



Maternity Services



Physicians for Women, P.C.

WELCOME TO PHYSICIANS FOR WOMEN!

Maternity Care at Physicians for Women

Care in the Office	1
Care in Labor and Delivery	1
About Certified Nurse-Midwives	1

Pregnancy Care

Due Dates	2
Routine Testing During Pregnancy	2
Nutrition.	2
Smoking Cessation	3
Exercise.	3
Intercourse	3
Fetal Movement	4
Hair Color and Perms	4
House Painting	4
Travel.	4
Work	4
Toxoplasmosis.	4
Safe Medications	5
Flu Shots	5
Dental Care	5
Hot Tubs, Whirlpools, Saunas and Tanning Beds.	5
Vaginal Birth after Cesarean	5
Tubal Sterilization	5
Childbirth Education	6
Breastfeeding Education.	6
Call the Office (464-0409) for These Conditions.	6
Suggested Reading List	7

Prenatal Genetic Risk Assessment Testing

Consider Reasons for Testing	7
Women Who May Want to Consider Testing.	8
Testing Options Available	8
Cystic Fibrosis Screening	8
Testing for Specific Family Genetic Disorders	8



Screening tests for Down Syndrome and Neural Tube Defects	8
Sequential Screening	8
Level 2 Ultrasound	8
Diagnostic Tests	9
Amniocentesis	9
Chorionic Villus Sampling	9

Solutions for Common Pregnancy Discomforts

Nausea and Vomiting	9
Constipation	9
Dizziness	9
Headaches	10
Heartburn	10
Hemorrhoids	10
Round Ligament Pain	10
Swelling	11
Varicose Veins	11
Upper Respiratory Infections/Colds	11
Acne	11

Labor and Birth

Kick Counts	12
Timing Contractions	12
Comfort Measures in Early Labor	12
When to go to the Hospital	12
Pain Medication During Labor and Birth	12
Episiotomy	13
Group B Strep (GBS)	13
Contraception	13
Other Important Notes	13
A Note Regarding Labor Inductions	13

What to Expect From Your Breastfeeding Baby: The First Two Weeks

Birth Day	14
Days One to Four	14
Day Five to Two Weeks	15
A Note About Supplementing (Breast and Bottle Feeding)	15
Breastfeeding Support	16

MATERNITY CARE AT PHYSICIANS FOR WOMEN

We would like to take this opportunity to explain our maternity services.

Care in the Office:

Visits begin in early pregnancy and continue every 4 weeks, and more frequently if complications occur. We would like to see you every 2 weeks during the 7th and 8th months of pregnancy, and weekly during the last month. After the birth of your baby, we will see you in the office for care in six weeks, sooner if problems occur.

We try to schedule your first OB visit with our Nurse-Midwife Lisa Loudenber, CNM. She will take a thorough medical history, perform a comprehensive initial exam and discuss taking care of yourself and your baby. She will have time to address your questions and concerns, and she will review your care with either Dr. Wirsing or Dr. Jones. Appointments will then be rotated through Dr. Wirsing, Dr. Jones, and Nurse-Midwife Lisa. Each practitioner brings expertise in his/her own area, making valuable contributions to your obstetric care. In this way you will meet each practitioner, and we will all become familiar with your pregnancy history. If you are experiencing problems, you will be seen promptly by the first available practitioner. If you call the office after hours, Dr. Wirsing, Dr. Jones or Lisa will return your call.

Care in Labor and Delivery:

Dr. Wirsing, Dr. Jones and Lisa provide labor and delivery services exclusively at Porter Hospital in Valparaiso. They rotate hospital call daily and any one of them may attend your hospital birth. Although we support low intervention births at the hospital, our practitioners do not assist with home births or offer back up services to home births.

About Certified Nurse-Midwives:

A Certified Nurse-Midwife (CNM) is a type of Advanced Practice Nurse, generally with a graduate degree, trained to care for women throughout pregnancy, labor and birth, and to provide gynecologic care. A Nurse-Midwife is certified, licensed and has authority to prescribe any medications as well as medications that are required during the birth process. A CNM works with you to keep birth as normal and low-intervention as possible, but can prescribe IV pain medication, administer paracervical blocks or order an epidural if you need them.

When a physician delivers your baby, he or she is typically at the hospital with you at the end of labor for the birth itself, and earlier if your labor nurse calls them in to see you for a complication. When a CNM delivers your baby, she supports you through the most active parts of labor and birth, and takes care of most conditions that may occur. A back-up physician is always available to be called in if needed.

There are a few medical conditions that may be too high risk for midwifery care. We will discuss this with you on a case-by-case basis. If you have any questions or concerns, please speak to either of the physicians or Nurse-Midwife Lisa before 30 weeks in your pregnancy.

Further Information About Nurse-Midwives:

The American College of Nurse-Midwives Website- www.mymidwife.org

PREGNANCY CARE

Due Dates:

- The length of pregnancy is considered to be 40 weeks from the first day of your last menstrual period. Your due date is our best estimated date of when your baby will be 40 weeks. Babies are usually born between 3 weeks before to 2 weeks after your due date. This is normal. Your due date remains unchanged unless a practitioner specifically tells you that your due date has been changed, based on the earliest ultrasound that you had. Only your first ultrasound can change your due date.

Routine Testing During Pregnancy:

- Early pregnancy lab tests that are strongly recommended by the CDC, ACOG, and the Indiana State Board of Health are ordered at your first pregnancy (prenatal) office visit. These include blood type, Rh and antibody screen, tests for anemia, blood sugar, syphilis, hepatitis B, HIV, and rubella immunity.
- Genetic assessment tests can help determine if your baby is genetically normal. These are optional tests, and if desired, are ordered at 10-13 weeks and 16 weeks.
- A 20-week ultrasound to evaluate fetal growth and development.
- A second set of lab tests are ordered at 26-28 weeks, including tests for anemia and gestational diabetes. If you are Rh negative on your first set of lab tests, you will be sent to the hospital for RhoGam at this time. Rh factor is a protein that is present on the red blood cells of people who are Rh positive. If a mother is Rh negative, and the baby is Rh positive, her body may make antibodies against this protein in the baby's blood. To prevent this from causing injury to the baby, women who are Rh negative are given a type of medicine called RhoGam at 26-28 weeks, and again after the baby is born if the baby is Rh positive.
- Group B strep vaginal screening culture at 36-37 weeks.
- Tuberculosis (TB) testing is not done routinely during pregnancy in our geographic area, but it is safe to have TB testing done if needed for other health or work related reasons.

Nutrition:

- Recommended weight gain for this pregnancy is based on your pre-pregnant weight: if normal weight 25-35 lbs; if overweight 15-25 lbs; if underweight 28-40 lbs; if twins and normal weight 35-45 lbs.
- For women of normal weight, expect approximately ½ pound weight gain per week in the first 20 weeks, and approximately 1 pound per week after 20 weeks. If you are eating a well-balanced diet with adequate nutrients, lower weight gains may be okay.
- Eat 6 small meals daily rather than 3 larger meals. You will feel better.
- Every day, you need a minimum of:
 1. Water- eight 8-oz glasses (64 oz). Essential!!! Carry a water bottle around.
 2. Calcium- four servings of calcium-containing foods (1000 mg/day). 1 serving = 1 cup low-fat milk or 1 oz. of cheese (about ping pong ball-sized)
 3. Protein- three to four servings every day (60 gm) = chicken, lean meats, eggs, cheese, beans, peanut butter, soy products
 4. Iron- at least 27 mg. Iron is best absorbed from lean, red meat. Iron is also found in green, leafy vegetables such as spinach and broccoli.

- It is a good idea to:
 1. Limit caffeine intake to three or less 8 oz. servings per day.
 2. Limit the use of artificial sweeteners.
 3. Avoid alcohol.
 4. Avoid consumption of certain fish that are high in mercury (albacore tuna, shark, mackerel, swordfish, or tilefish). You can eat up to a total of 12 oz. per week of other well-cooked fish and shellfish, such as shrimp, canned light tuna, salmon, pollock, and catfish.
 5. Avoid processed meats unless they are reheated until steaming hot.
 6. Avoid cheeses made with unpasteurized milk.
- Extra supplements:
 1. One prenatal vitamin every day, two daily if twins. Generic prenatal vitamins are fine. If you are unable to swallow pills, take 2 Flintstone chewable vitamins daily.
 2. Omega 3 fatty acids- 200 to 300 mg. daily. These have been found to be important for your baby's brain development. Omega 3 fatty acids may be found in some prescription prenatal vitamins, as well as in over-the-counter products such as purified fish oil supplements, Expecta Lipil (available in pharmacies) or a vegetable source from Life's DHA (available at: <http://consumer.martek.com/pregnantnursingwomen/healthbenefits>).

Smoking Cessation:

- Cessation is strongly encouraged!
- Avoid second-hand smoke!
- Toll free "Quit Coaching" 1-800-QUIT NOW Web Site: www.Indianaquitline.net
- Nicotine causes blood vessels in the placenta to constrict, and may cause many serious problems for both you and your baby, such as death in utero, growth restriction, sudden infant death syndrome, and childhood asthma.

Exercise:

- We encourage you to walk at least 30 min. on most or all days of the week.
- Don't lift over 25 pounds at a time.
- Use proper body mechanics when lifting. Be sure to sit and stand with good posture.
- Continue with current exercise program. You may need to modify current high impact activities and limit exercise to 30 minute sessions. Talk to us about your current exercise program and any new activities that you may want to start.
- Increase your fluid intake above the usual 64 oz. recommendation to stay hydrated.
- Try to keep pulse below 140 beats per minute.
- Avoid back-lying exercises after 16 weeks gestation.
- Listen to your body- you may need to alter the program, slow down, decrease the amount of time.
- Kegels daily.
- No hot tub, whirlpool, Jacuzzi or sauna use.

Intercourse:

- OK as long as you are not leaking amniotic fluid, bleeding, have a placenta previa, are experiencing preterm labor, or have been told otherwise by a practitioner.
- Encouraged at the end of pregnancy to help your body get ready for labor.

Fetal Movement:

Most women will feel their baby move regularly between 17 and 20 weeks. After 32 weeks, if there is a concern about your baby's movement, fetal kick counts can be performed. Kick counts are usually done after a meal. Rest on your left side without environmental distractions, and count fetal movements until you reach 10 kicks (expect a minimum of 10 kicks in 2 hours).

Hair Color and Perms:

It is safe to chemically treat your hair if done in a very well-ventilated area.

House Painting:

It is safe to paint with low-odor latex or water-based wood stains or wood finishes, in a very well-ventilated area. Avoid oil based paint and oil-based wood stains or varnishes.

Travel:

- Avoid traveling long distances during the last month of pregnancy.
- If flying, increase water intake and get up every hour and walk a few minutes. Check with your airline for their pregnancy restrictions.
- If driving, stop every two hours and walk for 10 minutes.

Work:

Most women can continue working throughout the pregnancy, but modifications may be needed.

- Your risk of preterm labor increases if you work more than 8 hours a day, or more than 40 hours per week.
- Allow rest periods every two hours.
- Avoid excessive lifting (more than 25 pounds).
- Avoid excessive fatigue.
- Wear good supportive walking shoes if on feet all day.

Toxoplasmosis:

Toxoplasmosis is a parasite that can cause pregnancy complications and birth defects. It is found outdoors and may be carried in cats or animals that spend any time outdoors.

- No changing litter in the cat litter box.
- Wear gloves when gardening.
- Wash hands well after touching a cat or handling raw meat.
- No eating raw meat.
- Prepare beef/pork at least to medium-well. Make sure that all wild game meat is cooked to well done.

Safe Medications:

It is always safest to avoid medication use in pregnancy if possible, especially during your first trimester. If you need to take medications, the following have a good safety profile in pregnancy. Use only single ingredient medications, specific for the symptoms that you have. Be sure to follow label directions carefully.

- Tylenol
- Sudafed- regular, for nasal congestion. You will need to sign for this purchase at the pharmacy counter
- Robitussin or Robitussin DM for cough
- Benadryl, Claritin or Zyrtec for allergies
- Stool softeners for constipation (sodium docusate)
- Gyne-Lotrimin or Monistat 7 for vaginal yeast infections after 12 weeks
- Afrin Nasal Spray- limit use to twice daily and not for more than 5 days

*Please call us before taking any other over the counter medications!

Douching:

Douching is NOT recommended during pregnancy or in the 6 weeks after your baby is born.

Flu Shots:

The American College of Obstetrics and Gynecology recommends a flu shot if you will be pregnant during the flu season.

Dental Care:

Dental care is strongly recommended during pregnancy. If needed, dental X-rays may be safely done if your abdomen is thoroughly shielded with an X-ray apron. Many prescription medications and some local anesthetics are safe for use during pregnancy. Please ask your dentist to speak with us if there are any questions.

Hot Tubs, Whirlpools, Saunas and Tanning Beds:

These can raise your body temperature, increase the risk of infection and may cause pregnancy complications. They are not recommended in pregnancy. Tub baths are okay if the water is not too hot.

Vaginal Birth After Cesarean (VBAC):

Not all women are candidates for a vaginal birth after having a previous cesarean birth. If you are a candidate, the practitioners will discuss this with you as your pregnancy progresses.

Tubal Sterilization:

- Considered a permanent method of sterilization. There is a 1 in 200 chance of pregnancy occurring after a tubal sterilization and a 1 in 500 chance of pregnancy after a vasectomy for your partner.
- Typically performed the day after delivery for vaginal births or at the time of a Cesarean section.
- Medicaid requires that you are at least 21 years of age, and sign a consent at least 30 days prior to the procedure.
- If you are not absolutely sure about having a tubal sterilization, ask for information about semi-permanent methods of birth control. These include the Mirena IUD, Paragard IUD, and the Implanon implant. Please

ask for more information at your office visit. Arrangements must be made in advance of placement so that we can order the device.

- Vasectomy information is also available.

Childbirth Education:

- Strongly recommended! The Porter Hospital Childbirth Education contact number is (219) 263-7993.
- Porter offers childbirth, refresher, hypnobirthing, and sibling classes. Register early! Classes fill up quickly. Childbirth classes really help you to have a better experience, even if you want a labor epidural.
- Read books and magazines about pregnancy, labor and birth, and caring for baby.
- Check your library for videos.

ASK QUESTIONS! MAKE A LIST BEFORE YOUR VISIT SO THAT WE ADDRESS ALL OF YOUR QUESTIONS!

Breastfeeding Education:

- Dr. Jones hosts the Heartwood Tea, a breastfeeding information and support group, the third Thursday of every month at her home. Ask about an invitation! The best time to attend is between 30-36 weeks of pregnancy. You're welcome to come to one class before delivery and are encouraged to bring the baby to one class after birth. There is no charge for this valuable educational and supportive gathering of mothers and educators.

Miscellaneous:

- Our practitioners are on staff at Porter Hospital in Valparaiso only. If you go to any other hospital, we will not be able to take care of you there.
- Do not go to Portage Hospital Emergency Room. They are not able to provide obstetrical care. If you do go to Portage Hospital, you will need to be transported by ambulance to Porter Hospital to receive appropriate care.
- Send in your Porter pre-registration form to the hospital before 30 weeks gestation.
- Choose a pediatrician or family practice doctor to care for your baby after birth. Please let us know your choice in the office, and let the nurses know at Porter Hospital when you are admitted in labor.

Call the Office (464-0409) for the Following Conditions:

- Under 37 weeks and are having 6 or more uterine contractions, cramping, tightenings or back pains per hour that have not decreased with fluid intake and resting on your left side.
- Temperature of 100.6 or higher that does not decrease 1 ½ to 2 hours after taking Tylenol and increasing water intake
- Bleeding or prolonged, severe cramping
- Decreased or no fetal movement even after lying on your left side, closely paying attention and counting movements (should have a minimum of 10 kicks in 2 hours)
- Unable to keep fluids and /or solids down
- Severe or constant headaches that are not relieved with Tylenol and rest, especially is associated with vision changes, dizziness, or constant pain under the right rib cage or continuous nausea and vomiting
- 5 pound weight gain within 24 hours
- If you believe that your condition is life threatening, please proceed to your nearest Emergency Room.
- If you believe that your condition is not life threatening, please contact the on-call practitioner at the above

number before traveling to the hospital.

NOTE: IF YOU HAVE TELEPHONE CALL MANAGER OR CALL BLOCKING FEATURES, PLEASE TURN IT OFF BY PRESSING *87 SO THAT A PRACTITIONER'S CALL WILL GO THROUGH TO YOU. WE WILL USE CALLER ID BLOCK WHEN WE RETURN YOUR CALL AFTER THE OFFICE IS CLOSED.

Suggested Reading List:

What to Expect When You're Expecting, (third edition)

The Baby Book by William Sears, MD (second edition)

The Womanly Art of Breastfeeding, (most current edition). Available at cost at the Heartwood Tea.

www.marchofdimes.com

www.babycenter.com

www.cfsan.fda.gov/pregnancy.html

PRENATAL GENETIC RISK ASSESSMENT TESTING

There are several testing options that are available to help us determine if your pregnancy is genetically normal. These tests include noninvasive (blood, ultrasound) as well as invasive (amniocentesis or chorionic villus sampling) testing if needed. You may opt to have any of the testing options, even if you have no risk factors. You may opt to have no testing at all. All of these tests are optional.

Consider Reasons for Testing:

The results of these tests:

- May change the way that we care for you and your baby, especially at the end of the pregnancy and immediately after birth.
- May help you to emotionally, medically and financially prepare for a genetic disorder in your baby after birth.
- May help you to determine a personal course of action to continue or not continue your pregnancy.

Women Who May Want to Consider Testing:

- Advanced maternal age- 35 years old or greater at the time of the birth of the baby increases your individual chance of having a baby with Down Syndrome.
- Family history of genetic problems or a previous pregnancy with a genetic disorder
- You belong to a group that has an increased risk of genetic disorders. For example- Caucasian- cystic fibrosis; African descent- sickle cell; Eastern European descent- Tay Sachs, Canavan
- Even if there are no identifiable risks in your family, Down Syndrome does not run in families. Most babies with Down syndrome are born to mothers under 35 because overall, more babies are born to younger women.

Testing Options Available:

1. Cystic Fibrosis Screening- 1 in 29 Caucasians carry this gene, but have no symptoms. If you and your baby's father both carry the gene, there is a 1 in 4 chance that your baby will have cystic fibrosis. Cystic fibrosis is primarily a lung and intestinal disorder that causes disability, and half of people born with cystic

fibrosis die by the age of 30 years. It can be treated, but not cured.

2. Testing for Specific Family Genetic Disorders- We will speak to you individually if we feel that these are indicated.

3. Testing for Down Syndrome and Neural Tube Defects

a. **Screening tests.** Screening tests are non-invasive tests and carry no risk for you and your baby. If any of these tests indicate high risk for a genetic disorder, special diagnostic testing will be offered. Diagnostic tests do carry a small risk of fetal loss, even for a normal pregnancy.

- **Sequential screening-** the most accurate noninvasive screening test. The sequential screen includes a blood test for you and a specialized ultrasound for the baby at 10-13 weeks, and then a blood test for you at about 16 weeks. This information is entered into a formula, and preliminary results are available after the initial testing and final results are available after the 16 week blood test. This test detects 90% of Down Syndrome, with a 5% false positive rate. If the results of this test indicate that this pregnancy is at higher risk for a genetic disorder, a diagnostic test (described below) may be recommended.
- **Level 2 ultrasound-** a specialized ultrasound that evaluates fetal anomalies in more detail than a conventional ultrasound, but cannot diagnose genetic disorders. If your pregnancy is also at higher risk for cardiac defects, a fetal echocardiogram may also be recommended. These tests are usually done at about 20-24 weeks, if needed.

b. **Diagnostic tests.** Diagnostic tests are genetic tests, and they are invasive. They do carry a small risk of fetal loss, even with a normal pregnancy. Diagnostic testing may be recommended as a follow-up to an abnormal screening test. These tests may also be done first, instead of screening tests, if you feel that more accurate results are important to you. It may take up to 2 weeks to get results from these tests. The results approach 100% accuracy for detecting chromosomal disorders.

- **Amniocentesis-** A procedure in which a needle is carefully inserted, under ultrasound guidance, into the amniotic sac and a small amount of fluid is withdrawn. Amniotic fluid contains cells that have been shed from the fetus. It is generally performed at 15-17 weeks of gestation. There are risks with this procedure, including membrane rupture, indirect injury to the fetus, infection and risk of fetal loss of 1 in 1600. Amniocentesis may also be recommended to obtain information about the fetus in certain high risk situations. This may be performed by our physicians at Porter Hospital.
- **Chorionic villus sampling-** A procedure in which a small tissue sample of the placenta is obtained for genetic analysis. It is generally performed at 10-12 weeks of gestation. Under ultrasound guidance, a needle is carefully inserted into the placenta, and a small sample is obtained. There are risks with this procedure, including infection, bleeding, and risk of fetal loss of 1 in 1100. We would refer you to a specialized center for CVS testing with a maternal-fetal medicine specialist.

SOLUTIONS FOR COMMON PREGNANCY DISCOMFORTS

Nausea and Vomiting:

Nausea usually gets better by 12-16 weeks for most women

- Small frequent meals- don't skip meals or go more than 2 hours without eating
- Eat solids first, fluids afterwards
- Avoid spicy/strong smelling foods
- Grapefruit juice or ginger ale by teaspoonfuls
- Crystallized ginger candy or standardized ginger tablets, 250 mg. three times daily. Available at health food stores- ask them to help you find this.
- Motion sickness wrist bands (sea bands)

Constipation:

- Increase fluids to 64 to 96 oz. per day
- Increase fiber to at least 25 gms/day. Good sources of fiber include fresh fruits and vegetables and whole grain breads and cereals.
- Increase activity/ exercise. We recommend walking at least 30-40 minutes per day.
- Over the counter stool softener (sodium docusate) if necessary (Surfak, Colace)

Dizziness:

- Change your position slowly from lying down, to seated, to standing
- Rest on your left side
- Eat small, frequent meals with frequent protein snacks and avoid sugar and simple carbohydrates, such as white flour, white rice, and white potatoes

Headaches:

- Tylenol according to label directions
- Increase rest
- Stress reduction/relaxation techniques
- Massage, moist heat compresses to your forehead, temples or the back of your neck
- Call if any visual changes occur with headaches (sparklies, lightning bolts)

Heartburn:

- Avoid spicy or acidic foods
- Eat small meals, and eat slowly
- Drink fluids separately from solid foods
- Wait 2 hours after eating before lying down
- Take Tums, Maalox, Mylanta, or Pepcid AC as needed and as directed
- Papaya fruit has natural enzymes to reduce heartburn. Papaya enzyme tablets may be found at health food stores.

Hemorrhoids:

- Prevent/treat constipation (see above)
- Increase fluids and fiber
- Exercise
- Sitz baths (soaking your bottom in 4-5 inches of warm water in the tub)
- Tucks compresses (available over the counter at your local drug store)
- Sleep/nap on your side
- Avoid standing for prolonged periods of time
- Use Preparation H or Anusol on the affected area as needed and as directed
- Manual reduction if necessary (gently use your finger to tuck the hemorrhoid back inside the rectum)

Round Ligament Pain:

The round ligaments are bands of tissue that support the uterus. They attach to the uterus and extend along the sides of the uterus, and attach into the labia. “Stitch in the side” pain can occur as ligaments stretch while the uterus grows and abdomen enlarges.

- Bend over slightly and lean into the painful area to relieve pressure
- Warm bath or warm compresses to the affected area
- Avoid sudden, twisting movements
- Avoid excessive exercise, standing, or walking
- When lying on side, support abdomen with a pillow
- Tylenol as needed and as directed
- Wear supportive stockings or abdominal support devices

Swelling:

- Increase water intake to 3 quarts daily AND decrease sodium intake. Any processed and pre-packaged foods will be high in sodium as a preservative. Think fresh!
- Elevate legs frequently, higher than the level of your heart
- Avoid being in direct sunlight/heat for extended periods of time. Always use sunscreen
- No knee high hosiery
- Watermelon and asparagus are natural diuretics

Varicose Veins:

- Elevate legs frequently
- Wear pregnancy support hosiery- we can write you a prescription for JOBST support hose. They are available at Gill Drugs on Lincolnway in Valparaiso.
- Avoid crossing legs, standing for long periods of time, or knee-high hosiery
- No high heels; good supportive footwear

Upper Respiratory Infections/Colds:

Nasal congestion alone is very common during pregnancy because of the increased blood flow to you mucous membranes. Saline nasal spray or Breathe-Right nasal strips may help, and are available at your local pharmacy.

- Increase the humidity at home- use a clean humidifier during the winter months, or simmer a large pot of water on the stove.
- Increase water intake to at least 8 to 12 glasses of water per day (64 to 96 oz/day)
- Regular Sudafed for nasal congestion as directed
- Robitussin DM for cough as directed
- Afrin nasal spray as directed for up to 5 days ONLY
- Most colds and upper respiratory infections are viral, and antibiotics will not help.
- Let us know if you have been sick at least 7-10 days or have a fever over 100.4. We will need to see you in the office.

Acne:

Your complexion may improve during pregnancy, or acne may worsen.

- Cleanse skin at least twice daily with a mild cleanser such as Neutrogena or Cetophyl.
- Avoid touching broken out areas
- Over the counter acne medications such as benzoyl peroxide or salicylic acid as needed and as directed

LABOR AND BIRTH

Timing Contractions:

Time contraction frequency from the start of one contraction to the start of the next one. Time how long each contraction lasts from the beginning of one contraction to the end of that contraction.

Comfort Measures in Early Labor:

In early labor, you will usually labor best at home, where you feel most comfortable. During this time, we encourage you to drink plenty of fluids like juice, water and popsicles. Eating easy to digest foods like toast and soup can help keep up your energy levels. Rest as much as you can. Many women find that the shower, or a warm bath is very relaxing at this time. If your bag of water breaks, it is time to go to the hospital. Babies are normally active when you are in labor.

WHEN TO GO TO THE HOSPITAL:

1. Uterine Contractions: 1st baby: Contractions are 2-3 minutes apart for at least 2 hours and contractions are becoming more uncomfortable and you have to work hard to tolerate them. 2nd baby or more: Contractions are 5 minutes apart for 1-2 hour
2. Ruptured Bag of Water: If you think that your bag of water is broken, put nothing in the vagina- no sex or douching. Go to the hospital whether you are having contractions or not. Note the time that your bag of water ruptured and color of the fluid. It will usually be clear, but could be green, yellow or brown. If you are not sure that your bag of water is ruptured, wear a sanitary pad and check it after about 30-60 min. DO NOT call an ambulance when your water breaks. This is normal and not a medical emergency.

3. Decreased Fetal Movement (kicks): If there is a concern about your baby's movement, first do fetal kick counts as discussed in the fetal movement section.
4. Bleeding: Go to the hospital if more than a light day's period. It is normal to spot the day of or the day after a pelvic exam or intercourse.

Once you arrive at the hospital, the labor nurses will evaluate your labor status and your baby's well-being. The nurse may recheck your cervix in 1-2 hours. If your cervix hasn't changed, it is not active labor. Sometimes contractions happen and it is not labor. You may also have several hours of regular contractions before labor becomes more active and your cervix changes. You will labor more effectively at home in these early stages.

****If you think that you are in labor, you do not need to call us before going to the hospital. The hospital labor nurse will call the on-call practitioner with a complete report on you and your baby once you are evaluated.**

Note: Enter the hospital through the main (north side) entrance during the day, and through the emergency room (west side) entrance if after 8pm.

Pain Medication during Labor and Birth:

Please discuss these options in more detail with a practitioner at your office visit.

1. IV medications: May be given once active labor is well established. Nurmorpham, morphine or Stadol are the most commonly used. These medications just take the edge off of the discomfort. May be repeated every 2-4 hours.
2. Paracervical block: May be given when your cervix is 5-6 cm dilated. Local anesthetic is injected on either side of your cervix. Paracervical blocks can usually be given twice, at least an hour apart. A paracervical block numbs your cervix and may significantly reduce discomfort.
3. Epidural anesthesia: May be given once your cervix is 4 cm dilated. An epidural is the most effective pain control option. Epidurals have the most side effects for you, but the least affect on the baby. Epidurals may increase the likelihood of a vacuum or forcep assisted vaginal birth.

Episiotomy:

An episiotomy is an incision to enlarge the vaginal opening. We do not do routine episiotomies because the incision may extend into a larger tear. An episiotomy may be needed for a few reasons: the baby needs to be delivered quickly, the tissue is not stretching well, or extra room is needed for birth.

Group B Strep (GBS):

GBS is a bacteria which is often present in the GI tract. 1 of 4 women will also be a GBS carrier in the vagina. A culture of your vagina is routinely taken at 36-37 weeks gestation during your office pelvic exam. If the GBS culture is positive, IV antibiotics are given at the hospital during labor to reduce the risk of transmission to the baby.

Contraception:

Start considering what type of contraception that you may be interested in. If you are interested in a postpartum tubal sterilization, arrangements must be made in advance.

Other Important Notes:

Send your Porter pre-registration form to the hospital if you haven't done so yet.
Be sure to choose a doctor for your baby!

A Note Regarding Labor Inductions:

Pregnancy is an estimated 40 weeks, and up to 10% of pregnancies last at least 42 weeks. Experts are not sure why labor starts. Sometimes labor starts too early, and we need to intervene to try to stop labor. We will not usually allow you to remain pregnant longer than 42 weeks.

If your pregnancy continues past 40 ½ weeks, we will perform testing, such as a non-stress test or a measurement of amniotic fluid volume to ensure that the placenta is functioning normally while we wait for labor to begin.

We understand that you may be very uncomfortable and anxious at the end of pregnancy. Labor usually works best when your body gets started on its own. Inducing labor does not always work, and we greatly increase your risk of a Cesarean delivery when your body is not ready for labor. We need a good medical reason to induce labor. Medical reasons include but are not limited to: diabetes with insulin, severe pre-eclampsia, chronic hypertension, decreased amniotic fluid around the baby, growth restricted babies, greater than 42 weeks gestation, to mention a few.

If labor induction is medically necessary, it is often a very long process. Medication may be used to ready the cervix for labor. This process may take 24 hours or longer. If there is minimal change in your cervix and your baby shows a reassuring heart pattern on the fetal monitor, the practitioner may send you home to rest for a day or two, before attempting induction again. This is called a serial induction.

WHAT TO EXPECT FROM YOUR BREASTFEEDING BABY

The First Two Weeks

Birth Day:

Breastfeed your baby as soon as possible after birth. Right from the beginning, your newborn gets colostrum from your breast, the very thick, rich, first milk. Immediately after birth, your baby is usually very alert and may feed several times in a row. He may then become sleepy. Babies will usually wake to breastfeed about every 2 to 3 hours, but you may need to awaken him for the first day or so. Baby is often affected by the birth process and by any medication taken during labor. Waking is easiest when you see early hunger cues, such as sucking activities, hand-to-mouth movements, or restless sleep. Gently unwrap and wake baby at these times, then feed skin-to-skin whenever possible. Many infants will feed the best at night- you can rest while baby is nursing. Newborns will often sleep the best next to Mom where they feel safe and secure. Night feedings are

especially important for both mom and baby. When baby is nursing, you should feel a tugging sensation, but no biting or pinching. Expect baby to pass urine and meconium stool by 24 hours of age.

Days One to Four:

Baby will continue to get colostrum (the early milk) from the breast and this will gradually change to mature milk. Your breasts may feel noticeably full by the 2nd to 4th day. Most babies will feed at least 8 to 12 times in 24 hours. Expect that baby will become much more eager about nursing now, and he will usually be the most alert during the times that he was the most active before birth. He may cluster several feedings close together and then sleep for a little longer. Allow him to sleep at night if he makes up for the missed feedings at other times of the day. Just before the milk comes in, baby may have a “marathon feeding frenzy.” Because colostrum is so thick, rich and concentrated, it is designed to encourage baby to “power feed.” Nurse the baby through this time because frequent feedings are important for both baby and your milk supply. Do not give supplementary water or formula unless instructed to do so by baby’s doctor.

Expect one wet diaper for each day of age until your milk is in, and 3 to 10 meconium stools in a 24 hour period. Baby may lose 5 to 10% of his birth weight because he is eliminating extra fluid from his body. If you need to pump, you may find that only small amounts are obtained- remember that colostrum is very thick and rich. Your baby is much better at emptying the breast than the breast pump. Your nipples may be a little tender, but should not be cracked or bleeding.

Day Five to Two Weeks:

As your milk comes in, feeding patterns sometimes change. A baby that had been latching easily may have some trouble now that the breast is full. Try hand expressing or pumping to soften the areola (the brown area around the nipple) just before feeding. Some newborns become more eager once your milk is in. Your baby should have 3 to 10 loose, mustard yellow, seedy bowel movements per day. A large bowel movement at each feeding is a very good sign. Wet diapers should increase to 6 to 8 or more daily. Feed as often as baby wishes- 8 to 18 feedings in a 24 hour period is normal, for about 10 to 30 minutes per breast. You should hear your infant swallowing milk. Tender nipples should improve once your milk is in. If you should need to pump, remember that successful pumping takes practice. As you become more comfortable with pumping, you will obtain larger amounts of milk.

At about 2 weeks, your breasts become more efficient at making milk, and are much softer and less swollen. Baby also may experience his first growth spurt about this time. Whenever he needs to increase your milk supply, he may nurse much more frequently for 1 to 2 days. When your milk supply increases, his nursing patterns will return to normal. Many babies exhibit evening fussiness and may cluster several small feedings close together. Gassiness is common, but doesn’t usually cause a problem for most babies. Babies at this age like to be held close, rocked and carried in front packs. Some babies sleep in 4 to 5 hour stretches every 24 hours. Many continue to eat at frequent intervals throughout the day and night. Your baby should be weighed at 1 to 2 weeks and should be back to birth weight, and then gain about 1/2 to 1 ounce per day.

The first few weeks of breastfeeding may require adjustments for your new family, but as you get to know each other, feedings will become easier and settle into a predictable pattern. Remember that your baby will only be a newborn for a very short time, and that time goes by very quickly. Breastfeeding is a gift that will benefit your child for his entire lifetime!

A Note About Supplementing (Breast and Bottle feeding):

Your milk has been designed by nature to be very easy to digest and to contain everything that your baby needs for the first 6 months of life. Because it is so easy to digest, baby will want to nurse every 1 to 3 hours, especially in the early weeks. Some babies feel very safe and secure at the breast and may want to “hang out” there. This is normal behavior and doesn’t mean he isn’t getting enough milk. Formula is much harder to digest and will remain in his stomach longer. Baby may go 3 to 4 hours between formula feedings. Only supplement with instructions from baby’s doctor. Some mothers wish to combine breastfeeding and formula feeding. This may work out well for many babies, but others may have difficulty breastfeeding after formula supplements are started. Many mothers need to return to work and want to continue to breastfeed. Try to wait 3 to 4 weeks before introducing an occasional bottle or pacifier so that baby learns to breastfeed well before adding a different feeding method.

** You may want to keep track of baby’s feedings and diaper changes until you have seen your baby’s doctor and he is gaining weight well.

** Please call your healthcare provider or lactation consultant if your newborn is not following these patterns, or if you have any questions or concerns.

Breastfeeding Support:

There are many places to find help and support with breastfeeding.

Heartwood Tea

Hospital Lactation Consultant

Physicians for Women for medical questions

Your baby’s doctor

La Leche League

WIC

I hope that you find this information helpful. Physicians For Women want to provide the best prenatal care possible for you and your growing family. Please let us know if you have any questions, or if there is anything else that we can do to make your pregnancy and birth a better experience.

Congratulations!

Lisa Loudener, CNM, MS