



# Your Guide To A *Healthy* Pregnancy



*Contemporary*  
OBSTETRICS & GYNECOLOGY

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# Welcome to Pregnancy

Congratulations! It is such an exciting and wonderful experience to be pregnant! We are thrilled that you have chosen us to care for you and your soon-to-be bundle of joy! There is nothing more precious than a newborn baby, and preparing for that newborn should be just as rewarding.

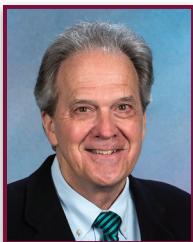
This booklet is provided to you to help answer common questions you may experience along the way. We encourage you to keep it nearby as a resource throughout your pregnancy. You can also visit our website [www.contemporarydoctors.com](http://www.contemporarydoctors.com) for more information.

Thank you for placing your trust in our care.

## Table of Contents

Your Providers .....	3
Office Information .....	4
Appointment Schedule .....	4
Optional Testing .....	5-6
Ultrasounds.....	7
Rh Factor/Vaccinations.....	8
Your Prenatal Visits .....	9
Your Baby's Growth .....	10
Safe Medications .....	11
What to Avoid in Pregnancy .....	12
Pregnancy Effects on Your Body .....	13-16
Common Questions .....	17
When to Go to the Hospital .....	18-19
Preparing for Labor and Delivery .....	20
Labor and Delivery.....	21
Breastfeeding .....	22-24
FMLA/Disability Forms FAQ.....	25
Suggested Items for the Hospital .....	26
Postpartum Instructions .....	27-28
Obstetrical Massage Therapy .....	29
Dental Care Authorization .....	30
Notes .....	31

# Your Providers



Richard S. Duff, MD, FACOG



Daniel J. Greene, MD, FACOG



Ariel Gruda, DO



Marison Solty, NP



# *Office Information*

## **Office Hours – Location**

Our office is open Monday-Friday, and closed Saturday-Sunday and holidays. We are located at 1135 W. University Dr. Suite 100, Rochester Hills, MI 48307.

## **How to Contact our Office**

Our office main number (248-656-2022) Monday – Thursday from 8:30a.m. – 4:30p.m., on Fridays 8:30a.m. – 2:00p.m. for both emergency and non-emergency questions or concerns. If you need to contact the office after business hours, on weekends or holidays you may encounter a brief pause. Please don't hang up—our answering service will give the on-call physician your message to return your call.

## **Billing for Prenatal Care/Delivery**

The Billing Department verifies coverage and benefits for prenatal care and the doctor's portion for the delivery. You will be given a breakdown of coverage and an estimate of your responsibility after your nurse visit. It's office policy to collect the estimated amount prior to delivery. These amounts are applied to your account as a credit. After you have delivered and the insurance has processed the claims, we will apply the credit paid throughout the pregnancy toward any balance remaining. The Billing Department is available Monday – Thursday 8:30a.m. – 4:30p.m. and Fridays 8:30a.m. – 2:00p.m. for any questions or concerns.

# *Appointment Schedule*

## **Nurse OB**

This will be a Teemed visit that will discuss Mother and Father genetic history and any previous childbirth History. Also, we will go over the Prenatal booklet.

## **Physician First Visit**

When you come to the office for your prenatal visit, the Doctor will discuss your Prenatal Panel Lab results. These labs test your blood type and blood counts for infections (Syphilis, Hepatitis B and C, HIV and Rubella). The Doctor will also discuss whether you would like to do Genetic Testing, along with any previous childbirth history or complications.

## **Future Prenatal Visits**

Between now and 28 weeks, we would like to schedule a visit every four weeks. Around 32 weeks, your visits will increase to every two weeks, then once a week after 36 weeks until delivery. During each visit you will have your weight, blood pressure, urine and fetal heartbeat checked. Starting at approximately 24 weeks, the provider will do a fundal height evaluation. Several additional tests are done at scheduled markers throughout your pregnancy.

## **These include:**

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

**Vaginal Cultures for Group B Strep** – This swab of your vaginal and rectal area is performed at your 36 week appointment. Group B Strep is a normal bacteria that is naturally found in the vagina and is not harmful to women or a developing fetus. However it can be harmful to your infant if exposed at the time of delivery. If you test positive for this bacteria, you will receive antibiotics during labor and delivery.

**Optional Testing** – You will have the decision 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 at your first appointment visit.

**M.S.A.F.P.** – This blood screening test is performed between 15-20 weeks. This test looks for birth defects of the spinal cord and skull.



## Panorama

- Non-invasive prenatal testing (NIPT)
- Panorama is a blood-based genetic, prenatal screening test of the pregnant mom that screens for common chromosomal conditions that affect a baby's health. Panorama uses unique SNP\*-based technology to deliver the most accurate non-invasive prenatal testing on the market.
- Panorama can be performed as early as nine weeks gestation. Most results will be returned to your doctor within 5-7 calendar days.
- Text "Panorama" to 636363 for more information!

## Horizon

- Comprehensive, actionable carrier screening
- Horizon genetic carrier screening helps couples determine the risk of passing on serious genetic conditions to their child. It can be performed either preconception (ideally) or during pregnancy.
- Text "Horizon" to 636363 for more information!

## Anora

- Most comprehensive miscarriage test
- Anora helps determine why a miscarriage occurred. Testing is performed on tissue from the pregnancy loss.
- Anora tests for chromosomal abnormalities and results are typically returned to your doctor within one week of sample receipt.
- Text "Anora" to 636363 for more information!



## *Ultrasounds*

We recommend ultrasound around 18-22 weeks in the pregnancy to evaluate fetal anatomy. Additional ultrasounds will be performed based on the medical need. Insurance will only cover this service if there is a medical need. However, we offer 4D ultrasound that are an out of pocket expense, not covered by insurance. Please see the details below.

# **3D/4D**

## *Ultrasound Packages*

### *(What it includes)*

- **Approximately 30 minutes of 2D/3D/4D ultrasound, uninterrupted!**
- **Watch baby's heartbeat live!**
- **Minimum of 5 printed images including a keep sake card**
- **All images and video clips included on USB drive for you to take home!**

### *Details*

- **Best scheduled between 26-34 weeks of pregnancy**
- **Must be a current obstetrics patient at our practice**
- **May bring a total of 3 guests**

### *Cost*

- **\$275, this is not covered by insurance**



## *Rh Factor*

We will test your blood for the Rh factor. If your blood type is Rh negative, then you may be at risk for Rh disease, 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 at 28 weeks or anytime if vaginal bleeding occurs. If you are Rh negative, contact your office immediately if you develop bleeding or trauma to your belly.

## *Vaccinations*

The Centers for Disease Control (CDC) recommends that women pregnant during the flu season receive the flu shot. Also, pregnant women who haven't had a dose of T-dap (vaccine to protect mom and baby against tetanus, diphtheria and pertussis) should get one between 28-32 weeks. Receiving the vaccine in pregnancy gives your baby extra protection against whooping cough which can be very dangerous for newborns. The American College of Obstetricians and Gynecologists (ACOG) and Society for Maternal-Fetal Medicine (SMFM), the two leading organizations in obstetric care, recommend that all pregnant individuals be vaccinated against COVID-19. COVID-19 vaccines may be administered simultaneously with other vaccines including within 14 days of another vaccine. This includes vaccines routinely administered during pregnancy, such as influenza and T-dap vaccines.

## *Non-Stress Test (NST)*

Nonstress tests are common prenatal tests used to check on a baby's health. During a nonstress test, the baby's heart rate is monitored to see how it responds to the baby's movements. The term "nonstress" refers to the fact that nothing is done to place stress on the baby during the test. Nonstress tests typically start at 32 weeks. They are usually performed due to numerous reasons. See examples below.

- An underlying medical condition, such as diabetes, hypertension and other conditions
- Multiple pregnancies with certain complications
- A history of complications in a previous pregnancy
- A baby who has decreased fetal movements or possible fetal growth problems
- Post-dates monitoring, when you're 40 weeks or have gone over your due date this requires fetal monitoring.
- Low Amniotic Fluid (Oligohydramnios) or High Amniotic (Polyhydramnios).

## *Registering for the Hospital*

To pre-register at Troy Beaumont Hospital please call (248) 964-0840.

# *Your Prenatal Visits*

These visits are a guideline and are subject to change at your doctor's discretion.

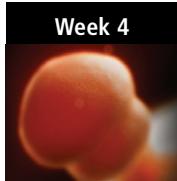
## **Reminders:**

Feel free to leave a urine sample while waiting. Write down any questions prior to your visit with the doctor so you won't forget them. Additional sonograms or antenatal tests of fetal well being will be performed as indicated.

### **Gestational Age      Visit Will Include:**

6-8 wks	Sonogram confirming pregnancy and estimated due date. • Lab work: OB Panel, Urine Culture, HIV test, Tsh, STD screen. • Review possible Genetic Testing such as Cystic Fibrosis/ Sickle Cell, Circulating Freefetal DNA. • Review medication list and hospital packet.
12-13 wks	Optional first trimester NT and/or blood work. • Discuss MT21/Panorama testing. • Listen to fetal heartbeat with doppler. • Go over any questions or concerns.
16 wks	Physical Exam (Undress Completely) • Doctor will perform Physical Exam/ Pap Smear. • Measure size of uterus and listen to fetal heartbeat. • Go over any questions/concerns.
20 wks	Sonogram to evaluate fetal anatomy (heart, lungs, stomach etc...) • Find out gender of the baby. • Visit with doctor and go over any questions or concerns.
24 wks	Discuss Cord Blood Banking & Instructions regarding Diabetes screen. • Pediatrician referral list given. • Go over any questions or concerns.
28 wks	Lab work: Glucose Tolerance Test/ Complete Blood Count. • Measure height of uterus and listen to fetal heartbeat. • Go over any questions/concerns. • Schedule remaining visits for pregnancy.
32 wks	Measure height of uterus and listen to fetal heartbeat. • Receive Tdap vaccine. Go over any questions/concerns. • Begin every two week visits.
34 wks	Measure height of uterus and listen to fetal heartbeat. • Go over any questions/concerns.
36 wks	Rate of Growth Sonogram. • *Undress Waist down for Group B Strep vaginal/rectal culture & cervical check to see if thinning and/or opening have begun. • Go over any questions/concerns. Begin weekly visits.
37 wks	*Vaginal delivery: undress waist down for cervical check. • Measure height of uterus and listen to fetal heart beat. • Go over questions/concerns.
38wks	*Vaginal delivery: undress waist down for cervical check. • Measure height of uterus and listen to fetal heart beat. • Go over questions/concerns.
39 wks	*Vaginal delivery: undress waist down for cervical check. • Measure height of uterus and listen to fetal heart beat. • Go over questions/concerns.
40 wks	*Vaginal delivery: undress waist down for cervical check. • Measure height of uterus and listen to fetal heart beat. • Go over questions/concerns. • NST +/- ultrasounds ordered for fetal surveillance.

# *Your Baby's Growth*



**Week 4**



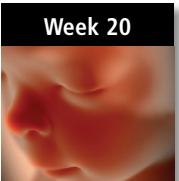
**Week 8**



**Week 12**



**Week 16**



**Week 20**

Your baby's body now has three distinct layers from which all of his organs will develop

Your baby's tiny fingers and toes start to develop

Your baby's facial features continue to become more defined, particularly his nose and chin

Your baby's skeletal system and nervous systems start to coordinate movement

Your baby's skin thickens and develops layers under the vernix



**Week 24**



**Week 28**



**Week 32**



**Week 36**



**Week 40**

Your baby's movements can reveal to your doctor more about your baby's development

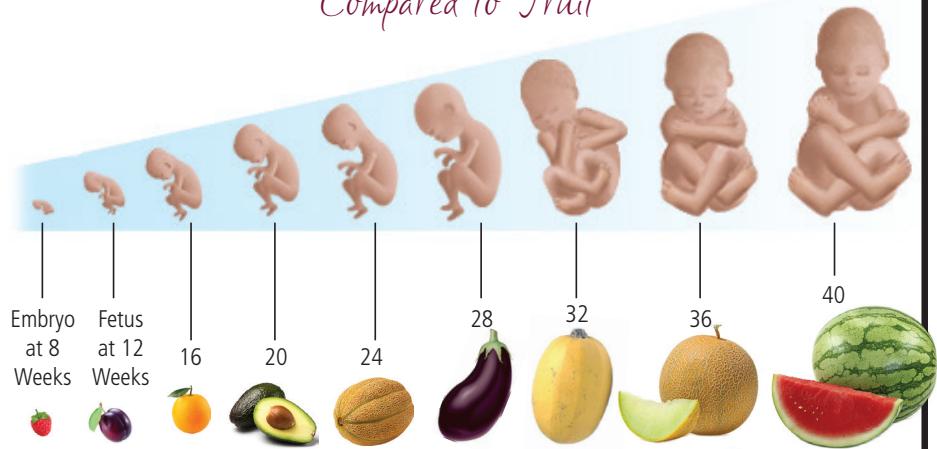
Your baby is starting to take 20- to 30-minute naps

Your baby's movements could start to change

Although your baby's bones are hardening, his skull remains soft and flexible for birth

A surge of hormones in your baby's body could play a part in initiating labor

## *Fetal Growth From 8 to 40 Weeks Compared to Fruit*



# *Safe Medications*

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

## **Acne**

Benzoyl Peroxide  
Clindamycin  
Topical Erythromycin  
Salicylic Acid  
**Avoid:**  
Accutane  
Retin-A  
Tetracycline  
Minocycline

## **Antibiotics**

Ceclor  
Cephalosporins  
E-mycins  
Keflex  
Macrobid/Macrodantin  
Penicillin  
Zithromax  
**Avoid:**  
Cipro  
Tetracycline  
Minocycline  
Levaquin

## **Colds/Allergies**

Benadryl, Claritin, Zyrtec  
Chlor-Trimeton, Dimetapp  
Drixoral-Non-Drowsy  
Mucinex (guaifenesin)  
Sudafed\*\*/Sudafed-12 Hour\*\*  
Sudafed PE Pseudoephedrine\*\*  
Tylenol Cold & Sinus\*\*  
Vicks VapoRub  
\*\*AVOID if problems With Blood Pressure

## **Constipation**

Colace, Miralax, Senokot  
Dulcolax Suppository  
Fibercon, Metamucil, Perdiem

## **Cough**

Actifed, Sudafed  
Cough Drops  
Phenergan w/Codeine if prescribed  
Robitussin (plain & DM)

## **Crab/Lice**

RID  
**Avoid:** Kwell

## **Gas**

Gas-X  
Mylicon  
Phazyme

## **Headaches**

Cold Compress  
Tylenol (regular or extra strength)  
Acetaminophen

## **Heartburn**

(Avoid lying down for at least 1 hour after meals)  
Aciphex, Maalox, Mylanta, Pepcid,  
Milk of Magnesia  
Pepcid Complete  
Prevacid, Prilosec, Rolaids  
Zantac  
Tums (limit 4/day)

## **Hemorrhoids**

Anusol/Anusol H.C.  
(RX: Analpram 2.5%)  
Hydrocortisone OTC  
Preparation H, Tucks  
Vaseline lotion applied to tissue

## **Herpes**

Acyclovir  
Famvir  
Valtrex

## **Leg Cramps**

Benadryl

## **Nasal Spray**

Saline Nasal Spray

## **Nausea**

Vitamin B6 25mg 3 times daily  
Unisom 1/4 or 1/2 tablet at bedtime

Vitamin B6 and Unisom at bedtime

Dramamine, Emetrol  
Ginger Root 250mg 4 times daily  
High complex carbs @ bedtime  
Sea Bands - Acupressure

## **Pain**

Tylenol

## **Prenatal Vitamins**

Any over the counter prenatal vitamins.  
DHA – is an optional addition to your prenatal vitamin and can be obtained in a separate pill. DHA can be found in fish oil, some plant based vitamins and Expecta DHA.

## **Rash**

Benadryl  
1% Hydrocortisone Cream

## **Sleep Aids**

Benadryl  
Chamomile Tea  
Unisom, Tylenol PM  
Warm milk – add vanilla/sugar for flavor

## **Throat**

Cepacol  
Cepastat  
Salt Water Gargle w/ warm water  
Throat Lozenges

## **Tooth Pain**

Orajel

## **Yeast Infection**

Gyne-lotrimin, Monistat-3  
Terazol-3  
Avoid 1 day creams

# *What to Avoid in Pregnancy*

## **Smoking**

Smoking cigarettes during pregnancy increases the risk of placental abnormalities, preterm rupture of membranes, and low birth weight at delivery. It also increases the risks of SIDS (sudden infant death syndrome) in newborns and the risk of asthma in childhood. Smoking cessation is highly recommended. Medical assistance and counseling may be appropriate and should be considered.

The effects that smoking has on your baby continue once you have delivered. Children exposed to smoking in the home have higher levels 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 known safe amount of alcohol to consume during pregnancy. Incidental exposures are common before pregnancy is diagnosed. Once pregnancy is confirmed, alcohol consumption is not advised. Fetal Alcohol Syndrome results in fetal growth retardation, facial abnormalities, and possible brain dysfunction.

Substance abuse carries risks depending upon the substance itself, but no abused substance benefits a pregnancy. Identification of a problem before delivery can help improve pregnancy outcome.

## **Certain Foods/Drinks**

Some foods/drinks should be avoided in pregnancy:

- Raw meats – Avoid uncooked seafood and undercooked beef or poultry due to risk of bacterial contamination, toxoplasmosis and salmonella.
- Raw eggs or any foods containing raw eggs can be contaminated with salmonella.
- Soft cheeses – Imported soft cheeses may contain listeria (soft cheeses that are pasteurized are safe)
- Unpasteurized milk or apple cider – This may contain listeria.
- Caffeine – Limit caffeine intake to equivalent of one cup of coffee per day.
- Lunch meat – unless heated through
- Seafood-see below

Seafood is an important part of a healthy diet, but chemicals in some may be hazardous to you and your baby's health. Eating large amounts of seafood containing chemical pollutants could cause birth defects, liver damage, and other serious health issues. To reduce your risk, follow federal advice below. For additional guidance on the proper selection, cleaning and cooking of noncommercial fish see the brochure "Should I Eat the Fish I Catch? : A guide to healthy eating of fish you catch" from the U.S. EPA on [www.epa.gov/ost/fish](http://www.epa.gov/ost/fish) or call 1-800-490-9198 and request document #EPA 823-B-97-009.

Information provided by: Agency for Toxic Substances and Disease Registry

The FDA recommends pregnant women eat two 6 ounce servings per week for their complex proteins, Vitamin D, and omega-3 fatty acids. Using computer modeling, the Environmental Working Group applied these recommendations to mercury risk standards suggested by the National Academy of Sciences and the EPA. The following fish are grouped by those results: safe (lowest in mercury), eat in moderation (no more than 1 serving per month) and avoid if pregnant.

<b>Safe</b>	<b>In Moderation</b>	<b>Avoid</b>
Pacific salmon	Canned tuna	Swordfish
Farmed trout	Mahi-mahi	King mackerel
Farmed catfish	Blue mussels	Shark
Shrimp	Eastern oysters	Tilefish
Flounder	Cod	Tuna steaks
Fish sticks	Pollock	Sea bass
Croaker	Great Lakes salmon	Gulf Coast oysters
Mid-Atlantic blue crab	Gulf Coast blue crab	Marlin
Haddock	Channel catfish (wild)	Halibut
	Lake whitefish	Pike
		Walleye
		White croaker

# Pregnancy Effects on Your Body

**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, try to rest with your feet elevated, wear low heeled shoes and perform pelvic floor exercises. You may also treat pain with Tylenol, Vicks VapoRub and/or a heating pad. (BenGay or IcyHot are not recommended)

**Breast changes –** Changes in early pregnancy are the result of vessel engorgement. Progesterone increases smooth muscle relaxation, causing the valves located in the veins to work less efficiently, which then causes them to become engorged with blood. Wearing a good support bra, properly fitted will help. If your breasts are large, wearing a bra while sleeping may be beneficial as well. If you have breast implants, check with your physician concerning the advisability of breastfeeding. Notify your doctor if you notice any breast or nipple bleeding.



**Cramping/Abdominal Pain –** Cramps are not uncommon in early pregnancy. Mild, menstrual-like cramps happen to some women. A stretching/pulling, possibly sharp pain on the sides of your abdomen may be present at times and is due to the changing size and shape of your uterus and is called round ligament pain. If any cramps/pains become severe, persist for long periods of time, or are accompanied by bleeding or spotting, notify your physician immediately.

**Constipation –** Constipation occurs because food goes through the digestive system at a slower pace due to the effect of progesterone. Progesterone relaxes smooth muscle; therefore, food is propelled more slowly by the smooth muscle of the intestines. As food slows down, more water is absorbed from the contents of the colon, creating a harder stool. Iron, in your prenatal vitamins, can also contribute to constipation. Drinking more water and eating more fiber (raw fruits, veggies, bran cereal,

fruit juice) may help. You should NOT take laxatives. If constipation becomes a problem, ask your doctor to recommend a natural stool softener.

**Discharge –** Vaginal discharge increases in pregnancy due to the rapid turnover of cells. It should be white and milky, odorless and non-irritating. You may be more comfortable wearing a panty liner. If the discharge becomes thick, odorous, itchy or colored, call the office. Yeast infections are very common during pregnancy and should be treated by your physician. Remember, even the simplest things should be handled differently during pregnancy. Notify the office immediately if you experience any sudden gush of fluid from your vagina.

**Dizziness –** Dizziness/faintness is caused by a decrease of blood flow to your brain. This happens because more blood is going to the uterus and the smooth muscles of your veins are relaxed, causing pooling in your legs. Low blood sugar can also contribute to dizziness/faintness. You can avoid this by changing your body position slowly (lying to sitting, sitting to standing), wearing over-the-knee compression stockings and

by not standing in one position for long periods of time. Eating frequent, small meals may also help. If you do feel faint, sit down immediately. If sitting does not help, lie down or put your head between your legs.

**Fatigue** – Fatigue is caused in part by the sedative effect of progesterone. Your body will tell you how much sleep you need. Learn to listen and rest when you can.

**Frequent urination** – Frequent urination is the result of increased kidney function to rid the body of waste products and toxins for you and your baby. You may want to avoid teas, which have a natural mild diuretic effect. A better choice would be herbal tea. Drink plenty of fluids (mostly water) to replace what you lose.

**Hair** – Hair becomes thicker and grows faster due to hormone changes. Normally you lose 15-20% of your hair at any one time. During pregnancy, this rate of hair loss decreases to 10%. Because every woman is different, you may also react to hair color or dyes differently. You should avoid the fumes and unpredictability of metallic or permanent dyes. Highlighting is acceptable.

**Headaches** – Headaches can be common throughout pregnancy. Tension, low blood sugar, mild dehydration or vascular effects of hormone changes may cause them. Eating frequent small meals, drinking plenty of fluids, Tylenol or relaxation techniques may help. Avoid non-steroidal anti-inflammatory medications such as Motrin or Ibuprofen. You should inform your physician if your headaches are accompanied by blurred vision or are severe or continuous.



**Heartburn** – Heartburn is caused by progesterone's relaxation of the smooth muscle at the entrance of the stomach. This allows back flow of stomach contents into the esophagus. The esophagus reacts to the stomach acid with a burning sensation. Try to eat 5-6 smaller meals a day and avoid laying down immediately after eating. Some over-the-counter medications are also safe to use, but please call your physician if discomfort persists.

**Hemorrhoids** – Hemorrhoids can easily occur in pregnancy due to increased pressure in the pelvis and changing hormones slowing the bowels. Keep stools soft with a high fiber diet and extra fluids. AVOID rectal straining and use stool softeners as needed. Over the counter treatment is sometimes helpful, but if bleeding occurs or symptoms are severe, consult your physician.

**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 cramping, try to stretch your leg with your foot flexed toward your body. A warm, moist towel or heat pad wrapped on a muscle may also help.

**Mood Swings/Apprehension** – Mood swings and apprehension are the result of both pregnancy hormones and your own variable and changing feelings about being pregnant. Talking to your partner or a friend, a gentle massage, reassurance that it is normal, and sitting in a quiet place while taking slow, deep, calming breaths may help.

**Nails** – Nails grow faster during pregnancy. Splitting and breaking can occur more easily. Keep nails short and use hand cream liberally.

**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.

*See specific tips to help with nausea and vomiting on page 16.*

**Sleep Disturbances** – Sleep disturbances can occur even in early pregnancy. The increased metabolism you are now having as well as the thermogenic effects of progesterone will cause an increase in body heat. Frequent urination may cause you to get out of bed several times at night. Heartburn can be more intense at night, while you are lying down. As the pregnancy progresses, the increase in abdominal pressure may increase the general discomfort you feel. Disturbing dreams also can occur throughout pregnancy. These are common and normal. You may have dreams that you miscarry, that something is wrong with your baby or that you will have problems in labor or delivery. These dreams are not predictors of things to come. Some of the things you can do is to try to relax, have a gentle massage before bedtime, drink chamomile tea at bedtime, do not drink caffeine after 3:00 pm, use an antacid one hour before bedtime and use "white" noise in your bedroom. You can also try to sleep with your head and shoulders elevated on extra pillows or a pregnancy pillow.

**Skin** – Skin changes can occur during pregnancy. Although most changes occur later in pregnancy, some can be very early. These include: acne, dryness, pigmentation changes, spider or varicose veins, blotchy skin and increased sensitivity to cosmetics. Your growing body can increase the chance of varicose veins, especially as baby gets bigger and puts more pressure on your lower body. Avoid standing for long periods and do not cross your legs while sitting. Walking may help circulate the blood in the legs. The increased estrogen levels in pregnancy can cause spider veins and blotchiness. Along with estrogen, increased levels of progesterone and melanocyte-stimulating hormone (MSH), a hormone that is responsible for skin pigmentation, cause an increase in skin pigmentation. This is more pronounced in women with dark hair. The increased levels of hormones can also cause increased oiliness or dryness of the skin. Every woman is different and there is no way to predict how the hormone changes will affect you. Using natural moisturizers, natural facial cleansers, or changing to natural cosmetics may help.

**Spotting** – Light bleeding can be common, especially in the first 12 weeks of pregnancy. It may occur after intercourse, cervical exams, vaginal ultrasounds or strenuous activity or exercise. If the bleeding is heavy or is accompanied by pain, contact us immediately.

**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.

**Urinary tract infection** – Urinary tract infections occur in up to 10% of pregnancies. Please notify us if you are having symptoms such as painful urination, urinary frequency or urgency, blood in your urine, fever, and/or chills.

**Vision** – Your vision may also be affected as the cornea of the eye thickens due to water retention. Some women even experience vision changes early in their pregnancy. If you wear contact lenses, you may find them more difficult to tolerate as your pregnancy progresses.

## **NAUSEA & MORNING SICKNESS**

Nausea and vomiting are common to occur during the early months of pregnancy. Although it's frequently referred to as morning sickness, it can occur any time of the day or night. Usually it disappears after the third month.

Morning sickness is actually the result of the influence of increased amounts of estrogen and progesterone that are produced by the ovaries early in pregnancy. Because of the increasing levels of these hormones, the secretory cells in the stomach increase their production of gastric juices. But at the same time, the bowel slows down in the ability to empty the contents of the stomach. This causes a feeling of nausea and in some cases vomiting.

**To PREVENT morning sickness, try the following suggestions until you find one that works for you.**

- Eat a piece of bread or a few crackers before you get out of bed in the morning (put them close to your bed the night before) or when you feel nauseated.
- Get out of bed slowly. Sit on the side of bed before standing, avoid sudden movements.
- Have some yogurt, cottage cheese, juice or milk before you go to bed, or before you get up.
- Eat several small meals during the day so your stomach does not remain empty for very long.
- Eat high protein foods: eggs, cheese, nuts, meats, yogurt, peanut butter, etc. As well as fruit and fruit juices. These foods help prevent low levels of sugar in your blood, which can also cause nausea.
- Eat a high protein snack before bedtime.
- Drink soups and other liquids between meals instead of with meals.
- Avoid greasy or fried foods. They're hard to digest. Avoid spicy, heavily seasoned foods.

**To REMEDY morning sickness, try these suggestions:**

- Sip soda water (carbonated water) when you begin to feel nauseated.
- Get fresh air: take a walk, sleep with a window open, use an exhaust fan or open a window when you cook, take deep breaths.
- Drink spearmint, raspberry leaf or peppermint tea.
- Try eating popsicles if you are having difficulty keeping liquids down.
- Try any of the suggestions listed above under PREVENTION.

If vomiting persists, or it becomes difficult to retain food or liquid, you should consult your physician. Anti-nausea medications available over the counter should be AVOIDED unless your physician prescribes them.

# *Common Questions in Pregnancy*

## **When will I feel my baby move?**

Sometime between 16-25 weeks of pregnancy, mothers will begin to feel movement. Initially movements will be infrequent and may feel like butterfly flutters. As your baby grows, you will feel movement more often.

## **Why am I so tired? What is the best sleep position?**

It is normal to feel more tired. You may also notice you need more sleep than usual. Try to get at least 8-10 hours of rest per night.

Try to sleep on your side to allow for maximum blood flow to your 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?**

Using a Jacuzzi or whirlpool bath is not recommended during the 1st trimester and should be limited to 15 minutes or less in the 2nd and 3rd trimester with the water temperature not exceeding 100 degrees.

## **Can I travel?**

Any kind of travel is possible. If going long distances, stop around every 2 hours to walk around, increase leg circulation, and empty your bladder. If your pregnancy is uncomplicated, your physician may allow travel until your 34th week.

## **Can I care for my pets?**

Yes, but avoid changing litter boxes or use gloves. Toxoplasmosis is a rare infection that you can get from cat feces.

## **What do I need to know about dental care?**

Hormone changes can increase your chance of gum disease, which in turn can affect you or your baby's health. Please continue to receive routine dental care. X-rays are fine, as long as your tummy is well shielded. Minor procedures are allowed, however avoid epinephrine if local anesthetic is used. Some dentists require a note from our office before your appointment. One from our office is included on the back trifold page.

## **Can I exercise?**

30 minutes of exercise is recommended daily in uncomplicated pregnancies. You may continue activities you are already accustomed to. You may start new ones at a slow rate. Take care to avoid exhaustion or overheating.

## **Can I have sex?**

There is no risk in having sex unless you are having complications or sex becomes too uncomfortable. Please speak with your physician if you have concerns. If your physician places you on pelvic rest, this means no intercourse until cleared by physician. It can be normal to have light bleeding. Please contact us with any heavy, bright red bleeding.



# *When to Go to the Hospital*

If you experience any of the following, please go to the hospital immediately as these are considered emergency:

- Continuous leaking of fluid (water broken)
- Abdominal trauma or car accident
- Heavy bleeding
- Fever greater than 101°
- Decreased fetal movement
- Urinary tract infection
- Headache with vision changes
- Painful contractions greater than 6 times an hour if less than 36 weeks

Please use this chart to determine how you should treat certain illnesses or symptoms throughout your pregnancy. If in doubt, go to the hospital.

Illness/Symptom	Call The Office If:	Call The Doctor Immediately If:	Home Treatment:
<b>Bleeding/Cramping</b> <ul style="list-style-type: none"><li>• Some bleeding/spotting may occur after an internal exam</li></ul>	<ul style="list-style-type: none"><li>• Bleeding is less than a period with mild cramping; common in 1st trimester</li></ul>	<ul style="list-style-type: none"><li>• Bleeding is heavy (using a pad every 2 hours)</li><li>• 2nd &amp; 3rd trimester cramping or painless heavy bleeding</li><li>• Cramping is equal or worse than menstrual cramps</li></ul>	<ul style="list-style-type: none"><li>• Rest</li><li>• Avoid heavy lifting (more than 20 pounds)</li></ul>
<b>Vomiting</b> <ul style="list-style-type: none"><li>• Common in 1st trimester</li></ul>	<ul style="list-style-type: none"><li>• Unable to keep down liquids and solids for more than a 24 hour period</li><li>• Weight loss of more than 3-5 pounds</li></ul>	<ul style="list-style-type: none"><li>• Signs of dehydration occur (e.g. dry mouth, fatigue/lethargy, poor skin turgor)</li><li>• Abdominal pain accompanied with vomiting</li></ul>	<ul style="list-style-type: none"><li>• Vitamin B6 25 mg three times a day</li><li>• Separate liquids from solids (e.g. dry cereal followed by a glass of milk 1 hour later)</li><li>• Unisom (doxylamine)</li><li>• Rest</li><li>• Avoid hot sun</li></ul>
<b>Decreased fetal (baby) movements after 24 weeks</b>	<ul style="list-style-type: none"><li>• Baby moves less than 4 times in a 30 minute period while you are resting, during a normally active period of baby</li></ul>	<ul style="list-style-type: none"><li>• No fetal movement if accompanied by severe abdominal pain</li></ul>	<ul style="list-style-type: none"><li>• Rest</li><li>• Drink juice or soft drink</li><li>• Eat a small snack</li></ul>
<b>Labor</b>	<ul style="list-style-type: none"><li>• Contractions stronger than Braxton-Hicks (mild, irregular contractions), but may not be regular</li><li>• If less than 36 weeks, call if contractions are every 15 minutes</li></ul>	<ul style="list-style-type: none"><li>• Contractions are every 5 minutes apart for 1 hour</li><li>• Water breaks; small leak or as a gush</li><li>• Bleeding is more than a period</li><li>• Pain or contractions won't go away</li></ul>	<ul style="list-style-type: none"><li>• Rest (you'll need energy for real labor)</li><li>• Increase fluids to 8-12 glasses daily</li><li>• Dehydration can cause contractions, especially in the summer</li></ul>

Illness/Symptom	Call The Office If:	Call The Doctor Immediately If:	Home Treatment:
<b>Urinary Urgency and/or Pain With Urination</b> • Frequency is common in early and late pregnancy	• Pain with urination • Feeling of urgency to void with little urine produced	• Temperature of 101°F or higher • Pain in upper back • Contractions occur • Blood in urine	• Urinate at regular intervals • Increase fluid intake to 8-12 glasses daily
<b>Swelling</b>	• Recent, noticeable increase in feet and ankles • Swelling of face and hands	• Swelling accompanied with headache or upper abdominal pain • Swelling with decreased fetal movement • Elevated blood pressure if using home monitoring	• Lie on left side and elevate legs • Avoid salty foods (e.g. ham, pizza, chili)
<b>Cold and Flu</b>	• Temperature of 101°F or higher • Green or yellow mucus develops • Persistent cough for more than 5 days	• Breathing is difficult or wheezing occurs	• Tylenol, Actifed, Sudafed, and any Robitussin • Increase fluids • Rest • Use vaporizer
<b>Rupture of membranes</b>		• Water breaks; small leak or as a gush	



# *Preparing for Labor and Delivery*

## **Pre-register with hospital**

To pre-register at Ascension Providence Rochester Hospital please call (248) 652-5392, for Troy Beaumont Hospital pre-registration please call (248) 964-0840. Please register before you are in labor as this will make admitting you to the hospital smoother. You may schedule a tour of the birthing suites at your convenience.

## **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 you are in labor. We are supportive of whatever you choose.

**Stadol (butorphanol)** - This narcotic is given through injection or IV and helps take the edge off strong contractions. It can make you sleepy if given early in labor. We avoid giving this near delivery time.

**Epidural** – This safe and popular option is administered by an anesthetist and requires a fine, thin catheter or tube to be placed in your back during active labor. Medicine slowly drips through the tubing to provide pain relief throughout labor. It is removed after delivery.

**Local** – Many patients deliver without pain medication. Sometimes we need to give a small injection of numbing medicine for stitches called lidocaine. It feels like a small pinprick.



# *Labor and Delivery*

## **When will I know I'm in labor?**

The chart below will help determine if you are in labor. If you have signs of true labor or if your water breaks, notify the doctor right away.

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

## **Induction**

Your due date is considered 40 weeks. Anticipate delivery sometime the week of your due date. We recommend additional testing for your baby at 40-41 weeks. We induce labor then or sooner if there are 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 if it's 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 or sutures. You will then be moved to the Recovery Room.

## **Initial recovery after Cesarean birth**

The immediate recovery period is similar to the recovery period of a vaginal birth. Rest to conserve your strength. You, your baby 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.

## **Episiotomy/vacuum**

We plan to help you deliver your baby with the least amount of trauma. Episiotomies are not routinely needed and you may deliver without the need for any stitches. Sometimes we need to make a small incision at the vaginal opening to help deliver. We make sure you are numb if you don't have an epidural, and will stitch the area after delivery. 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 neonatal vacuum deliveries when necessary. 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.

# 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 breast fed babies have fewer ear and diarrhea infections, decreased vomiting and acute respiratory illnesses, a lower risk for diabetes, lymphomas and Crohn's disease and breast fed babies tend to have higher IQ's than bottle fed babies.

## 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 every 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 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.

Remember that you only need enough milk for your first day back to work. What you express each day at work is what is used the next day.



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 do 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 continued frequent breastfeeding when you are at home.

About seven to fourteen 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.

Try to express your milk while at work if you can, even if it is not every day or the same time every day. Nurse as much as you can when you are home.

## **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 the baby starts nursing. This usually disappears by 1-2 weeks. To help prevent nipple tenderness, start with the correct positioning and latch on.

### **Cradle Position**

- Place a pillow or two in your lap to support your baby.
  - Place your baby's head on the crook of your arm
  - Make sure your baby is turned toward your chest to 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 opens WIDE, and then pull him 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**

- Put a pillow or two at your side to help support your arm and your baby.
- Support your baby's neck and the lower back of his head in your hand, with your forearm supporting his upper body against your side.
- Follow steps a, b, c, and d under the Cradle position.

## **Lying down Position**

- Lie on your side with pillows supporting your back and your top leg, which is bent forward.
- Place your baby on his side facing you.
- Follow steps a, b, c, and d under the Cradle position.

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 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.

## **Troy Beaumont Lactation Consultant**

Monday, Tuesday, and Thursday - 7:30 a.m. to 6 p.m.

Wednesday and Friday - 7:30 a.m. to noon

44201 Dequindre Road, Suite 23

Troy, MI 48085

Phone: 248.964.4580

### **Scan to select your insurance covered breast pump.**

1. Ask your provider for your breast pump prescription.
2. Scan the QR code on the back of your script and follow the instructions on how to place your pump order.
3. Your pump will be shipped directly to your home.



## *FMLA/Disability Insurance Forms*

These forms are distributed to you by your employer, not Contemporary Ob Gyn.

Just a reminder, if your employer offers FMLA benefits, you are entitled to 12 weeks off work for the birth of a child. **All FMLA paperwork has a 15-day turn around from the following day you received it from your employer.** Please ensure to drop-off paperwork to Contemporary OB Gyn as soon as received from your employer. Our provider's recommendation for FMLA/Disability leave is six weeks medical disability for vaginal deliveries and eight weeks for C-section deliveries. Any additional time off is between you and your employer.

Please allow up to 10 business days to complete forms. Submit all forms to our FMLA and disability Coordinator prior to your due date to avoid any delays in processing your paperwork. All efforts will be made to complete as quickly as possible.

Do not give your paperwork to your doctor at the hospital, as this can cause a delay in completion. Upon turning in your papers, please provide the office with your preferred method of distribution once they are completed, **i.e., pick up in the office, mail or fax to you or the company requesting the information.** If not picked up in the office, originals will be mailed to the patient's home. Paperwork will not be distributed until payment is received.

## *FMLA/Disability Forms FAQ*

### **Who do I receive my FMLA/Disability forms from?**

Answer: Your Employer.

### **What is the cost for getting my forms completed at Contemporary Ob Gyn?**

Answer: \$10 per set of forms (ex: FLMA/Short Term).

### **What is the difference between Short-Term Disability and FMLA?**

Answer: **Short-Term Disability:** Eligibility is determined by one's employer. Eligibility of leave must have physician's recommendations prior to opening or submitting a claim.

### **Is FMLA or Short-Term disability a paid leave?**

Answer: Our doctors do not determine if you are paid during your medical leave (FMLA/Short-Term Disability). That is up to your employer and/or insurance company.

### **Does Contemporary Ob Gyn process and complete my spouse's FMLA paperwork?**

Answer: Yes, please drop-off with patient paperwork and include the cost \$10 per set.

# **Starting September 1st, 2023, we will also be delivering out of Troy Beaumont!**

Scan the QR Code to find out more about Troy Beaumont's

Birthing Center including:

- Where to Register
- Birthing Suites
- Which entrance you will need to go to
- A video tour of their labor and delivery unit and more!



 **SCAN ME** 

**Starting August 31st if you are in active labor you will NEED to call the office to see where your doctor is delivering at! If the office is closed you will be directed to our after hours answering service and they will let you know where to go!**

# *Postpartum Instructions*

These discharge instructions are designed to answer frequently asked questions about your post-partum recovery period.

**Day Of Hospital Discharge.** When you go home from the hospital you will have had enough exercise and enough excitement for the day. It would be advisable for you to rest for the remainder of the day - NO visitors.

**General Activity.** In general, it usually takes from six to eight weeks from the time you have had a baby until you have completely returned to normal. Recovery is a progressive process and you will feel better and stronger each day. For the first two weeks after you return home, some rest each day is extremely important and you may gradually increase the amount of activity each day, but strenuous work, heavy lifting, and excessive social activity should be strictly avoided. The custom for a new mother to entertain a large number of visitors in first two weeks is undesirable from both mother's and baby's point of view. By the end of the first week at home, you may be walking the baby outside and riding in the car. By the end of the second week, you may be driving the car for short distances and you may go shopping by the end of the third week. But it is important to be sensible and do things in moderation. If you are in any doubts as to whether you should be doing something, then the best advice is not to do it. It is usually possible to return to ordinary employment about four to six weeks after the baby is born.

**Stitches.** Should your stitches continue to bother you after you go home, relief may be obtained by:

- Sitz bath: soaking twenty minutes in a tub containing seven to eight inches of plain warm water and repeating this three times a day.
- Adjusting the perineal pad so that it does not rub up against the stitches.
- Applying medication such as Dermoplast Spray, Tucks Pads or witch hazel locally to the stitches after each sitz bath.

**Breasts.** If you are not nursing and your breasts are full, bind your breasts up tightly against the chest wall using an Ace bandage. Apply ice packs to each breast frequently (at least an hour, three or four times a day) and take one or two Tylenol tablets every four to six hours as necessary to control breast discomfort. They should go down in 24 to 48 hours. Occasionally, in ten or twelve days, milk will reappear in the breasts and the same treatment is indicated (pills or hormone injections do not help at this time). If there is an area on either breast that becomes red, hot, tender or if you have fever, notify us immediately. If you are breast feeding and you are having difficulty, please contact your pediatrician or a lactation consultant.\*

**Mood And Diet.** Emotions are apt to fluctuate widely after having a baby and the "baby blues" are not uncommon, but you are less likely to get them if you avoid fatigue. It is important that you continue to take the prenatal vitamins and iron capsules if you are breast feeding. A sensible diet continues to be important.

**Perineal Care.** With bowel movements, as always, wiping should be carried out in a direction away from the vagina. After each bowel movement or urination, please use the peri-bottle provided while in the hospital, then pat dry. This is recommended for the first week after the baby is born.

**Vaginal Discharge.** Some vaginal bleeding or discharge, called lochia, will usually occur for two to four weeks and occasionally be longer. At first it will be quite red, changing gradually so that about eight days after the baby is born, it will be pink in color and two or three days later, yellowish in appearance. It will have a slight odor and disappear in three to six weeks. Sometimes with excessive activity, the lochia may return to a red color for several days. Douching is not advised.

**Hemorrhoids.** Hemorrhoids that appear for the first time in late pregnancy or as a result of delivery, will usually get better and disappear. In the acute stage they will respond well to sitz baths and local medication such as tucks or other over-the-counter medications. Avoid straining. Do not read on the commode. Keep bowel movements soft by drinking six to eight glasses of water a day and adding bran or other fiber to your daily diet.

**Constipation.** Occasionally there is a tendency toward constipation during the first few weeks. This is easily overcome by re-establishing proper dietary habits including six to eight glasses of water a day, and roughage in your diet such as celery, lettuce, greens, etc. Also, adequate intake of citrus fruits and eating figs, dates, prunes or bran. If necessary, take Colace (stool softener), one capsule every morning as needed for sluggish bowels.

**Abdominal Cramps.** By the time that you go home, cramping should be less uncomfortable. If they are still causing you some bother, they are usually adequately controlled by taking Tylenol and Motrin as prescribed.

**Menstruation.** The return of the menses after childbirth is quite variable and may take up to six months to re-occur. Usually, nursing mothers have reappearance of the menses in two and a half to three months, while non-nursing mothers usually start to menstruate in about four to six weeks. The first period is often abnormal and may be very profuse with clots. It may start and stop and start again, but by the second period, it is usually normal, although it may take a few months for a normal cycle to be re-established. It is possible for the cycle to differ somewhat in length from previous cycles. Remember, the possibility of conception exists at any time after childbirth or while breastfeeding the infant. Please talk to your physician if you plan on using LAM (Lactational Amenorrhea Method) as birth control.

**Sexual Intercourse.** Sexual intercourse should not occur until after 6 weeks and with clearance from your physician.

**Contraception.** If desired, think about birth control to be used post-delivery. IUD insertion should be done at 6-8 weeks post-delivery. Birth control pills may be started at four weeks post-delivery.

**Abdominal Support And Exercise.** Exercise to improve the muscle tone of the abdominal musculature may be started when the baby is two weeks old.

**Travel.** After the baby is two weeks old, there are no contraindications to travel except possible overexertion and fatigue. If a long automobile trip should be necessary, it is advisable to get out of the car at frequent intervals (about every hour) and walk for several minutes to maintain adequate circulation.

**Post-Partum Medical Care.** Please call the office to make an appointment for your 6 week post-delivery visit or 2 week post C-section visit. At this time you will have the opportunity to discuss any problems that you may wish to bring up. At 6 weeks post-delivery a pelvic examination will be performed to be certain that you have healed and that your cervix and uterus have returned to normal. If a Pap is indicated, it should be done three months post-delivery.

**Future Health.** Following discharge as an obstetrical patient, you should have an annual well woman exam once a year. A periodic health check-up and cancer test are your insurance for a long and healthy life.

## *Postpartum Depression*

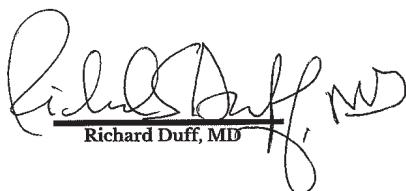
40-80% of women experience mood changes after their delivery. This most commonly starts at 2-3 days after delivery and usually goes away within 2 weeks. It is important to eat properly, get adequate sleep and reduce stress during this time to help with the symptoms. Some examples of symptoms are mom not bonding with the baby; unable to care for herself or the baby; feeling excessive sadness, depression or anxiety. Postpartum depression is a more severe form of this that may need medical attention. If you feel your mood is affecting your ability to perform your regular daily activities or making you feel uncomfortable with your thoughts, please contact us.



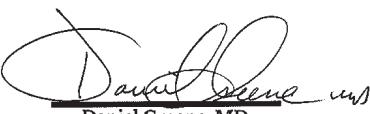
Board Certified  
Obstetrics and Gynecology

## Obstetrical Massage Therapy

Obstetrical massage therapy is permissible during pregnancy. This form verifies the doctor's approval.



Richard Duff, MD



Daniel Greene, MD



Ariel Gruda, DO



Board Certified  
Obstetrics and Gynecology

## Dental Care Authorization

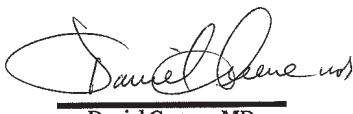
It is very important that you continue to receive periodic dental care throughout your pregnancy. It is safe and advisable to adhere to your normal schedule of your routine visits. Necessary dental work may also be safely accomplished. An X-Ray may be taken, if necessary, by using a pelvic shield, and your dentist may use local anesthetic that doesn't contain Epinephrine. You are not to have inhalation anesthetic such as Nitrous Oxide.

Many antibiotics are safe during pregnancy, including Amoxicillin, Erythromycin, Ampicillin, and Keflex. These are the most common antibiotic medications used; however, there are others that your dentist may wish to use that are safe as well.

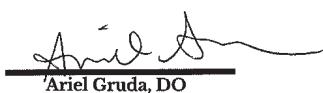
Please give this to your dentist. If you have any further questions, please consult your physician.



Richard Duff, MD



Daniel Greene, MD



Ariel Gruda, DO

## *Additional Notes and Questions for my Doctors*

If you have additional questions, or need information on another topic, please take note and ask the nurse or doctor at your next appointment. When you call the office or if you have an emergency and need to speak to the doctor on call, we ask that you please have a pharmacy number available so that prescriptions can be called in if necessary. It is also important that we speak to you directly if at all possible.

*My Pharmacy and Phone Number:* \_\_\_\_\_

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