



JOHNSON COUNTY  
**OBGYN**

**PRENATAL GUIDE**

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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. 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. To do that better, throughout your pregnancy you will have visits with all our physicians and nurse practitioners. 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 you are given 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.

We are honored that you have allowed us to be a part of your OB care. We take this privilege seriously and look forward to our partnership in your care.

***Welcome to the JOCO OBGYN family!***

## **Prenatal Guide:**

You are receiving our Prenatal Guide booklet so we can better serve you. It exists to help you with any concerns you have throughout your pregnancy. Please read through and keep your Prenatal Guide in a handy place so you can refer to it as needed. This booklet will assist you throughout your pregnancy. You can also access the Prenatal Guide on our website: [www.joco-obgyn.com](http://www.joco-obgyn.com). If you need further assistance after referring to your Prenatal Guide booklet, you can call our office @ 913-236-6455 and our staff will be happy to assist you.

## **Pregnancy Concerns:**

### **Calling the office**

**If you think you are in labor, your water broke, or you are bleeding, please call the office (913-236-6455) and follow the phone prompts for immediate attention – the staff will get a triage nurse on the line immediately to assist you.**

If at any time you need to call our office with **non-urgent** questions or concerns, please leave a message for the triage nurses with your name, date of birth and provide a phone number where they can return the call. Return calls may come over your phone as an unlisted number - when expecting a call back from us please answer these calls to avoid phone tag!

### **Patient Portal**

For non-urgent concerns, we encourage you to utilize our portal. You can send medical questions and messages to our clinical team and appointment concerns to our front office. These messages are returned within 1-2 business days. If you are not already signed up for our portal, our front office is happy to help set you up.

### **Red Flag Symptoms**

There are a lot of changes that occur during pregnancy, 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 be evaluated.

- Bleeding from the vagina or rectum
- Severe or continuous headache
- Sharp or continuous pain in your abdomen

- Cramping or contractions not relieved with rest and fluids
- 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, you will present to the Obstetrical Emergency Department in the birth center tower.

# Prenatal Care

## Your Due Date

Your 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 encompasses the regular visits you will have with a provider during your pregnancy. 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. During the last month of your pregnancy, you will be seen every week. 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!

## Prenatal tests and Procedures

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

### Laboratory Tests

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

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

## **Genetic Screening Tests**

Screening tests measure the risk of having a baby with certain genetic disorders. These can be caused by problems with a baby's genes, which are inherited factors passed down from the mother and father. They can also occur randomly in people with no family history of that disorder. Women over the age of 35 have an increased risk of having babies with genetic abnormalities.

The benefit of screening tests is that they do not pose any risk to the fetus or mother. However, the screening tests 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 indicates an increased risk for genetic abnormalities, we will arrange a referral for a comprehensive ultrasound and 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 abnormalities can be seen at this time. Ultrasound has its limitations and subtle abnormalities can go undetected.
- Ultrasound alone has a 60% detection rate for Down syndrome.
- Fetal sex can usually be determined at this time.

#### **Penta Screen**

- We offer this test between 15 - 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's syndrome.



## **Nuchal Translucency Screening (NTS)**

- This test is offered between 11 - 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
- 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 testing is available after 10 weeks of pregnancy. Open neural tube defect screening must be drawn between 15 - 20 weeks of pregnancy.
- It screens for Down syndrome, Trisomy 18, Trisomy 13, 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.

## **Diagnostic Testing**

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 confirm your baby's sex. In most cases, results take about two weeks.

## **Chorionic Villus Sampling (CVS)**

This test is performed by a specialist between 10 to 12 weeks of pregnancy. A needle is inserted through your abdomen or through a catheter in your cervix in order to reach the placenta. Cells are obtained for testing.

## **Amniocentesis**

This test is performed by a specialist when you are 16 weeks pregnant. 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.

## **Carrier Screening**

Carrier screening is a laboratory test done on a sample of your blood or saliva to see if you carry an abnormal gene. Both parents must carry the gene in order for the baby to be at risk. 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. The purpose of carrier screening is to see if a couple is at an increased risk for giving birth to a child who will be affected by certain hereditary conditions.

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.

### **The three most common autosomal recessive conditions are:**

#### **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.

#### **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.

#### **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.

## Recommended Vaccinations during Pregnancy

Did you know that a mother's immunity is passed along to her baby during pregnancy? This will protect the baby from some diseases during the first few months of life until the baby can get vaccinated. We follow the CDC Guidelines for Vaccination during Pregnancy

**Flu Vaccine** – It is safe, and very important, for a pregnant woman to receive the inactivated flu vaccine. A pregnant woman who gets the flu is at risk for serious complications and hospitalization. To learn more about preventing the flu, visit the CDC website [https://www.cdc.gov/flu/highrisk/qa\\_vacpregnant.htm](https://www.cdc.gov/flu/highrisk/qa_vacpregnant.htm)

**Tdap Vaccine** – Women should get adult tetanus, diphtheria and acellular pertussis vaccine (Tdap) during each pregnancy. Ideally, the vaccine should be given between 27 and 36 weeks of pregnancy. Pertussis (or whooping cough) can be serious for anyone, but for your newborn, it can be life threatening. <https://www.cdc.gov/vaccines/pregnancy/hcp-toolkit/tdap-vaccine-pregnancy.html>

**Covid 19 Vaccine** – Protecting yourself and your baby from the Covid 19 virus is recommended by the CDC and ACOG. Research shows it is safe and effective at preventing infection, severe illness and death. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnant-people.html>

**RSV Vaccine** – When a pregnant person gets RSV vaccine, their protective proteins (called antibodies) also pass to their baby. So, babies who are born at least 2 weeks after their mother gets RSV vaccine are protected at birth, when infants are at the highest risk of severe RSV disease. The vaccine can reduce a baby's risk of being hospitalized from RSV by 57% in the first six months after birth. <https://www.cdc.gov/vaccines/vpd/rsv/hcp/pregnant-people.html>

**RhoGAM** – The RhoGAM shot is an injection of a drug called Rh immunoglobulin (anti-D immune globulin, or Rhlg). It's given to women who are Rh negative during pregnancy to prevent their bodies from making antibodies against their baby's Rh-positive blood.

# Common Questions

## Fetal Movement

Bubbles. Butterflies. Gas. These are all words used to describe what a baby's first movements feel like to a mother. You can expect to feel your baby for the first time between 18 and 24 weeks gestation. 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, eat a snack with a large glass of cold 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 or you notice a significant change in your baby's activity.

## Exercise

For most pregnant women, at least 30 minutes of moderate-intensity exercise is recommended on most, if not all, days of the week.

Walking is a great exercise for beginners. It provides moderate aerobic conditioning with minimal stress on your joints. Other good choices include swimming, low-impact aerobics and cycling on a stationary bike. Strength training is OK, too, as long as you stick to relatively low weights.

Remember to warm up, stretch and cool down. Drink plenty of fluids to stay hydrated, and be careful to avoid overheating.

Intense exercise increases oxygen and blood flow to the muscles and away from your uterus. In general, you should be able to carry on a conversation while you're exercising. If you can't speak normally while you're working out, you're probably pushing yourself too hard.

Depending on your fitness level, consider these guidelines:

**You haven't exercised for a while.** Begin with as little as 10 minutes of physical activity a day. Build up to 15 minutes, 20 minutes, and so on, until you reach at least 30 minutes a day.

**You exercised before pregnancy.** You can probably continue to work out at the same level while you're pregnant — as long as you're feeling comfortable and your health care provider says it's OK.

## Nutrition

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.

You should also begin taking a prenatal vitamin with folic acid and 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.

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](http://www.stonybrook.edu/commcms/gelfond/fish/database.html) or the FDA website.

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.

### **Foods to Avoid:**

- 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.
- 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).

## **Obesity**

We understand that there is no topic during pregnancy that generates more of an emotional response than discussing weight. However, understanding the risks of obesity during pregnancy and steps to promote a healthy pregnancy can have a major impact on your health and your baby's health.

### **What's considered obese?**

Obesity is diagnosed when your BMI is 30 or higher.

BMI stands for body mass index and is a calculation based on your height and weight at the first pregnancy visit.

### **How does obesity affect my pregnancy?**

Having a high BMI during pregnancy increases the risk of various pregnancy complications, including:

- The risk of miscarriage, stillbirth and recurrent miscarriage
- Gestational diabetes
- A pregnancy complication characterized by high blood pressure and signs of damage to another organ system, most often the liver and kidneys (preeclampsia)
- Cardiac dysfunction
- Sleep apnea
- Longer labor
- Need for induction of labor
- The need for a C-section and the risk of C-section complications, such as wound infections

### **How could obesity affect my baby?**

Having a high BMI during pregnancy has been linked to an increased risk of various health problems for a baby, including:

- Birth defects
- Being significantly larger than average (fetal macrosomia)

- Impaired growth
- Childhood asthma
- Childhood obesity

### **Weight Gain in Pregnancy**

Your pre-pregnancy weight and BMI is important to consider when determining how much weight you need to gain during pregnancy. Start by considering these guidelines for pregnancy weight gain and obesity:

**Single pregnancy:** If you have a BMI of 30 or higher and are carrying one baby, the recommended weight gain is 11 to 20 pounds (about 5 to 9 kilograms).

**Multiple pregnancy:** If you have a BMI of 30 or higher and are carrying twins or multiples, the recommended weight gain is 25 to 42 pounds (about 11 to 19 kilograms).

For women who have a BMI of 40 or higher, gaining less than the recommended amount might lower the risk of a C-section or having a baby significantly larger than average.

Rather than recommending that you gain a specific amount of weight during pregnancy, your health care provider might encourage you to focus on avoiding excessive weight gain during pregnancy.

### **Will I need specialized care during pregnancy?**

If you have a BMI of 30 or higher, your health care provider will closely monitor your pregnancy. He or she might recommend:

**Early testing for gestational diabetes:** For women at average risk of gestational diabetes, a screening test called the glucose challenge test is done between weeks 24 and 28 of pregnancy. If you have a BMI of 30 or higher, you will be screened at your second prenatal visit due to the increased risk of gestational diabetes. Supplies will be provided at your first visit. If your test results are normal, you will repeat the screening test between weeks 24 and 28 of pregnancy. If the results are abnormal, you'll need further testing. Your health care provider can advise you on blood sugar monitoring and control.

**Level 2 Ultrasound:** A standard fetal ultrasound is typically done between weeks 18 and 20 of pregnancy to evaluate a baby's anatomy. But ultrasound waves don't easily penetrate abdominal fat tissue. This can interfere with the effectiveness of fetal ultrasound. Sometime women may require referral

to a Maternal Fetal Specialist. Ultrasound may also be utilized in the third trimester to better assess fetal growth.

**Third Trimester Antepartum Testing:** Women with a pre-pregnancy BMI over 35, increased surveillance in the third trimester is indicated to reduce the risk of stillbirth. This may include a weekly ultrasound or fetal monitoring to assess baby's well-being.

**Induction of Labor:** The need for induction of labor is increase due to the increase risk of maternal complications such as gestational diabetes and pregnancy related hypertensive disorders such as preeclampsia.

**Screening for Obstructive Sleep Apnea:** This is a potentially serious sleep disorder that causes breathing to repeatedly stop and start during sleep. Women who have sleep apnea during pregnancy are at increased risk of preeclampsia and other complications. Screening may need to occur during pregnancy if symptoms develop.

### **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 complications arise during your pregnancy, ask your health care provider whether continuing sex is safe.

### **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.

### **Infection/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 anyone 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 mucinex, tylenol, 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 exposure 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.

Many vaccine-preventable diseases, rarely seen in the United States, are still common in other parts of the world. A pregnant woman planning international travel should talk to her health professional about vaccines. Information about travel vaccines can be found at CDC's traveler's health website at [www.cdc.gov/travel](http://www.cdc.gov/travel)

## **Baths, Hot Tubs and Swimming Pools**

You may take tub baths or showers, throughout pregnancy. The water temperature should not exceed 100 °F; extremely hot water can affect 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.

## **Sleep**

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.

# Exposures:

## 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 and very little chemical is absorbed through the skin. There are 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.

## 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.

## Alcohol, Drugs and Smoking

### Alcohol and Pregnancy

If you drink alcohol during pregnancy, your baby may be at risk of lifelong birth defects.

Didn't know you were pregnant? While no amount or type of alcohol is safe during pregnancy, serious harm is unlikely if you drank before you knew you were pregnant. The most important thing is to stop drinking alcohol when you find out you are pregnant.

### What's the Risk?

There is no safe amount or type of alcohol use during pregnancy. Even moderate drinking (one drink a day) can cause lifelong problems for your baby. They may include problems with:

- Coordination
- Behavior
- Attention
- Learning

## **Fetal Alcohol Syndrome**

The most severe result of heavy drinking during pregnancy is called fetal alcohol syndrome (FAS). FAS can cause serious birth defects for your baby, including:

- Problems with brain development
- Lower-than-average height and weight
- Smaller-than-normal head size
- Abnormal facial features

## **Drugs (including Marijuana)**

Illicit drugs can be very harmful to your developing baby. Your doctor needs to know if you are currently using any illegal substance. Help is available.

If you use marijuana during pregnancy, you may be putting your health and your fetus's health at risk.

Possible Effects on Your Fetus:

- Disruption of brain development before birth
- Smaller size at birth
- Higher risk of stillbirth
- Higher chance of being born too early, especially when you use both marijuana and cigarettes during pregnancy
- Harm from secondhand marijuana smoke
- Behavioral problems in childhood and trouble paying attention in school

Medical marijuana is not safer than recreational marijuana. Recreational and medical marijuana may be legal in some states, but both are illegal under federal law.

There's no evidence that marijuana helps morning sickness. Ask your obstetrician-gynecologist (ob-gyn) about safer treatments.

## **Tobacco and Vaping**

Smoking during pregnancy is dangerous for you and your fetus. If you use cigarettes or e-cigarettes (vaping), now is the time to quit.

- Nicotine is only one of 4,000 toxic chemicals in cigarettes.
- Using e-cigarettes (vaping) is not a safe substitute for smoking cigarettes.

- Other smokeless tobacco products, like snuff and gel strips, also are not safe.
- Secondhand smoke can cause growth problems for your fetus and increase your baby's risk of SIDS.

### **Risks for your fetus**

- Delayed growth
- Increased risk of premature birth
- Permanent brain and lung damage
- Increased risk of stillbirth

### **Risks for the Newborn**

- Smaller size at birth
- Colic with uncontrollable crying
- Sudden infant death syndrome (SIDS)
- Development of obesity and asthma during childhood

### **Risks for You**

- Ectopic pregnancy (a pregnancy outside of the uterus)
- Thyroid abnormalities

Quitting will help you have a healthy pregnancy and a healthy baby.

## **Common 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.

### **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 seems to be a vicious circle. The more nauseous you get, the less you eat. The less you eat, the more nauseous you get. Once the cycle is stopped, you will feel better. In most cases, nausea does stop between the third and fourth month.

You really do need to eat something after you get up in the morning. If you don't the acid will flow into your empty stomach and feel sicker. Keep crackers by your bedside and eat a few before getting up. Lie there for 5-10 minutes before getting up. Sit up slowly.

Bread and other starches usually taste good. They are easy to digest and give you energy. Try toast with jelly (no butter), cereal, graham crackers, or vanilla wafers. Thin pretzels or dry popcorn may help too. Try baked or mashed potatoes with salt and pepper, no butter or gravy. Cooked rice, plain spaghetti, macaroni, or noodles usually go down easily. If all else fails, keeping a peppermint candy or a lemon drop or even a marshmallow in your mouth will give you some sweetness which may stop the nauseous feeling.

Do not use any butter, margarine or cooking oil. Fats of any kind often upset your stomach. Try low fat dairy options. Yogurt digests easily; cottage cheese, either plain or with fruit, makes a good meat substitute.

If you can tolerate meat; broil, bake or stew it. Use your charcoal grill, crock pot or oven. Cold meats such as chicken, ham or tuna salad may work. Peanut butter may taste good too. Eggs are a good substitute for meat and are best poached, scrambled, or hard boiled; egg salad makes good sandwiches. Spices may bother you, so avoid pizza, spaghetti, chili, lunch meat, hot dogs, and sausages.

Fresh vegetable salads may work better than cooked vegetables. Fresh or canned fruit may be tolerated. Eat fruits such as bananas, oranges, or grapes. Canned fruits include peaches, applesauce, and fruit cocktail. If citrus juices bother you, dilute them with water and serve them over ice, or mix them with other juices such as pineapple or apple juice. Don't drink orange juice in the morning on an empty stomach! Milder juices are apple, grape, peach, apricot, or pear nectar.

Getting dehydrated is a problem if you are vomiting every day. You must keep down some fluids. Try plain Jell-O-O, weak sweetened tea, diluted fruit juice, plain soup, or broth. Ginger Ale, 7-UP, or even room temperature (flat) Coke may help.

Eat small amounts of food at least every 2-3 hours during the time you're awake so the stomach is never empty. Some women need to eat a small snack in the middle of the night. Try drinking 1/2 hour to 1 hour after meals so you won't feel so full.

Stop smoking and stay away from others who smoke. Smoking increases secretion of stomach acids and makes you more nauseous.

### **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 meal
- 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 +/- laxatives, 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
- Compression stockings
- Reduce time spent on your feet

## **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. 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.

### **The 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 not 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.

### **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 vagina. 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.

## **Difficulty Sleeping**

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 fluids 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

## Preparing for Childbirth

You will receive your Advent Health Shawnee Mission hospital registration packet around your 20-week appointment. This packet will contain the registration form, and information about the Navigator visit and class offerings through the hospital. This registration is important for your admission to the hospital. **This step MUST be done before a cesarean section or induction can be scheduled.** You will also be instructed to schedule an appointment with the Nurse Navigator at the hospital around 32 weeks. This visit is an important step to introduce you to the hospital and will streamline your admission on the big day.

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 have vaginal bleeding
- You have constant, severe pain → DO NOT 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 Obstetrical Emergency Department to see if you are in labor. The doctor on call will be notified if you are in labor.

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 along the bikini line 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.
- 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.

### **Pediatricians**

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. 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 your employer requires leave papers or FMLA forms to be filled out for your maternity leave, please give your forms to our front desk staff. There is a \$25.00 fee for each set of paperwork. This must be paid before the forms can be completed. Please DO NOT give the forms to your doctor. Please provide estimated dates you will be off work, estimated date you will return to work, what you want done with the forms once they are completed (faxed or call for pick up). You must allow 14 business days for these forms to be completed.

# 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

Docusate (Colace)

Senekot

Miralax

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

Pseudoephedrine (Sudafed) after the first trimester

Plain Robitussin ®

Guaifenesin (Mucinex)

Loratadine (Claritin)

Afrin nasal spray (3 day limit)

Saline nasal spray

Flonase nasal spray

## Diarrhea

Immodium

Clear liquids for 24 hours

## Gas/ Bloating

Simethicone (Gas-X)

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 (100 mg) with 1/2 tablet of Unisom (an over-the-counter sleep aide) 2 times a day

Ginger capsules (250 mg), taken 3 times a day

**Rash/Itching**

Diphenhydramine (Benadryl)

Calamine lotion

Aveeno oatmeal bath/lotion

Hydrocortisone ointment

**Sore Throat**

Acetaminophen (Tylenol)

Throat lozenges/spray



**Notes:**

