



## **Prenatal Instructions**

Phone: 260.432.4400

[www.heradvantage.com](http://www.heradvantage.com)

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## **Prenatal Instructions (Answers to the Most Asked Questions)**

Congratulations! We are looking forward to sharing this exciting time with you and your family. Our mutual goal is an enjoyable, healthy pregnancy and delivery. In the following pages, we provide information that will answer many of the questions you may have.

**Please read and keep this handout and refer to it throughout your pregnancy.**

### **Staff**

1. **Physicians:** Women's Health Advantage is a group of physicians, some of whom provide gynecologic care only and others who provide obstetric and gynecologic care. The physicians who provide OB care, alternate call. If you deliver your baby during office hours and your physician is in the office, he/she may deliver your baby. If you deliver after office hours or on a day your physician is out of the office, the on call physician will provide your care.
2. **Certified Nurse Midwife:** The nurse midwife is a registered nurse with a bachelor's and master's degree plus advanced training in midwifery. She is certified by the state of Indiana. She has her own patients and takes her own call. She delivers babies in the hospital and, as much as possible, will be with you during the hospital portion of your labor. In the event she is unavailable, the on call physician will care for her patients.
3. **Nurse Practitioners:** The nurse practitioners are registered nurses, with advanced education in women's health care.
4. **Phone nurses:** The phone nurses are all nurses, with additional training to handle phone situations. Collectively this group of nurses has multiple years of experience, not only as phone nurses, but also in labor, delivery, postpartum and gynecological care.
5. **Lactation Consultant:** She is a registered nurse with advanced training and certification in lactation (breast feeding) counseling.

### **Prior to Your First Visit**

1. If you are not already on prenatal vitamins, please start on them, one each day with a meal. Pregnant women should have at least .8 mg. of folic acid each day. Women who have had a baby with a neural tube defect should take 4 mg. of folic acid each day. Prenatal vitamins are both over the counter and prescription, so you may want to compare prices.
2. Please use our Patient Portal at [www.heradvantage.com](http://www.heradvantage.com) for any non-urgent and non-emergency questions. You may also call the office at 260-432-4400 and follow the prompts for a phone nurse with any questions or problems. If you have an emergency after hours, call our office number and your call will be forwarded to our answering service. If your call is not returned within 30 minutes, call again or go to the hospital approved by your insurance.
3. Be sure you have a current copy of your insurance card and bring it to your appointment. Our insurance department will pre-certify your maternity care. If your insurance changes during your pregnancy, please notify the insurance department. Check to be sure your physician is in your plan and at which hospital you may deliver.

## Prenatal Visits and Testing

1. The first physician visit will include a screening ultrasound to confirm dates, a complete physical with Pap smear, if needed. The physician will listen for your baby's heart beat. If not done previously, after your visit you will be directed to the laboratory and have a prenatal panel of blood work drawn. These tests include a blood count (to check for anemia), test for hepatitis B, HIV, Rubella, syphilis, thyroid test, blood type, Rh factor, and a urinalysis. (The cost of this panel and any other blood work that is ordered is not included in the fee for prenatal care.)
2. On subsequent visits your weight, blood pressure and urine will be checked and the physician, nurse practitioner or nurse midwife will check the baby's heart beat and measure the size of your uterus as well as answer any questions you may have.
3. Quad screening test is an optional blood test done on the mother's blood at 16 – 20 weeks of pregnancy. This test is done to assess the risk for chromosomal abnormalities such as Down's syndrome and neural tube defects. This is a screening test.
4. Cystic Fibrosis screening test is an optional blood test done on the mother's blood to determine if she is a carrier of cystic fibrosis. If the test is positive, the father is tested. If both are positive, further testing can be done to determine if the baby has, or is a carrier of cystic fibrosis. If both parents are positive, the baby has a one in four chance of having cystic fibrosis.
5. At 26 – 28 weeks of pregnancy, additional lab work will be done including another blood count and test for syphilis, plus a one-hour glucola (a screening test for diabetes). If you are Rh negative, you will have an antibody screen drawn and receive an injection of Rhogam. You will be notified of any abnormal results. If your blood count is low, you will be placed on iron. If your screening one hour glucola test is elevated, you will be scheduled for a three hour glucose tolerance test to check for gestational diabetes.
6. At your 34 – 36 week visit, a vaginal culture will be done to check for the presence of Beta Strep. If this test is positive, you will be treated with antibiotics.
7. Each physician sees his/her patients in a slightly different pattern. A general plan is to see the physician or practitioner every 4 – 6 weeks until seven months of pregnancy, every two weeks during the next month and every week during the last month. More frequent appointments will be scheduled if the need arises. If your physician is called out, a nurse practitioner may check you.
8. An additional ultrasound may not be part of your routine prenatal care, but will be ordered if indicated. Please check with your insurance company regarding their policy on ultrasound payment and precertification.
9. A non-stress test (NST) may be used later in pregnancy to monitor your baby's well being. Belts will be arranged around your abdomen to time any contractions you are having and trace the baby's heart rate. You will be monitored for approximately 20 minutes. This test evaluates the placental function, particularly during fetal movement. The NST is not a routine test, but is done for a variety of reasons, including decreased fetal movement, going past your due date, etc.

## **Bleeding**

1. Early pregnancy: During the first trimester (the first 13 – 14 weeks from your last menstrual period), report any bleeding by calling the office. It is recommended that you stay off your feet, rest, and abstain from intercourse until the bleeding stops. If you pass any tissue, try to save it. If the bleeding is heavy or you have excessive pain or cramping, go to Dupont, Lutheran or Parkview North Hospitals' Emergency Room. It is important that we have a record of your blood type to determine if you are Rh negative and need Rhogam.
2. Later pregnancy: Report any bleeding to the office. If the bleeding is heavy, go to the hospital.

## **Nausea and/or Vomiting**

More than 50% of pregnant women suffer from nausea and/or vomiting during the first trimester of their pregnancy. Although morning is the most common time to experience this problem, some women experience it at other times during the day, or all day. It may be accompanied by symptoms such as fatigue, loss of appetite, dizziness, flushing, constipation, irritability and loss of sleep. No specific cause is known, but it presents a very real problem for those who experience it.

### Mild/moderate nausea:

1. Increase rest. Lie down early in an episode of nausea and/or vomiting. Sometimes lying on your right side will provide relief.
2. Stop prenatal vitamins. You may try Flintstones Chewable Vitamins, two per day.
3. Keep saltine crackers by your bedside and eat a few before getting out of bed.
4. Eat frequent, small meals. Don't worry about nutrition at this point; eat what you can tolerate.
5. After eating dry foods, wait 30-40 minutes before having sips of liquids
6. Try balancing carbohydrates (ex. bread, pasta, rice or potatoes) with a protein (ex. eggs, meat, dried bean group, peanut butter). Often salty or sour foods will help at this point as they stop the bad taste in the back of your throat.
7. Suggested foods to avoid:
  - a. Milk products
  - b. Gas producing vegetables (broccoli, cauliflower, beans, cabbage, etc.)
  - c. High fat foods, especially those deep fried
  - d. Highly spiced or seasoned foods
  - e. Caffeine
  - f. Citrus fruits and juices
  - g. Extremely hot or cold foods
8. Try to keep up your liquid intake. Again, put lemon in your water or try the lemon or lime flavored Gatorades.

### Self-Help measures:

1. Vitamin B6 50 mg. three times per day (at mealtime)
2. Pepcid AC as directed
3. Seabands – elastic wrist bands that work by acupressure and may be purchased at most pharmacies
4. Ginger snaps, ginger ale, or ginger tea or root, which can be purchased at a health food store  
Preggie pops are ginger suckers that are available on line at [www.preggiepop.com](http://www.preggiepop.com).
5. If you continue having nausea after trying the above, please call the office and ask to speak with a phone nurse. There are other measures that may be instituted, such as Relief Bands, medications to help control nausea, etc.

### Severe Nausea/Vomiting:

1. Severe nausea and vomiting resulting in the following:
  - a. Loss of five or more pounds
  - b. Infrequent urination; 2 – 3 times per day
  - c. Vomiting several times per day with the inability to keep food or fluids down
2. If any of the above occurs, please call the office and ask to speak with a phone nurse. The nurse will schedule an appointment for you to be evaluated by a physician or nurse practitioner.

### **Exercises**

#### Guidelines for exercise:

1. Maintain a pulse rate of no higher than 140 beats per minute.
2. Exercise for no more than 45 minutes at one time. If you are not accustomed to exercising, begin slowly and gradually increase the time.
3. Stretch before beginning and have a thorough cool down period.
4. Be consistent and do everything in moderation.
5. Drink 4 to 8 ounces of water before you begin exercising and 2 to 4 ounces every 20 minutes thereafter.
6. Avoid becoming overheated.

#### Exercises that are generally recommended:

1. Swimming
2. Stationary cycling
3. Walking
4. Light weight training

#### Experienced athlete only:

1. Jogging
2. Racquet sports
3. Cross-country skiing

### Exercises to avoid:

1. Scuba diving
2. Horseback riding
3. Contact sports
4. Down hill skiing (after the first trimester)
5. Diving or jumping into the water

### Who should NOT exercise:

Check with your doctor to be sure you do not have any complications that may make exercising inadvisable or dangerous. Do not exercise if you have:

1. Toxemia, pregnancy induced high blood pressure or chronic high blood pressure
2. Vaginal bleeding or placenta previa
3. Preterm labor or a history of preterm labor
4. Rupture of membranes
5. Slower than normal growth of the baby
6. Heart and/or lung disease

### **Medications/Supplements**

First trimester (first 13 – 14 weeks from your last menstrual period): Do not take any medication (over the counter or prescribed by a physician) other than prenatal vitamins and Tylenol (Acetaminophen), without checking with your physician or his/her nurse. If you have a medical condition for which you routinely take medication, check with both the ordering physician and your obstetrician regarding continuing the medication.

1. Prenatal vitamins: Prenatal vitamins should be taken daily with a meal. See –page 2.
2. Cold medications: See minor illnesses, page 7.
3. Cough medications: See minor illnesses, page 7.
4. Antibiotics: Some antibiotics can be safely used in early pregnancy if the need arises. Be sure the prescribing physician knows you are pregnant.
5. Vitamins: Mega doses of vitamins have not been shown to be safe in pregnancy.
6. Herbal supplements: Check with your physician or nurse regarding specific supplements. As with medications, avoid supplements during the first trimester.
7. Calcium: Pregnant women should consume at least 1000 mg. of calcium/day through diet or supplement. If you need a supplement, take oyster shell calcium (such as Oscal, Caltrate, Citracal, Viactiv) or its generic equivalent. If you experience leg cramps, you may not be getting adequate calcium.
8. Iron: Supplemental iron will be recommended if you are anemic. Your blood count will be checked at your first visit and again at about 26 – 28 weeks of pregnancy. Iron supplements should be taken with food, at a different meal from your prenatal vitamin.
9. Flu Vaccine: The Center for Disease Control (CDC) recommends that all pregnant women have a flu shot at the recommended time.
10. Tdap Vaccine: The CDC recommends pregnant women who haven't had a dose of Tdap (vaccine to protect mom and baby against tetanus, diphtheria and pertussis) should get one after 20 weeks. Whooping cough can be very dangerous for newborns.
11. Hepatitis B Vaccine: If you are in the process of receiving your three injections, you may continue those injections, even in the first trimester. If you haven't started the series of injections, it would be preferable to begin the series after the first trimester.
12. TB skin test: This test may be done any time during your pregnancy.

## Minor Illnesses

1. Colds: After the first trimester, you may take Sudafed, Claritin, Zyrtec to help with nasal stuffiness. You may also use normal saline nose drops, Afrin Nasal Spray or Afrin. Use nasal sprays for no more than three days, as they can become habit forming. You should increase your rest and fluid intake. Call your family physician if you develop a fever or have a persistent green or yellow nasal discharge.
2. Cough: After the first trimester, you may take plain Robitussin or Robitussin DM (also known as guifenesin), Tylenol PM. Ask your pharmacist if you are unable to find it). You should increase your rest and fluid intake. Call your family physician if you develop a fever or feel you have chest congestion.
3. Sore Throat: You may use warm salt water gargles four or more times per day. It is helpful to keep the throat moist with mints, lifesavers or other hard candy. If you prefer a medicated lozenge, you may use Cepacol or Sucrets lozenges. Chloraseptic spray may be helpful. You should increase your rest and fluid intake. Call your family physician if you develop a fever or have difficulty swallowing.
4. Fever: You may take Tylenol (Acetaminophen) or Extra Strength Tylenol, as directed, for fever. Increase your rest and fluid intake. If your temperature is over 101, call your family physician to be evaluated.
5. Headache: You may take Tylenol (Acetaminophen) or Extra Strength Tylenol, as directed. If this does not relieve your headache, please call the office. Report any blurred or double vision or unusual dizziness.
6. Yeast Infection: After the first trimester, you may use over the counter Monistat Cream. Cleanse the external area with a mild soap, such as Neutrogena or Ivory and use tepid water to cleanse the irritated areas. You may apply Desitin, A&D Ointment, Vaseline or plain white Crisco to the irritated external tissues.

## Communicable Disease

1. German measles (Rubella) is uncommon, as most women have been vaccinated against Rubella as a child. It is a viral disease that, if contracted in the first trimester of pregnancy, can cause birth defects involving the heart, brain, vision or hearing. A Rubella titer is included in your prenatal blood work and will show if you are immune. If you think you have been exposed to Rubella, please call to check on the status of your immunity. If you are not immune, you will be vaccinated after delivery.
2. Chickenpox (Varicella) is a disease that most women have in childhood. If you had chickenpox at any time in the past you are immune. If you are exposed and have not had chicken pox, please call the office and you may have a titer drawn to show if you have immunity. Having chicken pox in the first trimester has only rarely been associated with miscarriage or congenital problems. Pregnant women who contract the disease can develop chickenpox pneumonia, which can be quite serious and even life-threatening.
3. Mumps are uncommon during pregnancy, because most women are immunized against the disease as a child.
4. Fifth's Disease (Erythema Infectiosum) is a virus caused by Parvovirus B19. Approximately 50% of adults have been infected at some time in their life – usually between age five and nine years. Approximately 5% of women who are casually exposed and have not previously had the disease will become infected. Schoolteachers and other professionals who work with children are most likely to be exposed. If you think you have been exposed, please call the office and talk with a phone nurse.
5. Hepatitis B is an infection of the liver caused by many different viruses. A high number of mothers who test positive for Hepatitis B surface antigen will unknowingly infect their newborn babies. You will be tested for this antigen in your initial panel of tests.

## **Gastrointestinal Problems**

### Indigestion and Heartburn

These problems occur because the stomach empties more slowly during pregnancy and the enlarging uterus crowds the digestive organs, especially the stomach. Food may back up into the lower part of the esophagus, causing a burning sensation.

1. Limit the fat content in your diet to prevent further slowing of digestion.
2. Eat frequent smaller meals, 4 – 6 smaller meals rather than the usual three.
3. Avoid lying down immediately after eating.
4. At bedtime, use an extra pillow to elevate your upper body.
5. When the above suggestions are not adequate, try an antacid such as Mylanta, Maalox, Pepcid AC, Zantac, Prilosec.
6. Some find it helpful to chew Doublemint gum 30 minutes after a meal and/or while experiencing heartburn.

### Diarrhea:

1. You may use Kaopectate or Imodium AD as directed.
2. A BRAT diet of bananas, rice, applesauce and tea is sometimes helpful.
3. Sipping clear liquids (water, 7-Up, Gatorade, and broth) may be helpful.
4. Avoid milk products, high fat foods, fresh fruits and vegetables.
5. If watery stools last longer than 24 hours, please call the office.

### Constipation:

Constipation with pregnancy is very common. As the pregnancy progresses, the enlarging uterus puts pressure on the lower intestine, making bowel movements difficult. Your prenatal vitamin and iron supplement may contribute to the problem, but it is important that you continue to take them.

1. Drink at least 6 - 8 eight ounce glasses of water every day.
2. Include in your diet bulk-producing foods, such as whole grain cereals, bran, whole wheat breads, fresh vegetables and fruit, fruit juices and prunes.
3. If your stools are hard, you may add a softener, such as Fibercon, Colace, Citrucel, Metamucil, Miralax, Benefiber Fiber Supplement. These can be taken daily and are not habit forming.
4. If you continue to have problems, you can occasionally use Milk of Magnesia at bedtime. Regular use of Milk of Magnesia or any stimulant laxative may result in laxative dependency.
5. A glycerin suppository may be used rectally.

### Excessive gas/gas pain:

1. Try to avoid gas-forming foods, such as beans, broccoli, cauliflower, cabbage, etc.
2. Avoid carbonated beverages.
3. You may take Phazyme or Mylicon Chewable Tablets as needed.

### Hemorrhoids:

Dilated veins at the rectum are caused or aggravated by the increased pressure in the abdomen during pregnancy, increased weight and/or constipation.

1. Avoid constipation – see instructions under constipation.
2. Heat or cold may help. You may sit in a tub of warm water or you may apply an ice pack covered by a towel.

3. Tucks or Witch Hazel on cotton will relieve itching and may be used as a cold compress. Keep in refrigerator.
4. You may use Preparation H or Anusol Ointment as directed.
5. Lying down will help relieve the pressure.
6. If the hemorrhoids are very painful or bleed more than a small amount, please report this to your physician or his/her nurse. A consultation with you family doctor may be recommended.

### **Nosebleeds**

1. Nosebleeds are common in pregnancy due to dilated blood vessels and increased blood volume.
2. It is not uncommon to notice a small amount of bleeding when blowing your nose or sneezing. If you notice your nose dripping, squeeze the nostrils together and the bleeding should stop.
3. If the nosebleeds seem to be aggravated by dry conditions, particularly in the winter, apply a small amount of Vaseline inside each nostril. A humidifier may also be helpful.
4. If your nose is bleeding heavily, will not stop, or you are swallowing an excessive amount of blood, please call the office.

### **Swelling**

1. Please report any unusual swelling of your face, fingers, hands, feet or legs.
2. Increase your fluid intake to 6 – 8 eight ounce glasses of water each day.
3. Avoid salty food and drinks, such as soft drinks, softened water, chips, pretzels, olives, peanuts, pickles, processed meat, such as lunch meats, etc.
4. Use minimal salt when cooking.
5. Lie down twice a day for an hour. It may be helpful to elevate your legs and to rest on your left side. If you work outside your home, lie down when you get home.

### **Dental Care**

1. Routine dental care can be maintained throughout your pregnancy. Be sure you tell your dentist you are pregnant.
2. It would be preferable to have routine x-rays done after the first trimester. Any time x-rays are done, you should be shielded with a lead apron.
3. If more extensive dental work needs to be done and is not urgent, it would be preferable to wait until after the first trimester and have it done under local anesthetic.
4. If the need arises to have extensive dental work under anesthesia, please call the office so we can check with your physician.

### **Hair Care**

1. Mild hair loss is common in pregnancy and for three to six months after delivery. This loss is self-limiting and reversible.
2. Permanents are not dangerous, but the results may be less satisfactory than when you are not pregnant.
3. Hair colorings, both permanent and non permanent, are safe to use.

### **Intercourse/Sexual Activities**

1. Sexual relations (intercourse) in pregnancy are not restricted unless your physician instructs you differently.
2. If you have vaginal bleeding, please contact your physician and do not have intercourse for at least seven days after the bleeding stops.

3. If you think you have ruptured membranes (leaking fluid), contact your physician and do not have intercourse until you have been checked.
4. If you have a history of repeated miscarriage, premature labor and/or delivery or are having a difficult pregnancy, please discuss this issue with your physician or practitioner.
5. Oral sex is not recommended in the last month of pregnancy.

### **Vaginal Discharge**

1. Increased vaginal discharge is normal in pregnancy as long as it is not irritating, causing itching or having a foul odor.
2. If the discharge causes symptoms, please call the office and we will schedule an appointment with a practitioner for you to be evaluated.
3. You should never douche when you are pregnant.

### **Sunbathing/Tanning Beds**

1. Exposure to sunlight or ultraviolet light may increase or intensify pigmentation of your skin in pregnancy. Some women notice the mask of pregnancy (chloasma), in which they have darkened areas on their face.
2. The primary danger in sunbathing or using a tanning bed is that it puts you at increased risk for skin cancer. This risk is present for the pregnant or non-pregnant woman.
3. If you choose to sunbathe, use a sunscreen that will provide some protection to your skin.
4. The sun or tanning bed is not dangerous to your unborn baby.

### **Sauna, Hot Tubs, Etc.**

1. Avoid immersing yourself in tubs where the temperature is over 102 degrees as it can raise your core body temperature. Studies suggest increased birth defects in babies whose mothers have used hot tubs, particularly in the first trimester.
2. Use of a hot tub or sauna may result in dizziness and/or fainting.

### **Travel (Domestic)**

If your pregnancy is uncomplicated, you may travel until the last 4 – 5 weeks of pregnancy. At that time, it is recommended that you travel no further than approximately one hour from your home. If you have a history of premature deliver or have complications with your pregnancy, please check with your physician or his/her nurse.

1. Car travel: Small pillows behind your back or neck may help you be more comfortable. Stop at least every one to two hours to walk around and empty your bladder. Drink plenty of fluids while traveling.
2. Air Travel: You may travel on commercial airlines in planes that have a pressurized cabin. Eat lightly to prevent nausea, get up, stretch and walk around every one to two hours. You may want to request an aisle seat. Metal detectors at airports are safe for pregnant women.
3. Bus or Train Travel: Either is fine until the last month. Try to walk around at least every one to two hours.
4. Ocean Travel: Cruises are fine, although motion sickness can be a problem. After the first trimester, you may take Dramamine or Bonine if you experience nausea.

## Travel (Foreign Countries)

Travel to most foreign countries is acceptable in pregnancy.

1. Immunizations: Check with your travel agent to see what immunizations are required and with your physician to see if those immunizations are safe in pregnancy.
2. Medical Facilities: Acquaint yourself with the medical facilities in the countries you will be visiting.
3. Medical information: It is helpful to have a medical summary of your pregnancy including your lab work.
4. Beverages: Avoid any milk that is not pasteurized. Drink only bottled water unless there is a purified water system present.
5. Food: Stay away from raw or undercooked meats and fish. Try to avoid fresh fruits and vegetables that have been washed in the local water.
6. Clothing: Choose comfortable, loose clothing, good walking shoes and support hose, if needed.

## Painting

1. You may paint with latex (water based) paints. Clean up following the use of latex paints can be done with soap and water. Do not use paint that requires the brushes be cleaned with paint thinner or turpentine.
2. When painting, be sure the room is well-ventilated. If the fumes bother you, leave the area.

## Harmful Substances (Personal)

1. Alcohol: There is no safe level of alcohol consumption while pregnant.
2. Smoking: Smoking reduces the amount of oxygen available to the baby. Smoking results in increased risk of premature delivery, miscarriage, stillbirth and low birth weight babies. It is not safe to smoke cigarettes or cigars during pregnancy. Studies have shown that infants who are exposed to cigarette or cigar smoke are at high risk for developing lung disease and are 2 – 3 times more likely to die of Sudden Infant Death Syndrome.
3. Nicotine patches: Patches are not safe to use during pregnancy.
4. Caffeine: The studies on caffeine use are inconclusive, although some indicate that high doses of caffeine may increase the frequency of birth defects. It is recommended that you switch to decaffeinated products, or try to limit your intake to no more than 200 – 400 mg. of caffeine per day, which is one to two cups of regular coffee.
5. Artificial Sweeteners: Moderate use of foods and beverages sweetened with Nutrasweet (Aspartame) or Splenda has not been shown to be a hazard to the mother or baby. The exception would be any woman who has been diagnosed with PKU as an infant or child. **Saccharin is not recommended in pregnancy or when breast-feeding.** Because some diet items contain both Nutrasweet and Saccharin, you will need to read the label before consuming diet food or drink. Diet fountain drinks may contain Saccharin. Stevia, a natural sweetener, has been deemed by the FDA as safe during pregnancy.
6. Undercooked meat: Toxoplasmosis is a parasitic infection that can be transferred to humans through eating uncooked or undercooked meat.

7. Certain fish: Swordfish, shark, king mackerel and tilefish may contain high levels of mercury and should be avoided. The FDA advises that pregnant women can safely eat 12 ounces per week of other cooked fish. You should limit fresh fish caught by family members to one serving (3 – 6 oz.) per week. YOU SHOULD NOT EAT FISH CAUGHT IN INDIANA RIVERS. It is considered safe to eat up to two cans of regular tuna or one can of albacore tuna per week.
8. Listeriosis: This is an illness caused by bacteria found in certain foods – specifically unpasteurized milk, soft cheese, raw vegetables and shellfish. Symptoms can occur weeks after you are exposed and can include fever, chills, muscle aches and back pain. There may be no symptoms at all. When a pregnant woman is infected, the disease can cause serious problems for the fetus, including miscarriage or stillbirth. To prevent listeriosis, wash all fruits and vegetables before using them. While you are pregnant, don't eat: unpasteurized milk or soft cheeses, raw or undercooked meat or poultry, prepared meats such as hot dogs or deli meats unless they are reheated until steaming hot. ALWAYS be sure to wash your hands and any utensils, countertops or cutting boards that have been in contact with uncooked meats.
9. Marijuana: It is illegal and is a dangerous drug that crosses the placenta and will appear in breast milk. It should be completely avoided.
10. Street drugs: They are illegal, dangerous to your pregnancy and should be completely avoided.

### **Harmful Substances (Home/Work)**

1. Cleaning agents: Do not use chlorinated hydrocarbon cleaning fluids.
2. Pesticides: Do not work with pesticides. If you have pesticides used in your home, leave the house for several hours and have good ventilation in the home.
3. Hobbies/chemicals: Avoid photographic solvents which contain bromides, as these can be dangerous to the pregnancy. When working with ceramics or stained glass, you may absorb excessive amounts of lead and arsenic.
4. Degreasers/paint strippers: These should be avoided as they may contain Methylchloride which can be absorbed by the lungs and skin.
5. Paints/solvents: Oil based paints may be harmful and should not be used. Spray paint, which contains M-butyl ketone, should not be used. Turpentine and other liquid paint stripping agents also contain Methylchloride and are dangerous to use with pregnancy. Latex (water based) paints may be used.
6. Cat box litter: Toxoplasmosis is a parasitic infection that can be transmitted to people from cat feces. Pregnant women should not empty the cat litter box. Contact with the cat feces while gardening can also transmit toxoplasmosis. Wear gloves while working in the yard or garden.
7. Occupational hazards/chemicals: In November 1985, the OSHA Standards Act or Right to Know Law was passed. This law gives any worker the right to know what kinds of chemicals she works with daily, and what known health hazards they may cause. It is both your responsibility and your employer's responsibility to educate yourselves about any chemicals and their hazards in your work place, especially during pregnancy. They should be able to provide you with Material Safety Data Sheets (MSDS) that provide you with information on any chemical to which you are exposed.

## **Classes**

### Dupont Hospital

2520 E. Dupont Rd.  
Fort Wayne, IN 46825                      260.416.3005

### Lutheran Hospital

7950 W. Jefferson Blvd.  
Fort Wayne, IN 46804                      260.435.7070

### Parkview North Hospital

11115 Parkview Plaza Dr.  
Fort Wayne, IN 46845                      260.672.6100

## **Internet Resources**

These Internet sources provide information on health, pregnancy and parenting. There is a tremendous amount of information and misinformation on the Internet. We would encourage you to read any information carefully and if you have questions, please call the office.

[www.heradvantage.com](http://www.heradvantage.com)

[www.obgyn.net](http://www.obgyn.net)

[www.parenthoodweb.com](http://www.parenthoodweb.com)

[www.babyzone.com](http://www.babyzone.com)

[www.NIMOTM.org](http://www.NIMOTM.org) (NE Indiana mothers of twins)

[www.medlineplus.gov](http://www.medlineplus.gov)

(Telephone numbers and web sites are current as of 7/2014 and subject to change.)

## **Labor Information**

Labor is all the processes your body uses to birth your baby. It is a normal, healthy process, but it can cause some anxiety if you don't know what to expect. Although no one can predict exactly what your labor and birth experience will be like, prenatal classes provide information and helpful techniques to make your labor a more positive experience. This is why your physician recommends you take prenatal classes around 34 weeks of pregnancy. These classes are offered at the hospitals and in the community.

Often some signs of your body preparing for labor appear even weeks before your labor begins.

- **Braxton Hicks Contractions:** These contractions may appear about 4 – 6 weeks before a first baby arrives, or may go unnoticed. They are typically mild, short contractions perceived as a “tightening” of the abdomen. They are generally not painful. While they are normal and generally not dangerous, it is important to increase fluids and rest if you are experiencing regular Braxton Hicks contractions. Being overly tired or relatively dehydrated will increase the frequency of these “practice contractions”. If you are concerned with either the frequency or strength of contractions before 36 weeks gestation, please call the office or answering service.
- **Engagement:** (Lightening or dropping) is the term used to describe the baby’s movement into the birth canal. This may cause more bladder pressure and a need to void more frequently. You also may be able to eat a bit more or take a deeper breath. This is a normal process, more prominent in women having their first baby. This event is less well defined in subsequent pregnancies. Moms with older children may feel generally increased pelvic pressure or “like the baby is falling out”, especially when walking.
- **Increased Vaginal Mucous/Loss of Mucous Plug:** The increase in whitish vaginal discharge is normal; a response to the increased hormone levels preparing the body for labor. The increased secretions help to cleanse and protect the cervix and vagina in the final weeks of pregnancy. If you choose to wear a panty liner or mini pad, please change it frequently. You may lose the mucous plug (thick, gray, gelatinous material) up to weeks before your labor, or it may be a sign of the onset of labor. Some women never experience this.
- **Irritability/Insomnia:** These late pregnancy symptoms are caused by the physical discomforts you are experiencing, the changing hormone levels as your body prepares to labor, and the uncertainty of the birth story you are about to live out. Try more pillows in the bed, migrating to the sofa or spare room, and/or a massage from your partner. A nap or rest every day becomes important to maintain your energy levels. Good nutrition is especially important now.

## **Early Labor**

Signs of early labor are variable. Some women experience all of them while others have very little warning! If at any time you are uncertain about whether you are in labor, do not hesitate to call the office for an appointment to be checked. If the office is closed, call the office number and your call will be forwarded to the answering service.

- **Contractions:** The contractions of “real labor” increase in regularity, frequency and intensity. You may feel the discomfort in your low back, as menstrual cramps, or in your upper, inner thighs. First labors may last 16 – 24 hours or even longer. It is important to rest in early labor and maintain hydration and nutrition. Consider going to the hospital when contractions have been five minutes apart and strong for an hour. If you have had a baby before, you need to consider going to the hospital when your contractions have been about ten minutes apart for an hour. Your physician or his nurse may have more specific guidelines based on your last labor and birth. Of course, we defer to your judgment should you feel you need to go to the hospital sooner.
- **Rupture of Membranes:** (Water breaking) is the loss of amniotic fluid from the vagina. This may be a subtle leak, or a gush. If you are unsure if you are leaking amniotic fluid (sometimes it may feel as though your bladder is leaking) please call the office to be seen, or if the office is closed, please call the answering service. If your water has

broken, you will need to prepare to go to the hospital. Please note the time that your membranes ruptured (when you noticed the leak), the color of the fluid, and if your baby is moving. These are the three things your obstetrician will want to know whether you contact him by phone or go directly to the hospital. You may shower after your water breaks, but please, no tub baths. A disposable baby diaper inside your underclothes will help keep you and your car seat dry. Do not use a tampon to stop the leakage of amniotic fluid.

- **Bloody Show:** This is bloody or blood tinged mucous discharge, usually associated with the thinning and/or dilation of the cervix. You may also notice this symptom before labor if your doctor does a cervix check. This is a common sign of labor and as long as the volume is less than a period, it is not cause for concern. If you have frank, bright red bleeding (no mucous or amniotic fluid mixed in) and the amount is more than a period, you should go to the hospital immediately.

### **Coping with Labor at Home**

It is fine to spend your time of early labor at home. It is important to remain well hydrated, nourished and rested. If your first contractions come late in the evening, get your things ready for the hospital, shower and go to bed. First labors may take 12 hours to become active and even a brief nap will improve your stamina and your tolerance for discomfort. When your contractions are strong and regular, you will not be able to rest. It is very uncommon to sleep through active labor. If your labor starts during your usual waking hours, it is fine to time a few contractions and then get on with your day. Light nutritious food and fluids, like juices and water are encouraged during early labor and will help maintain your energy levels. You may find it comforting to listen to music, visit with friends, watch a video or read. Aromatherapy and/or a massage may aid relaxation and rest.

### **Timing contractions**

- **Length:** How long the contraction lasts is measured in seconds from the beginning of the contraction until you can no longer feel it.
- **Frequency:** How far apart the contractions are is timed in seconds or minutes from the beginning of one contraction to the beginning of the next contraction.

### **At the Hospital**

You will be admitted to a private birthing room. It has a birthing bed that is adjustable for your comfort and helps facilitate delivery. A nurse will check your temperature, blood pressure, pulse and cervix. She will apply a monitor to the outside of your abdomen to assess contraction duration and frequency and the baby's heart rate. This monitor may be in place for most of your labor, or may be used intermittently. Your obstetrician will make this decision, based on the status of you and your baby during labor. The nurse will notify the doctor on call of your status. Intravenous fluids may be given to maintain your hydration and facilitate the administration of medication. If you elect to have epidural pain relief, you will have an IV and the fetal monitor will need to remain in place.

Usually you may have two support people with you in labor and during the birth. If your baby is born by Cesarean section, one support person may be present for the birth. Any additional persons who come to the hospital will need to wait in the waiting room. It will be the responsibility of your support persons to update others who may be waiting. Following the birth of your baby, your family may visit during visiting hours.

According to state law, insurance companies are required to pay for two days following a vaginal delivery and four days following a Cesarean delivery. If there is a medical need to extend your stay, the physician and/or case manager will arrange this. It is unusual to require more time after the birth.

## Pain Management During Labor and Delivery

There are many options available to help you manage the discomfort of labor. Your obstetrician, labor nurse and anesthesiologist will help you decide what type of pain relief will be most helpful during your birth experience.

- Unmedicated birth: Many women find the breathing and relaxation techniques taught in childbirth classes to be sufficient to manage their discomfort when combined with the support of their partner and labor nurse. Labor and delivery nurses are skilled in techniques and suggestions to help manage labor. Many of these techniques may be used in early labor, as they are unlikely to slow a poorly established labor. Penny Simkin, PT, has written several books designed to support those seeking to manage any part of their birth without medication.
- Injection or intravenous medication: The most common pain medications currently used in labor and delivery are Nubain and Stadol, with or without another medicine called Phenergan. These medications “take the edge off” labor and may allow you to rest.
- Epidural anesthetic: This is a regional anesthetic that is administered by an anesthesiologist. A catheter is placed in the epidural space that is outside the spinal canal. A local anesthetic is then infused to block the nerves conducting pain messages from the lower body. An epidural may be used in labor or at higher doses of medication, maybe used for Cesarean birth.
- Spinal anesthetic: Spinal is similar to an epidural, but because the medication is infused directly into the space with the spinal fluid and nerves, the anesthesia is much denser. This results in less sensation of any kind and the inability to move your lower extremities. This anesthesia is used for Cesarean birth.
- Local block: This is used when an episiotomy is indicated, or when a laceration requiring suturing has occurred. This is similar to the anesthetic a dentist uses for cavity repair. The medication is administered by injection directly into the tissues to be incised or repaired. The effect of the medication is only near the area of repair, or “local”.
- General anesthesia: Anesthesia can be used to “put you to sleep” during a Cesarean birth. This type of anesthetic is now used primarily during acutely urgent Cesarean deliveries when there is not time to use one of the regional blocks. This type of anesthesia involves medication in the IV tubing and an endotracheal tube in the back of the throat to maintain adequate breathing. The anesthesiologist monitors all vital signs carefully during the surgery. The anesthesiologist and a nurse will accompany you to the recovery room and assure that you are doing well.

## Birth

As the time nears for your baby to be born, your labor nurse will call your obstetrician. There may be more activity in your room during this time, as equipment and personnel are readied for your baby’s arrival. If your baby has experienced difficulties during labor, you may find that there are people in the room especially to help get your baby off to a good start. These professionals may include a registered nurse from the Neonatal Intensive Care Unit, a respiratory therapist and possibly a pediatrician or neonatologist. If all has gone well, your birth team will include one or two labor and delivery nurses and your obstetrician. Your support people are welcome at this time as well.

When your baby is born, he or she will be closely observed. Attention is given to the baby’s breathing, heart rate, muscle tone, color and response to stimulus. If the baby requires assistance in any of these areas, it will be provided immediately. This may necessitate the baby’s being moved to a warmer unit (in your same room) to allow the staff to adequately meet your baby’s needs. A formal assessment of

these conditions is called an Apgar score. This score is recorded at one and five minutes. If your baby is doing well, you may continue to hold him/her, or if you or your physician prefer, the nurse can weigh the baby, provide medication, take footprints and place identification bracelets. The baby will then be returned to your arms when your doctor has finished and you are comfortable.

After your birth, you may usually eat and drink as you please. If you have an epidural anesthetic, the nurse will discontinue it for you. If you have pain or discomfort, medications are available. It is best to eat before you take pain medication. If you are breast feeding, take the opportunity to offer the breast in the recovery time. Your labor nurse will be checking your blood pressure, assessing the position and tone of your uterus and checking for vaginal bleeding. You may have an ice pack on the perineum to help reduce swelling. It is usual to remain in your labor room for one to two hours before moving to your post partum room.

**Congratulations!**