find it helpful to put a pillow behind your back and between your knees to improve comfort. As your pregnancy progresses, use more pillows and frequent position changes to stay comfortable.

Can I use a Jacuzzi?

Using a Jacuzzi or whirlpool bath is not recommended during the 1st trimester and should be limited to 15 minutes or less in the 2nd and 3rd trimester with the water temperature not exceeding 100 degrees.

Can I travel?

Any kind of travel is possible. If going long distances, stop around every 2 hours to walk around, increase leg circulation, and empty your bladder. If your pregnancy is uncomplicated, your physician may allow travel until your 34th week.

Can I care for my pets?

Yes, but avoid changing litter boxes or use gloves. Toxoplasmosis is a rare infection that you can get from cat feces.

What do I need to know about dental care?

Hormone changes can increase your chance of gum disease, which in turn can affect you or your baby's health. Please continue to receive routine dental care. X-rays are fine, as long as your tummy is well shielded. Minor procedures are allowed, however avoid epinephrine if local anesthetic is used. Some dentists require a note from our office before your appointment.

Can I exercise?

30 minutes of exercise is recommended daily in uncomplicated pregnancies. You may continue activities you are already accustomed to. You may start new ones at a slow rate. Take care to avoid exhaustion or overheating.

Can I have sex?

There is no risk in having sex unless you are having complications or sex becomes too uncomfortable. Please speak with your physician if you have concerns.



Safe Medications During Pregnancy

Note: Use medications sparingly in the first 14 weeks of pregnancy. Call if fever 100.4 F or greater, or if symptoms worsen 972-981-7777.

Allergies/Nasal Congestion

Actifed
Albuterol inhaler
Allegra
Benadryl
Chlortabs
Chlor-Trimeton
Claritin
Flonase
Nasacort
Pulmicort
Rhinocort
Saline nasal spray
Singular
Sudafed
Zyrtec
Zyrtec D

Cold /Aches/Fever/ Cough/Flu

All Tylenol Products
Dayquil
Delsym
Mucinex DM
Robitussin(AC, DM, DF)
Theraflu
Throat Lozenges
Triaminic

Vicks Formula 44
Vicks Vapor Rub
Zicam

Hemorrhoids

Anusol
Preparation H
Tucks
Analpram
Proctofoam

Yeast infection

Monistat

Gas/Indigestion/ Heartburn

Beano
Gas X
Maalox
Mylanta
Mylicon
Nexium
Pepcid AC
Phazyme
Prevacid
Prilosec
Rolaids
Tums
Zantac

Constipation/Stool Softener

Benefiber
Citrucel
Colace
Correctol
Dolcolax
Doxidan
Fiberchoice
Fibercon
Metamucil
Milk of Magnesia
Miralax
Peri-Colace
Senokot

Diarrhea

Immodium
Kaopectate
Lomotil

Nausea/Vomiting

Emetrol
Nestrex
Phenergan
Zofran
Unisom
Dramamine

When to Call the Doctor

If you experience any of the following, please contact us:

- You are bleeding from the vagina or nipples.
- You experience excessive or sudden weight gain, or have a puffy face or hands.
- You have a severe, continuous headache and/or blurred vision.
- You have sharp/continuous abdominal pain.
- You have severe, continuous vomiting.
- You have chills and/or a fever of 100.4 degrees or higher.
- You have a sudden gush of fluid from the vagina.
- You have abdominal trauma or a car accident.
- You have decreased fetal movements after 24 weeks.
- You have a urinary tract infection.
- You have contractions greater than 6 times an hour and you are under 36 weeks.

What to Avoid in Pregnancy

Smoking

Smoking cigarettes during pregnancy increases the risk of placental abnormalities, preterm rupture of membranes, and low birth weight at delivery. It also increases the risks of SIDS (sudden infant death syndrome) in newborns and the risk of asthma in childhood. Smoking cessation is highly recommended. Medical assistance and counseling may be appropriate and should be considered.

The effects that smoking has on your baby continue once you have delivered. Children exposed to smoking in the home have higher levels of lung problems such as asthma, pneumonia, or bronchitis. They also suffer more ear infections than children not exposed to smoking.

Alcohol & Drugs

There is no known safe amount of alcohol to consume during pregnancy. Incidental exposures are common before pregnancy is diagnosed. Once pregnancy is confirmed, alcohol consumption is not advised. Fetal Alcohol Syndrome results in fetal growth retardation, facial abnormalities, and possible brain dysfunction.

Substance abuse carries risks depending upon the substance itself, but no abused substance benefits a pregnancy. Identification of a problem before delivery can help improve pregnancy outcome.

Certain Foods/Drinks

Some foods/drinks should be avoided in pregnancy:

- Raw meats-Avoid uncooked seafood and undercooked beef or poultry due to risk of bacterial contamination, toxoplasmosis and salmonella.
- Raw eggs or any foods containing raw eggs can be contaminated with salmonella.
- Soft cheeses-Imported soft cheeses may contain listeria (soft cheeses that are pasteurized are safe)
- Unpasteurized milk-This may contain listeria.
- Caffeine-Limit caffeine intake to equivalent of one cup of coffee per day.
- Lunch meat-unless heated through
- Seafood-see below

Seafood is an important part of a healthy diet, but chemicals in some may be hazardous to you or your baby's health. Eating large amounts of seafood containing chemical pollutants could cause birth defects, liver damage, and other serious health issues. To reduce your risk, follow federal advice below. For additional guidance on the proper selection, cleaning and cooking of noncommercial fish see the brochure "Should I Eat the Fish I Catch? : A guide to healthy eating of fish you catch" from the U.S. EPA on www.epa.gov/ost/fish or call 1-800-490-9198 and request document #EPA 823-B-97-009.

Information provided by: Agency for Toxic Substances and Disease Registry

The FDA recommends pregnant women eat two 6 ounce servings per week for their complex proteins, Vitamin D, and omega-3 fatty acids. Using computer modeling, the Environmental Working Group applied these recommendations to mercury risk standards suggested by the National Academy of Sciences and the EPA. The following fish are grouped by those results: safe (lowest in mercury), eat in moderation (no more than 1 serving per month) and avoid if pregnant.

Safe

Pacific salmon
Farmed trout
Farmed catfish
Shrimp
Flounder
Fish sticks
Croaker
Mid-Atlantic blue crab
Haddock

In Moderation

Canned tuna
Mahi-mahi
Blue mussels
Eastern oysters
Cod
Pollock
Great Lakes salmon
Gulf Coast blue crab
Channel catfish (wild)
Lake whitefish

Avoid

Swordfish
King mackerel
Shark
Tilefish
Tuna steaks
Sea bass
Gulf Coast oysters
Marlin
Halibut
Pike
Walleye
White croaker

Preparing for Delivery

Registering for Hospitalization

Information on registering for delivery is included in the hospital folder. We encourage patients to do this before 30 weeks.

Registering for Prenatal/Childbirth Classes

A variety of classes are offered by the hospital and a brochure is included in the hospital folder. Most people find these helpful. Consider starting these in the beginning of your 3rd trimester. Register early, these classes can fill quickly.

Schedule a Labor & Delivery Tour

Couples that do not wish to attend a childbirth class but would like a tour of maternity services can schedule a class to visit Labor & Delivery, Postpartum and the Nursery.

Selecting a Pediatrician

Most patients choose their pediatrician prior to delivery. You are welcome to select any pediatrician or family physician you would like. We can also provide a list of recommended pediatricians on staff at this hospital. If your pediatrician is not "on staff" at this hospital, a temporary pediatrician may be assigned to see your baby during your hospital stay.

Short-Term Disability

Most employers will request disability paperwork to be completed by the physician for maternity leave. Please be aware there is a fee for all forms. Please allow up to 2 weeks for completion of these forms.

Umbilical Cord Blood Banking

Stem cells are precursor cells that eventually change into other types of cells. Your baby's future stem cells can be collected from the umbilical cord at birth and saved for future use. Stem cells may be used to treat many diseases, and they may have an even greater number of uses in the future. Several companies offer storage service for a fee. If you are interested in saving or donating your baby's umbilical cord blood you must arrange for this service prior to delivery.



Delivering Your Baby

Delivery

As you get closer to your due date we will discuss what to expect when labor starts. You should call the office if you think you may need to go to the hospital for labor. Once you are in L&D, the nurses will perform an initial assessment of you and the baby. You will be put on monitors for the baby's heartbeat, contractions and have your cervix examined. Once we have made the diagnosis of labor we will manage your labor according to your progress and the baby's response to labor. This may involve the use of medication to help your contractions. You may also request pain relief during labor. We have anesthesia services available at all times. Most women choose to have an epidural placed during labor. Some women may choose medication in their IV for pain control. These are options which you can discuss with your physician, the L&D nurses, and the anesthesia staff.

Once your cervix is completely dilated, you will begin pushing. This is the hardest part of the delivery process. You will want to have a support person to encourage you. Your nurse will be your greatest resource during this time. Certain conditions may arise in which we will offer assistance by using forceps or the vacuum to deliver the baby. As the delivery of the head nears, your physician will decide on the need for an episiotomy and advise you of this. After the baby's head delivers your physician will clear the mouth and nose, deliver the rest of the baby, then clamp the cord. Please discuss with your partner whether they want to cut the cord. Your physician will then hand the baby to the pediatric nurse. Your physician will then collect umbilical cord blood (if pre-arranged), deliver the placenta, and repair any episiotomy or injury. Your recovery period will last approximately 1 hour after delivery. You will then be transferred to the postpartum unit.

If you are having a scheduled c-section or the need for a cesarean delivery develops during your labor, you will be taken to the operating room. Your epidural provides the necessary anesthesia during surgery. Your physician will make an abdominal incision and then go through several tissue layers to reach your uterus. A uterine incision is made and the baby is delivered through this incision. The nurses will take care of your baby while the physicians finish the surgery. You will then return to a L&D room before being transferred to the postpartum unit.

Recovery

Your recovery period in the hospital is usually 2 nights for a vaginal delivery and 3 nights after a c-section. During this time you will be monitored to insure that your body is appropriately beginning to return to a non-pregnant state. The nursery staff and your pediatrician will monitor the baby's transition to life outside the uterus. You will have medications ordered to help you with common postpartum problems. The nurses will prepare you for what to expect when you go home and we will instruct you on follow up in our office.

Breastfeeding

Whether you breastfeed or not is a very personal choice and is your decision to make. The hospital has a great breastfeeding program and a majority of our patients are breastfeeding upon discharge. You will have the opportunity to attend breastfeeding classes after delivery and will have access to our lactation consultants both during and after your hospital stay. The hospital also operates a breastfeeding store adjacent to the newborn nursery.

Circumcision

Neonatal male circumcision is an elective surgical procedure performed during your hospital stay. Circumcised males have a lower risk of urinary tract infections in the 1st year of life, a lower risk of some viral infections, and a lower risk of penile cancer. These benefits are not great enough to make it a medically indicated procedure. Circumcision carries with it the risks of bleeding, infection, and injury just as any surgery does. Our physicians perform this procedure under local anesthetic and use a clamp that is removed after the procedure is completed. Care is relatively simple and will be reviewed by the nursery staff before you are discharged.

Postpartum Instructions

These discharge instructions are designed to answer frequently asked questions about your post-partum recovery period.

Day Of Hospital Discharge. When you go home from the hospital you will have had enough exercise and enough excitement for the day. It would be advisable for you to go to bed at home and rest for the remainder of the day - NO visitors.

General Activity. In general, it usually takes from six to eight weeks from the time you have had a baby until you have completely returned to normal. Recovery is a progressive process and you will feel better and stronger each day. For the first two weeks after you return home, some rest each day is extremely important and you may gradually increase the amount of activity each day, but strenuous work, heavy lifting, and excessive social activity should be strictly avoided. The custom for a new mother to entertain a large number of visitors in first two weeks is undesirable from both mother's and baby's point of view. By the end of the first week at home, you may be walking the baby outside and riding in the car. By the end of the second week, you may be driving the car for short distances and you may go shopping by the end of the third week. But it is important to be sensible and do things in moderation. If you are in any doubts as to whether you should be doing something, then the best advice is not to do it. It is usually possible to return to ordinary employment about four to six weeks after the baby is born.

Stitches. Should your stitches continue to bother you after you go home, relief may be obtained by:

- Sitz bath: soaking twenty minutes in a tub containing seven to eight inches of plain warm water and repeating this three times a day.
- Adjusting the perineal pad so that it does not rub up against the stitches.
- Applying medication locally to the stitches after each sitz bath.

Breasts. If you are not nursing and your breasts are full, bind your breasts up tightly against the chest wall using an Ace bandage. Apply ice packs to each breast frequently (at least an hour, three or four times a day) and take one or two Tylenol tablets every four to six hours as necessary to control breast discomfort. They should go down in 24 to 48 hours. Occasionally, in ten or twelve days, milk will reappear in the breasts and the same treatment is indicated (pills or hormone injections do not help at this time). If there is an area on either breast that becomes red, hot, tender or if you have fever, notify us immediately. If you are breast feeding and you are having difficulty, please contact your pediatrician or a lactation consultant.

Mood And Diet. Emotions are apt to fluctuate widely after having a baby and the "baby blues" are not uncommon, but you are less likely to get them if you avoid fatigue. It is important that you continue to take the prenatal vitamins and iron capsules if you are breast feeding. A sensible diet continues to be important.

Perineal Care. With bowel movement, as always, wiping should be carried out in a direction away from the vagina. After each bowel movement or urination, a "pitcher douche" (pouring warm water from a pitcher over the genitalia and then patting dry with either cotton or facial tissue) is recommended for the first week after the baby is born.

Vaginal Discharge. Some vaginal bleeding or discharge, called lochia, will usually occur for two to four weeks and occasionally be longer. At first it will be quite red, changing gradually so that about eight days after the baby is born, it will be pink in color and two or three days later, yellowish in appearance. It will have a slight odor and disappear in three to six weeks. Sometimes with excessive activity, the lochia may return to a red color for several days. Douching is not advised.



Hemorrhoids. Hemorrhoids that appear for the first time in late pregnancy or as a result of delivery, will usually get better and disappear. In the acute stage they will respond well to sitz baths and local medication such as tucks or other over-the-counter medications. Avoid straining. Do not read on the commode. Keep bowel movements soft by drinking six to eight glasses of water a day and adding bran or other fiber to your daily diet.

Constipation. Occasionally there is a tendency toward constipation during the first few weeks. This is easily overcome by re-establishing proper dietary habits including six to eight glasses of water a day, and roughage in your diet such as celery, lettuce, greens, etc. Also, adequate intake of citrus fruits and eating figs, dates, prunes or bran. If necessary, take Surfak (stool softener), one capsule every morning as needed for sluggish bowels or Doxidan (laxative), 1 or 2 at bedtime for constipation. (Both of these are available at the pharmacy without a prescription.)

Abdominal Cramps. By the time that you go home, cramping should be less uncomfortable. If they are still causing you some bother, they are usually adequately controlled by taking Tylenol every four hours as necessary or using Darvocet if severe.

Menstruation. The return of the menses after childbirth is quite variable and may take up to six months to re-occur. Usually, nursing mothers have reappearance of the menses in two and a half to three months, while non-nursing mothers usually start to menstruate in about four to six weeks. The first period is often abnormal and may be very profuse with clots. It may start and stop and start again, but by the second period, it is usually normal, although it may take a few months for a normal cycle to be re-established. It is possible for the cycle to differ somewhat in length from previous cycles. Remember, the possibility of conception exists at any time after childbirth or while breastfeeding the infant. Nursing mothers are no exception.

Sexual Intercourse. Sexual intercourse should not occur until after 6 weeks and clearance from your physician.

Contraception. Be thinking about birth control to be used post-delivery. IUD insertion should be done at 6-8 weeks post-delivery. Birth control pills may be started at four weeks post-delivery.

Abdominal Support And Exercise. Exercise to improve the muscle tone of the abdominal musculature may be started when the baby is two weeks old.

Travel. After the baby is two weeks old, there are no contraindications to travel except possible overexertion and fatigue. If a long automobile trip should be necessary, it is advisable to get out of the car at frequent intervals (about every hour) and walk for several minutes to maintain adequate circulation.

Post-Partum Medical Care. Please call the office to make an appointment for your four week post-delivery visit or two week post C-section visit. At this time you will have the opportunity to discuss any problems that you may wish to bring up. At four weeks post-delivery a pelvic examination will be performed to be certain that you have healed and that your cervix and uterus have returned to normal. Pap smear should be done three months post delivery.

Future Health. Following discharge as an obstetrical patient, you should have a pap smear and breast examination once a year. A periodic health check-up and cancer test are your insurance for a long and healthy life.

Postpartum Depression

40-80% of women experience mood changes after their delivery. This most commonly starts at 2-3 days after delivery and usually goes away within 2 weeks. It is important to eat properly, get adequate sleep and reduce stress during this time to help with the symptoms. Some examples of symptoms are mom not bonding with the baby; unable to care for herself or the baby; feeling excessive sadness, depression or anxiety. Postpartum depression is a more severe form of this that may need medical attention. If you feel your mood is affecting your ability to perform your regular daily activities or making you feel uncomfortable with your thoughts, please contact us or see the attached Pregnancy/Parenting and Depression Resources list.



Pregnancy, Parenting and Depression Resource List

The Texas Legislature passed HB 341, Parenting and Postpartum Counseling Information, in the 78th Regular Legislative Session (2003). This law, effective Sept 1, 2003, requires physicians, midwives, hospitals and birthing centers who provide prenatal care to a pregnant woman during gestation or at delivery to provide the woman with a current resource list of professional organizations that provide postpartum counseling and assistance to parents. The list is maintained by the Texas Department of Health (TDH). In addition, it must be documented in the patient's chart that she received this twice, once at the first prenatal visit and again after delivery. For more information on HB341 or postpartum depression, please contact the Perinatal Health Program at 512-458-7796.

This list contains the names and addresses of professional organizations that can help you find a local resource that meets your needs. There are also some toll-free assistance phone lines. The list will be updated regularly. If you do not see an organization on this list that you feel comfortable contacting, we encourage you to check with your health care provider or a clergy member as he or she may be able to give you some ideas as well.

Health & Human Services Commission

Information & Referral information
www.hhsc.state.tx.us/tirn/tirhome.htm

Center for Parent Education, University of North Texas

www.unt.edu/cpe
Contact: Arminta Jacobson at 888-662-7457
Email parenting@unt.edu or fax 940-369-7955

Toll-Free Telephone Assistance Lines

Texas Department of State Health Services
Family Health Services, Information & Referral Line
1-800-422-2956

2-1-1 Texas

2-1-1 Texas, formerly First Call for Help, is a service for the entire community. 2-1-1 is the new abbreviated dialing code for free, bilingual information and referrals to health and human services and community organizations. 2-1-1 serves as the number to call for information about community organizations, and it links individuals and families to critical health and human services provided by nonprofit organizations and government agencies in their own community. 2-1-1 Texas is currently available statewide.

On-line Assistance

Texas Information and Referral Network
www.hhsc.state.tx.us/tirn/tirhome.htm

Collin County Resources

Supporting Moms
www.supportingmoms.org

Dallas County Resources

Dallas Association for Parent Education
777 S. Central Expressway, Ste 1-T
Richardson, Texas 75080
Phone: 972-699-0420
www.dallasparents.org

Mental Health Association of Greater Dallas

624 N. Good-Latimer, Ste. 200
Dallas, Texas 75204
Phone: 214-871-2420
www.mhadallas.org

Tarrant County Resources

Mental Health Association of Tarrant County

3136 W. 4th Street
Fort Worth, Texas 76107
Phone: 817-335-5405
www.mhatc.org

Additional Notes and Questions for my Doctors

If you have additional questions, or need information on another topic, please take note and ask the nurse or doctor at your next appointment. We ask that when you call the office or if you have an emergency and need to speak to the doctor on call that you please have a pharmacy number available so that prescriptions can be called in if necessary. It is also important that we speak to you directly if at all possible.

My Pharmacy and Phone Number: _____



Suggested Items for Your Hospital Bag

Toiletries

- Shampoo
- Conditioner
- Hair dryer
- Facial cleaner
- Any special soaps or lotions which you may use
- Deodorant
- Lip balm
- Supplies to clean your contact lenses (if necessary)
- Makeup (if you desire)

Night Clothes

- Nightgown (if you plan to breast feed, make sure that it will accommodate this)
- Bathrobe
- Slippers
- Warm socks
- Supportive, full-coverage bra (to prevent engorgement)

Clothes to wear home

- One loose-fitting, comfortable outfit

Baby Clothes

(The hospital will provide t-shirts, blankets and diapers while the baby is in the hospital but, they will not let you take any of the clothes or blankets home. Therefore, you will need one outfit for the baby to go home in.)

- T-shirt or "onesie"

- Blanket
- Appropriate outerwear, depending on the season
- DO NOT FORGET THE CAR SEAT!!!!**

Dad's Bag

- Razor
- Pajamas or shorts (even if you don't wear them to sleep in at home, you will want them here as nurses and doctors will be walking into your room often while you are still asleep)
- Comfortable clothes

Miscellaneous Items

- Glasses (you may need to remove your contact lenses)
- Camera and video recorder (make sure you bring extra film, batteries and any plug-in adapters which may be necessary)
- Music and appropriate equipment to play it on (some women find light music soothing during labor)
- Telephone numbers of family and friends that you will want to call
- Paper and pencil to write down all the information that we will be telling you before you go home (future appointments for you and baby, etc.)
- Snacks for your birthing coaches (if you can stand to see them eat in front of you when you will only be allowed ice chips)

Other Items: _____



OB/GYN

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www.obgynnorthdallas.com