

PREGNANCY

A Prescription for a Happy, Healthy Pregnancy



Optimal Well-Being For You and Your Baby

It's exciting. It's demanding. And it's a time when you want peace of mind. Professionals for Women's Health is ready with the expertise and the personal care you need to achieve a healthy, active pregnancy.

This material contains information that may answer some of your questions. Of course, any time you have a question or a concern, we are ready to help.

A Time of Wonderful Possibilities

We're with you from the very beginning. At every exam and every test, our providers are ready to offer solutions to any problems that you experience. We can even help you with exercise and nutrition so that you are as fit as possible for the demands of child birth. With so much help at your disposal, you can have peace of mind.

That makes pregnancy a joy.

Caring ... in every detail.

www.pwhealth.com 614-268-8800

*Professionals for
Women's Health*





A Prescription for a Happy, Healthy Pregnancy

We have assembled information on many aspects of pregnancy in this booklet to help answer some of the questions you will have during your pregnancy, delivery, and postpartum. These topics are also covered on our website, www.pwhealth.com, where you will also find links to cover many of these issues in more detail.

We hope you will find it a useful reference. Please feel free to discuss any questions or concerns you have with one of us at Professionals for Women's Health. We are here to help every step of the way.

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Three Offices to Serve You

To schedule your appointment with a health care provider at Professionals for Women's Health, call 614-268-8800 today. You may also visit the patient portal via our website, www.pwhealth.com.

Our staff of medical experts is ready to provide the information, medical care and support you need for peace of mind during pregnancy. You can schedule an appointment with your health care provider at any of our three offices that is most convenient to you.

To reach us at any location at any time, call 614-268-8800

Columbus Location

921-B Jasonway Ave.
Columbus, Ohio 43214

Westerville Location

430 Altair Parkway Suite 100
Westerville, Ohio 43082

Dublin Location

6870 Perimeter Drive
Dublin, Ohio 43016

Visit our website at www.pwhealth.com for information and to use the Patient Portal.

Appointments

Normal, healthy patients are usually seen every four to five weeks during the first 28 weeks of pregnancy. From 28 to 36 weeks, your appointments are scheduled every two weeks. After 36 weeks until delivery, you are seen weekly.

Patients with medical obstetric complications may need to be seen as often as every two weeks during early pregnancy and once or twice a week during the latter part of the pregnancy.

For your first obstetrical appointment, you will meet with a nurse practitioner or nurse midwife. She provides you with information regarding your pregnancy and answers your questions. For example, she discusses common symptoms of pregnancy and ways to minimize discomforts. You also receive a prescription for prenatal vitamins.

In addition, your prenatal laboratory work is done. This includes blood work, a urine culture, a pap smear and cultures for gonorrhea and chlamydia.



The prenatal blood work includes:

- Blood Type/Rh.
- Rubella
- Complete Blood Count (CBC).
- HIV testing is optional.
- Syphilis test (state required) and Hepatitis B
- Sickle cell screen (for African American clients).

At this time, as well as during every visit, your care includes:

- Calculation of baby's gestational age.
- Weight check.
- Blood pressure screening.
- Fetal heart tones (May not be heard by Doppler until 10 to 12 weeks gestation).

At about 10 weeks gestation, you return to meet a physician, discuss your lab results, have a physical exam and ultrasound to confirm your due date.



Fetal Development

This section describes the development of your baby as well as the changes you go through as your pregnancy progresses. We discuss many issues with you at your regular appointments. Please feel free to ask your provider any other questions you have.

4 Weeks		
At this point, the embryo is less than a quarter inch long. Body segments that eventually become the brain and spinal cord are forming. The heart, blood circulation, and digestive tract take shape.	At this time, you miss your first period. Your breasts become tender and enlarged. Chronic fatigue and urinary frequency may begin, persisting for three or more months.	
8 Weeks		
Development of the embryo is rapid. The baby's heart begins to pump blood and limb buds are well developed. Facial features and major divisions of the brain are discernible. The baby's ears develop from skin folds; tiny bones and muscles are formed beneath the thin skin. By this time, the embryo has grown to nearly two inches in length.	Morning sickness may persist for 12 weeks. Your uterus changes from pear to globular shape. You may notice an increase in vaginal discharge. Usually, there is no weight gain.	
12 Weeks		
The embryo becomes a fetus and weighs about one ounce and is three inches long. Its beating heart is discernible by Doppler. The baby assumes a more human shape as the lower body develops. The organs begin to differentiate, and the kidneys start to produce urine. His or her facial features and limbs become more distinct, and fingers, toes, ears, and eyelids are formed.	Your uterus rises above the pelvic brim.	Depending on when you started our prenatal care, we will discuss alpha fetal protein (AFP) information with you between weeks 11-14.
16 Weeks		
The baby's musculoskeletal system has matured, and his or her nervous system begins to exert control. Blood vessels rapidly develop. The baby's fetal hands can grasp, and the legs kick actively. The organs begin to mature and grow. At this point, the fetus weighs about seven ounces and is approximately six inches long.	The fundus (top of uterus) is halfway between the pubis and navel. You gain about one pound per week, and you may begin to feel more energetic. You may notice an increase in vaginal secretions and may begin wearing maternity clothes. The pressure on your bladder lessens, and urinary frequency decreases. You feel fetal movements (quickening) beginning between 16 and 22 weeks of gestation.	If you choose to have the AFP blood test to rule out birth defects involving the brain and spinal cord, it is done anytime between 16 and 18 weeks. This test is optional, and we discuss the pros and cons with you.



20 Weeks		
The baby's movements are stronger and more easily felt. The baby has grown to about 10 inches in length and weighs about 1/2 pound. Fine hair covers the fetus. The eyebrows, eyelashes and head hair develop. The fetus develops a regular schedule of sleeping, sucking and kicking.	The fundus reaches the top of the navel. Your breasts may begin secreting colostrum.	An ultrasound is often done around 20 weeks. This ultrasound helps delineate fetal anatomy, placental position and fluid volume. During your appointment around weeks 20-24, you receive instructions about diabetic screening.
24 Weeks		
The baby's skin appears red and wrinkled. The baby's skeleton develops rapidly as bone-forming cells increase activity. Respiratory movement begins. At this point, the fetus weighs about one pound, 10 ounces.	The fundus is above the navel. You may begin to have backaches and leg cramps, as well as changes in your skin and abdominal itching.	
28 Weeks		
The fetus can breathe, swallow, and regulate its temperature. His or her eyes may occasionally open for short periods of time. At this time, the baby is 2/3 of its birth size.	Your fundus is halfway between the navel and the breastbone. The fetal outline may be palpable. Parents begin taking childbirth preparation classes around this time.	Blood is drawn for diabetic screening during your office visit around 28 weeks If you are Rh negative, you have your antibody screen drawn and receive your injection of RhoGam.
At about 28 weeks gestation, your office visits change from every four weeks to every two weeks.		
32 Weeks		
The baby is now almost fully grown, and movements are strong enough to be visible from the outside. The baby's skin is no longer quite as wrinkled, and the baby is usually in the head-down position. Weight is around four pounds, and length is approximately 16 1/2 inches.	Fundus reaches the bottom of the breastbone, and the mother's breasts are full and tender. Urinary frequency may return. You may have swollen ankles and sleeping problems.	You will receive your pre-admission form for the hospital in which you desire to deliver. We suggest that you tour labor and delivery units during this time.
36 Weeks		
You will get postpartum instructions. Your scheduled appointments change from every two weeks to every week. We discuss labor and delivery issues, including your hospital choice, your preference for anesthesia, and procedures for when you go into labor (when to call, etc.).		
38 Weeks		
The entire uterus is occupied by the baby, thus making its movement less pronounced. Maternal antibodies are being transferred to the baby. This provides immunity for about six months until the infant's immune system can take over. The fetus descends deeper into your pelvis. The placenta is nearly four times as thick as it was 20 weeks ago.	Backaches, urinary frequency and Braxton Hicks contractions intensify as your cervix and lower uterine segment prepare for labor.	Cervical checks begin to assess for dilation, effacement, and baby's position.



Prenatal Testing

Routine Testing

All pregnant women undergo a battery of tests early in pregnancy. These tests include blood tests (blood count, blood type, rubella immunity, hepatitis, and a state-required test for syphilis), a urine culture, a Pap test, a state-required cervical culture for gonorrhea and a chlamydia culture.

Rh-negative women are tested for RH antibodies around 28 weeks of pregnancy and receive a RhoGam injection. We routinely test for gestational diabetes at 28 weeks. For genetic screening we offer cell free DNA testing. We also offer an serum alpha-fetal protein test (AFP) at 16-18 weeks, which screens for head and spinal defects.

Ultrasound

You may be asked to have an ultrasound, also known as an echogram or a sonogram. The most common reason for an ultrasound scan is to date a pregnancy, since menstrual dates may be unreliable in up to 40 percent of all pregnant women.

It is extremely important to have an accurate estimation of your due date for several reasons. If you should develop complications, the management of your problem is highly dependent on your gestational age. The earlier in pregnancy an ultrasound scan is performed, the more accurate it is for dating.

Ultrasound scans may also be used to detect multiple fetuses, to find many (but not all) types of congenital malformations, to determine the cause of vaginal bleeding, and to detect fetal growth retardation. All high-risk patients should be scanned at least once, and sometimes serially, during pregnancy.

Most patients are reassured by seeing their unborn baby move on the ultrasound screen, and some preliminary studies indicate the ultrasound scans may help start the bonding process even before birth.

Amniocentesis and CVS

You should inquire about genetic counseling and amniocentesis if you:

- Are in your mid-thirties or older.
- Have a personal or family history of a spinal, head or chromosomal defect.
- Have a low maternal serum AFP.

This test involves carefully inserting a needle into the amniotic sac to withdraw a sample of amniotic fluid. A number of malformations can be diagnosed using amniocentesis, including Down's syndrome, other chromosomal defects, and some spinal and brain malformations. Amniocentesis carries with it a small risk of miscarriage or fetal damage (1-in-200 to 1-in-300).

CVS is helpful in the early detection of chromosomal problems. CVS carries with it a 1-in-100 risk of miscarriage or fetal damage. Information about amniocentesis and CVS is available through the office.

All of these tests are optional.

Biophysical Profile and/or Fetal Monitor Tests

If you have certain complications of pregnancy, or if you are at least one week overdue, you undergo these simple and non-invasive tests once or twice each week during the latter part of your pregnancy. These tests are not used in normal, uncomplicated pregnancies.





Nutrition and Weight

Babies grow and develop rapidly during their nine months in the womb. Your diet is the source of nutrients and energy that support this rapid development. Studies illustrate dramatically how closely a baby's health at birth is tied to the mother's diet during pregnancy.

Good nutritional habits are essential during the gestation period. On a daily basis, you need to eat:

- Four servings of protein
- Two servings of vitamin C foods
- Four servings of calcium-rich foods
- Three servings of green leafy and yellow vegetables and yellow fruits
- Two servings of other fruits and vegetables
- Five servings of whole grains and legumes
- Iron-rich foods
- At least 64 ounces of fluids (not including caffeine-based fluids; Milk counts for only 2/3 water)



You may have misconceptions about salt intake during pregnancy. Just salt your food to taste and avoid salt restriction unless otherwise instructed.

No Alcohol

Finally, please do not drink alcohol. Fetal Alcohol Syndrome is a direct result of alcohol ingestion during pregnancy and is the leading preventable cause of intellectual disability. Other adverse effects include facial abnormalities, decreased height, hyperactivity, problems with learning, attention, memory, and problem solving, poor coordination, impulsiveness, and speech and hearing impairments that persist into adolescence and adulthood.

We do not know if there is a threshold below which alcohol can be consumed without harming the fetus. Because of this, **we recommend that pregnant and breastfeeding women abstain from alcohol use**, pending confirmation of alcohol's role in fetal development.



Normal Weight Gain

Desirable weight gain is based on your pre-pregnancy BMI (Body Mass Index). During the first three months of pregnancy, a gain of five pounds is average. For the remainder of the pregnancy, an average gain is about $\frac{3}{4}$ to one pound a week. Please reference the chart below for BMI and recommended weight gain.

BMI	Recommended wt. gain
<19.8	28-40lb.
19.8-36	25-35lb.
26-29	15-25lb.
>29	15lb.

Weight loss during pregnancy is undesirable because it may result in harm to your baby. It is better to gain excess weight than to gain too little weight.



Information about Iron

Iron is important in your diet because it has a central role in making hemoglobin, which supplies oxygen to the body. Iron helps to build and maintain healthy blood. Children and women of childbearing age should pay attention to receiving enough Iron in their diet each day.

The following foods supply Iron in the diet

Beet Greens	Ham	Sardines*	Chard	Iron-fortified cereal*
Scallops*	Liver Sausage*	Chicken	Shrimp*	Clams*
Meat (especially lean)	Spinach*	Tuna	Turkey	Veal
Dates	Beef & Pork	Pumpkin Seeds	Sunflower Seeds	Raisins
Dried Apricots	Eggs	Enriched Breads	Beef Steak	Brewer's Yeast
Dried Peaches	Potatoes (With Skin)	Organ Meats: Liver	Wheat Germ	Cashews
Dried Beans & Peas	Cod	Molasses (Backstrap)	Whole Grain Breads	Pine Nuts
Prune Products	Oysters*	Squash Seeds	Soybeans	

*Indicates a very good source

Why to include Iron in your diet:

- Hemoglobin carries oxygen from your lungs through your body to your body tissues
- During pregnancy, more Iron is needed so the body can make hemoglobin for both you and your baby
- Most prenatal vitamins contain 27 mg of iron

Other Iron facts:

- During the last 3 months of pregnancy, your baby stores enough Iron for the 1st four months of life
- If you are low in Iron (anemic), you will probably be tired, weak, and may lose your appetite
- Taking your prenatal vitamin or Iron supplement with orange juice or another citrus fruit will help your body absorb more of the Iron

Calcium Intake in Pregnancy

The recommended daily amount of calcium for pregnant and lactating women is 1200mg per day. When you're pregnant, your developing baby needs calcium to build strong bones and teeth. Calcium will help your baby develop a healthy heart, nerves, and muscles, as well as develop a normal heart rhythm and blood-clotting abilities. If you don't get enough calcium in your diet when you're pregnant, your baby will draw it from your bones, which may impair your own health later.

Food with Calcium	Serving Size	Calcium per serving (mg)*	Food with Calcium	Serving Size	Calcium per serving (mg)*
Dairy Products					
Milk†	1 cup	290-300	Sardines in oil (with bones)	3 oz	370
Swiss cheese	1 oz (slice)	250-270	Canned salmon (with bones)	3 oz	170-210
Yogurt	1 cup	240-400	Broccoli	1 cup	160-180
American cheese	1 oz (slice)	165-200	Soybean curd (tofu)	4 oz	145-155
Ice cream or frozen dessert	1/2 cup	90-100	Turnip greens	1/2 cup, cooked	100-125
Cottage cheese	1/2 cup	80-100	Kale	1/2 cup, cooked	90-100
Parmesan cheese	1 Tbs	70	Corn bread	2 1/2 in square	80-90
Powdered nonfat milk	1 tsp	50	Egg	1 medium	55



Toxoplasmosis

Toxoplasma is a harmful parasite that can cause an illness called toxoplasmosis. Toxoplasmosis can be transmitted from mother to baby during pregnancy, even if the mother does not exhibit any symptoms.

Experts estimate that about half of toxoplasmosis infections are caused by eating raw or undercooked infected meat, but you can also get the parasite by:

- eating unwashed contaminated produce
- drinking contaminated water
- handling contaminated soil, cat litter, or meat and then touching your mouth, nose, or eyes

Ways to prevent risk include:

- Have someone else change the litter box and avoid getting new cats during pregnancy.
- Wear gloves when gardening.
- Wash all fruits and vegetables and then wash your hands thoroughly.
- Cook meats to proper temperature.

More information on toxoplasmosis, including a brochure to download from the CDC, can be found at our website.

Feeling Fit

Your providers at Professionals for Women's Health believe that exercise during pregnancy is good for you. Because we know all the details of your history and your current condition, ask if your current fitness program is appropriate for pregnancy and right for your lifestyle and right for your baby. Exercise during pregnancy will help you to improve muscle tone and stamina, which may benefit you in the delivery room.

Exercising at least three times a week improves your muscle tone and stamina, but you also must listen to your body. You may bowl, swim and do aerobic activity, but you must never exercise to exhaustion. While you are walking, dancing or doing stationary cycling, you should be able to carry on a conversation as you exercise. You should drink plenty of water and avoid becoming overheated.

You should avoid exercises that require precision, balance, and coordination. Weight-bearing exercises should be decreased. After the first trimester, avoid exercises that require lying on your back. As your pregnancy progresses, decrease your exercise level. For example, if you are a runner, switch to walking one month before delivery.

Other guidelines include:

- Warm up before exercise.
- Cool-down and stretch afterwards.
- Exercise from 20 minutes to 1 hour, depending on intensity. Moderate exercise should last no more than 30 minutes.
- Replace fluids before, during, and after exercise.
- Increase your caloric intake to replace calories burned while exercising.
- Wear a supportive bra and shoes.
- Stop exercising immediately if you have shortness of breath, dizziness, numbness, abdominal pain and cramping, bleeding or rapid heart rate.



Women who have risk factors predisposing them to premature labor may have to restrict their activity significantly during the latter part of pregnancy.



Daily Rest

Rest is equally important to your health. During the second half of pregnancy, we recommend that you rest on your left side for an hour each day, either at lunch time or after work. This increases blood flow to your baby and to your kidneys.

Fetal Movement

Once you have reached 32 weeks in your pregnancy, a daily diary of your baby's movements provides useful information. Please take one hour after breakfast or one hour after dinner and make a mark for each movement (flutters as well as kicks) noted during this time. You should lie on your left side during the entire time. Once you have reached six movements, you may stop.

Should the number of movements be fewer than 4 in one hour, drink 6-8 oz. of orange juice, wait twenty minutes and repeat the evaluation in the next hour. If the decreased movement persists, call 614-268-8800 to speak to a nurse or a doctor.

Please bring the completed form with you each visit. A form is also available to download and print on our website, www.pwhealth.com.

Day	Date	Hour	Movement Counting's
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

CALL PWHealth AT 614-268-8800 IF...



- Should the number of movements be fewer than 4 in one hour, drink 6-8 oz. of orange juice, wait twenty minutes and repeat the evaluation in the next hour. If the decreased movement persists, call our office to speak to a nurse or a doctor.



Medications

We recommend prenatal vitamins, a combination multivitamin and iron supplement. Take one prenatal vitamin each day. Despite adequate nutrition, your food intake cannot satisfy pregnancy demands.

During pregnancy, we request that you limit your medication intake to prenatal vitamins and to those medications approved by our office. For example, we recommend acetaminophen (Tylenol®) for low-grade fevers, headaches, and minor aches and pains. However, if your temperature reaches 101 degrees or higher, or if symptoms persist, please contact us.



For symptomatic relief of upper respiratory infections, we recommend plain Sudafed® for congestion, Robitussin DM® for cough, Tylenol for malaise and fever, and throat lozenges for sore throat. We recommend that you avoid aspirin and aspirin containing products during pregnancy unless recommended by your provider. Please avoid NSAIDs like ibuprofen (Motrin®).

Safe Medications per the Cleveland Clinic

Type of Remedy: Allergy

- Diphenhydramine (Benadryl®)
- Loratidine (Claritin®)
- Cetirizine (Zyrtec®)

Type of Remedy: Cold and Flu

- Diphenhydramine (Benadryl®)*
- Dextromethorphan (Robitussin®)*
- Guaifenesin (Mucinex® [plain]) *
- Vicks Vapor Rub® mentholated cream
- Mentholated or non-mentholated cough drops
- Sugar-free cough drops for gestational diabetes should not contain blends of herbs or aspartame
- Pseudoephedrine ([Sudafed®] after 1st trimester); you should **not** use Sudafed® PE (phenylephrine)
- Acetaminophen (Tylenol®)*
- Saline nasal drops or spray
- Warm salt/water gargle

***Note:** Do not take the "SA" (Sustained Action) form of these drugs or the "Multi-Symptom" form of these drugs. **Do not use Nyquil®** due to its high alcohol content.

Type of Remedy: Diarrhea

- Loperamide ([Imodium®] after 1st trimester, for 24 hours only)



***Please note: No drug can be considered 100% safe to use during pregnancy**

Type of Remedy: Constipation

- Methylcellulose fiber (Citrucel®)
- Docusate (Colace®)
- psyllium (Fiberall®, Metamucil®)
- polycarbophil (FiberCon®)
- polyethylene glycol (MiraLAX®)*
- *Occasional use only

Type of Remedy: First Aid Ointment

- Bacitracin
- Neomycin/polymyxin B/bacitracin (Neosporin®)

Type of Remedy: Headache

- Acetaminophen (Tylenol)

Type of Remedy: Heartburn

- Aluminum hydroxide/magnesium carbonate (Gaviscon®)*
- Famotidine (Pepcid AC®)
- Aluminum hydroxide/magnesium hydroxide (Maalox®)
- Calcium carbonate/magnesium carbonate (Mylanta®)
- Calcium carbonate (Titrilac®, Tums®)

*Occasional use only

Type of Remedy: Hemorrhoids

- Phenylephrine/mineral oil/petrolatum (Preparation H®)
- Witch hazel (Tucks® pads or ointment)

Type of Remedy: Nausea and Vomiting

- Diphenhydramine (Benadryl)
- Vitamin B6

Type of Remedy: Rashes

- Diphenhydramine cream (Benadryl)

Instruction for Nausea Combo Medication

- Vitamin B6 (pyridoxine) 25 mg tablets
 - Unisom (doxylamine) 25 mg tablets
- Note: The doxylamine may make you sleepy*

Evenings/Bedtime: Take one tablet of both the B6 and unisom.

Mornings: Take ½ of both B6 and Unisom, as needed.

Mid-Day: Take ½ of both B6 and Unisom, as needed.



- Hydrocortisone cream or ointment
- Oatmeal bath (Aveeno®)

Type of Remedy: Sleep

- Diphenhydramine (Unisom SleepGels®, Benadryl)

Type of Remedy: Yeast Infection

- Miconazole (Monistat®)

Controlling Nausea

We prefer that you avoid medications for nausea during pregnancy. Nausea is a very common and normal symptom, which usually can be controlled by eating small, frequent meals and eating bland foods such as toast, crackers, Jello®, and carbonated beverages at room temperature. Greasy and spicy foods are best avoided if you are nauseated. Fortunately, nausea usually resolves around 14-16 weeks gestation.

If you are suffering from persistent and frequent vomiting, then it may be necessary to treat you with medication like Zofran or Phenergan. These medicines have been thoroughly studied and are felt to be safe for the fetus.

Heartburn can be relieved by eating a small bland snack and by keeping your head elevated when you are resting. However, it may be necessary for you to use an antacid such as Tums®, Maalox®, Riopan®, or Gaviscon®.

Alka-Seltzer® should be avoided during pregnancy, since it contains aspirin.

Vomiting and Diarrhea

The most common causes of vomiting and/or diarrhea are viral infections, bacterial infections such as food poisoning, or side effects of medications. Some women may also experience vomiting during pregnancy, usually not accompanied by diarrhea.

The most serious complication with vomiting and diarrhea is dehydration from loss of fluids or the inability to keep fluids down. Symptoms of dehydration include weakness, dizziness, dry mouth, and decreased urination. IV fluids may be needed if dehydration is severe. Viral illnesses are usually self-limiting and will resolve in a few days but following these suggestions will limit the risk of dehydration.

During the first day of illness, limit your diet to clear liquids. The most common clear liquids include:

- water
- clear juices (apple, cranberry, grape)
- clear sodas (such as 7-Up)
- Powerade/Gatorade
- broth, Jello®
- herbal teas (little to no caffeine) with sugar or honey



Make sure to drink small amounts (1-2 ounces) every 15-30 minutes.

After 24 hours, you may gradually increase your diet as you feel better. Start with bland foods such as bananas, rice or other cooked cereals, plain potatoes, toast, bread, or crackers, applesauce or canned fruit, and continue with clear fluids.

AVOID all dairy products, citrus fruits or juices, alcohol, spicy or seasoned foods, chocolate, and gas-producing vegetables (e.g. cabbage, cauliflower, broccoli, and beans) until you are completely better. After 24-48 hours of eating bland foods you may resume a regular diet.

Sometimes medication is needed for nausea/vomiting if you are unable to keep any clear liquids down. Medication is not usually needed for diarrhea and may prolong symptoms but call the office if you have questions about symptoms and the need for medications.



CALL PWHealth AT 614-268-8800 IF...

- Progressive weakness, dizziness, or fainting
- Severe abdominal pains or blood in your stools
- Fever greater than 100.6 degrees F
- Worsening of your symptoms or no improvement after several days
- Inability to keep any food or liquids down for 12 or more hours
- Development of other unusual symptoms

Sex

Sexual intercourse is permissible at any time during pregnancy unless you have vaginal bleeding, ruptured membranes, or a tendency toward premature labor. Many couples experience a decrease in sexual desire late in pregnancy which is very normal.

Do not douche after sexual intercourse or at any time throughout pregnancy.

Smoking

We strongly recommend that all pregnant women stop smoking, or, if this is impossible, cut down as much as possible. Exposure to secondary smoke also must be minimized. Cigarette smoke contains a variety of poisons including nicotine, cyanide, and carbon monoxide, all of which cross the placenta to the baby.

In addition, cigarette smoking has been associated with an increased risk for miscarriage, stillbirth, fetal growth restriction, and sudden infant death syndrome.

This may be your best opportunity to give up the smoking habit. Please feel free to discuss smoking cessation with us.



Traveling During Pregnancy

In most cases pregnant patients can travel up to 36 weeks as long as they do not have any complications and they understand the risks that are involved. It is important for obstetrical patients to realize that some complications can arise without warning and traveling may require receiving medical attention away from their familiar provider. The best time to travel is mid-pregnancy (14-28 weeks) because many pregnancy symptoms have subsided, and you will be the most comfortable.

First Trimester Travel

Traveling more than two hours from home before your first ultrasound has established an intrauterine pregnancy is not advised. During this time, you are at risk for miscarriage, ectopic pregnancy, and spotty bleeding. Also, your body is physically adjusting to the pregnancy and you can experience cramping, significant fatigue, nausea and vomiting.

Second Trimester Travel

Once an intrauterine pregnancy has been established, traveling during this time is generally safe. If you have any of the following obstetrical risk factors, please consult your provider before making any travel plans:

- Incompetent cervix
- History of or current preterm labor
- History of premature rupture of membranes
- History of or current placental problems
- Vaginal spotting/bleeding
- Multiple gestation
- History of or current toxemia, preeclampsia, or blood pressure problems
- History of or current gestational diabetes
- Advanced maternal age (age 35 and over), or younger than 15 years of age
- If you have any complications that are not on this list, please consult your provider before traveling

Third Trimester Travel

If you are without complications, traveling up to 36 weeks by car or air is acceptable as long as you are aware of the potential risks. Complications such as hypertension, preterm labor and premature rupture of membranes often come without warning and can occur quickly requiring medical attention.

If you are 36 weeks or further, we do not recommend any travel farther than two hours from home by car. Air travel after 36 weeks is not recommended.

Once you have made the decision to travel you should take the following precautions:

- Make an appointment with your provider a few days before departure
- Take a copy of your prenatal fact sheet with you on your travels
- Take a copy of your health insurance card with you
- Locate a medical facility close to your destination in case an emergency would arise
- Do not stay stationary in the car or air; it is important to walk around every two hours





Backache Relief

Lower backaches are a universal discomfort for expectant mothers.

In addition, the sacroiliac joints, where the small of the back and the buttocks join, are another area where pain is common.

When you are pregnant, physiological changes place stress on your spine, the ligaments attached to your spine and pelvis, and surrounding muscles that give your spine support and flexibility.

Specifically, there are three factors that contribute to ligament discomfort:

- The expansion of your pelvis and abdomen, and increased weight
- The stretching, thinning, and weakening of abdominal muscles
- The baby's growth pulling and straining ligaments connecting the vertebrae

During pregnancy, your body releases the hormone relaxin, which causes stretching of the ligaments holding the pubic bone and sacroiliac joints together.

This, plus the expansion of your pelvis in preparation for your baby's birth, causes your normal gait to change to a waddle. The side-to-side motion of this new gait can contribute to pain in your hips and lower back.

Another less common source of low back pain may be related to your vertebral discs (or pads). If one becomes wedged between two vertebrae, it can result in the disc or a spinal nerve being painfully pinched.

If you suffer from a sharp, stabbing backache and coinciding leg pain, call your doctor.





Backache Prevention

Special attention to your posture and some simple exercises to strengthen your lower back, abdominal and gluteal muscles, and inner and outer thighs, help you feel more comfortable and energetic as your pregnancy progresses.

The following exercise program takes about five to ten minutes a day. As you gain strength, you may choose to gradually increase the repetitions. If your back hurts now, you should feel some relief after doing these exercises. If your back does not hurt, don't wait for it to start!

Exercise 1

Lie on your back with knees bent and feet on the floor. Clasp your hands behind your head and lift your chin and chest straight up, raising (not jerking) your head off the floor about six to eight inches. Your eyes should be looking up at the ceiling. Hold five seconds: repeat 10 times. You feel this exercise in your upper abdominal muscles.

Exercise 2

Lie on your back with hands clasped behind your head. Raise your head just a little, then bring your knees towards your chest, keeping your knees spread apart. If you are near the end of your pregnancy, you may only be able to bring your knees in a little; this is fine, and the exercise is still effective. Repeat 10 times. This exercise strengthens your lower abdominal muscles.

Exercise 3

Lie on your back with your hands clasped behind your head, your feet on the floor and your knees apart. Let your knees fall to one side, then lift your head straight up, about five or six inches, with your eyes facing the ceiling. Repeat 10 times on each side. This exercise strengthens the side muscles attached to your ribs and upper hip bone.

Exercise 4

Lie on your side with your body straight, leaning on the bottom forearm and elbow to support your upper body. With your foot flexed, bring the top leg straight up about six inches, then lower it without resting it on the bottom leg. Repeat rapid lifts 20 times. Then point your flexed foot down and repeat lifts 20 more times. Then position your top leg, with foot flexed, back as far as it goes comfortably. Repeat rapid lifts 20 times and finally 20 more times with the flexed foot now pointed down. Do the entire series of exercises on both legs.

Exercise 5

Use the same beginning position as in exercise 4, but cross the top leg over, with the knee bent and your foot on the floor. Keeping your foot flexed, raise the bottom leg 20 times. Repeat on the other side. You feel this in your inner thighs. At the end of this set of leg lifts, while still lying down, pull each knee toward your chest and hold to prevent cramping and tightening. Exercises 4 and 5 are excellent for firming and strengthening your thighs.

Exercise 6

Lie on your back with your knees bent, legs apart, and feet on the floor. Place your hands at your sides. Raise your hips off the floor, then bring them down without touching the floor during the lifts. Repeat 10 times. Then repeat the exercise 10 times with your knees pressed together. You feel this exercise in your lower back, buttocks and thighs.

Exercise 7

Position yourself on your hands and knees with your arms and thighs perpendicular to the floor, and your knees comfortably apart. First, allow your lower back and abdomen to sag toward the floor. Then raise your back to level and tighten your buttocks until your lower back curls upward (like a cat with an arched back). Relax to level, and then let the back and abdomen sag again. Repeat 20 times. The motion should be continuous, slow, and wave like.



Common Complaints

Almost all pregnant women have some of these normal symptoms. However, if these symptoms are excessively painful or frequent, bring them to our attention.

- Nausea and occasional vomiting during the first half of pregnancy
- Fatigue
- Frequent urination, which is usually worse during early and late pregnancy; this is normal unless accompanied by a burning sensation during urination
- Breast enlargement and tenderness
- Low backache (see section on backache relief)
- Round ligament pain (pain in the lower abdomen which radiates into the groin area); this may be relieved by lying on your side and pulling your knees up to your chest
- Constipation: this may be treated by drinking plenty of fluids, exercising, eating fruit, and eating bran cereal. On occasion, it may be necessary to add a fiber supplement, such as Metamucil® or Milk of Magnesia (harsh laxatives should never be used during pregnancy)

Danger Signs

These signs and symptoms may indicate a problem in your pregnancy. If you experience any of these symptoms, please call the office immediately.

CALL PWHealth AT 614-268-8800 IF...

- Vaginal bleeding: Call us immediately if you start bleeding as heavily as a menstrual period; you do not need to call us if you have the bloody show (bloody mucous) late in pregnancy as this is normal and usually means that you are going into labor soon
- Persistent vomiting and/or diarrhea
- Sudden, sharp, or rhythmic abdominal pain
- Sudden gush of fluid from the vagina.
- Vaginal irritation, itching, foul odor, or sores
- Burning or pressure with urination
- Rash or hives
- Severe shortness of breath with heart palpitations (fast or irregular beating of the heart)
- Regular contractions that last 30 to 40 seconds

Contractions

- Call us when your contractions are approximately 5 to 6 minutes apart and last at least 60 seconds
- If you are less than 32 weeks pregnant, call us if you have contractions, because you may be in premature labor

Ruptured Membranes

- Call us if your water breaks, even if you are leaking only a small amount of amniotic fluid



Labor and Delivery

Childbirth Education

Childbirth education helps you and your partner have a happier and healthier pregnancy and delivery. While some people are at first reluctant to attend childbirth classes, most find that they enjoy these classes a great deal.

Multiple organizations offer a wide variety of courses, including classes for those who know that they are having a Cesarean. We strongly urge all patients to attend one or more of these courses. Please sign up early, because these classes are very popular and fill up quickly.

Anesthesia

Many women need some form of pain relief during labor and delivery, especially with the first baby. Childbirth education training allows you to minimize the amount of medication that you require, but often it is necessary to use some medication. If used judiciously, most forms of anesthesia are safe for you and your baby.

If you need only a little help during labor, we recommend small doses of Nubain, which is a narcotic. If you need more relief, we often recommend an epidural block.

We do not use “twilight sleep” anesthesia and almost never use general anesthesia for vaginal delivery.

If you deliver your baby by cesarean section, we prefer epidural or spinal anesthesia. In emergencies and with certain complications of pregnancy, general anesthesia may be preferable.

Electronic Fetal Monitors

We believe that electronic fetal monitors are helpful in ensuring an optimal outcome of labor, especially in high-risk pregnancies. Many couples find that the monitor is reassuring, and some use it to assist them with their Lamaze breathing techniques. Depending on the patient, internal or external monitors may be used.

Cord Blood Banking

One of the most important birth options available to you is the preservation of your baby’s umbilical cord blood. Even if you have read about or considered cord blood preservation with a past pregnancy, it is likely that the value of stem cells has significantly increased since then. Cord blood is the blood that remains in the umbilical cord after your baby has been delivered and the cord has been cut.

The collection procedure is of no risk to the mother or newborn. Cord blood is a rich source of stem cells, which are used in many lifesaving medical treatments today. Additionally, stem cells are showing promise in the treatment of brain injury, cerebral palsy, and Type 1 diabetes.

More information about cord blood banking is available at our website, www.pwhealth.com.

There is only one opportunity at the time your baby delivers to collect their cord blood. We want you to be well informed about your options, so we are here to assist you with additional questions.





Hospital Choices

Professionals for Women's Health delivers at Riverside Methodist Hospital, Dublin Methodist Hospital and Mt Carmel St. Ann's Hospital. If you have a preference, we try our best to accommodate you. **Remember to contact us first before going to the hospital.**

Hospital Tours

You may wish to tour all of the hospitals before deciding where to deliver. Tours may be scheduled by calling and asking to schedule a maternity hospital class or tour. These tours may be conducted virtually.

To schedule a tour, call the hospital two months before your due date.

- Riverside Methodist Hospital: (614) 443-2584 or (614) 566-5000
- Dublin Methodist Hospital: (614) 566-1111
- Mt Carmel St. Ann's Hospital: (614) 898-6667 or (614) 234-5433

Birthing Rooms

Each one of the hospitals has birthing rooms. As long as we anticipate an uncomplicated labor and delivery, you are welcome to use these rooms.

Insurance Requirements

Your insurance companies may require that a specific hospital be used for your expenses to be covered. This is usually true with HMOs and PPOs.

Please check with your insurance carrier at the beginning of your pregnancy so that you know what your options are. If you don't, your benefits may be greatly reduced, or services not covered at all. Please inform the on-call provider at the time of labor of any hospital restrictions.

Provider Coverage

Obstetrics can be unpredictable. Babies are born at all hours of the day and night, regardless of the season. This requires that there be a provider available 24 hours a day, 365 days a year.

Your personal provider would like to promise to deliver your baby, but, because of this demanding schedule, this is not possible. Therefore, we rotate the on-call schedule among the providers in our practice. One provider from our practice is on call at all times and can be reached by calling our office number at (614) 268-8800.

Pediatrician

During the latter part of your pregnancy, select a pediatrician or a family practitioner to care for your infant. If you do not have a doctor for your baby, we can recommend one. Before delivery, call your pediatrician or family practitioner to briefly discuss your upcoming birth. Be sure to give his or her name to the nurses when you are in labor.

Breastfeeding

Please contact the hospital lactation consultant hotlines to be connected with a lactation consultant.

Riverside: (614) 566-3434

Dublin: (614) 544-8488

St. Ann's: (614) 234-6455

Breast Pumps

Breast pumps are typically covered by insurance. Ask your provider for referrals on where to obtain a breast pump.



Postpartum Instructions

Activity

When you arrive home, it would be helpful if you limited your activities to taking care of the baby and delegate household chores, cooking, etc., to others for the first week. Limit trips up and down stairs and do so at a leisurely rate. You should not lift anything heavier than the baby the first week.



You will require extra rest during the day for the first two weeks or so; therefore, morning and afternoon naps are suggested. You may resume riding in or driving a car when you feel comfortable.

Bathing

Continue taking sitz baths three times a day for at least the first week. Tub bathing is permissible immediately postpartum if vaginal flow is not excessive.

Bleeding

Postpartum bleeding is called lochia and it can last as little as 2-3 weeks or as long as 6-8 weeks. In the hospital, your discharge is bright red and heavy; however, by the time you go home, it is usually more like your menses. The flow will continue to slow down once home and the color will go from bright red to pink, and eventually yellow-white.

If your discharge turns back to red or increases in flow, this is a sign that you are doing too much and need to rest. If you are saturating more than a pad in an hour or experiencing a lot of pain, you should call our office.

Bottle Feeding

A certain amount of breast swelling is natural. We recommend an ace wrap bandage wrapped tightly around the breasts for 24 to 48 hours, until comfortable. You also may apply ice packs to your breasts for twenty minutes, three to four times per day, for 24 to 48 hours.



Avoid unnecessary direct stimulation of your breasts, such as hot showers, loose clothing, and manipulation. Avoid excess intake unless advised otherwise.

Breastfeeding

A firm supportive nursing bra should be worn day and night. Avoid using soap directly on your nipples. Following a breastfeeding session, allow your nipple to air dry. The natural oil glands around the areola will keep the nipples soft and supple. Frequent feedings of 8 to 12 times in 24 hours help to prevent engorgement. Nipple soreness is expected for the first one to two weeks. If you experience any cracking or bleeding of the nipples, please call the office.

Clots

Passing clots during the first two weeks postpartum is not uncommon. They can



differ in size from the size of a pea to the size of a golf ball. If you are passing clots larger than golf balls or passing clots after two weeks postpartum, please call the office.

Constipation

Try eating natural foods like prunes, prune juice, apple juice, apple cider, bran flakes or raisin bran. Increase your fluids, especially water. Avoid caffeine (colas, tea, coffee and chocolate). If a laxative is needed, take one ounce of Milk of Magnesia at bedtime.

Diet

A well-balanced diet is necessary for the healing process. For a lactating mother, the normal caloric requirement is 2,000 calories or more per day. Your diet should especially include foods high in protein, such as meat, cheese, dairy products and eggs. Drink plenty of liquids, especially if breastfeeding. Increasing your fluid intake can also help to avoid constipation.



Episiotomy

Your stitches will dissolve on their own. Do not be alarmed by a sticking or pulling sensation in the vaginal area during this time; it is entirely normal. Comfort measures include sitz baths and a sensible and gradual increase in activity. You may take ibuprofen or Tylenol for pain control.



Exercises

You may begin exercising when the baby is one week old. If there is any pain with activity, you should stop. If you had a C-Section, avoid exercises involving direct use of the stomach muscles, such as sit-ups, etc., until your 4-week checkup. No running, jogging, or aerobics until your 4-week exam.

Hemorrhoids

To minimize discomfort, avoid standing or sitting for long periods of time. Take rest periods whenever possible during the day, lying on your left side with legs elevated on two pillows. Knee/chest position is also relieving and helpful. Do not allow yourself to become constipated. Drink plenty of liquids! Sitz baths will help and Preparation H® or Anusol HC® may be used. Support hose are recommended because they improve and increase circulation.

Menstruation

If your baby is bottle fed, you will probably resume menstruation four to ten weeks from the time of delivery. If you are breastfeeding, you may, but probably will not, have a period 3 months or longer after delivery. The first period may be heavier than your normal flow.

Newborn Questions

Please call your pediatrician for all questions regarding your newborn or go to urgent care/Children's Hospital for any healthcare concerns.



Postpartum Depression

Your postpartum period may be filled with various emotions and you will probably have 1-3 days of “Baby Blues”. However, if symptoms last longer than a week or are severe, please call for an appointment to discuss postpartum depression.

POEM is a postpartum depression group that can help connect patients with counselors and provides a 7 day a week support line. They can be reached at (614) 315-8989 or you can visit their website at <https://mhaohio.org/get-help/maternal-mental-health/>.

Sexual Activity

Intercourse is not advised for the first four weeks after delivery. After this, the healing may be sufficient, and discharge lessened enough to permit comfortable sexual relations. K-Y Jelly or Replens, products sold over the counter, are suggested as a lubricant, since the vagina normally tends to be drier following delivery. Condoms are acceptable for contraception if you do have intercourse prior to your routine postpartum appointment; however, we recommend abstaining until we are able to assess your healing.

Remember: Breastfeeding is not a form of birth control.



Temperature

Take your temperature once daily in the evening for the first week after delivery. Notify the office if it is 100 degrees F or higher.

Vitamins

If breastfeeding, continue taking prenatal vitamins for three months after you have weaned the baby. If bottle feeding, continue taking them for three months after delivery.

CALL PWHealth AT 614-268-8800 IF...

- If you are saturating more than a pad in an hour or experiencing a lot of pain with postpartum bleeding
- If you are passing clots larger than golf balls or passing clots after two weeks postpartum
- If your temperature is 100 degrees F or higher in the first week after delivery
- If symptoms of postpartum depression last longer than a week or are severe
- If you experience any cracking or bleeding of the nipples



Postpartum “Baby Blues” and Postpartum Depression

Having a baby is usually one of the biggest and most exciting events in a woman's life. While caring for a new baby can be joyful and rewarding, it can also be hard and stressful at times. There are many physical and emotional changes that can happen to you after delivery.

These changes can leave some new mothers feeling sad, anxious, afraid, or confused. These feelings are generally referred to as “baby blues”.

Many new mothers (60% to 80%) experience the “baby blues” in the days right after childbirth. The “baby blues” typically peak 3 to 5 days after delivery and can last a few hours or days; usually, they resolve within 10 days after childbirth. If these feelings do not go away or if they get worse, a woman may have postpartum depression.



If you are concerned about the severity or duration of your “baby blues,” please call (614) 268-8800 to schedule an appointment to discuss any of these issues.

What are the “Baby Blues”?

The “baby blues” are characterized by:

- Tearfulness
- Mood swings
- Feelings of vulnerability
- Loss of appetite
- Lack of confidence
- Irritability
- Nervousness
- Trouble sleeping
- Hyperactivity
- Feeling overwhelmed

Ways to Help Yourself Cope

There are things that you can do to help yourself get through the “baby blues”:

- Rest! Always try to nap when the baby naps
- You're not expected to be a “supermom” - stop putting pressure on yourself to do everything; be realistic and ask other people to help
- Find someone to talk to and tell them how you're feeling
- Do not spend a lot of time alone - get dressed and try to get outdoors every day to take a walk or run an errand
- Try and do something for yourself everyday such as reading, exercising, taking a bath or meditating
- Spend time alone with your spouse or partner
- Talk with your health care provider about how you feel and medical treatment



What is Postpartum Depression?

Postpartum depression is more serious than the “baby blues” and occurs in 10% to 20% of new mothers within the first 3 to 6 months postpartum but may not affect the mother until up to a year after childbirth. Postpartum depression can happen after the birth of any child, not just the first child. Symptoms of postpartum depression are similar to baby blues, but are stronger:

- Loss of interest in normal activities
- Loss of appetite
- A hard time falling asleep or staying asleep
- Sleeping more than usual
- Over concern for baby or none at all
- Increased crying or tearfulness
- Anxiety
- Feeling like you're not good enough
- Impaired concentration or memory
- Feeling worthless, hopeless, or overly guilty
- Thoughts about hurting yourself or your baby

If you exhibit any of these symptoms or think that you may have postpartum depression, you need to talk with your health care provider right away. Postpartum depression can be a serious condition; however, it can be treated with medication and counseling. If postpartum depression is left untreated, symptoms can get worse and last for longer than a year.

We are here to help with your concerns

Your postpartum period may be filled with various emotions. Just remember that there will be a period of adjustment as a new mother and it is normal to feel sadness, fear, anger and/or anxiety after having your baby. This does not mean that you have failed as a mother.

Remember, too, that every woman and every pregnancy is unique. You may experience these feelings to a greater or lesser extent than your mother or your sister, or to a greater or lesser extent than at the birth of another of your babies.

However, if the “baby blues” do not go away after a week or two, you need to contact your provider about postpartum depression. Prompt treatment is important. Please call (614) 268-8800 to schedule an appointment to discuss any of these issues.

CALL PWHealth AT 614-268-8800 IF...

- If the symptoms of the “baby blues” persist after the second week postpartum or become worse
- If you have thoughts of harming yourself or your baby
- If you want to discuss your concerns with your provider



Congratulations from our Patient Account Representatives

The Patient Account Representatives (PAR) would like to congratulate you on your pregnancy. In order to better serve our patients, a PAR will be in contact with you by your second or third visit to the office. At this time the PAR will explain your insurance benefits. If your insurance policy does not pay at 100%, you may require a payment plan or may pay your portion in full. If a payment plan is necessary, we ask that it be paid in full by the 28th week of pregnancy.

Insurance is a contract between you and your insurance company, not between your insurance company and us. It is a method of reimbursing the doctor for services provided to you. Some companies pay a fixed allowance for certain procedures and others pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid by your insurance company.

Please bring your insurance card to the office so that we may verify your medical coverage. If you have a change in insurance coverage, please notify the billing department immediately. We submit all claims to your insurance company.

If you have any questions, please call us at (614) 268-8800. Congratulations once again!

Thank you,
The Billing Department

Three Offices to Serve You

To schedule your appointment with a health care provider at Professionals for Women's Health, call (614) 268-8800 today. You may also visit the patient portal via our website, www.pwhealth.com.

Our staff of medical experts is ready to provide the information, medical care, and support you need for peace of mind during pregnancy. You can schedule an appointment with your healthcare provider at any of our three offices that is most convenient to you.

To reach us at any location at any time, call (614) 268-8800

Columbus Location

921-B Jasonway Ave
Columbus, Ohio 43214

Westerville Location

430 Altair Parkway Suite 100
Westerville, Ohio 43082

Dublin Location

6870 Perimeter Drive Suite A
Dublin, Ohio 43016

Visit our website at www.pwhealth.com for more information and to access the Patient Portal

