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Thank you for allowing us to be part of such a special time in your life! Johnson County OB/GYN has been providing high quality obstetrical care for over 40 years and over that time we have strived to continue to change with the advancement of medicine and patient care. One of those changes was to move towards a community approach with our OB patients. We feel strongly that the focus of our care needs to be you and your child. We want you to feel comfortable and heard throughout your pregnancy and to do that better we have you meet all our physicians and nurse practitioners during your pregnancy. This is to ensure that if you need care from any of our providers you feel comfortable. We have a physician dedicated to the hospital each day to ensure that we are giving you prompt attention. We also have worked to provide same day appointments to you if you ever have a concern with your pregnancy. We feel this practice model strengthens us as providers and improves the care we provide.

Welcome to the JCOBGYN family!

PRENATAL GUIDE

You can also access the Prenatal Guide on our website: www.joco-obgyn.com. These are merely guidelines for normal pregnancy and should not replace advice from your individual physician regarding your pregnancy. If you have questions or concerns, do not hesitate to call the office at 913-236-6455 and our staff will be happy to assist you.

CALL INSTRUCTIONS

When you need assistance, please call the office phone at 913-236-6455. Our phones are answered 24 hours a day and someone is always available to help!

For after office hours **emergent** concerns, our answering service staff will get your name, phone number and the problem you're experiencing. The doctor on call will be paged and will return your call. If you don't receive a call back within 30 minutes, please call back. If your emergency cannot wait for call back, please proceed to the hospital.

If you have **routine** questions or problems arise that can wait until morning, please call during office hours. You will be directed to leave a message on the Triage Nurse Voicemail and they will return your call. Please tell the receptionist if you are pregnant and you think you might be in labor, your water has broken or if you are bleeding – she will get a nurse to come to the phone right away!

For **non-urgent** questions regarding care or appointments, messages can be sent to the office through the patient portal. We will also communicate lab results through the portal during your pregnancy. If you are not already on the portal, the front desk staff is happy to help get you signed up.

Office hours: Monday through Thursday 8:30am to 4:30pm, Friday 8:30am to 4pm

YOUR DUE DATE

The due date can be calculated based on the first day of your last menstrual period. This date is only an approximation. You can expect to have an ultrasound in the first trimester to confirm your due date. Your date may change based on this early ultrasound. An average pregnancy lasts about 40 weeks. It is quite normal to have your baby arrive within 1-2 weeks on either side of that date.

OFFICE VISITS

Prenatal care is the regular visits you will have with your physician during your pregnancy. We encourage you to begin prenatal care as soon as you find out you are pregnant. In the beginning of your pregnancy, you will be seen monthly if everything is progressing well. Starting around week 28, your visits will change to every 2 weeks, and then every week the last month. During your visits, your weight, urine and blood pressure will be checked. Your abdomen is measured for growth and the fetal heart beat is checked.

Your prenatal visits are a special time for you to learn about yourself and your baby. Throughout the pregnancy, your physician will discuss issues pertinent to your pregnancy at that time. Don't be afraid to ask questions!

MISCARRIAGE

This is the spontaneous loss of pregnancy. Signs of miscarriage are usually vaginal bleeding and cramping. It is not unusual to experience light spotting early in pregnancy, but let your doctor know if you have any bleeding. A miscarriage is often caused by an abnormality with the pregnancy and not a result of women's activities or stresses.

RED FLAG SYMPTOMS

Although childbearing is normal, it is sometimes difficult to draw the line between normal changes and complications. If you experience any of the following symptoms, please contact our office. These symptoms do not always indicate a serious problem, but it is best to have it checked out.

- Bleeding from the vagina or rectum
- Severe or continuous headache
- Sharp or continuous pain in your abdomen
- Severe and continuous vomiting
- Fever greater than 101°
- Sudden loss of fluid from the vagina
- Decreased fetal movement

After calling the office, if it is determined that you need to be sent to the hospital, keep this in mind:

If you are under 20 weeks pregnant, you will go to Emergency Department.

If you are over 20 weeks pregnant, you will go to Labor and Delivery.

PRENATAL TESTS AND PROCEDURES

While you are pregnant your doctor may suggest a number of laboratory tests, ultrasound exams, or other screening tests.

LABORATORY TESTS

We perform the following routine blood tests on all of our patients at their first OB appointment:

Complete blood count	Hepatitis B
Blood type and blood antibody screen	HIV
Rubella immunity	Syphilis
Hepatitis C	Thyroid testing

SCREENING TESTS

Screening tests measure the risk of having a baby with some genetic birth defects. Birth defects are caused by problems with a baby's genes, inherited factors passed down from the mother and father. Birth defects can also occur randomly in people with no family history of that disorder. Women over the age of 35 have the greatest risk of having babies with birth defects.

The benefit of screening tests is that they do not pose any risk to the fetus or mother, but the screening tests cannot tell for sure if the baby has a birth defect. So, they do not give a "yes" or "no" answer. Instead, screening tests give the odds of your baby having a specific condition.

If the screening tests or maternal age indicate an increased risk for a genetic birth defect, we will arrange a referral for a comprehensive

ultrasound with genetic counseling. Based on their risk assessment, further diagnostic testing may then be recommended to confirm a diagnosis.

Some common screening tests used during pregnancy include:

TARGETED ULTRASOUND

- The best time to have this test performed is between 19 and 21 weeks of pregnancy.
- Most major birth defects can be seen at this time. Ultrasound has its limitations and subtle birth defects can go undetected.
- Ultrasound alone has a 60% detection rate for Down syndrome.
- Sex can usually be determined at this time.

PENTA SCREEN

- We offer this test between 15 and 20 weeks of pregnancy.
- It screens for Down syndrome, Trisomy 18, or open neural tube defects.
- Risk is calculated by measuring the levels of 5 proteins from a sample of mom's blood.
- It has an 83% detection rate for Down syndrome.

NUCHAL TRANSLUCENCY SCREENING (NTS)

- This test is offered between 11 and 14 weeks of pregnancy.
- It screens for Down syndrome, Trisomy 18, or open neural tube defects.
- The risk is calculated from information obtained from a first trimester ultrasound checking the thickness of the back of the fetus' neck and blood protein levels from mom during the first and second trimester.
- It has a 95% detection rate for Down syndrome.
- Testing requires a referral to a specialist and includes genetic counseling.

NON-INVASIVE PRENATAL TESTING

- This blood test is available after 10 weeks of pregnancy. Open neural tube defect screening has to be drawn between 15 and 20 weeks of pregnancy.
- It screens for Down syndrome, Trisomy 18, Trisomy 13, open neural tube defects and sex.
- The risk is determined by a blood test that checks for fetal DNA circulating in the mother's blood.

- This test has a 99% detection rate for Down syndrome.
- Sometimes you are required to go to an outside draw station to receive the most competitive pricing for this test.

CARRIER SCREENING:

- The purpose of carrier testing is to see if a couple is an increased risk for giving birth to a child who will be affected. Carrier testing is a laboratory test done on a sample of your blood or saliva to see if you have the abnormal gene. If testing shows that a couple is at high risk, additional testing can be done on the developing baby to see whether or not it will be affected. You could be a carrier even if no one in your family has the disorder and even if you already have children without the disorder.
- These disorders cannot be treated before birth. The purpose of having this information about your developing baby is so you can prepare yourself to care for the child with special health care needs or allow time to terminate the pregnancy if desired.
- The American College of Obstetricians and Gynecologists (ACOG) recommends that health care providers make carrier screening test available to all couples. Deciding whether or not to have the test is your personal choice.

CYSTIC FIBROSIS (CF)

- CF causes severe and chronic problems with digestion and breathing.
- About 1 in 30 Caucasians carry the changed gene. If your family background is not white, your chance of being a carrier is less than 1 in 30.
- Both parents must carry the gene in order for the baby to be at risk.

SPINAL MUSCULAR ATROPHY (SMA)

- SMA is the most common inherited cause of infant death by loss of control of muscles involved in breathing, eating, and moving.
- About 1 in 50 American's carry the changed gene. Any race can be affected.
- Both parents must carry the gene in order for the baby to be at risk.

FRAGILE X SYNDROME (FXS)

- FXS is the most common inherited cause of intellectual disability and strongly associated with autism.
- Approximately 1 in every 3,600 boys and 1 in every 6,000 girls have FXS.
- Only mom needs to be a carrier for the child to be at risk.

DIAGNOSTIC TESTS

Diagnostic tests can give definite “yes” or “no” answers about whether your baby has a genetic defect. But, unlike screening tests, they are invasive and come with a risk of miscarriage and infection. Amniocentesis and chorionic villus sampling (CVS) are the two most commonly used. Both tests are more than 99% accurate for finding these problems. These tests also can tell you your baby’s sex. In most cases, results take about two weeks.

AMNIOCENTESIS

This test is performed by a specialist in pregnancies of at least 16 weeks. It involves inserting a thin needle through your abdomen, into your uterus, and into the amniotic sac to take out a small amount of amniotic fluid for testing. The cells from the fluid are grown in a lab to look for problems with chromosomes.

CHORIONIC VILLUS SAMPLING (CVS)

This test is performed by a specialist between 10 and 12 weeks of pregnancy. A needle is inserted through your abdomen or through a catheter in your cervix in order to reach the placenta. A sample of cells is taken from the placenta. These cells are used in a lab to look for problems with chromosomes.

COMMON QUESTIONS AND COMPLAINTS

As your baby grows, you may experience some discomforts that you did not have before your pregnancy. Many of these are normal occurrences as your baby grows and do not always mean something is wrong. Please do not hesitate to contact our office if you have questions. The doctors, nurses and office staff are always available to help.

FETAL MOVEMENT

Bubbles. Butterflies. Gas. These are all words used to describe what a baby’s first movements feel like to a mother. If you are expecting your first baby, you can expect to feel your baby for the first time between 18 and 24 weeks gestation. If this is not your first baby, you can expect to feel your baby a bit sooner than you felt your first. Checking kick counts once a day, after the 28th week of pregnancy, is an easy way to ensure fetal well being.

Choose the time of day when your baby is the most active or eat a snack with a large glass of water and begin timing fetal movements. Lie down on your side or sit in a comfortable easy chair. Count every movement until your baby has moved ten times. Notify your doctor if your baby has not moved ten times in two hours, you have not felt the baby move all day (12 hours) or you notice a significant change in your baby’s activity.

ALCOHOL, DRUGS AND SMOKING

There is no time during pregnancy when it is safe for you to drink alcohol. Alcohol in the blood travels to the baby through the umbilical cord. This can cause birth defects and developmental delay. If you are pregnant and have been drinking alcohol, stop drinking now and talk to your doctor.

Illicit drugs are not only illegal, but very harmful to your developing baby. Your doctor needs to know if you are currently using any illegal substance. Help is available.

If you smoke, now is the time to quit. It may be the most important thing you do for your baby during your pregnancy. Smoking during pregnancy can lead to low birth weight babies. Nicotine can cross the placenta and cause the blood vessels to constrict. This prevents oxygen and nourishment from reaching the baby. Smoking is also associated with lower IQ, higher miscarriage rate, higher risk of infant death at term and sudden infant death syndrome (SIDS). If you need help quitting, please talk to your doctor.

EXERCISE

Exercise during pregnancy can help prepare you for labor and childbirth. Exercising afterward can help get you back in shape. Before beginning your exercise program, talk with your doctor to make sure you do not have any obstetric or health condition that would limit your activity. Walking, swimming, cycling and aerobics are safe during pregnancy, even for beginners. Running, if done in moderation, is safe for women who have been running before pregnancy. Downhill snow skiing, water sports, contact sports and scuba diving should be avoided during pregnancy.

Becoming active and exercising at least 30 minutes on most, if not all, days of the week can benefit your health in the following ways:

- Helps reduce backaches, constipation, bloating and swelling
- May help prevent or treat gestational diabetes
- Increases your energy
- Improves your mood
- Improves your posture
- Promotes muscle tone, strength and endurance
- Helps you sleep better

The following are general guidelines for a safe and healthy exercise program:

- Do not lie flat on your back after the first trimester
- Don't overdo it, listen to your body. You should be able still carry on a conversation while exercising
- Make it a habit, work regular exercise into your schedule
- Avoid exercising in hot, humid weather
- Wear comfortable, breathable clothes and drink plenty of water to avoid overheating and dehydration

NUTRITION/WEIGHT GAIN

A balanced diet is a basic part of good health at all times in your life. During pregnancy, diet is even more important. The foods you eat are the main source of nutrients for your baby. As your baby grows, you will need more of most nutrients. When you are pregnant, you need about 300 calories more a day than you usually eat.

The following are the recommendations for total pregnancy weight gain and rate of weight gain in the second and third trimester:

	TOTAL	RATE
Underweight	28-40 lbs	1 lb/wk
Normal Weight	25-35 lbs	1 lb/wk
Overweight	15-25 lbs	½ lb/wk
Obese	11-20 lbs	½ lb/wk

Weight gain above or below the recommendations can lead to adverse outcomes such as preterm delivery and small-for-gestational age babies for low weight gain and Cesarean and macrosomia for excessive weight gain.

You should also begin taking a prenatal vitamin with folic acid and high in DHA before you become pregnant. Otherwise, start as soon as you know you are pregnant. A nonprescription vitamin provides adequate levels of vitamins required for healthy pregnancy. However, popular gummy vitamins do not contain iron and may require additional iron supplementation to avoid anemia. Additional Calcium and Vitamin D beyond the normal recommendations for adults is not required in pregnancy unless your diet is deficient.

Not all foods are safe for pregnant women. Some contain high levels of chemicals that can affect your baby's development. Others, such as raw or undercooked meat, put you at risk for infection from foodborne bacteria or parasites that can hurt your baby.

AVOID THE FOLLOWING FOODS:

- Swordfish, shark, king mackerel, marlin and tile fish. These fish can contain potentially risky levels of mercury, which can be transferred to the growing fetus and cause neurologic damage. However, fish consumption in pregnancy improves neurodevelopment in children. Therefore, it is recommended that pregnant women eat 2-3 servings/week of fish that are high in DHA and low in mercury. The mercury content of commercial fish can be found at www.stonybrook.edu/commcms/gelfond/fish/database.html or the FDA website.
- Raw fish, especially shellfish (oysters, clams)
- Undercooked meat, poultry, seafood and hot dogs. Deli meats (such as ham, salami, and bologna) are an occasional cause of food poisoning; pregnant women may choose to avoid them or reheat them before eating.
- Refrigerated pates or meat spreads. Canned versions are safe.
- Refrigerated smoked seafood unless it has been cooked (as in a casserole)
- Soft-scrambled eggs and all foods made with raw or lightly cooked eggs
- Unpasteurized milk and any foods made from it including soft cheeses such as Brie, feta, Camembert, Roquefort and Mexican-style, unless they are labeled as made with pasteurized milk
- Unpasteurized juices
- Avoid raw vegetable sprouts, wash all fruits and vegetables before eating
- Herbal supplements and herbal teas
- Large quantities of caffeine (intake should be limited to < 200 mg/d).

WHAT ABOUT SEX?

Many couples wonder if sex is safe in pregnancy and if intercourse will harm the fetus or the woman. In a pregnancy with no problems, sex is considered safe and healthy up to shortly before the baby is born. The woman's comfort should be the most important guide during sex. Spotting after intercourse is not unusual. If bleeding persists, call your physician. If the pregnant partner does have health problems during her pregnancy, ask your health care provider whether sex will be safe.

HAIR DYES

Research related to the use of hair dye and pregnancy is limited and there is minimal evidence to suggest that it is safe. However, there

are no animal studies showing cause for alarm, very little chemical absorbed through the skin and no reports of human harm according to the Organization of Teratology Information Specialists (OTIS). Given the unknown potential harm of the chemicals, you might consider postponing your hair treatments until after delivery.

ARTIFICIAL SWEETENERS

Artificial sweeteners are a common additive in beverages and include things like NutraSweet, Splenda, Stevia and Sweet 'N Low. There is no evidence that typical use of these in pregnancy is harmful or cause birth defects.

ORAL HEALTH

Good oral hygiene is important during pregnancy. You should continue routine dental care including cleanings, extractions, root canal, radiographs (with abdomen and thyroid shielded) and fillings. Up to 40% of women may experience pregnancy gingivitis. This is a condition where the gums become swollen, inflamed and bleed easily. This occurs because the hormones of pregnancy make the gums more susceptible to plaque buildup and bacteria. Brushing your teeth twice a day, using mouthwash and flossing regularly will help reduce your risk.

INFECTIONS/EXPOSURE TO ILLNESS

COVID-19 Due to the rapidly changing information regarding COVID-19 disease and vaccine, please consult with your doctor about the latest protocols related to COVID-19 and pregnancy.

FIFTH DISEASE (erythema infectiosum) is a common, mild, childhood illness that causes a "slapped-cheek" rash on the face and, less commonly, fever, headache, sore throat and joint pain in children. Women with young children and those who work with them (for example, child care providers and teachers) are at greatest risk of exposure and infection. About 60 percent of adults have had the infection as children and, therefore, are immune as adults. If you are pregnant and unsure of your immune status, you can help protect yourself from infection by washing your hands and not sharing drinking glasses and utensils with any one who has or was exposed to the illness. If you think you have been exposed to fifth disease, call your health care provider right away.

CHICKENPOX (varicella) is a viral illness that mainly affects children. Between 85 and 95 percent of pregnant women are immune to chickenpox, meaning that they cannot catch it. Pregnant women who are not immune should avoid anyone with chickenpox and anyone who has had contact with someone with the disease. If you think you have

been exposed to Chicken Pox and are not immune, call your health care provider immediately.

INFLUENZA (commonly called "the flu") is a contagious respiratory illness caused by viruses. Symptoms of flu include fever (usually high), headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, and muscle aches. The flu vaccine is recommended to all women who are pregnant during the flu season (October-March).

TOXOPLASMOSIS is a common infection caused by a parasite that, when contracted by a pregnant woman, can pose serious risks to her unborn baby. To avoid infection, it is recommended that you do not empty cat litter from outdoor cats, wear gloves when working in the garden, do not eat undercooked meats and wash produce before consumption.

THE COMMON COLD is usually caused by a viral infection. Over the counter cold remedies such as Sudafed, Claritin, a neti pot and nasal sprays can safely be used to alleviate your symptoms. Humidified air in your bedroom at night may also help. Symptoms persisting greater than two weeks, fevers, or shortness of breath, may indicate a more serious infection. Please contact our office if you are experiencing these more severe symptoms.

TRAVEL

Travel by airplane or automobile is not harmful to your baby or pregnancy. The main concern regarding travel is the chance of an unexpected event occurring while out of town. If contractions or illness should occur while traveling, you may have to seek medical care at a hospital with unfamiliar doctors. Avoid long distance travel the last six to eight weeks of your pregnancy. If you have a high risk pregnancy, such as twins or history of preterm birth, be sure to discuss travel with your doctor prior to any trip.

During prolonged trips, try to ambulate frequently to improve circulation and drink plenty of fluids to stay hydrated. Travel can be exhausting, allow ample time to reach your destination. Please wear your seat belt at all times. The lap belt should be positioned below your abdomen across your hips. If a shoulder strap is available, it should be used also. Airbags should never be disabled.

Airport security metal detectors are safe. The radiation expose is very minimal and not cause for concern.

If you are planning travel outside of the US, be aware of potential infection exposures such as the Zika virus. The CDC's website is a good source for this information. It is also important to consider the access to medical care. It is impossible to predict when it might be needed.

INSECT REPELLANTS

Repellants, including DEET and permethrin clothing, are safe to use in pregnancy. Their use is especially important to protect you and your baby in areas where mosquito-borne illness such as West Nile and Zika are common.

FREQUENT URINATION

During the first 3 months there is often a desire to urinate frequently. It is usually caused by the pressure of your growing uterus on the bladder. Pain with urination, blood in the urine or fever may indicate infection. If you are experiencing any of these symptoms, contact your doctor.

NAUSEA AND VOMITING

Nausea occurs in 50% of all pregnancies. Nausea can be a vicious cycle. The more nauseous you get, the less you eat. The less you eat, the more nauseous you get. In most women, nausea stops between the third and fourth month. Try the following to help:

- Keep crackers at the bedside, eat 5-10 minutes before getting up
- Sit up slowly and sit at the side of the bed a few minutes before getting up
- Eat 5-6 small meals each day, try not to let your stomach become completely empty
- Drink fluids between meals
- Avoid foods that are greasy, fried or spicy
- Avoid foul and unpleasant odors
- Get fresh air
- B6 100mg with ½ tablet of Unisom twice a day.
- Ginger capsules (250mg) three times a day

If severe nausea or vomiting occurs, contact your doctor.

INDIGESTION AND HEARTBURN

This is a burning sensation in your stomach area that can extend into your chest. This usually occurs after meals or when you lay down. It is very common and caused by increasing uterine size, and hormonal changes that allow stomach contents to back up into the esophagus. It is important to treat these symptoms as they can cause damage to the esophagus. Try the following to help:

- Small frequent meals
- Avoid fatty or spicy foods
- Stay upright for at least ½ hour after meals

- Avoid excessive weight gain
- Avoid smoking
- Elevate the head of your bed
- See list of safe over the counter medication and talk to your doctor if they are not helping.

CONSTIPATION

This is another very common problem in pregnancy affecting half of women. The following may help:

- Drink plenty of liquids (at least six 8 oz. glasses/day)
- Eat foods high in fiber- fruits/vegetables/bran cereal
- Exercise daily
- Stool softeners, see list of safe over the counter medications

HEMORRHOIDS

Pregnant women often experience hemorrhoids. These are varicose veins of the rectum usually caused by constipation and pressure of the growing uterus. Avoiding constipation (see above) can reduce their occurrence. See the medication list or talk to your doctor if this becomes a problem.

SWELLING

A certain amount of swelling is normal with pregnancy. This usually occurs in your legs and feet due to decreased circulation as the uterus enlarges. It will also occur more frequently in hot and humid summer months. Sudden swelling, especially in the hands and face, vision problems and severe headache may indicate a more serious problem and should be discussed with your physician. The following tips may help:

- Elevate your legs when possible
- Rest in bed on your side
- Avoid salty foods
- Support stockings
- Reduce time spent on your feet
- Do not decrease water intake

BATHS/HOT TUBS/SWIMMING POOLS

You may take tub baths or showers, throughout pregnancy. The water temperature should not exceed 100 °F; extremely hot water can effect development of your baby. Hot tubs and saunas should also be avoided for this reason. Swimming pools are safe at any point in pregnancy and an excellent way to get exercise and relieve back pain and swelling.

NOSE BLEEDS

Nasal congestion and nose bleeds are common throughout pregnancy. They are caused by hormonal changes and increased circulation to the mucous membranes. Saline nose drops and humidity may help. Please contact our office if bleeding becomes heavy and persistent.

NUMBNESS AND TINGLING

As the uterus increases in size and you retain fluid in normal pregnancy, you may experience numbness and tingling in the legs, feet or hands. This is usually not serious and resolves after delivery.

BACK PAIN

Back pain is one of the most common discomforts during pregnancy. Hormones from pregnancy cause changes in the muscles and ligament of the back and pelvis. With additional stretching and weaknesses in the core muscle, pain often results. 50-80% of women experience back pain at some point during pregnancy. It is most common in the third trimester, but can begin as early as the first trimester.

The following may help:

- Shoes with good arch support
- Wearing a maternity support belt
- Avoid lifting heavy objects
- Avoid standing or sitting for long periods of time
- Add a pillow to your chair for back support
- Sleep on your side with pillow between your legs
- Heat, cold or massage to painful area
- Tylenol
- Prenatal yoga
- Warm bath
- Prenatal massage

Physical therapy and special braces may also be able to help. If the pain persists, please discuss the problem with your doctor, it may indicate a more serious condition.

SHORTNESS OF BREATH

As the fetus continues to grow inside your uterus, the uterus expands and takes up more room in your abdomen, causing your other organs to be squeezed and shifted. By about 31-34 weeks of pregnancy, the uterus has grown so large that it presses the digestive organs and the diaphragm up toward the lungs. Because this limits the ability of the lungs to fully expand when you take a breath, you may feel short of

breath. If you had mild asthma before you were pregnant, you may find that your asthma symptoms become worse during pregnancy. Tips to relieve the uncomfortable feeling of being short of breath:

- Move a little more slowly so your heart and lungs do not have to work so hard.
- Sit up straight to give your lungs as much room as possible to expand.
- Sleep with your upper body propped up on pillows or in a reclining chair.

Shortness of breath with activity can begin as early as the first trimester from the hormones produced by your placenta. This should not be associated with pain or occur at rest. If this occurs, please call your provider.

VAGINAL DISCHARGE

Because you have more blood flowing to the skin and muscles around your vagina during pregnancy, vaginal secretions may increase. Vaginal secretions are called leukorrhea. Large amounts of smooth creamy white discharge daily can be normal in pregnancy. Tell your health care provider if you experience pain, soreness, or itching in your vaginal area. Also, contact your provider if the discharge is bloody, watery, or has a foul odor.

MUCOUS PLUG

Close to your due date, it is not unusual to “lose your mucous plug”. This is a thick plug of mucous in the cervix during pregnancy that protects the baby in the uterus from vaginal bacterial by blocking the path. Towards the end of pregnancy as your cervix starts to dilate, this plug may become dislodged and you may pass a thick clump of mucous sometimes associated with dark blood. This is normal, not a cause for concern. This also does predict how soon you will give birth.

ROUND LIGAMENT PAIN

Sharp abdominal pain in the sides and groin, usually with movement, is a common complaint with pregnancy. This pain is a result of stretching of the ligaments as the uterus grows. Heat, massage, slow changes in position, resting, and warm baths may ease the pain. Pregnancy support belts that stabilize the growing uterus may also be helpful.

LEG CRAMPS

During the last 3 months of pregnancy, you may begin having leg cramps or “a charlie horse”. These often occur while sleeping. Tips to prevent or relieve leg cramps:

- stretch your legs (especially your calf muscles) before going to bed
- avoid pointing your toes when stretching or exercising
- apply heat to your calf muscles
- massage your calf muscles
- drink plenty of water and non-alcoholic, decaffeinated beverages
- have 3-4 servings of calcium-rich foods every day

PALPITATIONS

Heart palpitations are a fluttering or feeling like your heart is beating fast. This is very common in pregnancy. The normal physiologic changes that occur in pregnancy and heightened awareness cause this symptom. This results from an increase in your heart rate by 10-20 beats per minute. Extra heart beats and non-sustained arrhythmias occur in more than 50% of patients. Please call our office if:

- Associated with difficulty breathing or chest pain
- You have an irregular pulse
- It occurs daily, episodes are lasting longer or increasing in intensity

DIZZY OR FAINTING SPELLS

A dizzy, lightheaded or near fainting feeling is very common in pregnancy. This is caused by the dramatic changes in your heart, lungs and nervous system caused by the hormones of pregnancy. These changes in your body cause you to become very sensitive to sudden drops in your blood pressure, sudden drops in your blood sugar or from dehydration. This can occur when you stand too quickly, stand in one place too long, take a hot shower, lay flat on your back in the second and third trimester or become overheated. If this occurs, sit or lay down on your side until the symptoms pass. Eating and drinking small meals that include protein throughout the day can decrease the occurrence. If you are prone to these, carry small snacks with you to avoid rapid changes in blood sugar. Make sure you are drinking at least 8-10 8oz cups of water every day. Your urine should always be the color of lemonade. Please call our office if:

- Associated with difficulty breathing or chest pain
- You have an irregular pulse
- It occurs daily, episodes are lasting longer or increasing in intensity.

PELVIC PRESSURE

Pelvic discomfort and pressure are common at the end of pregnancy. During the 3rd trimester, your body produces a hormone that loosens the ligaments to give your pelvis flexibility for the baby to fit through

the birth canal. These changes combined with the weight of the uterus, baby, placenta and fluid cause the pelvic floor to stretch and sag. This results in pain and pressure. The baby's head is also starting to drop which can also cause pressure symptoms and the pregnancy waddle. Additionally, there is an increase of blood flow to the pelvic floor. This creates a swollen feeling in the labia and vagina which can also contribute to the feeling of pressure. Unfortunately, nothing but birth will make the pressure go away completely. These symptoms can occur earlier after your first pregnancy. The following can help decrease your discomfort in the meantime:

- Resting on your side
- Elevate your pelvis
- Pregnancy support belts
- Warm baths
- Heat packs
- Gentle exercise like swimming
- Prenatal yoga
- Prenatal massage

If you are having frequent contractions, leaking amniotic fluid or vaginal bleeding, please call our office immediately.

SLEEP

It is normal to be very fatigued during the first 3 months of your pregnancy. This is caused by the hormones produced by the pregnancy. This usually improved during the second trimester and returns during the third.

Insomnia during pregnancy affects 80% of women. Difficulty sleeping can be caused by heartburn, frequent urination, leg cramps, anxiety, back pain and general discomfort of pregnancy. The following may help:

- Maintain healthy sleep habits
- Avoid screen time at least an hour before bed
- Warm soothing bath
- Avoid drinking after 7pm
- Make yourself comfortable by lying on your side with a pillow under your belly and between your knees.
- Exercise early in the day
- Meditation and relaxation exercises
- Relaxing aromatherapy

CAN I LIE ON MY BACK?

In the second half of pregnancy, it is best to avoid lying flat on your back for prolonged periods of time. By this point in pregnancy, the uterus and baby are big enough theoretically to start compressing the large blood vessel that carries blood back to the heart. When this happens, you may start to feel dizzy, light headed and nauseous. Lying on either side and using pillow to help wedge and support your body will help keep you comfortable while you sleep. If you wake up on your back, do not worry. You have not hurt your baby.

PREPARING FOR CHILDBIRTH

Your hospital registration form will be provided to you around 16- 20 weeks. Please complete and return to the hospital ASAP! This is a critical step as it gets your information entered into their system and alerts the hospital of your plans to deliver there. This allows us to take better care of you anytime you are seen in the hospital. **This step MUST be done before a Cesarean section or induction can be scheduled.**

As part of your hospital registration, it is important that you schedule an appointment with the Nurse Navigator during the third trimester. This is a time for the hospital to learn about your health, pregnancy and plans for delivery. You will also complete necessary paperwork and have a tour if you are not familiar with the Birth Center. This visit will make your admission when you are in labor a lot faster.

We encourage you and your partner to attend childbirth preparation classes. Most expectant mothers begin classes during their third trimester, although it is good to sign up early. Prenatal classes provide information for parents regarding labor methods, delivery, recovery, breast feeding and more. Classes are available through the hospital – please check their website for the latest class information. If you need help finding classes, our office staff would be happy to help direct you.

LABOR

In the last several weeks of pregnancy, you may notice that your abdomen gets hard and then gets soft again. As you get closer to your delivery date, you may find that this becomes uncomfortable or even painful. These irregular cramps are called Braxton-Hicks contractions, or false labor pains. They may occur more frequently when you are physically active. A warm bath, drinking water, and resting may help relieve some of your discomfort.

False labor can occur just at the time when labor is expected to start. Thus it is sometimes difficult to tell this from true labor. Don't be upset or embarrassed if you react by thinking labor is beginning. Sometimes

the difference can only be determined by a vaginal exam--changes in your cervix signal the onset of true, active labor. Other times there are ways that might help you to tell the difference between true and false labor.

One good way to tell is to time the contractions. Time how long each cramping period lasts and the length of time between the start of each contraction. Keep a record for an hour. During true labor, the contractions last about 50-80 seconds, they occur at regular intervals and they don't go away when you move around.

Call your doctor when contractions reach the level that you agreed upon earlier as the time to call (usually five minutes apart). There are other signs that should prompt you to call your health care provider and to think about going to the hospital. Call if:

- your membranes rupture (your "water breaks"), even if you are not having any contractions. This may feel initially like a "gush" of clear warm fluid and the leaking wet feeling will persist.
- you are bleeding from the vagina
- you have constant, severe pain--don't wait for a whole hour to pass
- you feel reduced fetal movement

Once it is decided that it is time to go to the hospital, you will go to Labor and Delivery. After you are checked in, you will be evaluated in our Triage Unit to see if you are in labor. The doctor on call will be notified of your status.

During labor, you will be moved to your own private labor room. Some of the rooms are equipped with tubs to help alleviate pain when an un-medicated birth is desired. Together with our fantastic nursing staff, we strive to provide you with kind, compassionate care making your birth experience special. Unfortunately, birth does not always follow our desired plan. You and your baby's safety and well-being are always our primary concern.

CESAREAN DELIVERY

In a cesarean section, a small transverse incision at the hairline is made on the mother's abdomen and on the uterus to deliver the baby. Cesarean delivery may sometimes be planned by the mother and her physician before the baby is born, or it may be decided during childbirth that it is safer for the mother or the baby. There are many reasons for Cesarean Delivery including the size of the baby, some maternal medical conditions, placental location, twins, arrest of labor, signs of fetal distress during labor, or history of previous cesarean birth. If your doctor does perform a Cesarean delivery, the following steps will be taken to ensure your comfort and safety:

- Your abdomen will be washed and shaved before the surgery.
- A catheter (tube) will be placed in your bladder to empty it.
- You will require an anesthetic for the surgery; usually this is an epidural.
- The doctor will make incisions in the abdomen and uterus and deliver the baby through the incisions.
- The uterus will be closed with stitches that later dissolve on their own, and stitches or staples will be used to close the abdomen.

After the delivery, you and your baby will be given a room in the hospital where you will be monitored and cared for. Recovery time in the hospital may be a day or two longer, but sometimes it is the safest way to deliver a baby. Your activities and recovery once discharged home are similar to a vaginal delivery.

PEDIATRICIAN

A pediatrician will care for the baby in the hospital after it is born. You will need to select one prior to your delivery. A list of area pediatricians is included in your hospital registration packet and is available on our website under Pregnancy Information. Most pediatricians are happy to meet with you prior to your delivery and answer questions.

PRESCRIPTIONS

If you have been prescribed routine medications that need to be refilled, please contact your pharmacy and have them fax a refill request to our office. The fax number is 913-236-6678. Please allow 48 hours for refill requests to be processed.

FMLA, DISABILITY OR LEAVE OF ABSENCE FORMS

If you require leave papers, disability forms or FMLA forms to be filled out for you or your husband/partner, please complete your portion of the forms and give to the front desk staff.

PLEASE DO NOT GIVE THESE FORMS TO YOUR DOCTOR!

There is a \$25.00 charge for EACH SET of forms to be completed and this must be paid at the time the forms are turned in for completion. You will be given a cover sheet to attach to your forms and we will need the estimated days you will be off work, estimated date you will return to work and instructions on how you want the forms turned in (faxed, mailed, you will pick up, etc.). You must allow 10 business days for staff to complete forms.

MEDICATIONS AND PREGNANCY

This is a list of recommended over the counter medications that are safe to use during pregnancy according to the label directions. If you are taking any medications other than your prenatal vitamin, especially prescription medications, please check with your doctor first.

Allergies:

Loratadine (Claritin)
Diphenhydramine (Benadryl)

Constipation:

Metamucil
Konsyl
Docusate (Colace)
Senekot
Miralax

Cough/congestion (Temp. less than 100 °F):

Pseudoephedrine (Sudafed) after the first trimester
Guaifenesin (Mucinex)
Loratadine (Claritin)
Afrin nasal spray (3 day limit)
Saline nasal spray

Diarrhea:

Kaopectate
Immodium
Clear liquids for 24 hours

Gas/ Bloating:

Simethicone (Gas-X)
Maalox/Mylanta

Heartburn:

Maalox
Mylanta
Famotidine (Pepcid)
Tums

Hemorrhoids:

Preparation H
Anusol suppositories or cream
Tucks pads

Minor Aches and Headache:

Acetaminophen (Tylenol)

Ibuprofen (Motrin/Advil) is safe on occasion from 20 to 32 weeks gestation

Nausea:

Vitamin B6

Unisom, ½ tab

Ginger capsules

Rash/Itching:

Diphenhydramine (Benadryl)

Calamine lotion

Aveeno oatmeal bath/lotion

Hydrocortisone ointment

Sore Throat:

Acetaminophen (Tylenol)

Throat lozenges/spray

NOTES: