

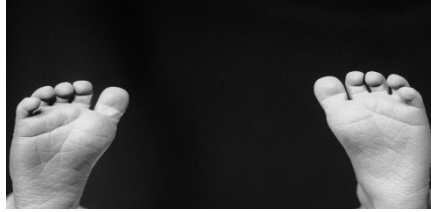
Your Guide to Pregnancy



Desert Sage Obstetrics and Gynecology

5533 East Bell Road, Suite 103
Scottsdale, AZ 85254
602-466-1111

www.desertsageobgyn.com



Congratulations & Welcome to Pregnancy

We are so happy that you chose Desert Sage Obstetrics and Gynecology to be your provider during the most memorable and happiest time of your life. We will do all we can to ensure your pregnancy experience is safe, healthy, and happy.

We provided you with this packet of information to help answer any common questions that you might have throughout your pregnancy.

Thank you for placing your trust in our care.

Our Providers



Dr. Valerie Scholten is board certified by the American College of Obstetrics and Gynecology and has been in private practice since 1997. Dr. Scholten graduated from the University of Arizona College of Medicine in 1993 and completed her residency at the University of Nebraska Medical Center. Dr. Scholten is a wife and mother of two. She is committed to patient care and continues to educate herself on the latest innovations in the specialty of Obstetrics and Gynecology. Her hobbies include traveling, music, baking and spending time with her family.



Jill Lambert, WHNP graduated from the University of Arizona with a Bachelor of Science in Nursing in 2000. After completing her Bachelors, she worked as an RN for 6 years on the labor and delivery floor of a local hospital. She subsequently received a Master of Science in Nursing in 2006 from Arizona State University with an emphasis in Women's Health. Jill has worked with Dr. Scholten since 2006 and strives to give optimal patient care and enjoys all aspects of Women's Health. Jill is a wife and mother of two, is an Arizona native, and enjoys spending her free time with family and friends.

Leslie Painter-Hutchins RDMS is originally from Rochester, New York and has been an ultrasonographer in the valley since 1988. She has worked with Dr. Scholten since 1997! She is a

graduate of the Rochester Institute of Technology and is an active member of the Association of Registered Diagnostic Medical Sonographers. Leslie is passionate about food. Not cooking it, but eating it, which is a good thing as she is married to a professional chef.

Office Hours, Location, Telephone Number & Fax

Our office is open Monday - Thursday 7:30am to 5:00pm. Our phone hours are Monday - Thursday 8:30am to 12:00pm and 1:30 pm to 4:30pm. Our office itself is open throughout the day.

We are located at -

5533 E. Bell Rd., Suite 103, Scottsdale, Arizona, 85254.

Telephone number is 602-466-1111.

Fax number is 602-795-4706.

After Hours

If you are in labor or are experiencing a true emergency after hours or during our lunch hour, please call our answering service at 480-553-7582 and the physician on call will be paged.

If you feel you may be experiencing a life threatening emergency, please call **911** immediately or go to the nearest emergency room.

If you are requesting a prescription refill, please contact us during business hours as it is imperative that we have your medical record available

Billing for Prenatal Care

We understand that maternity benefits can be confusing! Our billing staff is available during normal business hours to discuss any questions you might have. Our obstetrical coordinator will review your insurance coverage and your financial responsibility with you over the phone and will give you handwritten information at your first visit. We ask that your estimated out of pocket cost be paid by your 20th week of pregnancy.

What to Expect at your Appointments...

Your First Appointment

At your first appointment, you will have Dates and Viability Ultrasound and then an appointment with either the nurse practitioner or the doctor. We will try to get your baby's heartbeat (it may be too early) with the doppler. We will draw prenatal labs that will test your blood type, blood count and test for infections (syphilis, hepatitis B, HIV and rubella). These tests are recommended for all pregnant women to provide the best care for you and your baby.

After your First Appointment

Between the first visit and 28 weeks, we will schedule your appointments every 4-6 weeks, then every 2-3 weeks until your 36th week, and then every week until delivery. Please remember, these appointments are approximate. Each pregnancy may vary. During each visit, you will have your weight, blood pressure, urine, and fetal heartbeat checked. At approximately 20 weeks, the provider will begin checking the fundal height. Several additional tests are done at scheduled times throughout your pregnancy.

These include:

Anemia and Gestational Diabetes screening - This screening is performed between 24-28 weeks. You will be given a sugar drink and instructions for how & when to drink it. One hour after you finish the sugar drink, your blood will be drawn. You do not need to fast for this test.

Vaginal culture for Group B Strep - This swab of your vaginal area is performed between 35 and 36 weeks of pregnancy. Group B strep is a bacterium naturally present in and around the vagina in 10 – 20% of women. It can cause serious infections to newborn infants if exposed at the time of delivery. If you test positive for this bacteria, you will receive antibiotics through labor and delivery.

Optional Testing

You will have the option to test for a variety of genetic diseases. If you are interested in any optional tests, please check with your insurance plan to see if the tests are covered. Questions you may have regarding these tests can be discussed at your first appointment.

Family Prep Screening – The American College of OB/GYN recommends that all pregnant patients have testing for Cystic Fibrosis and Spinal Muscular Atrophy. Cystic Fibrosis is the most common genetically-inherited disease in Caucasians. This screening test will determine if you are a gene carrier. Further testing is then recommended to know if the baby's father also carries the gene. If both parents are carriers, invasive testing is offered to see if the baby is affected by the disease. This same idea applies to greater than 100 genetic disorders that can be tested for with a small sample of your saliva.

First Trimester screening/nuchal translucency - This ultrasound and blood test is performed between 11-13 weeks. The test determines high or low risk for Down's syndrome, Trisomy 13, and 18. If this screen is positive, you may desire invasive testing to determine if your child is affected.

Cell Free DNA testing – This test can be used to determine chromosomal problems and the sex of the baby at an early age. It is recommended for certain high risk populations only and may not be covered by insurance if these high risk problems are not present.

CVS (Chorionic Villus Sampling) - This screening is performed between 10-12 weeks and can determine with certainty if your baby is affected by Down's syndrome or other chromosomal abnormality. A needle is inserted through the mother's cervix and placental tissue is retrieved for genetic testing.

Amniocentesis - This screening is performed after 16 weeks and is the definitive test for Down's syndrome and other chromosomal disorders. A needle is inserted through the mother's abdomen into the baby's bag of water. The fluid is removed and sent for genetic testing.

AFP-4 (Quad screen)- This blood screening test is performed between 15-20 weeks, The test determines high or low risk for Down's Syndrome, Trisomy 18 and birth defects of the spinal cord and skull.

Ultrasounds

Our office recommends an ultrasound between 8-10 weeks to determine the approximate delivery date, the number of babies, and the viability of the pregnancy.

We also recommend an ultrasound around 18-20 weeks to evaluate the fetal anatomy. Additional ultrasounds will be performed based on medical necessity. Insurance will only cover this service if there is a medical need. During the ultrasound, you may be able to determine the sex of the baby if it is in the right position!

Our office does offer "3D" ultrasound between 28-32 weeks. This is not covered by insurance and the cost is \$150. It comes with a CD and ultrasound pictures. This is an amazing ultrasound that details the baby in 3D.

The Rh factor

We will test your blood for the Rh factor. If your blood type is Rh negative, then you may be at risk for Rh disease. Rh disease is a pregnancy complication in which your immune system attacks the baby's blood and can result in a life threatening situation for the baby. Fortunately, it can be prevented with a shot called Rhogam which is given at 28 weeks or sooner if vaginal bleeding occurs.

Vaccinations

The Centers for Disease Control (CDC) recommends that women who are pregnant during the flu season receive the flu shot. All family members and close contacts should have the flu shot as well.

Also, pregnant women need a TDaP (tetanus, diphtheria, and pertussis) vaccine at 28 weeks. All family members and anyone who will spend a significant amount of time around the baby should be vaccinated as well.

Prenatal Vitamins

We recommend a prenatal vitamin that contains folic acid and DHA prior to conception, throughout the pregnancy and postpartum while breastfeeding. Please check with your provider before taking any vitamins, herbs, or other supplements as some may be unsafe during pregnancy.

Common Symptoms of pregnancy

At Desert Sage, we feel that any medication use in pregnancy should be avoided if possible, however, we realize that meds may be needed at times. Our purpose is to alleviate maternal symptoms without causing harm to the baby. The medications mentioned below have been used in pregnancy with limited to no known adverse effects on the baby.

Nausea/Vomiting - Feeling nauseous during the first three months of pregnancy is very common. For some women, it can last longer, while others may not experience it at all. Try to eat 5-6 smaller meals a day. Try bland foods like plain crackers, toast, and dry breakfast cereal. Carbonated drinks like ginger ale or 7-up work as well. Ginger is a natural treatment for nausea. Peppermint can also be used. Some over-the-counter medications are also safe. If the symptoms become severe or you are unable to keep fluids down for more than 12 hours, contact the office. We do have medications to assist with nausea/vomiting.

Discharge/Yeast Infection - An increase in vaginal discharge that is white and milky is common in pregnancy. If the discharge is watery or has a foul odor, call for an appointment. If you are experiencing a curd-like discharge, itching or redness in the vaginal or vulva area, you may try over-the-counter Monistat 7. We do not recommend the shorter courses of treatment, as they have a higher failure rate. If symptoms persist, please call the office for an appointment.

Spotting - Light bleeding or spotting is common, especially in the first 12 weeks of pregnancy. It may occur after intercourse, cervical exams, vaginal ultrasounds or strenuous activity or exercise. If the bleeding is heavy or is accompanied by pelvic pain, please give us a call. Please see "when to call the doctor" later in this report for more details.

Constipation - This is a very common complaint which can be related to hormonal changes, low fluid intake, increased iron or lack of fiber in your diet. Try to include whole grains, fresh fruit, vegetables, and plenty of water. If you develop hemorrhoids, try sitz baths three to four times per day for 10-15 minutes each time. If the pain persists, call for an appointment.

Cramping- Experiencing some cramps and contractions are normal. When they occur, empty your bladder, drink 1-2 glasses of water and try to rest. If you are less than 36 weeks pregnant and having more than six contractions in an hour after trying these measures, contact the office.

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

Dizziness - You may feel lightheaded or dizzy at any time during your pregnancy. Try lying down on your left side and drink 1-2 glasses of water. If symptoms persist, call for an appointment.

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

Heartburn - You may experience heartburn throughout the pregnancy, especially during the latter part when your baby is larger. Try to eat 5-6 smaller meals a day and avoid lying down immediately after eating. Some over-the-counter medications are also safe for use.

Aches and Pains - As your baby grows, backaches are common. You may also feel stretching and pulling pains in the abdomen or pelvic area. These are due to pressure from your baby's head, weight increase and the normal loosening of the joints. Practice good posture and try to rest with your feet elevated. You may also treat with Tylenol.

Safe Medications

During pregnancy, women can be more susceptible to ailments like cold, flu and other conditions. The following are considered safe. Follow the labels for dosage and directions. Contact the office with any questions.

<p>Acne: Benzoyl Peroxide Clindamycin Topical Erythromycin</p> <p>Avoid: Accutane Retin-A Tetracycline Minocycline</p>	<p>Antibiotics: Ceclor Cephalosporins E-mycins Keflex Macrobid/Macroclantin Penicillin Zithromax</p> <p>Avoid: Cipro Tetracycline Minocycline Levaquin</p>	<p>Cold/Allergies: Benadryl, Claritin, Zyrtec Chlor-Trimeton, Dimetapp Drixoral-non-drowsy Mucinex Sudafed*/Sudafed 12-hour* Sudafed PE Pseudoephedrine* Tylenol Cold and Sinus* Vicks Vapor Rub</p> <p>*AVOID if problems with blood pressure</p> <p>Avoid: Airborne</p>
<p>Constipation: Colace, Miralax, Senakot, Dulcolax Suppository, Fibercon, Metamucil, fiber pills</p>	<p>Cough: Actifed, Sudafed, Cough drops, Phenergan w/ Codeine if prescribed Robitussin (plain or DM)</p>	<p>Crab/Lice: RID</p> <p>Avoid: Kwell</p>
<p>Gas: Gas-X Mylicon Phazyme</p>	<p>Headaches: Cold Compress Tylenol (regular or extra strength) Acetaminophen</p>	<p>Heartburn: (Avoid Lying down for at least 1 hour after meals) Aciphex, Maalox, Mylanta, Pepcid/Pepcid complete, Milk of Magnesia , Prevacid, Prilosec OTC, Roloids, Zantac, Tums</p>
<p>Hemorrhoids: Anusol/Anusol H.C. (Rx: Analapram 2.5%) Hydrocortisone OTC, Preparation H, Tucks Vaseline lotion applied to tissue</p>	<p>Herpes: Acyclovir Famvir Valtrex</p>	<p>Leg Cramps: Benadryl</p>
<p>Nasal Spray: Saline Nasal Spray</p>	<p>Nausea: Vitamin B6 25mg 3 times daily Unisom ¼ or ½ tablet at bedtime Vitamin B6 and Unisom at bedtime Dramamine, Emetrol Ginger Root 250mg 4 times daily High complex carbs @ bedtime Sea Bands-Acupressure</p>	<p>Pain: Tylenol Lortab**, Percocet**, Vicodin**</p> <p>**Narcotic medications should only be used when prescribed for a legitimate medical problem by a doctor for a short period of time.</p>
<p>Rash: Benadryl 1% Hydrocortisone Cream</p>	<p>Sleep Aids: Ambien, Benadryl, Chamomile Tea, Unisom, Tylenol PM Warm milk/add vanilla for flavor</p>	<p>Throat: Cepacol Cepastat Salt Water Gargle w/ warm water</p>

Tooth Pain: Orajel	Yeast Infection: Gyne-lotrimin, Monistat 7, Terazol	Prenatal Vitamins: Any over the counter prenatal vitamins with DHA
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Nutrition and Pregnancy

Recommendations for weight gain

Underweight women with a low weight gain during pregnancy appear to have increased risk of having a low birth weight infant and preterm birth. On the other hand, obese women have an increased risk of having a large for gestational age infant, post term birth, and other pregnancy complications.

There is an increased risk of small for gestation age births in women who gain less than the recommended weight, based on pre-pregnancy weight. Women who exceed the weight gain recommendations double their risk of having a very large infant which increases the risk of a C-section and birth trauma. It may also increase the risks of childhood obesity and makes weight loss more difficult after delivery.

Recommendations for weight gain during a single pregnancy are as follows:

Underweight women (BMI less than 18.5): 28-40lbs

Normal weight women (BMI 18.5-24.9): 25-35lbs

Overweight women (BMI 25-29.9): 15-25lbs

Obese women (BMI>30) 11-20lbs

Healthy Diet

The first step toward healthy eating is to look at your daily diet. Having healthy snacks that you eat during the day is a good way to get the nutrients and extra calories that you need. Pregnant women need to eat an additional 100-300 calories per day, which is equivalent to a small snack such as half of a peanut butter and jelly sandwich and a glass of low fat milk.

Key nutrients during pregnancy:

Nutrient	Reason of Importance	Sources
Calcium (1200mg)	Helps build strong bones and teeth	Milk, Cheese, yogurt, Sardines
Iron (27mg)	Helps create the red blood cells that deliver oxygen to the baby and also prevent fatigue	Lean Red Meat, Dried Beans, and Peas, iron-fortified cereal
Vitamin A (770 mcg)	Forms healthy skin, helps eyesight, helps with bone growth	Carrots, Dark leafy Greens, Sweet potatoes
Vitamin C	Promotes healthy Gums, teeth and bones. Helps your body absorb iron	Oranges, Melon and Strawberries

Vitamin B6	Helps form red blood cells, helps body use protein, fat and carbohydrates	Beef, Liver, Pork, Ham, Whole Grain Cereals, Bananas
Vitamin B12 (2.6 mcg)	Maintains nervous system, needed to form red blood cells	Liver, Meat, fish, Poultry, Milk (only found in animal foods, vegetarians should take a supplement)
Folate (600 mcg)	Needed to produce blood and protein, helps some enzymes	Green Leafy Vegetables, Liver, Orange Juice, Legumes and Nuts

Foods to avoid in pregnancy

Raw Meat - Avoid uncooked seafood and undercooked beef or poultry due to risk of bacterial contamination, toxoplasmosis, and salmonella

Fish with mercury- Avoid fish with high levels of mercury including shark, swordfish, king mackerel and tilefish. For other fish, limit consumption to two servings per week. It is safe to eat 4 oz. of Albacore or up to 8 oz. of regular tuna/week.

Smoked Seafood - Refrigerated, smoked seafood should be avoided due to risks of Listeria contamination.

Raw Shellfish - Clams, oysters and mussels can cause bacterial infections. Cooked shrimp is safe.

Raw Eggs - Raw eggs or any foods containing raw eggs can be contaminated with salmonella. This includes some homemade Caesar dressings, homemade mayonnaise and homemade ice cream. Cook eggs thoroughly, until yolk are firm.

Soft Cheeses - Imported soft cheeses may contain listeria. Soft cheeses made with pasteurized milk are safe.

Unpasteurized milk - May contain listeria which can lead to a miscarriage.

Pate - Refrigerated pate or meat spreads should be avoided due to risks of listeria.

Caffeine - Limited caffeine intake to the equivalent of 1 cup of coffee a day or less. Excess caffeine may be associated with miscarriage, premature birth, low birth weight, and withdrawal symptoms in infants.

Unwashed vegetables - Wash all vegetables well to avoid exposure to toxoplasmosis which may contaminate the soil where vegetables are grown.

Deli Meats - Can be safely eaten if warmed to the point of steaming.

Avoid spilling fluids from raw meat and hot dog packages on other foods, utensils and food preparation surfaces. In addition, wash hands after handling hot dogs, luncheon meats, delicatessen meats, and raw meat (such as chicken, turkey, seafood, or their juices.)

Special Concerns:

Vegetarian diet - Be sure you are getting enough protein. You will probably need to take supplements, especially iron, B-12, and vitamin D.

Lactose Intolerance - During pregnancy, symptoms of lactose intolerance often improve. If you are still having problems after eating or drinking dairy products, remember, calcium can also be found in cheese, yogurt, sardines, & certain types of salmon, spinach, and fortified orange juice.

Artificial Sweeteners - These are OK to use but we recommend limiting it to 1-2 servings per day. If you have diabetes, the artificial sweeteners are better than sugar to help control your blood sugars.

Common questions

When will I feel my baby move?

Sometime between 16-25 weeks of pregnancy, mothers will begin to feel movement. Initially, movements will be infrequent and may feel like butterfly flutters. As your baby grows, you will feel movement more often. It is recommended to start counting fetal movements at 28 weeks once daily until you get 10 movements within 2 hours. A good time to do this is 20-30 minutes after breakfast and dinner. If you are concerned about movement, eat or drink something with sugar and caffeine, lie on your side, and press your hands on your belly. If you have concerns about feeling baby movements or notice a decrease in movements, contact the office. Note that an active baby is generally reassuring.

Why am I so tired? What's the best sleep position?

It's normal to feel more tired. You may also notice you need more sleep than usual. Try to get at least 8-10 hours per night. Listen to your body. You may sleep in any position. The baby finds it easiest to get its blood supply when you are on your side, but it is ok if you are on your back! Your body will adjust its blood pressure to make sure the baby gets perfused. Do not wake up in a panic if you are on your back! You may also find it helpful to put a pillow behind your back and between your knees to improve comfort. As your pregnancy progresses, use more pillows and frequent position changes to stay comfortable.

Can I use a Jacuzzi?

Using a Jacuzzi is not recommended.

Can I travel?

Traveling is safe during pregnancy for uncomplicated pregnancies. After 34 weeks, we recommend staying close to home. Domestic flights are ok until 34 weeks. You will not need a letter from the office to travel. International flights should be completed before 24 weeks and the airlines may require a letter with your gestational age at the time of travel. When you travel, be sure to take breaks to stand up and walk around at least every two hours. If traveling by vehicle, wear a seatbelt and position it under your abdomen as your baby grows. If you are in a car accident, go to the nearest emergency room where you will be directed to labor and delivery for fetal monitoring.

Can I care for my pets?

If you have cats, avoid changing the litter box or use gloves and a mask when changing it. Toxoplasmosis is a rare infection that you can get from cat feces.

What do I need to know about dental care?

Teeth cleanings and dental x-rays are safe in pregnancy. Your teeth and gums may experience sensitivity throughout the pregnancy. Bleeding gums and bloody noses are actually fairly common. Inform the dentist of your pregnancy and shield your abdomen if x-rays are necessary.

Can I go to the salon for treatments?

Hair coloring and nail care should always be done in large, well-ventilated areas.

Can I exercise?

30 minutes of exercise is recommended daily in uncomplicated pregnancies. This could include - walking, jogging, aerobics, yoga, swimming, etc. Weight training is acceptable. Listen to your body during exercise and drink plenty of fluids. After 20 weeks, avoid activities with a high risk of falling or trauma to your belly (i.e. snow skiing, kickboxing, horseback riding).

Can I have sex?

You can have sex unless you are having pregnancy complications or sex becomes too uncomfortable. There are times when exercise and sex should be avoided. This includes vaginal bleeding, leaking amniotic fluid, preterm labor, and placenta previa.

Alcohol and smoking

There is no safe amount of alcohol so we recommend avoiding all alcohol during pregnancy. Drinking alcohol can cause birth defects, mental retardation and abnormal brain development.

If you smoke, so does your baby. This is a very important fact of pregnancy. Here are some known complications from smoking during pregnancy.

- **Low birth weight:** Low birth weight can be caused by prematurity (birth less than 37 weeks), poor growth, or a combination of both. Prematurity is increased in pregnant smokers and is the number one cause of neonatal death and chronic illness in babies. Problems such as cerebral palsy, life-long lung, kidney, or other organ problems, mental retardation and learning disabilities are much more common in premature and low birth weight babies.
- **Placenta previa:** Low-lying placenta that covers part or all of the opening to the uterus. Placenta previa blocks the exit of the baby from the uterus causing the baby and mother to bleed.

- **Placental abruption:** The placenta tears away from the uterus causing the mother and baby to bleed which increases the risk for stillbirth.
- **Preterm premature rupture of membranes:** The water breaks before 37 weeks of pregnancy, which is associated with an increase in preterm and low birth weight births.
- **Stillbirth:** The fetus has died in the uterus.

In addition, drug use (marijuana, heroin, cocaine, methamphetamines or other drugs) should be avoided. These drugs can be harmful to the developing fetal brain and potentially increase the risk of stillbirth, low birthweight, placental abruption, and mental retardation.

Contacting our office

Please contact our office during business hours if at all possible at **602-466-1111**. Our phones are on Monday – Thursday 8:30am to 12pm and 1:30pm to 4:30pm. If after hours, you can call our answering service at **480-804-5538** or go directly to the emergency room.

- Continuous leaking fluid
- Fever > 101 degrees
- Decreased fetal movement- PLEASE NOTE- if you are less than 24 weeks gestation and experiencing decreased fetal movement, drink juice or a cold soft drink, eat a small snack, and lay on your left side. If there is still little or no movement within 1 hour call the office for evaluation during office hours or call the answering service after hours.
- Headache with vision changes.
- If you are 36 weeks or less and are experiencing 6 contractions per hour or if you are 36 weeks or greater and experiencing contractions every 5 minutes for 1-2 hours, then go to Labor and Delivery for evaluation.

Please also note the reasons to go directly to the ER:

- Abdominal trauma or car accident
- Heavy bleeding in pregnancy - go to the ER if soaking 1 pad every hour or if you are having severe cramping.

If you are less than 12 weeks and are having some spotting without severe cramping, please call the office during normal business hours so that we may get you evaluated as an outpatient. 1st trimester spotting is very common. Spotting that last more than 2 – 3 days is worth an evaluation in the office. You should go to the ER if the bleeding becomes heavy (soaking through a regular maxi pad every hour).

Preparing for labor and delivery

Pre-register with hospital

We deliver at Honor Health (formerly known as Scottsdale Healthcare Shea) located at 9003 E. Shea Blvd., Scottsdale, AZ 85260 (480)323-3420, www.honorhealth.com and Abrazo Scottsdale Campus (formerly known as Paradise Valley Hospital) located at 3929 E Bell Road, Phoenix, AZ 85032 (602) 923-5637, www.abrazohealth.com. Please register before you go into labor as this will make admitting you to the hospital smoother.

Pain Relief-

If desired, there are several options to provide pain relief while you are in labor. We are supportive of whatever you choose.

- **Stadol** - This narcotic is given through the IV and helps take the edge off strong contractions. It can make you sleepy. We avoid giving this near delivery time as it will make the baby sleepy as well.
- **Epidural** - This safe and popular option is administered by an anesthesiologist and requires a fine, thin catheter or tube to be placed in your back during active labor. Medicine slowly drips through the tubing to provide pain relief throughout labor. It is removed after delivery.
- **Local** - Sometimes we need to give a small injection of numbing medication for stitches called lidocaine. It feels like a sharp pinprick.

Research cord blood banking

Your baby's blood is a valuable source of cells that could be used by your baby or another family member to treat some life-threatening diseases. It can easily and safely be obtained immediately after delivery. Parents can choose to have their baby's blood saved; however, the decision must be made before birth. Insurance generally does not cover this. If interested, you can order a kit through various cord blood banking companies and bring it with you to delivery.

Attend educational courses

There are educational courses on labor and delivery, breastfeeding, infant CPR and baby care available. Consider these classes especially if you are a first time parent.

Choose a doctor for your baby

You will need to decide on a doctor for your baby (Pediatrician) by the time you deliver. The hospital will send your baby's information and test results to your chosen doctor. Your baby is commonly seen within 1 week after birth. You will need to contact the doctor's office prior to delivery and make sure they are accepting your insurance and are taking new patients. We can provide you with a list of doctors if you have trouble locating one.

Obtain and install car seat

You must have a car seat installed in your vehicle before taking the baby home. By law, children must be in a federally approved, properly installed, crash tested car seat for every trip in the car, beginning with the trip home from the hospital.

Learn more about breastfeeding

Human milk is perfectly designed nutrition for babies. Babies who are breastfed get fewer infections and are hospitalized less. Mothers that breastfeed burn 500 calories a day which can help lose extra weight and reduce a women’s risk of developing breast cancer. After delivery, the nurses and a lactation specialist are there to help you learn the art of breastfeeding.

Labor and Delivery

When will I know I’m in labor?

The chart below will help determine if you are in labor. If you have signs of true labor, or if your water breaks, go to labor and delivery.

True labor	False Labor
Contractions are regular; get closer together and last 40-60 seconds.	Contractions are irregular, do not get closer together and last 20-40 seconds.
Contractions continue despite movement.	Contractions may stop when you walk or rest or may change with change of position.
Pain/discomfort usually felt in back and moves around the front.	Pain/discomfort often felt in the abdomen.
Contractions steadily increase in strength	Contractions are usually weak and do not get much stronger.
Cervix dilates.	Cervix does not dilate.
Bloody show may be present	Usually no bloody show is present.

Induction

Your due date is considered 40 weeks. Anticipate delivery sometime between 39 – 41 weeks. We may recommend additional testing for your baby at 40-41 weeks. We induce at 41 weeks or sooner if there are concerns. Induction is a process when we give medication to initiate labor.

Cesarean birth and recovery

A Cesarean birth may be planned or unplanned. Your doctor, husband/ partner, nurses, anesthesia, and a first assist for surgery will be with you in the operating room. If necessary, a group of neonatal health care providers will be present as well. Your blood pressure and heart rate will be monitored, and a nurse will listen to your baby’s heart rate. Your baby will be delivered in a short period of time once surgery begins. Once delivered, it will take approximately 30 minutes to complete surgery. Your incision will be closed with staples or sutures. You will then be moved to the recovery room.

Vaginal Birth after Cesarean (VBAC)

If you have had a prior cesarean and desire another cesarean, this will be scheduled at 39 weeks. If you desire a vaginal birth after a cesarean, we recommend that you deliver at Honor Health.

Episiotomy/forceps/vacuum

We plan to help you deliver your baby with the least amount of intervention necessary. Episiotomies are not routinely needed and many patients deliver without the need for any stitches. Sometimes we need to make a small incision at the vaginal opening to help deliver. If you don't have an epidural, we will give you lidocaine before performing the episiotomy. The stitches dissolve over time and do not need to be removed. We provide you with medicine to keep you comfortable after delivery.

We are skilled in the use of vacuum and forceps for deliveries. We will recommend using them only if medically indicated. Our goal is to deliver your baby in the safest manner. There are definitely times when this is the safest way to help your baby into this world!

Postpartum instructions

1. Make an appointment to see the doctor for a check-up 6 weeks after vaginal delivery. Two weeks for a c-section incision check and then 4 weeks after unless instructed to do so sooner when leaving the hospital.
2. Refrain from douching, tampons, and swimming until after your 6 week post-partum check.
3. You may ride in a car but no driving for the first 2 weeks you are at home. If you are taking narcotics beyond the first 2 weeks, we advise you not to drive.
4. If breastfeeding, continue your prenatal vitamins daily, eat a well balanced diet, and increase your fluid intake to 10-12 glasses of water per day. With any signs or symptoms of a breast infection (fever, flu-like symptoms, pain or redness in the breast) call the office for further instructions.
5. If not breastfeeding, continue to wear a good supportive bra, bind if necessary, use ice packs, take Tylenol for discomfort, and call the office if the problem persists or worsens.
6. Vaginal bleeding may continue for 6-8 weeks while the uterus is involuting back to pre-pregnancy state. You may have spotting and/or menstrual-like flow. Increased activity increases the flow. If bleeding or cramping increases to greater than a period, take two Advil and get off your feet. If bleeding is persistently heavy, call the office for further instructions.
7. Avoid anything heavier than your baby until after your post-partum check-up.
8. Exercise-Avoid sit-ups, jumping jacks and aerobics until after post-partum check-up. You may do kegal exercises and walking.
9. Constipation is very common. Drink 6-8 glasses of liquids every day. Citrucel, Metamucil, and stool softeners (Colace) may be used. Include food like bran cereal, fresh fruit and vegetables in your diet. Stool softeners are also recommended if you are taking narcotics.

10. Hemorrhoids usually are more symptomatic after delivery. If they are a problem for you, try Preparation H and Tucks pads.
11. Post-partum blues - Sadness, crying and blues are normal responses to hormonal changes in your body after the baby is born. Please let us know if you need additional assistance or if you are concerned that the blues have turned into depression.
12. Abstain from intercourse for 6 weeks. Contraception options will be discussed with your doctor at your postpartum visit.
13. You may climb stairs and do walking as tolerated. Increase your activity level every day.
14. Please call the office if you have a fever of 101 or greater, swelling, tenderness or redness in the lower leg.
15. If you had a cesarean delivery, keep your incision clean with soap and water. Call the office if the incision is swollen, red or had any unusual drainage. Remove the piece of tape after 7 – 10 days if it is looking dirty, otherwise, it will be removed at your post op check.
16. Showering is permitted. Avoid baths.
17. It is common to have both legs swell in the first 2 weeks after delivery. Please call the office if one leg is significantly larger than the other or painful.
18. Call the office for severe headache unrelieved with Tylenol or pain medication or if you have a change in vision or facial swelling.

Postpartum depression

40-80% of women experience mood changes after their delivery. This most commonly starts 2-3 days after delivery and can last a few weeks to several months. It is important to eat properly, get adequate sleep and reduce stress during this time to help with the symptoms. Sometimes the symptoms require treatment especially if mom is not bonding or enjoying her baby, is unable to care for herself or the baby, or is feeling excessive sadness, depression or anxiety. Please schedule an appointment if you feel a problem occurring. There are effective treatments for postpartum depression.

Notes: _____

