



Your Healthcare Partner for Life

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PATIENT INFORMATION

Medications

It is best to avoid all medications during pregnancy, if possible. This is especially important during the first 3 months when it is believed that the baby may be most susceptible to drugs.

You may use the following during pregnancy:

Symptoms	Medication
Constipation	Metamucil, Colace, Senokat, or Miralax. If the symptoms are not relived, use the recommended dose of Milk of Magnesia (one dose only).
Headache, Fever, Back Pain, etc.	Tylenol or extra-strength Tylenol (up to 8 per day)
Insomnia, Sleep Problems	Tylenol PM (as directed)
Congestion or Sinus Problems	Claritin, Sudafed, Benadryl, Tylenol Cold & Sinus
Cough and/or Chest Congestion	Robitussin, Tylenol Cold & Sinus
Gas Pains	Gas-X, Maalox Anti-Gas, Mylanta Anti-Gas
Diarrhea	Lomotil, Pepto Diarrhea Control
Indigestion, Reflux, Heartburn, etc.	Zantac, Tums, Pepcid AC, Aciphex, Protonix, Nexium, Maalox, Riopan, Mylanta II. Liquid antacids are generally more effective Avoid Roloids, Pepto-Bismol, or any medication containing bicarbonates.
Nausea and/or Vomiting	Vitamin B6 (3 times a day), Zofran, Phenergan
Hemorrhoid Pain/Discomfort	Annusol, Preparation H, Tucks Pads, and/or Epsom Salt Soaks (twice a day)
Yeast Infection	Monistat Vaginal Cream, Gyne-Lotrimin (ONLY use after 12 weeks of pregnancy)

DO NOT USE THE FOLLOWING DURING PREGNANCY!

Aspirin	Ibuprofen	Alcohol
Tobacco Products	Saccharin	Large amounts of caffeine
Tetracyclin	Afrin Nasal Spray	Accutane

Contact your doctor before using any medication not listed above!

WHAT TO EXPECT AT EACH OFFICE VISIT

-1-5 Weeks

- Perform home or office pregnancy test
- Possible ultrasound to determine gestational age
- Possible blood work

-6-9 Weeks

- Ultrasound to determine gestational age and heartbeat
- Possible HCG blood work

-10 Weeks

- New OB workup, including annual exam, pap smear, and lab work
- Possible ultrasound if not able to hear heartbeat in room with Doppler
- Return every four weeks to office for check-ups

-18-20 Weeks

- Screening ultrasound and determination of gender
- Regular office visit

-26-28 Weeks

- 1 hour glucose test performed in office. Patient cannot eat 2 hours before appointment or test results will be altered. (Water is okay.)
- Regular office visit and heartbeat will be heard using Doppler
- Start returning to office every 2 weeks for check-ups.

-28-32 Weeks

- 4D ultrasounds can be done at this time per patient request. Insurance DOES NOT cover this. Cost is \$130 and is due the day of the ultrasound. Ultrasound can be recorded to DVD if the patient desires.

-35-36 Weeks

- Regular office visit with possible ultrasound for fetus sizing and screening (if desired by doctor).
- Group B strep culture performed at this visit.
- Start returning to office every week for cervix and dilation check.

-40 Weeks

- DUE DATE!
- Congratulations! You made it!

BABY'S DEVELOPMENT FROM WEEK TO WEEK

5-8 Weeks

- Heartbeat starts at 6 weeks
- Nervous system, spine, and brain begin to form.
- Arm and legs start to take shape
- Eyes and ears begin developing
- Baby is about 1/2-1 inch long

9-12 Weeks

- Fetal external sex organs begin to form
- Fingers and toes develop
- Organs (lungs, stomach, intestines) are taking shape
- Baby begins to move, but you most likely will not feel it
- Baby is 1-3 inches long

13-16 Weeks

- Baby can swallow, make a fist, and do somersaults
- Baby may be able to hear sounds like a growling stomach, mother's heartbeat, and mother's voice
- Baby is 3-5 inches long

17-20 Weeks

- Baby sucks thumb
- Stomach and kidney are functioning
- Hair appears on head. Eyebrows and eyelashes develop

21-24 Weeks

- Downy hair called "lanugo" covers the baby's body
- Skin is red, wrinkled, loose fitting, and covered in vernix, which helps to protect baby
- Baby is 10-12 inches long

25-28 Weeks

- Vigorous kicking starts
- Eyes may start opening and closing
- Baby is 12-14 inches long

29-32 Weeks

- Baby is gaining almost 1/2 pound per week
- Baby may be in a "head down position. Mom may feel baby kicking the ribs.
- Lungs produce a liquid to help prevent them from collapsing after birth
- Baby is 14-16 inches

33-36 Weeks

- Baby is putting on fat to help adjust to temperatures outside the uterus
- May get the hiccups
- Can weigh almost 6 ½ pounds
- Baby is around 18 inches long

37-41 Weeks

- Baby is practicing breathing, sucking, grasping.
- Continues to gain weight.
- Most newborns weight between 6-9 pounds and are 18-22 inches long

ACTIVITY CONCERNS WITH PREGNANCY

Traveling – Traveling (including flying) is permissible until 35 weeks of pregnancy provided you are having no complications.

Exercising – Exercise, especially low-impact, is recommended during pregnancy. There are many prenatal fitness programs available. Do not lift over 20 pounds after 20 weeks. If you start to experience lower abdominal pain or cramps, stop the exercise immediately and rest. If pain continues, call your doctor or go to the hospital.

Painting- Painting in a well-ventilated room is permissible. Try to use non-odor and water-based paint, if possible. If the fumes seem to bother you, leave the room immediately.

Dental Procedures- Always let your dentist know that you are pregnant. Local anesthetic may be used, but avoid using “gas” if possible. If x-rays are required, use an abdomen shield. It is advisable to wait until after 12 weeks for any dental procedures.

Sexual Intercourse- Sexual activity is not harmful during pregnancy. You may experience light spotting afterwards due to irritation to the cervix. If bleeding becomes heavy or doesn't stop, call your doctor or go to the hospital immediately.

Pet Care-It is okay to be around animals during pregnancy. If you have a cat, someone else will need to change the litter box due to the risk of toxoplasmosis. Wash your hands after handling any type of animal.

Hot Bath, Sauna, Hot Tub-These are fine as long as the temperature does not exceed 100 degrees.

Swelling- This is normal! Usually, this is mostly in the feet and ankles. Some women experience swelling, numbness, or tingling in hands or feet caused by pressure on the sciatic nerve. This is also normal. Change your position often and elevate your feet. If swelling is significant, increases over 2-3 days, or you experience vision changes and are having headaches, call your doctor immediately.

Headaches- It is common for headaches to get worse with pregnancy, especially during the first few months. This is related to hormonal changes. Use Tylenol. If you have a persistent headache or migraine, call your doctor immediately.

Insomnia- Most women do not sleep well during pregnancy. This usually happens later in pregnancy and usually resolves after delivery. Try Tylenol PM for relief.

Mood Swings-Crying and moodiness is not uncommon. This can be improved by eating well, exercise, and resting frequently. If symptoms do not improve, contact your doctor.

Fatigue-You may feel especially tired at time and want to sleep a log. This is normal and not a cause of concern.

Shortness of Breath-This is not uncommon closer to your delivery date. Take slow and deep breaths. Pillow props are helpful while sleeping. If this is not relieved using these techniques, contact the office or go to the hospital.

Fainting and Dizziness- This is not uncommon. Should you feel dizzy, lie down for a few minutes and eat a small snack. After you feel better, get up slowly to prevent your blood pressure from dropping too fast.

IMMUNIZATIONS AND PREGNANCY

Recommended Vaccines:

Flu, or Influenza- Pregnant women are at especially high risk of developing complications from the flu. Vaccination against the flu is recommended for all women who are or will be pregnant during flu season. The flu shot has no known harmful effects on the unborn baby and can protect the baby from the flu in the first six months after birth. The nasal spray vaccine should be avoided as it is made from a live virus.

Tetanus, Diphtheria, and Pertussis, or Tdap- The Tdap vaccine is recommended for pregnant women in each pregnancy and should be given after 20 weeks of gestation (ideally 27-36 weeks) to help protect the newborn from pertussis.

Varicella-If you have never had the chickenpox or the varicella vaccine, your healthcare provider can determine if you are immune. If you are not immune, you should have the varicella vaccine at least one month before becoming pregnant. If you are not immune and are exposed while pregnant, contact your doctor as soon as possible. There is a treatment called varicella zoster immune globulin (VariZig) that can help to reduce your risk of becoming infected. VariZig can be given within 10 days of exposure, but should be given as soon as possible.

Vaccines Recommended for Select Pregnant Women:

Pregnant women who are at high risk of certain infections due to travel or other circumstances should consider additional vaccines, including Hepatitis A and Hepatitis B. The vaccines carry no known risks to the developing fetus.

BREASTFEEDING

Do doctors recommend breastfeeding? Yes, doctors recommend that women breastfeed their babies for at least one year (when possible). For the first 6 months, breast milk is the only food a baby needs. After 6 months, breastfeeding is still recommended, but babies can start eating and drinking other foods, too.

What if I choose not to breastfeed? Some women choose not to breastfeed. They think that it is easier to feed formula or they may be embarrassed to breastfeed. Breastfeeding has many benefits for both mother and baby, even if a woman breastfeeds for only a short time. These benefits can last even after the breastfeeding has stopped.

What are the benefits for babies? Breastfeeding can keep babies from getting stomach infections that cause vomiting or diarrhea. It can keep babies from getting ear or lung infections. It might even help protect baby from getting certain cancers, such as leukemia.

What are the benefits for women? Compared with women who do not breastfeed, women who breastfeed usually have less bleeding from the uterus after birth, lose more weight after pregnancy, have a lower chance of breast cancer, etc.

How do the breasts make milk? Breast milk is made by the milk glands in the breasts. During pregnancy, these glands get ready to make breast milk. After a woman gives birth, hormones cause the breasts to fill with milk. For the first few days, women make only a small amount of yellowish milk, or “colostrum”, which has all of the nutrition a newborn needs. Women start making more milk 2 or 3 days after giving birth.

Will I make enough milk? Most healthy women make enough breast milk. Each time a baby feeds and empties the breast, the body makes more milk. After 2-4 weeks of breastfeeding, most healthy women make about 3 cups of milk a day.

Sometimes, women can have trouble making enough milk. This happens if they are tired or sick, have a lot of stress, take certain medicines, do not eat enough, or smoke. If you have trouble making enough milk, talk with your doctor or nurse. You may also want to reach out to a lactation consultant.

When can I start breastfeeding? Most women begin breastfeeding in the delivery room. Women should start within the first few hours of giving birth, when baby is awake and wants to breastfeed. If you can't be with your baby right after birth, you can use a breast pump to collect milk for later. Using a breast pump also helps the breasts continue to make milk.

Can I breastfeed if I had breast surgery? If you have had surgery, you can try to breastfeed and see if you make enough milk. Many who have had breast surgery can make enough milk, but some cannot.

When is breastfeeding not recommended? If a woman is infected by something that the baby can catch by breastfeeding, if the mother is being treated for cancer, or if the mother uses drugs or drinks too much alcohol. Doctors do not recommend breastfeeding for babies born with classic galactosemia.

Do I need to buy anything to get ready? You do not have to do or buy anything to get ready to breastfeed. Some women buy or rent a pump later on.

What if I have questions? Ask your doctor or nurse or talk to a lactation consultant.

Rh NEGATIVE/RHOGAM INJECTION

During pregnancy, you will have a blood test to find out your blood type and whether your blood has the Rh factor. Most people are Rh positive and have the Rh factor. Problems can arise when the fetus is Rh positive and the mother's blood does not have the Rh factor. These problems can be prevented with early treatment.

What is the Rh factor? Just as there are different major blood groups, there is also an Rh factor. The Rh factor is the type of protein found on the red blood cells. A Rh factor doesn't affect a person's general health, but it can cause problems during pregnancy. In most cases, these problems can be prevented with medication.

When does the Rh factor cause problems? When an Rh negative person's blood comes in contact with Rh positive blood, the Rh negative blood may become sensitized and produce antibodies to fight the Rh factor. An Rh negative woman can become sensitized if she is pregnant with an Rh positive fetus. During pregnancy, the woman and fetus do not share blood systems, but a small amount of blood can cross the placenta. When this happens, a Rh negative person will react as if they were allergic to the fetus. This can cause hemolytic anemia, which can lead to serious illness, brain damage, or even death to the fetus or newborn.

When these antibodies form, they do not go away. In future pregnancies, these antibodies are more likely to cause anemia in the fetus.

How can problems be prevented? A simple blood test can identify a woman's blood type and Rh factor. Another blood test can show if an Rh negative woman has developed antibodies.

Anemia can be prevented if the Rh negative woman has not yet made antibodies. Rh Immunoglobulin, or Rhogam, is a blood product that can prevent an Rh negative mother from responding to Rh positive blood cells. This is given by an injection.

GLUCOLA TEST AND GESTATIONAL DIABETES

Gestational diabetes mellitus (GDM) is a condition that develops during pregnancy when the body doesn't produce enough insulin. The lack of insulin causes the blood sugar level to become higher than normal. GDM affects between 3-5% of women during pregnancy. It is important to recognize and treat GDM as soon as possible to minimize the risk of complications with baby.

Gestational Diabetes Testing:

We recommend that all women be screened for GDM. Identifying and treating GDM can reduce the risk of pregnancy complications including having a large (more than 9 lbs) baby or preeclampsia.

Glucola Test:

Screening for GDM is done between 24-28 weeks of pregnancy. Screening may be done earlier if you have risk factors such as a history of GDM, obesity, glucose in your urine, and a strong family history of diabetes.

On the day of the glucola test, eat and drink normally. You will be given 50 grams of glucose to drink within 10 minutes. After an hour, you will have your blood drawn to measure blood sugar levels.

If your first test shows that your blood sugar was high, you will need a 3 hour Oral Glucose Tolerance Test (GTT). This is done by measuring your blood sugar level after fasting, and then again one, two, and three hours after you drink a glucose drink. GDM is diagnosed if you have two or more elevated sugar values.

Labor and Delivery with GDM:

If your blood sugar levels are close to normal during pregnancy and you have no other complications, the ideal time to deliver is at full term or between 39-40 weeks of pregnancy. In most women with a normal size baby, there is no advantage to a C-section over a vaginal birth. The risks and benefits of a C-section are discussed separately. Your blood sugar levels will be monitored during labor, as high blood sugar levels can cause problems in the baby both before and after delivery. Insulin is usually not required unless your blood sugar level becomes elevated.

After Delivery:

After delivery, most women with GDM have normal blood sugar levels and do not require further treatment. It is important to check your blood sugar level the day after delivery to make sure it is normal. Having GDM does increase your risk of having Type 2 Diabetes later in life.