TO: NEW OBSTETRICS PATIENTS

Congratulations on your pregnancy! Pregnancy is an exciting time when you will experience a lot of physical and emotional changes. You will have lots of questions. Listed below are answers for some common concerns. This reference is only offered as a general guideline. Different answers may apply to women with special problems in pregnancy (e.g. twins or diabetes), and this list is not comprehensive. It does contain a great deal of helpful information to be used throughout your pregnancy. Keep it in an accessible place and refer to it often. You may even want to bring it to each visit.

A special word of advice: if you have questions or uncertainties, please ask us, your doctors. Although well intended, advice from family, friends, and even strangers, is often inaccurate and can create unnecessary anxiety or confusion. As your physicians, we are always available and willing to answer any questions you may have. To become Board Certified Obstetrician-Gynecologists, we completed four years of college, four years of medical school, four years of specialty training in OB/GYN, two and one-half years of clinical practice and took both written and oral examinations. We welcome your questions and are confident we can handle them when they arise.

COMMON CONCERNS

1. Call Coverage

The physicians have designated call days and nights. When on call each doctor is responsible for patients in labor and has no clinical duties in the office. You are encouraged to schedule appointments with each doctor during your pregnancy to familiarize yourself with every member of our close-knit team.

2. Contacting your doctor

Non-emergency questions during office hours: 312-943-3300

You will usually be able to speak directly with a medical assistant and can always leave a message. Either way, one of the doctors will respond within 24 hours and usually much sooner.

Emergency calls or onset of labor during office hours: 312-943-3300

Follow instructions guiding you directly to our office staff.

Emergency calls after business hours or on weekends: 312-649-2975

Leave a detailed message with the answering service. If you do not get a call back within 15 minutes, call again. If you are still unable to reach your doctor and it is a true emergency, call Prentice Labor and Delivery at 312-472-0800.

3. Diet

In pregnancy, you are not eating for two. A healthy woman of normal body weight can meet her nutritional demands in pregnancy by eating a balanced diet while adding a single glass of milk to each meal. Your elemental calcium needs are 1200 mg per day. If you do not tolerate

milk, drink orange juice with calcium or take Tums with each meal. Try not to take more than three Tums per day.

Tums have added calcium and will also help with heartburn. Multivitamins such as Centrum or One-A-Day are adequate to meet your nutritional requirements. A prenatal vitamin with iron supplementation can also be prescribed. Eat a high fiber diet rich in fruits and vegetables and at least two protein/meat servings per day (fish, poultry or lean beef). Do not eat raw or undercooked meat of any kind. Pregnant and nursing women should specifically avoid shark, swordfish, king mackerel, albacore tuna and tilefish because of high mercury concentrations in these species. Limit consumptions of freshwater fish caught by friends and family to a single 3-6 oz serving each week. Notify your doctor if you are a vegetarian or vegan, if you have any history of an eating disorder, or if you are extremely underweight or obese.

Caffeine: 2 cups or less per day of coffee. (A standard-sized cup containing 100mg of caffeine – not a giant "super-charged" glass of Starbuck's). Try for similar goals with soda or tea.

Nutrasweet: Nutrasweet has been around over 10 years – there are no reported adverse effects. Nonetheless, we recommend trying to limit your consumption. Women with phenylketonuria, who required a special childhood diet, should not consume Nutrasweet during pregnancy.

4. Weight Gain

Ask your doctor but general guidelines for women are:

If underweight, your goal is 28-40 lbs
If normal weight, your goal is 25-35 lbs
If overweight, your goal is 15-25 lbs

The average woman gains about 8 pounds in the first 20 weeks of pregnancy and about 1 pound per week in the last 20 weeks. (Remember that pregnancies last 40 weeks from your last menstrual period). Avoid gaining more than 1 pound per week in the second and third trimesters to avoid an excessively large infant and to avoid postpartum weight problems.

5. Exercise

Joints become lax in pregnancy. You are at an increased risk for back or joint injury. Your change in size, shape and posture may make you less agile.

Moderate exercise is recommended. Warm up first. Limit exercise to 30-45 minutes, four to five days per week. Swimming, walking, stationary bikes and low-impact aerobics are ideal. Avoid more dangerous activities such as water skiing, snow skiing, and scuba diving. Work to maintain fitness – do not get overheated or push yourself to your limits. Monitor your heart rate closely during exercise. Heart rate guidelines in pregnancy depend on your pre-pregnancy level of fitness. If you were not physically active prior to pregnancy, you should generally avoid heart rates over 140 beats per minute. Otherwise, the general guideline of being able to talk comfortably during exercise is acceptable for physically fit women.

6. Bathing

Baths or showers are fine. Avoid saunas, hot tubs, Jacuzzis, and steam rooms.

7. Travel

If your pregnancy is without complications (ask your doctor), you may travel domestically up to the last month of pregnancy (36 weeks) and internationally up to 32 weeks of pregnancy. Get up and walk around every 2 hours to stretch your legs and help prevent blood clots.

8. Sex

With the exception of certain pregnancy complications (e.g. preterm labor, placenta previa, twins, ruptured membranes), you may engage in sexual activity, including intercourse, throughout the pregnancy. Ask your doctor, if you have any concerns.

9. Cold symptoms

Sudafed (Pseudoephedrine hydrochloride)
Tylenol (regular or extra strength)
Benadryl (diphenhydramine)
Chlortrimeton
Guaifenesin cough syrups (e.g. Robitussin or Dimetap)

Tylenol Cold or Tylenol Allergy/Sinus contains useful combinations of the above drugs. **DO NOT** take aspirin or ibuprofen or combination medicines containing these drugs unless your doctor instructs you to.

Consult your doctor for a fever greater than 100.4 degrees F and symptoms suggesting more than just the common cold. Nosebleeds are common in pregnancy and quite often occur with nose blowing.

10. Headache

Headaches are common in the first and second trimesters. You may take regular or extra strength Tylenol (acetaminophen) throughout pregnancy. Always call your doctor when headaches do not respond to Tylenol, especially in the third trimester of pregnancy.

11. Constipation

Eat a high fiber diet and lots of fruits and vegetables. If needed, you may use Metamucil, Fibercon, Colace, Senekot, or Miralax.

12. Nausea/Vomiting

You may take an over the counter medication called vitamin B6 25 mg 3 times a day, or 1 gram/day of gingerroot supplement from a natural food store. Unisom at bedtime can also help.

13. Warning signs in pregnancy which would warrant a phone call

A. *Vaginal bleeding*

B. *Uterine contractions* more than four times in an hour while at rest, if you are less than 34 weeks. Often contractions will stop if you empty your bladder, lay on your left side and drink plenty of fluids. If you are having four or more contractions an hour, first try these things and see if they stop. If contractions persist, call your doctor. Infrequent uterine contractions in the *absence of bleeding* are harmless.

C. *Rupture of membranes,* (breaking the bag of waters). If you think the bag of waters has ruptured, call whether you are preterm or full term. This usually feels like a big gush of fluid or persistent trickle of fluid from the vagina. It is often confused with incontinence of urine. Pregnant women frequently have episodes of urine loss when they bend over with physical activity such as tying shoes, getting in and out of the car, and getting in and out of bed. It is always worth investigating. If you are unsure, call the doctor.

D. *Decreased fetal movement* in the third trimester – after 24 weeks. Babies should move on a regular basis; however, they also have periods of sleep when they are quiet. During the times of day when your baby is active, you should feel at least 10 movements or kicks in a two-hour period. If the movement count falls short of this, particularly at the time of day when your baby is normally active, you should call your doctor. It is important after 28 weeks to be aware that the baby is moving morning, noon, and before bed.

14. Ultrasound

Ultrasounds are used for dating pregnancies, assessing growth of the fetus, checking for twins, and checking for certain types of birth defects. Your doctor will discuss the need for an ultrasound during your pregnancy. There is currently controversy about the need for routine ultrasounds in the United States. In general the doctors in this practice like to get at least one ultrasound between 16-21 weeks of pregnancy to visualize development of major fetal structures and to confirm the gestational age. There may be additional need for ultrasounds at earlier and later gestations. Not all insurance companies pay for routine ultrasounds. It is your responsibility to check on this so that if an ultrasound is ordered, you will know whether you or your insurance company will be responsible for the payment.

15. Genetic and neural tube defect testing/screening

Genetic and neural tube defect testing/screening is a complicated topic we will discuss with you during an office visit early in your pregnancy. There are a variety of screening and diagnostic tests currently available. Different tests will be applicable depending on your age and ethnic background. No one set of tests is right for every patient, and you are free to decline all testing if you choose. To help you and your family make this important set of decisions, your doctor may also refer you to a genetic counselor.

16. Diabetes screening

At 24 – 28 weeks of pregnancy, you will be screened for gestational diabetes (diabetes that is first diagnosed during the course of a woman's pregnancy). There are different techniques by which to screen for gestational diabetes. Your doctor will discuss your individual circumstances at the appropriate time.

17. Pediatricians

In the red folder you were given a list of pediatricians who are on staff at Prentice Women's Hospital and at Children's Memorial Hospital. You are welcome to use this list to help you in choosing a pediatrician. Talk to your doctor when you are approximately 32-34 weeks pregnant so that we can help you select a pediatrician. This is an appropriate time for you to start your selection process. If you live some distance from the hospital and wish to eventually use a pediatrician in the surrounding suburbs, you will still need to designate a pediatrician with privileges at Prentice to examine your newborn before you go home.

18. Labor and Delivery

The following are general guidelines to assist you when you think you are in labor. Your provider will review these general guidelines when you are 36-37 weeks.

Rupture of membranes (broken bag of waters): If you think you have broken your bag of water, even before contractions start, call the office to notify the doctor. Your doctor will ask you to come into the hospital. Please do not delay in notifying the doctor if you think you have broken your bag of waters.

If you think you are in labor with your first baby and your bag of waters is intact: As long as the baby has been moving regularly and you are having nothing but bloody show (mucus and blood discharge), you can safely wait to call the office (night or day) until you have been contracting every 5 minutes for 1 hour of such an intensity that you can't walk or talk during contractions. Please note that it may take several hours at home for your contractions to reach this frequency and intensity with your first baby. If you are uncertain about what to do, page the doctor at any time.

If it is your second baby or beyond, your labor will often go faster. If you break your bag of waters and you are not contracting, call immediately. Labor often ensues quickly after ruptured membranes of patients who have previously delivered. Generally speaking, you should call when you are contracting about every 10 minutes for one hour if your bag of waters is intact. If you live a great distance from the hospital, you should ask your physician to advise, as you may need to call even sooner.

Once you call the physician and it is time for you to go to the hospital, we will send you to Prentice Women's Hospital, 1st floor—Ob Evaluation/Triage. They will have a copy of your prenatal record. You will be evaluated by a member of the nursing staff and/or one of the residents (a physician doing his/her specialty training in obstetrics and gynecology). A medical student often accompanies the resident physician. Each of these providers is an important part of the team working closely with your doctors. They are all well qualified to make an assessment of your early labor. Northwestern University, Feinberg School of Medicine has one of the top OB/GYN training programs in the country. Please give them your full cooperation. After they have determined that you are indeed in labor, they will call the on-call doctor and a management plan will be determined.

An IV line ((intravenous line) is usually placed during active labor. Patients pregnant for the first time can remain at home in early labor and hydrate by drinking fluids. IV fluids are used because of the high incidence of nausea and vomiting in active labor and the dehydration caused by heavy breathing and pushing. IV access also helps to safely and efficiently manage rare but life-threatening bleeding complications.

Pain in labor as it progresses can be significant. A few women manage without any pain medication but many require IV narcotics or regional anesthesia in the form of an epidural. More than 90% of vaginal births at Prentice occur with a labor epidural in place. We will discuss your individual needs during your labor. Know that a variety of pain-relief options exist and no doctor subscribes to only one of them. We will support you in whatever safe option you select for yourself, whether you want lots of help or none at all.

Fetal monitoring used in labor depends on fetal status. Most patients spend much of their time in labor with two external electrodes held against their abdomen with elastic belts to externally monitor the fetal heart beat and uterine contractions. High-risk pregnancies such as twins or preterm labor or pregnancies that go past their due date sometimes require more intensive monitoring including such devices as fetal scalp electrodes. We encourage you to take a childbirth class (the one at Prentice is called Great Expectations), so that you can become acquainted with the different techniques used to monitor labors in modern obstetrics.

Lacerations frequently occur in the vagina at the time of a vaginal birth. Many women will tear spontaneously as the baby delivers. We do not routinely perform episiotomies—a small cut in the back of the vagina made to create space for the baby to deliver or control the direction and degree of spontaneous tearing. However, every delivery is different, and it is a judgment call that your doctor will make at the time of delivery whether an episiotomy will be helpful. Spontaneous lacerations require suturing and repair just like an episiotomy and will cause the same postpartum discomfort. In either case the stitches we use dissolve over time.

Insurance companies are different with regard to hospital stays. It is your responsibility to find out how many hospital days your insurance company allots for uncomplicated vaginal delivery and cesarean section. If you have a medical complication requiring a prolonged stay, your doctor will help arrange it with your insurance company.

All of the above are general guidelines that should help you as you approach your due date. Please feel free to talk to your doctor about labor and delivery issues as you approach 36-37 weeks. We always welcome questions from you, as well as the family members who accompany you to appointments. We always try to meet your individual needs as long as it ensures safety for both mother and fetus.