YOUR GUIDE TO A
Healthy PREGNANCY

Obstetrics &
Gynecology
of Indiana

obgynindiana.com
Mission Statement

To be the preeminent provider of quality, cost effective women’s health services through proactive, visionary leadership and teamwork among our physicians and support staff.

Our mission is based on our continued belief in the independent practice of medicine which allows us to create a partnership with our patients in providing compassionate and innovative services.

Our Practice

A woman’s healthcare treatment should be unique as the woman herself, so why shouldn’t the healthcare practice you seek be just as exceptional? You’re many things to many people: breadwinner, mother, caregiver, and more. At OB/GYN of Indiana, we believe seeking informative comprehensive care shouldn’t be another obstacle. We know your life is already full of challenges. So let OB/GYN of Indiana take the worry out of your search for quality women’s healthcare, and allow our highly-regarded, professional team and innovative health services put you at ease.

As a practice specializing in women, we offer a private, caring and supportive healthcare environment. It is our promise to every patient to provide a compassionate and professional team that includes physicians, licensed practitioners, registered nurses, ultrasonographers, and certified medical assistants.

Delivering comprehensive care and a broad range of obstetrical and gynecological services is only a part of what you’ll find with OB/GYN of Indiana. We believe that every woman is unique and deserves the highest quality healthcare with personalized attention. Our job is to listen respectfully, provide the best surgical and medical options available and allow our patients to make informed, educated choices to enhance their quality of life.

Our History

OB/GYN of Indiana was established as Women’s Health Partnership in 1993 to advance the delivery of obstetrical and gynecological care for women in the Central Indiana area. In 2012, we officially changed our name to OB/GYN of Indiana to better capture our identity as a leading obstetrics and gynecology practice in Indiana.

Obstetrics & Gynecology of Indiana, P.C. is a single specialty group practice comprised of 40 physicians specializing in the practice of Obstetrics & Gynecology. Our physicians have many years of successful experience and currently provide services at nine distinct locations. Our hospital affiliations include five hospitals located predominantly within Indianapolis / Central Indiana.

Obstetrics & Gynecology of Indiana is dedicated to serving women at all stages of their life. For more information about how we can help women of all ages, visit our comprehensive website at obgynindiana.com.
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Because pregnancy is a time of great change for your body as well as the fetus, you will be visiting our office on a regular basis. During your regular visits, your weight, blood pressure and urine will be checked. Your abdomen is measured to check fetal growth and we will listen to your baby’s heartbeat.

**ROUTINE VISITS ARE SCHEDULED:**
- Every 4 weeks until 28 weeks
- Every 2 weeks from 28-36 weeks
- Weekly from 36 weeks to delivery
- We may request that you be seen more frequently if you are considered high risk.

**ROUTINE CARE:**
- Initial visit - Meet with an OB educator to review health history and go over OB education. First trimester prenatal labs will be drawn. This includes your blood type, blood count, screening for infections (syphilis, hepatitis B and C, and HIV), urine evaluation, and any other screening indicated by your health history. These results will be discussed at your next visit with the physician.
- First ultrasound - Scheduled around 8 weeks for first trimester dating and “due date confirmation”.
- First OB Visit - Full physical exam, pap smear (if indicated), and screening gonorrhea and chlamydia.
- 10-20 weeks - Genetic Screening (optional) - these tests determine if the baby is at high risk for genetic disorders. If the test reveals you or your baby are high risk, other specialized tests may be ordered.
  - Carrier Testing for Cystic Fibrosis, Tay-Sachs, or Sickle Cell
  - Early screen with NT (nuchal translucency) test (12-14 weeks)
  - Cell Free Fetal DNA after 10 weeks
  - AFP Quad screen, 15-22 weeks
  - Other testing options may be available and can be discussed with your provider.
- 20-24 weeks - Ultrasound to evaluate fetal anatomy.
- 24-28 weeks - Third trimester labs including glucola test, syphilis, and CBC. If Rh negative, antibody screen and rhogam administration.
- 28-34 weeks - Tdap vaccine (Pertussis booster).
- 35-37 weeks - Cervical evaluation and Group B strep culture.
- Postpartum follow up 4-6 weeks after delivery.

In addition to the above tests, your physician may order other tests as indicated.
PRENATAL BLOOD WORK - Tests for anemia, blood type, and antibodies.

BLOOD TYPE & ANTIBODY SCREEN - Your blood type is determined by 2 factors:
1. Blood group - O, A, B, or AB
2. Rhesus (Rh) status is either positive (+) or negative (-). When a woman is Rh (-), Rh Immuno-globulin (Rhogam) injections are given to prevent antibodies from forming that could harm this or future pregnancies.

COMPLETE BLOOD COUNT (CBC) - A CBC is a blood test for anemia. If you have anemia, we will start you on iron supplements. This is a common condition in pregnancy and if you take the iron as directed, there should be no long term effects on your baby.

RUBELLA - Rubella is German measles. Most women were vaccinated as children, so they and their babies are not at risk. Pregnant women who are not immune to rubella, are at risk for developing the infection and having a baby with birth defects.

SYPHILIS SCREENING - This is a blood test to screen for a sexually transmitted disease which is increasing in occurrence. The American College of OB/GYN recommends that all pregnant women be screened twice during pregnancy.

INFECTIONS - There are tests for Hepatitis B, Hepatitis C, Syphilis, HIV, and bladder infections. You may also be tested for chickenpox, toxoplasmosis, Chlamydia, gonorrhea, and TB.

PAP SMEAR - Tests the cervix for pre-cancerous cells.

DATING ULTRASOUND - A vaginal probe ultrasound is usually performed at an early visit around 8 weeks to determine accurate dating and viability.

ANATOMY ULTRASOUND - Ultrasounds are performed in our ofices by ultrasound technicians using high-tech equipment. We recommend an ultrasound on everyone around 20-24 weeks for complete fetal anatomy evaluation. Additional ultrasounds are performed based on the medical need. Remember that your insurance plan does not cover this service if there is not a medical need. Some medical conditions necessitate referral to maternal fetal medicine (MFM) for extensive ultrasounds. This will be determined by your physician.

ONE-HOUR GLUCOSE TEST - The One-hour Glucose Test is a routine blood test. The One-Hour glucose test is given between 24-28 weeks to screen for gestational diabetes. You will be asked to drink a glucose (sugar) beverage. You do not need to fast. If you do eat we encourage a high protein meal rather than a meal high in carbohydrates. After one hour, blood will be drawn from a vein in your arm. The blood sample will show how your body reacts to having “glucose load.” The test results are usually back within 48 hours. If the test is abnormal more testing will be done.

Why is the test so important? Gestational diabetes occurs in up to 12% of all pregnancies in the United States and can be a concern for the health of both the mother and the baby. If gestational diabetes is diagnosed early, complications during the pregnancy can be prevented.

GROUP B STREP VAGINAL CULTURE - Group B Streptococcus (GBS) is a type of bacteria that can be found in approximately 20% of pregnant women. In women, it is most commonly found in the vagina or rectum. 1-2% of all babies who are exposed to GBS during delivery become infected. This can cause major health problems or even threaten their lives. A vaginal/rectal culture is done at 36 weeks to screen for GBS. If positive, you will receive antibiotics during labor.
Additional Testing During Pregnancy

You will have the option to test for the potential of genetic diseases. If you are interested in any optional tests, please check with your insurance plan to see if these tests are covered. Questions you may have regarding these optional tests can be discussed with your physician. There are risks associated with some of the tests. Please discuss with your physician. Some of these tests require a referral to a maternal fetal medicine (MFM) physician.

**CYSTIC FIBROSIS SCREENING** - This blood screening test will determine if you are a gene carrier. If you test positive, the baby’s father should also be tested.

**CVS (CHORIONIC VILLUS SAMPLING)** - This screening is performed between 10-12 weeks with a maternal fetal medicine physician. The test can detect abnormal chromosomes. A needle is inserted through the mother’s abdomen or cervix and placental tissue is obtained and used for genetic testing.

**EARLY SCREEN / NUCHAL TRANSLUCENCY** - This ultrasound and blood test is performed with maternal fetal medicine between 12-14 weeks. The test determines high or low risk for Down Syndrome, Trisomy 13 and 18.

**AFP-4 (Quad Screening)** - This blood screening test is performed between 15-22 weeks. The test determines high or low risk for Down Syndrome, Trisomy 13 and 18, and birth defects of the spinal cord and skull.

**AMNIOCENTESIS** - This screening is performed after 16 weeks with a maternal fetal medicine physician. The test can detect abnormal chromosomes. A needle is inserted through the mother’s abdomen into the baby’s sac of fluid, a small amount is removed for genetic testing.

**NON-INVASIVE PRENATAL TESTING / CELL FREE FETAL DNA** - This is a non-invasive blood test performed after 10 weeks. This evaluates fetal DNA for evidence of Down Syndrome, Trisomy 13 and 18.

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**The Rh Factor**

If your blood type is Rh negative, then you may be at risk for Rh disease, which affects about 10% of people. Rh disease is a pregnancy complication in which your immune system attacks the baby’s blood and can result in a life threatening situation for the baby if left unknown. Fortunately, it can be prevented with a shot called Rhogam which is given around 28 weeks or anytime if vaginal bleeding occurs. If you are Rh negative, contact our office immediately if you develop bleeding or trauma to your belly.

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**Vaccinations**

The Centers for Disease Control (CDC) recommends that women pregnant during the flu season receive the flu shot. The flu mist, which is a live vaccine, is NOT recommended. Also, pregnant women should receive a dose of Tdap (a vaccine to protect mother and baby against tetanus, diphtheria and pertussis) after 28 weeks. Receiving the vaccine in pregnancy gives your baby extra protection against whooping cough, which can be dangerous for newborns. We would also recommend, that any person who is in regular contact with your baby, be up to date with their vaccinations.

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**Prenatal Vitamins**

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

**Week 4**
Your baby’s body now has three distinct layers from which all of his organs will develop.

**Week 8**
Your baby’s fingers and toes start to develop.

**Week 12**
Your baby’s facial features continue to become more defined, particularly his nose and chin.

**Week 16**
Your baby’s skeletal system and nervous systems start to coordinate movement.

**Week 20**
Your baby’s skin thickens and develops layers under the vernix.

**Week 24**
Your baby’s movements can reveal to your doctor more about your baby’s development.

**Week 28**
Your baby is starting to take 20-30 minute naps.

**Week 32**
Your baby’s movements could start to change.

**Week 36**
Although your baby’s bones are hardening, his skull remains soft and flexible for birth.
ESTIMATED DUE DATE: Due dates are set to help gauge the approximate date of delivery. Only 1 in 20 babies are delivered on the calculated day, although most are born within 10 days of the projected date. A full-term baby usually goes 280 days from the last period to birth. Your provider will determine your estimated due date during one of your first appointments. This date does not change once established by your provider.

WHEN WILL I FEEL MY BABY MOVE? Between 16-25 weeks of pregnancy, mothers will begin to feel movement. Initially, movements will be infrequent and may feel like butterfly flutters. As your baby grows, you will feel movement more often. If you are concerned about movement after 28 weeks, drink something with sugar, lie on your left side and press your hand on your belly. You should feel at least 6-7 movements an hour. If you’re concerned about feeling baby movements or notice a decrease in movements, contact the office.

WHAT DO I NEED TO KNOW ABOUT DENTAL CARE? Your teeth and gums may experience sensitivity throughout the pregnancy. Maintain routine dental visits during pregnancy. Good oral hygiene is important. Inform the dentist of your pregnancy and shield your abdomen if x-rays are necessary.

CAN I EXERCISE? 30-60 minutes of daily exercise is recommended in uncomplicated pregnancies. If you were working out prior to pregnancy, most of those activities may be continued including walking, jogging, stationary bikes, yoga, swimming and aerobics. Drink plenty of water, 16oz. before a workout, 8oz. during and 16oz. after. Your exercise should be moderate, which may vary from one pregnant women to the next based on their exercise prior to pregnancy. Exercise to fatigue, not to exhaustion, and listen to your body. If your exercise routine causes you to have an increased shortness of breath, feel faint or dizzy, have blurred vision or experience pain, stop the workout. It’s recommended that you avoid activities with a high risk of falling or trauma to your belly, such as snow and water skiing, horseback riding, kickboxing and biking. Scuba diving is also NOT recommended.

WHY AM I SO TIRED? It’s normal to feel more tired. You may also notice you need more sleep than usual. Try to get at least 8-10 hours per night. Listen to your body. Try to sleep on your side to allow for maximum blood flow to the baby. Lying on your back can cause your blood pressure to drop. You may also find it helpful to put a pillow behind your back and between your knees to improve comfort. As your pregnancy progresses, use more pillows and frequent position changes to stay comfortable.

CAN I USE A JACUZZI? It is NOT recommended to submerge yourself in hot water or use a sauna or steam room. This includes hot yoga.

CAN I TRAVEL? Traveling is safe during pregnancy for uncomplicated pregnancies. After 36 weeks, we recommend staying close to home. When you do travel, be sure to take breaks to stand up/walk around at least every two hours. Drink adequate fluids. If traveling by vehicle, wear a seat belt, positioning it under your abdomen as your baby grows. If you are involved in a car accident, please call the office immediately, you may need to be monitored.

CAN I CARE FOR MY PETS? If you have cats, please let us know. Avoid changing the litter box or use gloves to change it. Toxoplasmosis is a rare infection that you can get from cat feces.

CAN I GO TO THE SALON FOR TREATMENTS? Hair coloring and nail care should always be done in large, well-ventilated areas. If possible, avoid treatments in the first trimester.

CAN I HAVE SEX? You can have sex unless you are having complications or sex becomes too uncomfortable. There are times when exercise and sex should be avoided. This includes vaginal bleeding, leaking amniotic fluid, preterm labor, chest pain, regular uterine contractions, decreased fetal movement, growth restricted baby, headache, dizziness, general weakness, placenta abnormalities, or when advised by a physician.
NAUSEA/VOMITING: Feeling nauseous during the first three months of pregnancy is very common. For some women, it can last longer, while others may not experience it at all.

DISCHARGE: An increase in vaginal discharge that is white and milky is common in pregnancy. If the discharge is watery or has a foul odor, call the office.

SPOTTING: Light bleeding can be common, especially in the first 12 weeks of pregnancy. It may occur after intercourse, cervical exams, vaginal ultrasounds, strenuous activity, or exercise. If the bleeding is heavy or is accompanied by pain, contact us immediately. If it occurs after exercise, discontinue exercising until the spotting has subsided for approximately one week.

CONSTIPATION: A common complaint is constipation, this can be related to hormone changes, low fluid intake, increased iron, or lack of fiber in your diet. Try to include whole grains, fresh fruit, vegetables, and at least 80oz of water daily. There are also safe over-the-counter medications. If you develop hemorrhoids, try sitz bath three to four times per day for 10-15 minutes each time. If the pain persists, contact the office.

CRAMPING: Experiencing some cramps and contractions are normal. When they occur, try to empty your bladder, drink 1-2 glasses of water, then try to rest. If you are less than 37 weeks pregnant and having more than six contractions in an hour after trying these measures, contact the office.

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

DIZZINESS: You may feel lightheaded or dizzy at any time during your pregnancy. Try laying down on your left side and drink 1-2 glasses of water. If symptoms persist, call the office.

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

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

ACHES AND PAINS: As your baby grows, backaches are common. You may also feel stretching and pulling pains in the abdomen or pelvic area. These are due to pressure from your baby’s head, weight increase, and the normal loosening of joints. Practice good posture and try to rest with your feet elevated. You may also treat with heat and Tylenol. Wearing a maternity belt or belly band may also be beneficial. You can also consider a prenatal massage.

LACTOSE INTOLERANCE: During pregnancy, symptoms of lactose intolerance often improve. If you are still having problems after eating or drinking dairy products, talk with us. We may prescribe calcium supplements if you cannot get enough calcium from other foods. Remember, calcium can also be found in cheese, yogurt, sardines, certain types of salmon, spinach, and fortified orange juice.
Tips to Help Prevent Nausea During Pregnancy

- Before getting out of bed in the morning, eat a few crackers, a handful of dry cereal, or a piece of toast or dry bread. Put these within reach of your bed the night before.
- Get up slowly in the morning and sit on the side of the bed for a few moments before standing up.
- Avoid any sudden movement.
- Eat six to eight small meals during the day. Never go for long periods of time without food.
- Eat foods that are high in long acting proteins such as milk, yogurt, cheese, peanut butter, and nuts.
- Drink fluids including soups between, rather than with, meals.
- Avoid greasy, highly seasoned, and fried foods. These include butter, margarine, bacon, gravy, pie crust, pastries, fried meats, and French fries.
- Avoid unpleasant smells. When you cook, open windows or use the exhaust fan to get rid of odors. After cooking, wait for a short period of time before eating.
- Always eat a snack high in protein before bedtime.
- Be sure to have plenty of fresh air/good ventilation in the bedroom while sleeping.
- If the nausea is severe, avoid drinking citrus juice, coffee, and tea.
- Try eating popsicles if you are having difficulty keeping down liquids.
- Refer to our list of OTC medications that are safe to use.
- There are medications which can be prescribed during your pregnancy, if over the counter meds are unsuccessful.
- Ginger is a natural treatment for nausea. Ginger snap cookies, ginger gum, tea, and candy may be beneficial. Others have found that sea bands, mints, or mint gum help relieve nausea.
- If symptoms become severe, you cannot hold down fluids for more than 24 hours, or if you have lost more than 5 pounds, contact the office.

If the above tips are not helping, please call the office.
Recommendation for Weight Gain

There is an increased risk of small for gestational age and preterm births in women who gain less than the recommended weight, based on pre-pregnancy weight.

Women who exceed the weight gain recommendations double their risk of having a very large infant which increases the risk for C-section, post term births and birth trauma. It may also increase the risks of childhood obesity and makes weight loss more difficult after delivery.

Recommendation for weight gain during pregnancy are as follows:
- Underweight women (BMI less than 18.5): 28-40 lb
- Normal weight women (BMI 18.5-24.9): 25-35 lb
- Overweight women (BMI 25-29.9): 15-25 lb
- Obese women (BMI >30): 11-20 lb

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

### Key Nutrients During Pregnancy

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Reason for Importance</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium (1000 mg)</td>
<td>Builds strong bones and teeth</td>
<td>Milk, Cheese, Yogurt, Sardines</td>
</tr>
<tr>
<td>Iron (27 mg)</td>
<td>Develops red blood cells that deliver oxygen to the baby and also prevents fatigue</td>
<td>Lean Red Meat, Dried Beans and Peas, Iron-Fortified Cereals</td>
</tr>
<tr>
<td>Vitamin A (770 mcg)</td>
<td>Forms healthy skin, boosts eyesight, improves bone growth</td>
<td>Carrots, Dark Leafy Greens, Sweet Potatoes</td>
</tr>
<tr>
<td>Vitamin C (85 mg)</td>
<td>Promotes healthy gums, teeth, and bones. Encourages your body to absorb iron</td>
<td>Oranges, Melon and Strawberries</td>
</tr>
<tr>
<td>Vitamin B6</td>
<td>Aids in forming red blood cells, encourages body to use protein, fat and carbohydrates</td>
<td>Beef, Liver, Pork, Ham, Whole Grain Cereals, Bananas</td>
</tr>
<tr>
<td>Vitamin B12 (2.6 mcg)</td>
<td>Maintains nervous system</td>
<td>Liver, Meat, Fish, Poultry, Milk (only found in animal foods, vegetarians should take a supplement)</td>
</tr>
<tr>
<td>Folate (600 mcg)</td>
<td>Needed to form red blood cells. Needed to produce blood and protein, helps some enzymes</td>
<td>Green Leafy Vegetables, Liver, Orange Juice, Legumes and Nuts</td>
</tr>
</tbody>
</table>

Be sure you are getting enough protein. You will probably need to take supplements, especially iron, B12, and vitamin D.
Recommended Sources of Essential Nutrients

**Milk and Dairy**
- 1 C milk
- 1 C yogurt
- 2 cubes cheese (1”)
- 1-1 1/2 C lowfat ice cream

**Meat, Fish, Chicken, Beans, Eggs, Nuts**
- 3 oz. meat
- 3 oz. fish
- 3 oz. chicken
- 1/2 C beans (high in folic acid)
- 1 egg
- 2 T peanut butter
- 1/2 C nuts

**Bread and Cereal**
- 1 slice bread (high in folic acid)
- 1/2 C rice
- 1/2 C pasta
- 1/2 C cereal (high in folic acid)
- 4 crackers
- 2 tortillas

**Fruits and Vegetables**
- 3/4 C juice (high in folic acid)
- 1 C raw, leafy vegetables (high in folic acid)
- strawberries (high in folic acid)
- 1 apple, banana, orange
- 1/2 C cooked vegetables

**Special Concerns**

**VEGETARIAN DIET:** Be sure you are getting enough protein. You will probably need to take supplements, especially iron, B12 and vitamin D.

**HYDRATION:** Recommend at least 80oz of water. Approximately 5 bottled waters daily.

**LACTOSE INTOLERANCE:** During pregnancy, symptoms of lactose intolerance often improve. If you are having problems after eating or drinking dairy products, talk with us. We may prescribe calcium supplements if you can’t get enough calcium from other foods. Remember, calcium can also be found in cheese, yogurt, sardines, certain types of salmon, spinach and fortified orange juice.

**ARTIFICIAL SWEETENERS:** These are ok, but we would recommend limiting to 1-2 servings per day. If you have diabetes, artificial sweeteners are better than sugar to help with your blood sugars.
Foods to Avoid

**RAW MEAT:** Avoid undercooked seafood and undercooked beef or poultry due to risk of bacterial contamination, toxoplasmosis, and salmonella.

**FISH WITH MERCURY:** Avoid fish with high levels of mercury including tuna, shark, swordfish, king mackerel, and tilefish. For other fish, limit consumption to two servings per week.

**SMOKED SEAFOOD:** Refrigerated, smoked seafood should be avoided, due to risks of listeria contamination.

**RAW SHELLFISH:** Including clams, oysters, and mussels can cause bacterial infections. Cooked shrimp is safe.

**RAW EGGS:** Raw eggs or any foods containing raw eggs can be contaminated with salmonella. This includes some homemade Caesar dressings, mayonnaise, and homemade ice cream. Cook eggs thoroughly, until the yolk is firm.

**SOFT CHEESES:** Imported soft cheeses may contain listeria. Soft cheeses made with pasteurized milk are safe.

**UNPASTEURIZED MILK:** May contain listeria which can lead to miscarriage.

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

**LUNCH MEATS & HOT DOGS:** Heat until steamy warm to kill bacteria.

**DELI PREPARED SALADS:** Avoid salads from supermarkets, but safe if it is made fresh. Store leftovers immediately.

**UNWASHED VEGETABLES:** Wash all vegetables well to avoid exposure to toxoplasmosis which may contaminate the soil where vegetables are grown.

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

If you smoke, **SO DOES YOUR BABY!** This is a very important fact of pregnancy. The placenta is the organ that connects the developing baby to you. It consists mostly of blood vessels and is attached to your uterus on one side and your baby on the other side by way of the umbilical cord. Its job is to allow the passage of nutrients, oxygen, vitamins, and other substances to pass from your blood to the baby allowing it to grow and develop. It also carries away your baby’s waste products to your kidneys, liver, and lungs and acts for the baby until his/her organs are mature enough to do well on their own outside the womb.

Cigarette smoke contains more than 2,500 chemicals. It is not known which one of these chemicals are harmful to a developing baby. However, both nicotine and carbon monoxide (the same gas released from a car’s exhaust) are believed to play a role in causing bad pregnancy outcomes. These chemicals are directly taken from your lungs, to your blood and to your baby’s blood. Imagine how these chemicals affect the fragile tissues of a developing baby.

Here are some known complications from smoking during pregnancy:

- Low birth weight baby - low birth weight can be caused by prematurity (birth prior to 37 weeks), poor growth, or a combination of both.
- Prematurity increases in pregnant smokers and is the number one cause of neonatal death and chronic illness in babies (such as cerebral palsy, life-long lung, kidney, or other problems).
- Placenta previa - low lying placenta that covers part or all of the opening to the uterus. Placenta previa blocks the exit of the baby from the uterus and can cause the mother to bleed.
- Placental abruption - the placenta tears away from the uterus causing the mother to bleed.
- Stillbirth - the baby dies in the womb before birth.
- Premature rupture of membranes - the water breaks before 37 weeks and is associated with low birth weight babies and increased preterm labor and delivery.

The effects smoking has on your baby continue once you are home. Children exposed to smoke in the home have a higher risk of lung problems such as asthma, pneumonia, or bronchitis. They also suffer more ear infections than children not exposed to smoking.

Alcohol/Drugs

There is no amount of alcohol or street drugs that are known to be safe during pregnancy and therefore should be avoided. Drinking alcohol or using drugs can cause birth defects, mental retardation and abnormal brain development.
OB/GYN of Indiana is dedicated to ensuring your pregnancy goes smoothly.

Call us immediately if you:

• Feel less than 6 movements or kicks over the course of an hour

• Experience bleeding

• Have cramps that are persistent or severe abdominal pain

• Are leaking fluid, your water is breaking

• Have contractions stronger than Braxton-Hicks and are more than 6 an hour before 37 weeks

• Have a fever of 101°F or higher

• Think you are in labor

Please use chart on page 14 for more information.

If in doubt, call the office!
<table>
<thead>
<tr>
<th>Illness/Symptom</th>
<th>Call the Office If:</th>
<th>Call the Provider Immediately If:</th>
<th>Home Treatment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleeding/Cramping</td>
<td>Some bleeding/cramping may occur after an internal exam.</td>
<td>Bleeding is heavy. 2nd &amp; 3rd trimester cramping or painless heavy bleeding. Cramping is equal or worse than menstrual cramps.</td>
<td>Avoid heavy lifting (more than 20 pounds).</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Common in the first trimester</td>
<td>Signs of dehydration occur (e.g. dry mouth, fatigue/lethargy, poor skin tone). Abdominal pain accompanied with vomiting.</td>
<td>Vitamin B6, bananas, rice, applesauce, toast, rest, avoid hot sun.</td>
</tr>
<tr>
<td>Decreased Fetal/Baby Movement after 24 weeks</td>
<td>Baby moves less than 6 times in a 60 min period while you are resting, during a normally active period of the day.</td>
<td>No fetal movement if accompanied by severe abdominal pain.</td>
<td>Rest, drink juice or a soft drink, eat a small snack.</td>
</tr>
<tr>
<td>Labor</td>
<td>Contractions stronger than Braxton-Hicks. If less than 37 weeks, call if contractions are more than 6 per hour.</td>
<td>Contractions are 5 mins apart for 1 hour. Water breaks; small leak or a gush. Bleeding is more than a period. Pain of contractions won't go away.</td>
<td>Rest. Increase fluids to 8-12 glasses daily; dehydration can cause contractions, especially in the summer.</td>
</tr>
<tr>
<td>Urinary Urgency and/or Pain with Urination</td>
<td>Pain with urination, feeling of urgency to void with little urine produced.</td>
<td>Temperature 101° or higher. Pain in upper back. Contractions occur. Blood in urine.</td>
<td>Urinate at regular intervals. Increase fluid intake to 8-12 glasses a day.</td>
</tr>
<tr>
<td>Swelling</td>
<td>Recent, noticeable increase in feet and ankles. Swelling of face and hands.</td>
<td>Swelling accompanied with headache or upper abdomen pain. Swelling with decreased fetal movement. Elevated blood pressure if using home monitoring.</td>
<td>Lie on left side and elevate legs. Avoid salty foods.</td>
</tr>
<tr>
<td>Cold and Flu</td>
<td>Temperature of 101° or higher. Persistent cough for more than 5 days.</td>
<td>Breathing is difficult or wheezing occurs.</td>
<td>Tylenol and Robitussin. Increase fluids. Rest, use vaporizer.</td>
</tr>
<tr>
<td>Rupture of Membranes</td>
<td>Water breaks; small leak or as a gush.</td>
<td>Water breaks; small leak or as a gush.</td>
<td></td>
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</tbody>
</table>
Preparing for Labor and Delivery

REGISTER (See specific hospital information) | TOUR THE HOSPITAL

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

CONSIDER A BIRTH PLAN: If you have a birth plan, please share it with your provider. If desired, there are several options to provide pain relief while in labor. We are supportive of whatever you choose.

- **Natural Birth**: There are many ways to approach this in order to be successful. It’s encouraged to take classes or prepare in some way.
- **Epidural**: This is the most commonly used type of anesthesia during labor. A small catheter will be inserted in your back to deliver the local anesthetic and block the nerve impulses from the lower half of your body. Epidurals allow you to have consistent pain relief during labor.
- **Nitrous Oxide** (if available at your hospital): Also known as laughing gas. It is a clear, odorless, tasteless gas that can be inhaled during labor for pain relief as well as anxiety reduction. It can be used during all stages of labor. The effects of nitrous oxide are immediate and dissipate rapidly. Studies have shown that the medication is generally well tolerated and poses less risk to babies because it doesn’t cross the placenta.
- **Pain medicine** administered through an IV for early labor.
- **Other Options**: Breathing/relaxation exercises, hydrotherapy, aromatherapy, and use of labor balls/tubs (available in select hospitals).

RESEARCH CORD BLOOD BANKING: Cord blood is the remaining blood in your child’s umbilical cord following birth and is a rich source of stem cells. Cord blood stem cells have been used successfully to treat more than 70 diseases. Your newborn’s stem cells could be used by your child, their siblings, and, in some cases, parents. Stem cells can still be viable after 15 years of storage. It’s safe, easy, and painless for you and your child. It doesn’t interfere with delivery, but must be arranged in advance of delivery. Cord blood banking is an optional service provided by outside public and private cord blood banks. If you’re interested, OB/GYN of Indiana can provide you with the information to contact them. There is a cord bank fee that needs to be paid before the kit is shipped to you prior to delivery. There is also a storage fee. If you elect to do this, it’s your responsibility to bring your personal kit to the hospital for birth. Your provider will collect the sample at delivery. It’s your responsibility to forward the sample to the cord blood bank. Some hospitals have programs in place for patients to donate the cord blood, which is a good option to potentially help others. Please check with your hospital if you wish to donate cord blood.

CHOOSE A PROVIDER FOR YOUR BABY: You need to decide on a provider for your baby by the time you deliver. The hospital will send your baby’s information and test results to your chosen provider. Your baby is commonly seen within 1 week after birth. You’ll need to contact the provider’s office prior to delivery to make sure they accept your insurance and are taking new patients. We can provide you with a list of providers.

OBTAIN A CAR SEAT: By law, children must be in a federally approved, properly installed, crash-tested car seat for every trip in the car beginning with the trip home from the hospital.

CONSIDER CIRCUMCISION: A circumcision is the removal of the excess foreskin from the penis. We can perform this optional procedure for you. It may help reduce infections and cancer of the penis. Please let your provider know if you desire this procedure. It’s generally performed prior to the baby’s discharge from the hospital. We respect your choice if you decide not to.
WHEN WILL I KNOW I'M IN LABOR? The chart on this page will help determine if you are in labor. If you have signs of true labor or your water breaks, call the office day or night.

WHEN TO CALL YOUR PROVIDER
1. 5-1-1 Contractions. Call when you are having contractions 5 minutes apart, lasting 1 min, for 1 hr.
2. Uncontrolled leaking of fluid (water). Fluid can be clear or discolored (green).
3. Heavy bleeding and/or severe pain.
4. Decreased or absent fetal movement after stimulation and attempted kick count.

USUALLY, LABOR PAINS ARE UNIFORM IN THEIR INTENSITY AND PREDICTABLY RHYTHMICAL IN THEIR TIMING.
In general, when at term, there is NO need to call if:
1. You are cramping or have erratic contractions, even if some are strong.
2. You note a slight bloody discharge, pass your mucous plug, or see blood-tinged mucous in the absence of regular labor pains.

### Delivery Options

<table>
<thead>
<tr>
<th>True Labor</th>
<th>False Labor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constructions are regular, get closer together and last approximately 40-60 seconds.</td>
<td>Constructions are irregular, do not get closer together and last 20 to 40 seconds.</td>
</tr>
<tr>
<td>Constructions continue despite movement.</td>
<td>Constructions may stop when you walk or rest or may change with change of position.</td>
</tr>
<tr>
<td>Pain/discomfort usually felt in back and moves around to front.</td>
<td>Pain/discomfort often felt in abdomen.</td>
</tr>
<tr>
<td>Constructions steadily increase in strength.</td>
<td>Constructions usually are weak and do not get much stronger.</td>
</tr>
<tr>
<td>Bloody show may be present.</td>
<td>Usually no bloody show is present.</td>
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</tbody>
</table>

INDUCTION: Your due date is considered 40 weeks after conception. Anticipate delivery sometime the week of your due date. We induce labor around 40-41 weeks or sooner for concerns. Induction is a process where we give medication to stimulate contractions. It can take more than 24 hours to work and can increase cesarean delivery, especially for your first. It is important to allow your baby to fully grow and develop before we schedule a delivery.

CESAREAN BIRTH AND RECOVERY: A cesarean birth may be planned or unplanned. Nurses, anesthesia staff, and your physician will be with you in the operating room. If necessary, a group of neonatal health care providers also will be with you. Your blood pressure and heart rate/rhythm will be monitored, and a nurse will listen to your baby's heart rate. Your baby will be delivered in a short period of time once surgery begins. Once delivered, it will take approximately 45-60 minutes to complete surgery. Your incision will be closed with staples, sutures, or glue. You will then be moved to the Recovery Room. The immediate recovery period is similar to the recovery period of a vaginal birth. Rest to conserve your strength. You and your support partner will remain in the Labor and Delivery Recovery Room for approximately two hours. During this time you and your baby will be monitored closely.
Your pregnancy may easily affect your work. These comments were written to prevent the misunderstanding that may occur between a pregnant woman, her physician, and employer.

The usual pregnancy discomforts, e.g., nausea, tiredness, back and low abdominal pain, do not qualify as an illness requiring disability. A complication of pregnancy or illness unrelated to your pregnancy does not qualify.

If you are unable to carry out certain tasks necessary for your work, first speak to your employer. Your physician may authorize physical restrictions on your work after they have received a complete and specific job description from your employer.

If the restrictions written for your employment prevent you from performing your job, it is then the responsibility of your employer either to find you a less demanding position, or, if no such position is possible, to give you disability. If you become too uncomfortable to work, you may want to discuss a leave of absence with your employer. Please do not ask your physician for disability unless he has restricted you from ALL work.

Most employers will give disability two weeks prior to your due date, through six weeks after your delivery. We will happily furnish a letter with those dates. The decision to grant medical disability any earlier in pregnancy will be made honestly, carefully, and only with proper justification. Disability will be granted only for medical illnesses that may jeopardize a mother’s ability to safely nurture, protect and promote the development of her unborn child. Disability will not be granted for symptomatic complaints that stem from the normal physical or emotional changes of pregnancy.

Your provider may require a fee for the completion of each set of short-term disability forms, leave of absence and/or Family Medical Leave Act (FMLA) forms. This includes FMLA forms following a normal pregnancy and delivery (vaginal or cesarean).

VAGINAL BIRTH AFTER CESAREAN (VBAC): If you have had a cesarean delivery in a previous pregnancy and are now preparing for the birth of another child, you may consider delivering your baby vaginally. VBAC is recommended for those who are a candidate. You will need to discuss this with your OBGYN.

EPISIOTOMY/FORCEPS/VACUUM: We plan to help you deliver your baby with the least amount of trauma. Episiotomies are not routinely performed, however may be necessary to help deliver your baby safely. Should a vaginal tear occur, we will stitch the area after delivery. We make sure to numb the area if you do not have an epidural. The stitches dissolve over time and do not need to be removed. We provide you with medicine to keep you comfortable after delivery. We are highly skilled in the use of vacuum and forceps for deliveries. We will recommend using them only if medically indicated. Our goal is to deliver your baby in the safest manner. There are definitely times when this is the safest way to help your baby into this world.
Postpartum Instructions

- Make an appointment to see your provider for a check-up 4-6 weeks after delivery. After a c-section follow up at the providers recommendation, you may require a 2 week incision check.

- Refrain from douching, using tampons, and swimming until after your postpartum check-up.

- You may ride in a car, but no driving for 10-14 days.

- If breastfeeding, continue your prenatal vitamins daily, eat a well balanced diet, and increase your fluid intake to 10-12 glasses of water per day. With any signs or symptoms of a breast infection (fever, flu-like symptoms, pain or redness in the breast) call the office for further instructions.

- If not breastfeeding, continue to wear a good supportive bra, bind if necessary, use ice packs, take Ibuprofen for discomfort, and call the office if the problem persists or worsens.

- Vaginal bleeding may continue for 6-8 weeks while the uterus is shrinking back to pre-pregnancy state. You may have spotting and or menstrual-like flow. Increased activity increases the flow. If bleeding or cramping increases to greater than a period, take two Ibuprofen and get off your feet. If bleeding is persistently heavy, call the office for further instructions.

- Avoid lifting anything heavier than your baby until after your postpartum check-up.

- Exercise - Avoid sit-ups, jumping jacks and aerobics until after your postpartum check-up. You may do simple abdominal tightening exercises, kegel exercises, and walking.

- Constipation is very common. Drink 6-8 glasses of liquids every day. Citrucel, Metamucil, Miralax, and stool softeners (Colace) may be used. Include foods like bran cereal, fresh fruits, and vegetables in your diet. Stool softeners are recommended while taking Narcotic pain medication.
• Hemorrhoids usually are more symptomatic after delivery. If they are a problem for you, we can prescribe medication to relieve symptoms.

• Showering is permitted. (Not tub bathing).

• Abstain from intercourse until after your postpartum visit. Contraception options may need to be discussed with your provider at your check-up or earlier if you have special needs.

• You may climb stairs but use handrails, go slowly, and limit frequency in the first couple of weeks. Too much activity delays episiotomy and incisional healing.

• Please call the office if you have a fever of 101°F or greater, swelling, tenderness or redness in the lower leg.

• If you had a Cesarean delivery, keep your incision clean with soap and water. Bandage with gauze only if instructed. Call the office if the incision is swollen, red, or has any unusual drainage. Remove any steristrips after 10 days.

• Postpartum Depression – 40%-80% of women experience mood changes after their delivery. This most commonly starts 2-3 days after delivery and usually goes away by 2 weeks. It is important to eat properly, get adequate sleep and reduce stress during this time to help with the symptoms. Sometimes the symptoms require treatment especially if mom is not bonding or enjoying her baby; unable to care for herself or the baby; feeling excessive sadness, depression or anxiety. Please schedule an appointment if you feel a problem is occurring. We are known for our compassionate care and have effective treatments for postpartum depression.
Breastfeeding

Whether to breastfeed your baby or not is a very personal choice and is your decision to make. Mother Nature, though, has provided you with the best food to feed your baby. Human milk is a unique combination of fats, sugars, mineral proteins, vitamins and enzymes, custom-made to promote brain and body growth.

Colostrum, also called first milk, is a milky or yellowish fluid secreted by the mammary glands a few days before and after birth. Colostrum provides unmatched immunity against bacteria and viruses. Colostrum also acts as a natural laxative to clear the meconium (first bowel movement) from the baby’s intestine, thereby, decreasing the chance of jaundice.

There are several breastfeeding advantages such as breastfed babies have fewer ear infections, decreased diarrhea, vomiting, and acute respiratory illness, a lower risk for diabetes, lymphomas and Crohn's disease and breastfed babies tend to have higher IQ's than bottle fed babies.

For additional support, you may call to schedule a breastfeeding class or receive information from the Breastfeeding Support Service.

Breastfeeding Options for Working Mothers

**FULL TIME NURSING** means you can nurse the baby during the workday OR you want to express milk often enough (at least 3-4 hours) to be able to provide all the milk your baby needs while separated from you. Formula will be used in only rare instances when you don’t have quite enough breast milk.

About seven to fourteen days prior to returning to work begin practicing with expressing milk by hand or with a pump to become familiar with the technique. It will take about 3 to 4 times before you become proficient. Most women find they have more success expressing milk in the morning. Try this about one hour after the baby nurses. Just express for 10 to 15 minutes at the most and do it consistently each day. Expressing more than 1-2 times per day is not recommended.

Milk can be stored in baby bottles, a pitcher or any clean container in the refrigerator. Don't worry if you only get a small amount when you begin. Fresh breast milk can be added to the milk you already have in the refrigerator as long as the new milk is chilled first. Milk can be kept in the refrigerator for 5 days. After 5 days it should be frozen or discarded. Breast milk, when removed from the refrigerator or freezer, may appear discolored (yellow tinged, bluish green, even a little brown). This does not mean the breast milk is bad. Always check breast milk to be certain it does not smell sour or taste bad. Because breast milk does not look like cow's milk when stored, taste and smell, not color, should determine if the refrigerated breast milk is good.
Occasional bottle-feeding should begin at about 4-6 weeks after delivery even if you are not planning on returning to work until your baby is several months old. Introduce the baby to the bottle 1-3 times per week by letting dad or someone else feed some of your expressed milk by bottle. It doesn’t need to be a “full” feeding; the intent is for the baby to get used to how to drink milk from a rubber nipple and bottle.

When you are at work express milk every 2-4 hours. You do not have to express at the same time every day but express milk often enough to prevent engorgement. You should nurse as soon as you can when you get home and as exclusively as you can. If you find that your breast milk supply has dropped, try expressing milk before bedtime to help stimulate the supply a little.

**PART TIME NURSING** involves the ability to nurse the baby or express milk occasionally during the workday. You should not expect to be able to feed or express milk often enough to maintain a full milk supply and meet all of your baby’s needs with your breast milk. Formula will be used frequently to provide all or most of the milk your baby needs while you are at work.

This option works better when babies are older and mothers do not have long workdays and long commutes. Mothers with babies less than 3-4 months old risk losing more of their milk supply than they planned on if they are not able to express milk at all during the day. “Comfort Expressing” (removing just enough milk to avoid discomfort from overly full breasts) can help you meet this goal better. Another variation of this option is expressing milk (even on a limited basis) at work until the baby reaches 3-4 months of age and then discontinuing it and using formula while you are working and continue frequent breastfeeding when you are at home.

About 7-14 days prior to returning to work, eliminate one or two feedings that you will miss while you are at work. Replace breastfeeding at those feedings with a bottle of formula or breast milk. If your breasts are uncomfortable place some ice on your chest or express just enough for comfort. This will reduce the amount of stimulation your breasts receive and thereby, decrease the milk supply a little.
SORE NIPPLE MANAGEMENT: Breastfeeding is meant to be a comfortable, pleasant experience. However, many new mothers still find their nipples tender for the first few days when their baby starts nursing. This usually disappears by 1-2 weeks.

To help prevent nipple tenderness, start with the correct positioning and latch on. Vary nursing positions for the first week. Breastfeed frequently; about every one and one-half to three hours. Keeping your baby on an artificially longer schedule may make him/her frantically hungry and increase the likelihood of vigorous nursing and tender nipples. Release the suction before you remove your baby from the breast. Do this by placing a clean finger in the side of your baby’s mouth between his jaws. Don’t take him away until you feel the suction break.

After nursing your baby, express a little breast milk and massage it into your nipples and areola, then air dry. Leave them open to the air as much as possible. Never use soap, alcohol or breast creams on your breasts or nipples. Water is all that is needed to clean your breasts when you shower or bathe.

If your nipples do become sore, try these suggestions:

- Use deep breathing, soft music or other relaxation techniques before and during breastfeeding.
- Limit the nursing time on the sore nipple.
- Express a little milk first to stimulate let down.
- Massage your breasts while nursing. This helps stimulate the milk to flow.
- Use non-plastic lined bras and/or bra pads. Change the pads frequently to keep the nipple dry.
- If your nipples become dry or cracked, use a little USP Modified Lanolin on them. This forms a moisture barrier so they stay dry.

SUGGESTED BOOKS ON BREAST FEEDING:

“The Womanly Art of Breast Feeding” by: LaLeche League International

“Breast Feeding your baby” by: Sheila Kitzinger

“Breast Feeding: Getting Breast feeding right for you” by: Mary Renfew, Chloe Fisher, Suzanne Arms

“The Nursing Mothers Companion” by: Kathleen Huggins
Breastfeeding Positions

Cradle Position
1. Place a pillow or two in your lap to support your baby.
2. Place your baby’s head on the crook of your arm.
3. Make sure your baby is turned toward your chest at breast level.
   A. Support your breast with your hand in an “L” or “C” position thumb on top of your breast, fingers below, away from areola.
   B. Tickle your baby’s lower lip until he/she opens WIDE, and then quickly pull him/her onto your breast. Be patient. This may take a minute
   C. Make sure your baby’s lips are behind the nipple, encircling the areola.
   D. The tip of your baby’s nose should be touching the breast.

Football/Clutch Position
1. Put a pillow or two at your side to help support your arm and your baby.
2. Support your baby’s neck and the lower back of his/her head in your hand, with your forearm supporting his/her upper body against your side.
3. Follow steps A,B,C, and D under the Cradle position.

Lying Down Position
1. Lie on your side with pillows supporting your back and your top leg, which is bent forward.
2. Place your baby on his/her side facing you.
3. Follow steps A,B,C, and D under the Cradle position.
If you have additional questions, or need information on another topic, please take notes and ask the doctor at your next appointment. We ask that when you call the office or if you have an emergency and need to speak to the doctor on call that you please have a pharmacy number available that prescriptions can be called in if necessary. It is also important that we speak to you directly if at all possible.

Pharmacy and Phone Number: ______________________________________________________________
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