

**Dear Expectant Parent(s):**

Congratulations on your pregnancy. Women’s Health Specialists believes that prenatal care is very important for both you and your baby. Thank you for choosing us for your obstetrical care.

We understand that finding out that you are going to be a parent(s) can be overwhelming. This booklet contains information that you may find very helpful throughout your pregnancy. The booklet is broken into several topics. It includes a timeline of what to expect during each part of your pregnancy and immediately after your baby is born. Please feel free to discuss any questions or concerns with us at any time.

**Important Contact Information:**

Women’s Health Specialists (WHS): (928) 783-3050 Fax (928) 783-7783  
www.whsaz.com  
www.facebook.com/whsaz  
WHS Nurses: (928) 783-3050 when asked for the extension press 375  
Yuma Regional Medical Center: (928) 344-2000 Ask for Labor and Delivery

**Table of Contents:**

About Women’s Health Specialists (WHS)..... 2  
Physicians, Nurse’s Hours, WHS Patient Portal, Fees  
Schedule for Prenatal Visits..... 3  
Length of Pregnancy, Trimesters  
Prenatal Classes, Register at Hospital /Pediatrician..... 4  
Maternal Serum Screening ..... 4  
General Health Care Guidelines ..... 5-8  
Pregnancy and Oral Health ..... 5  
Weight Gain ..... 5  
Exercise..... 5-8  
Work ..... 8  
Travel ..... 8  
Extra..... 8  
What about Sex during Pregnancy ..... 9-10  
Usual Complaints and Problems of Pregnancy ..... 11-13  
Morning Sickness, Tender Breasts, Frequent Urination, Fatigue, Bloating,  
Constipation/Heartburn, Low Back Pain, Dizziness, Varicose Veins,  
Leg Cramps, Bleeding Gums/Bloody Nose, Round Ligament Pain  
Warning Signs/Symptoms in Pregnancy ..... 14  
Preterm Labor/Delivery ..... 15-16  
Risk Factors, Preterm Labor Signs/Symptoms  
Seat Belts in Pregnancy/Infant Car Seat Safety ..... 17  
What to Pack in Your Labor Bag ..... 18  
Breast or Bottle Feeding ..... 19  
Post Delivery Period..... 20  
Shaken Baby Syndrome..... 21-22  
Baby Sitter Guidelines..... 23  
Over The Counter Medications for Use in Pregnancy..... 24  
Good Sources of Iron..... 25

## About Women's Health Specialists:

We are a collaborative practice of Obstetricians (Medical Doctors, MDs), Laborists (MDs who stay at the hospital for 24 hours at a time to deliver babies and evaluate pregnant patients), certified nurse-midwives (CNMs), and nurse practitioners (NPs). Our physicians are available on a rotating call schedule. The physician on-call may not be available for office hours to see patients during their on-call time period. However, they will be attending to patients as needed at Yuma Regional Medical Center (YRMC).

If you have any questions or problems regarding your prenatal care, please speak with any of our clinicians at your scheduled visits. You may find it helpful to write down any questions before your appointment so that you remember them when you are with your clinician (doctor, nurse, etc.)

We have a team of registered nurses (RNs) who assist in coordinating many aspects of your prenatal care. They are available to assist you as needed during the following hours:

Monday – Thursday: 8:00 AM -5:00 PM

Friday: 9:30 AM - 4:00 PM

After Hours: (Non Emergent) Call main WHS number and leave a message on extension 375. A nurse will call you back within the next business day.

Obstetric Urgent: Call YRMC (Labor and Delivery) 928-344-2000 a provider will be contacted for you.

Obstetric Emergency: Call 911

### Patient Portal ([WWW.WHSAZ.COM](http://WWW.WHSAZ.COM)):

WHS has added a free service for our patients called patient portal. You can save time by accessing the internet to communicate with our office for the following:

- appointment scheduling
- pre-registration
- health forms
- online bill pay
- prescription refill requests
- secure patient messaging

***Please notify WHS of any changes to your address or telephone number, as well as changes to your insurance.***

### Fees:

The obstetrical fee includes:

- Prenatal visits
- Prenatal Education Program (PEP) session,
- Vaginal delivery
- Six week postpartum follow-up.
- Certain special procedures, such as genetic counseling, amniocentesis, ultrasound, and fetal monitoring may require separate fees. Blood and urine tests may also be charged separately.
- Cesarean section delivery results in extra charges

Health insurance policies differ. If you have questions or concerns, we recommend that you discuss your maternity benefits in detail with your insurance company as soon as possible, because there are many requirements and variations in coverage. Our OB coordinator is available to review benefits and payment plans as needed. Please inform a staff member if you would like to meet with the OB coordinator.

## Prenatal Visits:

Prenatal visits are important for you and your growing baby. Routine visits build the clinician-patient relationship and allow for appropriate follow up for you and your baby. A missed/skipped appointment may put your health and the health of your baby at risk. If you cannot keep your appointment, please call as soon as possible to reschedule. For OB patients, our policy states that three or more consecutively missed appointments may result in discontinuance of your prenatal care through this office.

## Schedule for Routine Prenatal Visits

First appt	Schedule PEP class, prenatal lab work, financial counseling, prenatal vitamin prescription, sign specific consents, pap, and chlamydia/gonorrhea testing
12 weeks	Review results of prenatal labs and tests
16 weeks	Additional blood test (MSAFP – Maternal Screen Alpha Fetal Protein)
18-20 weeks	Ultrasound
20 weeks	Review of MSAFP test results
24 weeks	Blood Tests (Glucose/Hemoglobin) *Pt to register with YRMC and Pediatrician
28 weeks	Rhogam Injection as needed, review of glucose test results
32 weeks	Tubal consent signed as needed
35 weeks	Beta strep culture, discuss birth control options for after delivery
37 weeks	Prenatal visit - labor instructions
38 weeks	Prenatal visit
39 weeks	Pelvic exam as needed
40 weeks	Pelvic exam as needed

**High Risk Pregnancies** often require more frequent visits. High risk pregnancies include patients having multiple births (twins, triplets), a history of diabetes, and many other non-routine pregnancy or health related issues.

A “typical” pregnancy lasts for 280 days, or 40 weeks, counting from the first day of the last menstrual period. A normal pregnancy can last anywhere from 37- 40 weeks, with 37 weeks being considered “full term.” It is useful to talk about the length of pregnancy using the number of weeks rather than the number of months. The pregnancy is divided into three trimesters. Each trimester lasts about 13-14 weeks (or about 3 months):

- 1<sup>st</sup> trimester: 0 - 13 weeks
- 2nd trimester: 14 - 28 weeks
- 3rd trimester: 29 - 40 weeks

## Prenatal Classes:

Prenatal Education Program (PEP): Women's Health Specialists  
Childbirth Education and Breast Feeding Classes (Call to register)  
Yuma County Health Department (YCHD)..... (928) 317-4540  
Yuma Regional Medical Center .....(928) 336-7058

**Registration for Delivery:**

Registration may be completed after 24 weeks (it is helpful to register early in case you go into pre-term labor).

Pediatrician – You will need to call the office of the pediatrician that you choose to register with. Your pediatrician of choice may not be available to you if you did not pre-register with him/her before delivery.

Yuma Regional Medical Center..... (928) 344-2000 walk into OB lobby  
(you will need pediatrician information)

**Most news is good news. Most babies are born without major birth defects.**

Early in your pregnancy, you'll need to make decisions about prenatal testing. Prenatal tests aim to detect the risk or presence of a birth defect or serious disease in your developing baby. Your insurance may or may not cover the cost of these tests. You will be receiving a separate bill for laboratory fees and from the radiologist for reading the ultrasound as needed.

**Maternal Serum Screening**

Second trimester screening is done between the 15<sup>th</sup> and 20th week of pregnancy:  
MSAFP/Quad Screen: is used to check for certain abnormalities that may be present in the developing baby. The patient's blood is drawn and certain chemicals in the blood are evaluated to estimate risks for Down Syndrome, Neural Tube Defects, and Trisomy 18. An obstetrician or genetic counselor can explain these results in detail, and describe what, if any, recommendations might be made based on the findings.

With abnormal test results, we generally refer our patients to a Perinatologist (an obstetrical subspecialist concerned with the care of the mother and fetus at higher-than-normal risk for complications). An ultrasound is usually recommended at this time. If this doesn't explain the abnormality, they may suggest an amniocentesis. This involves removing fluid from around the baby to test further for possible abnormalities.

*Screenings assess the **risk** for birth defects—not their presence. And, like all tests, they're not perfect. Sometimes the screening places someone in a higher risk group even when the pregnancy is normal. (This is then called a false positive result.)*

## General Health Care Guidelines

### Pregnancy and Oral Health:

During pregnancy, there is an extra special need for good oral hygiene because pregnancy may exaggerate some dental disorders. Good oral hygiene includes:

- Brushing thoroughly with fluoride toothpaste at least twice daily. Whenever possible, brush after each meal.
- Floss thoroughly every day.
- Attend regular dental check-ups and professional teeth cleaning, preferably during your 2<sup>nd</sup> trimester.
- Eat a balanced diet. Choose foods that are nutritious for you and your baby.
- Watch out for sugary snacks. Sugars and starches are the favorite food of bad oral bacteria. Each time you eat these, acid attacks your teeth. Constant acid attacks, and plaque buildup, cause cavities and gingivitis and possibly more serious periodontal (gum) disease.
- Tell your dentist and dental hygienist that you are pregnant. Feel free to discuss any concerns you have with them.
- Remember you are your children's role model and your baby's dental health is just beginning. Discuss with your dentist good dental practices for children, including pacifiers, teething, fluoride, oral hygiene care, primary and permanent teeth, and the first dental visit.

### Weight Gain:

The current recommendations for singleton pregnancy are:

- BMI <18.5 kg/m<sup>2</sup> (underweight) — weight gain 28 to 40 lbs
- BMI 18.5 to 24.9 kg/m<sup>2</sup> (normal weight) — weight gain 25 to 35 lbs
- BMI 25.0 to 29.9 kg/m<sup>2</sup> (overweight) — weight gain 15 to 25 lbs
- BMI ≥30.0 kg/m<sup>2</sup> (obese) — weight gain 11 to 20 lbs

For twin pregnancies that go to term, the recommendations are:

- BMI <18.5 kg/m<sup>2</sup> (underweight) — no recommendation due to insufficient data
- BMI 18.5 to 24.9 kg/m<sup>2</sup> (normal weight) — weight gain 37 to 54 lbs
- BMI 25.0 to 29.9 kg/m<sup>2</sup> (overweight) — weight gain 31 to 50 lbs
- BMI ≥30.0 kg/m<sup>2</sup> (obese) — weight gain 25 to 42 lbs

*(BMI is calculated by weight in pounds x 703 divided by height in inches squared-BMI calculators are easily available on the internet)*

### Exercise:

If you are active now, pregnancy need not cause you to alter your fitness routine. If you have not been active, now is a good time to start. Exercise during pregnancy can benefit your health in the following ways:

- Increase your energy
- Relieve constipation, leg cramps, bloating, and swelling
- Lift your spirits
- Help you relax
- Improve your posture
- Promote muscle tone and stamina
- Control gestational diabetes
- Improve sleep

Exercise can help prepare your body for labor and delivery. It will give you a head start in getting back in shape after the baby is born.

Some exercise routines can help you relieve pregnancy-related aches and pains. For instance, the extra weight you are carrying affects your posture and can be hard on your back. Exercise may help ease back pain by stretching muscles and making them stronger.

Some of the changes in your body during pregnancy affect the kinds of activities you can do safely. It is important to choose an exercise program that will be safe for you during this time:

*Joints:* Some pregnancy hormones cause the ligaments that support your joints to stretch. This makes them more prone to injury.

*Balance:* The weight you gain in the front of your body shifts to your center of gravity. This puts stress on your joints and muscles – mostly those in the lower back and pelvis. It also can make you less stable and more likely to fall.

*Heart rate:* Extra weight also makes your body work harder than it did before you were pregnant. This is true even if you are working out at a slower pace. Intense exercise boosts oxygen and blood flow to the muscles and away from other parts of your body – such as your uterus. If you can't talk at a normal level during exercise, then you are working too hard.

Before you start your exercise program, talk with your doctor to make sure you do not have any health conditions that may limit your activity. For example, if you have heart disease, are at risk for preterm labor, or have vaginal bleeding, your provider may advise you not to exercise. Ask about specific exercises or sports that you like to do. Unless your doctor tells you not to, you should do moderate exercise for 30 minutes or more on most days, if not every day. The 30 minutes do not have to be all at one time – it can be a total of different exercise periods. If you have not been active, start with a few minutes each day and build up to 30 minutes or more.

Almost any form of exercise is safe if it is done with caution and if you don't do too much of it. Be aware of signs that may signal a problem. Follow these tips for a safe and healthy exercise program that's geared to the special needs of pregnancy:

### *DO's*

Start your workout routine with slow, low-impact activities such as walking, swimming, or cycling. As you increase your fitness level, you may move to higher levels slowly.

Be sure you have all the equipment you need for a safe workout. Wear the right shoes for your sport and be sure the shoes have plenty of padding and give your feet good support. Be sure to wear a sports bra that fits well and gives plenty of support. Your breasts are growing and may be very tender.

Drink enough fluid. Take a bottle of water with you for a drink before, during, and after your workout. If you're getting hot or feeling thirsty, take a break and drink more water or sports drink.

Begin your workout with stretching and warming up for 5 minutes to prevent muscle strain. Slow walking or riding a stationary bike are good warm-ups.

Work out on wood flooring or a tightly carpeted surface. This gives you better footing.

Get up slowly after lying or sitting on the floor. This will help keep you from feeling dizzy or fainting. Once you're standing, walk in place briefly.

Follow intense exercise by cooling down for 5-10 minutes. Slow your pace little by little and end your workout with gentle stretching. Be careful not to stretch too far. This may injure the tissue that connects your joints.

### *DON'Ts*

Don't exercise to shed excess pounds. Instead try to reach or keep a safe fitness level during pregnancy. Spurts of heavy exercise followed by long periods of no activity put strain on your body and offer few benefits.

Don't do brisk exercise when it's hot and humid outside. Wear comfortable clothes that will help you stay cool. Also, you should not exercise if you have a fever.

Don't do jerky, bouncy, or high-impact motions. Jumping, jarring motions, or quick direction changes can strain your joints and cause pain. Low-impact exercise such as walking or swimming is best.

Don't do deep knee bends, full sit ups, double leg lifts (raising and lowering both legs at once), and straight-leg toe touches. After the first trimester, you also should avoid exercise in which you lie on your back. This can cut down the blood flow to your baby.

If you are a competitive athlete or engage in strenuous exercise, talk to your provider about what level of activity is safe for you.

Certain sports are safe even for beginners. Others are acceptable for those who have been doing them for a while. Still others are off-limits during pregnancy such as: racquet sports, downhill snow skiing, in-line skating, gymnastics, horseback riding, water skiing, surfing, diving, contact sports, and scuba diving. With any type of exercise you would like to try, be sure to discuss it with your provider ahead of time. With your provider's approval, here are some safe options: walking, swimming, cycling, jogging, aerobics, yoga, body building or strength training, pilates, cross-country skiing, golf and bowling.

### **Work:**

Generally, you are able to work right up until the end of your pregnancy. We are able to write letters to your employer stating your due date and necessary maternity leave as needed. Unless there is a specific problem with your pregnancy, we are unable to excuse you from work/school other than for scheduled appointments and necessary leave time.

### **Travel:**

In most cases, travel is not ruled out during pregnancy. If you are planning a trip, it is a good idea to check with your doctor about safety measures to take during travel. Most women can travel safely until close to their due dates. If travel poses a risk, it is wise to change plans. The best time to travel is mid-pregnancy (14-28 weeks of pregnancy). After 28 weeks, it's often harder to move around or sit for long periods of time.

*Air travel:* Flying in an airplane is almost always safe during pregnancy. Most airlines allow pregnant women to fly until about 36 weeks of pregnancy. For air travel, check with the airline about any rules it may have for pregnant women.

Commercial planes are pressurized. That makes sure there is enough oxygen to breathe even when the plane is at a high altitude where the air outside is low on oxygen. Many private planes are not pressurized. It's best to avoid altitudes higher than about 7,000 feet in unpressurized planes.

Don't worry about walking through the metal detector at the airport security check. These machines give off very low levels of radiation – not nearly enough to harm you or your baby.

Car travel: Driving in a car is almost always safe during pregnancy. Traveling long distances is not recommended after 36 weeks gestation. Seat belts are recommended.

### **Extra:**

Anything that raises your body temperature could pose a threat to the developing baby. This includes saunas, hot tubs, and tanning beds. These are not recommended during pregnancy. Bath water should be kept to <100 degrees to keep your baby safe.

*\*For more specific recommendations, please consult your health care provider at your next visit.*

## What about Sex during Pregnancy

Changes in our bodies and feelings are bound to affect our sexual images and urges. Just as we are all individuals, so too, do we have individual feelings about sex and sexuality when we are pregnant. Pregnancy may be welcomed or unwanted. It may be healthy or complicated. A woman may feel beautiful or self-conscious about changes to her body. She may be a first-time mother or have other children already. There is no one 'normal' way to feel or behave.

*The following questions are the ones couples ask most often:*

### **\*Is it normal to feel like making love during pregnancy?**

Some people do and some don't. The increased blood flow to the genitals can be quite arousing for some women but uncomfortable for others. Some women reach orgasm more easily. If there are no medical reasons not to, and it doesn't go against your personal or religious beliefs, go ahead and enjoy lovemaking. Satisfying sexual activity can be relaxing and make you feel closer to your partner.

### **\*Is it normal to feel turned off by sex during pregnancy?**

At both the beginning and end of pregnancy especially, many women don't care about or are "turned off" by sex. The physical discomforts of fatigue and nausea in the first three months, or later in the pregnancy, can cause problems. Some women may be irritable or feel undesirable. Others are afraid of hurting the baby or accidentally causing labor. (This is unlikely to happen in most cases.) Finally, some women are uncomfortable or ill and don't feel like having sex throughout the entire pregnancy.

### **\*She doesn't look sexy to me right to me now.**

Some men are turned off by their partner's new shape or are afraid to hurt the baby. Others find pregnant women very attractive. They may, for example, find a partner's larger breasts appealing. It helps to have patience and discuss your feelings openly.

### **\*Finding the right position..**

How to do it, when you *do* feel like it, is a common problem. Sometimes it's just a question finding a practical position: try woman on top or 'spoon' (man entering vagina from behind) positions. *Remember that intercourse is not the only way to make love.*

### **\*I just feel too sick/tired/irritable to have sex.**

It's important to talk about your concerns and understand how one another feels. Sometimes it's just a matter of talking together in a loving way and making time to hug, kiss and feel close to each other, to discover it was worthwhile after all. It is important that a partner take time with lovemaking, especially before penetration.

**\*When we make love, can we hurt the baby?**

Lovemaking and intercourse in pregnancy should always be gentle. The mucous plug and bag of waters protect the baby from injury or infection. There are times when it is necessary to abstain from sex for medical reasons, such as painful intercourse, if there is bleeding from the vagina, or if the waters have broken. If these things happen, call your provider. If not-relax, you are unlikely to hurt the baby.

**\*Can we break the bag of water or start labor if we make love?**

It has not been proven that intercourse or orgasm causes premature labor in a healthy pregnancy. However, when you are near or past your due date and the cervix is ripe, intercourse resulting in orgasm (and also nipple stimulation) can be a way to help labor get started.

**\*Is there any reason *not* to have intercourse?**

The most important reason is simply that you don't feel like it. Your provider may tell you to be careful or not to have intercourse at all if you have had any bleeding, if fluid is leaking from your vagina or if you have a history of premature labor. When you are told not to have intercourse, it may also mean that you should avoid orgasm. Ask your provider what you can and cannot do. On the whole, though, as long as you feel like it and haven't been told not to, it's okay to make love at any time during pregnancy.

**\*This is our second child. I'm too tired at night and my other child(ren) don't nap. When will we find time to make love?**

This is an understandable concern, common to many. First of all, it pays to be flexible about the time and place for lovemaking. Sometimes, though, the only solution is to "plan your spontaneity" by finding childcare to allow the two of you private time.

**\*Is it true that birth is like an orgasm?**

Because the inside and outside genitalia are stimulated during birth, and because labor is a uniquely feminine experience, some women feel deeply aroused. Most, however, would not describe childbirth as orgasmic.

**\*In the long run...**

We are all different. Accepting these differences, talking with, and caring about our partners, will see us through this time of change.

**1998 International Childbirth Education Association, Inc**

## **Usual Complaints and Problems of Pregnancy:**

Nausea and vomiting many times 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 about 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 cells in the stomach increase their production of gastric juices. But at the same time, the bowel slows down in its ability to empty the contents of the stomach. This then 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 and avoid sudden movements.
- Have some yogurt, cottage cheese, juices, or milk before you go to bed, or before you get up. Or try one of these if you have to get up during the night.
- Eat several small meals during the day so your stomach doesn't remain empty for long.
- Eat high-protein food such as eggs, cheese, nuts, meats, peanut butter, etc. as well as fruits and vegetables. These foods help prevent low levels of sugar in your blood, which can also cause nausea.
- Drink soup and other liquids between meals instead of with meals.
- Avoid greasy or fried foods. They're hard to digest.
- Avoid spicy, heavily seasoned foods.
- Wear loose clothing.

### REMEDIES FOR MORNING SICKNESS

- Sip soda water (carbonated water) when you begin to feel nauseated.
- Get fresh air, take a walk, sleep with a window open, use a fan, or open a window.
- Take deep breathes.
- Drink spearmint, raspberry leaf or peppermint tea.
- Ginger tea, ale, etc.
- Unisom (Doxylamine) is an over the counter medication that can reduce vomiting. It is recommended to take ½-1 tablet at bedtime
- Vitamin B6 25 mg three times per day as needed.

### IF VOMITING PERSISTS, OR IT BECOMES DIFFICULT TO RETAIN FOOD/LIQUIDS, YOU SHOULD CONTACT YOUR DOCTOR.

**Tender Breasts/Leaking Breasts:** Pregnant women often notice enlargement of their breasts with a heavy sensation associated with tingling and soreness.

- It is important to wear the correct size bra with good support.
- Nursing pads worn inside your bra may help manage leaking breasts.

**Frequent Urination:**

This may be due to a higher fluid intake, plasma volume expansion, and increases in renal blood flow.

- Limiting fluids before bedtime or when a restroom is not available may be helpful.

**Fatigue:**

Fatigue is common in the first trimester, but may become less prominent in the second trimester. Stress, depression, and lifestyle issues are also common causes of fatigue.

- Daily exercise may increase your energy level.
- Short rest periods may also decrease fatigue

**Bloating/Constipation/Heartburn:**

Bloating, constipation, and heartburn may be due to an increase in progesterone, which reduces intestinal motility and lower esophageal sphincter pressure. Constipation may also be aggravated by the use of prenatal vitamins containing iron.

- Increase raw fruits, vegetables, and whole grains.
- Increase exercise and fluids. Pregnant patients should aim to drink one gallon of water per day.
- An over the counter stool softener (ie: Colace) may be used to aid with constipation. Metamucil or Fibercon are also acceptable solutions.
- Limit greasy and spicy food to alleviate heartburn.
- Try small frequent meals and remain upright for 30 minutes after eating.
- Tums or antacids (not containing aluminum) may also be helpful to treat or decrease heartburn symptoms.

**Low Back Pain:**

Low back pain and other musculoskeletal discomforts typically occur after the first trimester, but may occur early in pregnancy. They are due to changes in the woman's center of gravity with advancing gestation and the effect of pregnancy hormones.

- Practice correct posture when sitting and/or standing.
- A footstool may be helpful to elevate your feet.
- Wear low heeled shoes with good arch support.
- Take time move around rather than standing/sitting in one place too long.

**Dizziness/Lightheadedness:**

Dizziness/Lightheadedness is likely associated with the normal pregnancy and is related to vascular changes.

- Change positions slowly.
- Eat small frequent meals.
- Rest on your left side.
- Continue with prenatal vitamins/iron as prescribed.
- Increase fluids.

**Varicose Veins:**

- Avoid stockings or girdles with elastic bands. Support hose may be helpful.
- Allow time for short rest periods with legs elevated.

**Lower Leg Cramps:**

- Elevate legs while sitting or increase short rest periods lying down with legs elevated.
- Flex your feet by pointing your toes upward and straightening legs to stretch leg muscles.
- Limit calcium intake and increase potassium intake (ie: bananas/potatoes)

**Bleeding Gums/Bloody Nose:**

Hormonal shifts during pregnancy may cause the gums to become inflamed. During pregnancy, blood flow is increased to the nasopharynx. Nose bleeds may be common however, are rarely severe.

- Use a soft toothbrush and brush gently.
- Keep up to date with dental hygiene visits.
- Active bleeding usually responds to simple compression. Apply pressure for a minimum of five minutes.

**Round Ligament Pain:**

Round ligament pain is typically on the right side of the abdomen and/or continues to shoot down the legs. This often occurs upon waking, suddenly rolling over in bed, other vigorous activity.

- A change in position may alleviate the pain.
- Tylenol may be used as directed.
- A warm compress or a bath may also be helpful.

**\*If at any time these methods are not improving your situation, please contact the office.**

## **Warning Sign/Symptoms in Pregnancy**

### **If you experience any of the following:**

- Fluid or bleeding from your vagina that you think isn't either urine or normal discharge
- Vomiting and/or diarrhea for more than 24 hours
- Fever of more than 100.6 that does not go away within a few hours of taking acetaminophen (Tylenol)
- Painful urination, bad headaches, vision problems (seeing spots, double vision)
- Sudden swelling of your face, eyes, hands or feet
- Contractions (more than 4-6 an hour) or very painful
- A decrease in baby's movements, especially if the baby is moving less than 3-5 times an hour (after 28wks gestation)
- Severe cramps or pelvic pressure before your due date
- Unusual environmental exposure: chemical, toxic, fumes, smoke from fire
- Any domestic violence
- Human or any animal bites
- Minor motor vehicle accident
- Fall...if you hit your abdomen

## **Call your provider to get further direction**

### **If you experience any of the following:**

- Breathing problems
- Shortness of breath and chest pain
- Heavy vaginal bleeding that soaks through a large pad in 10 minutes time
- Fainting or extreme dizziness
- Severe Pain
- Sexual assault
- Severe motor vehicle accident

## **Call your provider and go to the Emergency Department for evaluation.**

***Remember that an emergency is a SUDDEN AND UNEXPECTED illness, accident or injury that could cause serious INJURY OR DEATH if not treated immediately. Most health problems that you have can be evaluated during the day in the office or at your group. Keep the number of your provider posted by your telephone and also keep it in your wallet for reference.***

## Preterm Labor/Delivery

A normal pregnancy lasts 37 to 40 weeks, counting from the first day of the last menstrual period. A pregnancy that continues beyond 37 weeks is called a "term" pregnancy. Preterm labor is defined as labor that begins before 37 weeks of pregnancy.

Not all women who have preterm labor will deliver their baby early; estimates are that between 30 and 50 percent of women who develop preterm labor will go on to deliver their infant at term. If preterm labor leads to an early delivery, the premature newborn is at risk for problems related to incomplete development of its organ systems. These problems include difficulty with breathing, staying warm, feeding, as well as injury to the eyes, intestines, and nervous system.

Preterm birth is a major cause of newborn complications and death. Regular prenatal care can help to identify some, but not all, women at risk for preterm labor. Should preterm labor occur, measures can be taken to delay delivery, and decrease the risk of newborn complication.

**Preterm labor risk factors:** It is difficult to predict who will develop preterm labor. Certain obstetrical conditions and other factors are known to increase a woman's risk. However, most preterm births occur in women who have no known risk factors.

The strongest risk factor for preterm birth is a previous preterm birth, although most women who have had a preterm birth will have a term pregnancy in the future. Other factors that may increase a woman's risk include:

- Use of certain illicit drugs, such as cocaine
- Cigarette smoking
- Some infections
- Low pre-pregnancy weight and low weight gain during pregnancy
- Being pregnant with twins, triplets, or more
- A history of cervical surgery (e.g., conization or cone biopsy) for abnormal Pap smear
- Abnormalities of the uterus
- Uterine bleeding, especially in the second or third trimester
- Moderate to severe anemia early in the pregnancy
- A short interval (less than 18 months) between pregnancies (deliveries)
- Abdominal surgery during pregnancy

**Cause of Preterm Labor:** The cause of preterm labor is usually difficult to identify and not completely understood. It is known that certain situations are associated with preterm labor and may increase your risk for early delivery. At this time, preterm labor cannot be prevented. We can only do the next best thing – identify it early and treat it effectively to help the pregnancy continue.

**Preterm Labor Signs and Symptoms:** Early recognition of the signs/symptoms of preterm labor may prevent preterm birth. The following are signs that may occur to indicate preterm labor. However, they can also be a very normal part of a healthy pregnancy.

- Change in type or amount of vaginal discharge (watery, mucus, or bloody)
- Pelvic or lower abdominal pressure or pain
- Constant, low, dull backache
- Mild or menstrual-like abdominal cramps, with or without diarrhea
- Regular or frequent contractions or uterine tightening that may be painless
- Ruptured membranes (broken water)

*\*We recommend that you contact the office at 783-3050 or Yuma Regional Medical Center (YRMC) Labor and Delivery triage @ 328-9344 immediately if you are concerned you could be in preterm labor or have other concerning symptoms. In particular, you should call if you have more than four contractions in an hour that continue despite lying down, if you have leakage of amniotic fluid, or have any vaginal bleeding.*

## **Seat Belts in Pregnancy**

It is strongly recommended that you continue to use a seat belt during pregnancy, for your safety, as well as for the safety of your unborn child. The lap belt should be worn low around the hip bones and be kept as tight as is comfortable. The shoulder belt should be kept above the high point of the abdomen (belly), but low enough to avoid having it cross over your neck. A head rest may be helpful to support your neck.

*If you are in an accident, you need to notify your health care provider as soon as possible. This is true even if you are not having pain or discomfort. It may be necessary to perform an evaluation to be sure you and your baby are doing well.*

## **Infant Car Seat Safety**

*\*The state of Arizona requires that any child five (5) years of age or younger must be properly secured in a child passenger restraint system (an approved car seat) while traveling in a car or truck.*

Starting with a baby's very first journey home from the hospital, parents are responsible for ensuring their child's safety during travel. Using a child safety seat (car seat) is the best protection you can give your child when traveling by car. Every state in the United States requires that an infant or small child be restrained — and with good reason. Child safety seats can reduce the risk of a potentially fatal injury substantially for babies in particular and also for toddlers.

Infant car seats should **always** be installed to face the rear of the car. In the event of an accident, the back of the safety seat cradles the head, neck, and torso of the infant. Infants should be rear-facing until they are at least 1 year old and at least 20 pounds.

In some vehicles, mirror accessories may aid the driver in seeing a rear facing infant in the back seat. If possible, have an adult ride in back with a very young baby or any infant who has special medical problems.

Air bags can save lives and prevent serious injuries. They are intended to be used with safety belts or forward-facing child safety seats. If you must seat a child up front because the car is full, or it lacks a backseat (a truck, for instance), slide the seat as far back as possible before installing the appropriate child safety seat or booster. If the air bag has an on-off switch, set it to "off." If you can't turn the air bag off, *under no circumstance* place a rear-facing infant car seat in that spot.

## **What to Pack in Your Labor Bag:**

### **For Mom**

Robe  
Slippers  
Nursing Bra  
Toiletries: Make-up, shampoo, conditioner, razor, brush, soap, hair elastic, deodorant, lotion, hair dyer and curling iron.  
Pillow  
Address book with phone numbers  
Hard candy  
Cell phone/calling cards for long distance  
Baby book  
Lip moisturizer  
Toothbrush/toothpaste  
Loose fitting clothing to go home  
Medication list  
Book, card game, thank you cards, etc. something to pass time

**For Dad**

Camera  
Video camera  
Money for food or vending machine  
Toothbrush/toothpaste  
Deodorant  
A change of clothes  
Snacks  
Something to read

**For Baby**

2-3 outfits (Different sizes and coordinate for weather)  
Hat  
Booties/socks  
Burp rag  
Receiving blanket  
Pacifier  
Car seat

**Leave at Home**

Valuables such as jewelry  
Large amounts of cash

## **Breast or Bottle Feeding**

*Breast milk is widely recognized as the optimal source of nutrition for all infants. Breast milk promotes development of the infant's immune system and meets the nutritional needs of a full-term infant until approximately six months of age, when complementary foods and fluids are usually added to the diet.*

### **Benefits of Breastfeeding:**

- Breast milk is easier for the baby to digest than infant formula
- Studies have shown that breast fed babies have fewer serious illnesses
- Breast milk may help prevent diarrhea and other intestinal disorders
- Breast milk may prevent allergies and infections
- Breast feeding can assist the mother to return to her normal pre-pregnancy weight
- Breast feeding helps the uterus return to its normal size
- Breast milk requires no preparation
- Reduces infant feeding costs

### **Benefits of Bottle feeding:**

- Bottle feeding can be convenient if the mother needs to return to work or just get away for a little while
- Allows for anyone to feed the baby
- Formula is readily available in most food and drug stores
- Formula is available in many forms including ready to feed cans or bottles

## **POST-DELIVERY PERIOD**

You spent about 9 months getting used to being pregnant. Now you are a non-pregnant woman again – a Mother! The feeling of motherhood develops as you and your baby get to know each other. You may have many feelings after delivery such as: joy, happiness, apprehension, fatigue, and even sadness.

Here are a few suggestions to help you:

- Share your concerns with someone: friends, family, neighbors, and healthcare providers
- Don't expect too much: Be prepared to be unprepared. This is a time for learning and a special time for you, and the baby to be together. Take your cues from your baby.
- Limit your visitors
- Rest when your baby rests
- Make your newborn your priority. This may mean accepting the fact that some things may not get done.
- Maintain a healthy diet and drink plenty of water

It is normal to feel tired, but you should not feel sick.

### **Here's when to call the doctor:**

- Very heavy or sudden increase in bleeding from the vagina (this would be more than a menstrual period-saturating maxi pads every hour for more than 4 hours).
- A discharge from the vagina with a strong, unpleasant odor.
- A temperature of 100.6 or higher.
- Red and/or painful breasts.
- Loss of appetite for a long period of time.
- Pain and/or redness of the legs.
- Signs of postpartum depression which include: feelings of sadness, doubt, anger, guilt, or helplessness that increase over 2 weeks.
- Fears of harming yourself or your baby require immediate attention.

Your postpartum visit should be scheduled for 4-6 weeks after delivery. Birth control options may be discussed at that time if not addressed earlier.

## **Shaken Baby Syndrome**

*Shaking can quiet a baby..forever*

In 1993, the Legislature found that, “shaken baby syndrome is a medically serious, sometimes fatal, usually unintentional matter affecting newborns and very young children.”

Weak neck muscles combined with a soft, rapidly forming brain, and thin skull wall make infants and toddlers extremely vulnerable to injury from shaking. The whiplash motion caused by shaking can damage nerves and brain tissue. Children injured in this way may die. Or, they often suffer from blindness, cerebral palsy, hearing loss, spinal cord injury, seizures, paralysis, and/or learning disabilities for the rest of their lives. This tragedy known as “shaken baby syndrome” can be prevented. It is estimated that 1,000-3,000 children are diagnosed with shaken baby syndrome annually, with thousands more misdiagnosed and undetected.

Crying is the most common “trigger” for shaking.

Many new parents and caregivers don’t understand that crying is a baby’s way to communicate. Some babies cry more than others. A baby may cry because of hunger, the need to suck, pain from illness, teething or earaches, colic, need for comfort, or the need for rest.

### **The Facts:**

- Shaken baby syndrome accounts for an estimated 10-12 percent of all deaths due to abuse or neglect in the United States.
- All healthy babies cry. Don’t take it personally – babies cry because it is the only way they know how to express themselves. Babies eventually outgrow the crying.
- Almost 80 percent of babies with shaken baby syndrome were shaken by men. Shaken baby syndrome most often occurs prior to age one but has occurred in children as old as five years of age.
- Shaken baby syndrome occurs in families of all races, income, and education levels.

### **The Symptoms:**

Dramatic changes in the baby’s appearance and behavior

Unconsciousness

Drowsiness

Pale or bluish skin

Breathing problems

Convulsions or seizures

Blood in the eyes

Unable to lift or turn head

Limp or lethargic

## **What to Do When a Baby Cries:**

Make sure the baby is fed and dry  
Feed your baby slowly  
Remember to burp your baby often  
Rock the baby gently or go for a walk  
Take the baby for a ride in a stroller or car  
Try a wind-up infant swing  
Place the baby in a safe place, close the door and go to another room, turn up the radio, do something that you want to do. Remember a little crying will not hurt your baby  
Call a relative or friend to talk about your frustration  
See if a relative or friend can watch the baby for you  
Relax...Take some deep breaths.  
Call your child's doctor for other tips on caring for a fussy baby.

## **Ways to Prevent a Tragedy:**

- Never shake or toss a baby around
- Always provide support for a baby's head
- Educate all family members and caregivers about the dangers of shaking a baby

\*Information provided by Keeping Children safe project brochure, Idaho Department of Health and Welfare, and the Mountain states group, child abuse and prevention program.

## Baby Sitter Guidelines

Finding a babysitter and leaving your children with a caregiver are big decisions. As a parent you want the best possible care for your child/children while you are away from them. Before you hire anyone to watch over your children, however, make sure that he or she is a mature, experienced, and capable individual who truly cares about the welfare of children. Prior to entrusting your most precious possession(s) to the care of another, we recommend the following:

- Parents should outline the babysitter's duties and responsibilities.
- Introduce the babysitter to the children. It is a good idea to discuss the family rules with both the babysitter and the children present
- Review names and ages of your children
- Review where you will be, how you can be reached, and when you will return
- Post all your contact information -- cell phone numbers, street address, nearest cross streets or landmarks to your home, your land line number in case she has to give it to emergency personnel
- Post important phone numbers: police, fire, poison control center, hospital, children's physician, and ambulance near the phone
- Post the name and number of a nearby friend, neighbor, or relative
- Proper response to callers
- Rules about friends, T.V., music, telephone, outdoor play, snacks, and sleeping (applies to child and sitter)
- Warning about not opening the door to strangers
- The location of first aid supplies, emergency exits, fire extinguishers, toys, clothing, snacks, and other needed items
- Special instructions about such things as child's fears, routines, or family pets
- Review that young children should never be left unattended even while in a high chair, walker, bouncer, swing, or stroller.
- Review potential hazards such as stairways, open doors or windows, etc
- If absolutely necessary, leave explicit directions regarding medication or bathing procedures. (These activities require utmost care and should not be expected to sitters)

Babysitters should be constantly aware of where the children are and what it is that they are doing. A well-prepared babysitter will be highly respected and greatly appreciated by parents. *Parents are responsible for providing a safe environment for both their children and the babysitter. By properly preparing your home for your absence, you minimize the risks of being away.*

## OVER THE COUNTER MEDICATIONS FOR USE IN PREGNANCY (Use as directed unless otherwise stated)

### **Diarrhea**

Clear liquids for 24 hours  
Gatorade is okay  
Imodium AD or Kaopectate

NOTE: If improvement is noted, follow with BRAT diet and clear liquids (Bananas, Rice, Applesauce, and Toast)

Call if no improvement in 24 hours.

### **Sore throat**

Gargle with salt water: ½ Tsp Salt in 8 oz warm water.  
Throat lozengers  
Chloraseptic Spray.

### **Cough**

Cough drops.  
Robitussin DM

### **Pain/Fever**

Tylenol/Acetaminophen 1-2 every 4-6 hours  
Note: DO NOT EXCEED 3000 mg per day  
No Aleve after 28 weeks  
No Motrin/Ibuprofen after 28 weeks

### **Cold/Flu /Sinus Congestion**

Sudafed PE or Actified or Chlortrimeton (if hypertensive [high blood pressure] do not use.)

Note: Choose **ONE** only; **DO NOT** combine these drugs.

### **Vomiting/Fever**

Clear fluids for 24 hours. Increase to diet as tolerated. If fever is more than 100 degrees, after taking Tylenol, call WHS

\*Call if no improvement in 24 hours.

### **Calcium supplements**

(600-1200mg daily)

OsCal  
Tums  
Calcitrel  
Caltrate plus vitamin D

### **Hemorrhoids**

Anusol rectal suppositories or Anusol cream  
Nupercainal ointment  
Preparation H  
Tucks medicated pads  
Sitz baths

### **Constipation**

Increase fluids, fiber, fruits, and vegetables in diet; also walk every day  
Metamucil or Fibercon-with at least 16oz of water  
Docusate sodium (Colace) 1-2x per day

### **Morning sickness**

Take Vitamin B6, 25mg, by mouth, up to three times per day.

Ginger Tea/Peppermint Tea

If nausea unrelieved, take UNISOM, ½ tablet, by mouth at bedtime.

If no relief in 48 hours, you may increase UNISOM to one tablet at bedtime and continue Vitamin B6 three times per day.

If nausea and/or vomiting is persistent, notify the nurses in the office.

Emetrol: This is used to control mild vomiting associated with pregnancy.

### **Heartburn**

Tums (2 with each meal)

Antacids NOT containing aluminum

Try smaller, more frequent meals and remain upright for 30 minutes after eating.

Avoid greasy and acidic foods.

Prilosec/Peppid/Zantac

### **Yeast infection**

Eat active culture yogurt daily.

Or Drink Acidophilus Milk.

Decrease "sweet" intake.

Monistat (Miconazole) Cream or combination pack

### **Allergies**

Claritin/Zyrtec/Benadryl/Alavert

## Good Sources of Iron\*

### Protein foods

Beans, dry, cooked: black-eyed peas (cowpeas), garbanzo, kidney, navy  
Beef, cooked, lean only  
Clams, cooked  
Lentils, cooked  
Liver, cooked  
Liverwurst  
Mackerel, canned, drained  
Mussels, cooked  
Oysters, cooked  
Pine nuts (pignolias)  
Pumpkin seeds, hulled  
Shrimp, cooked  
Soybeans, cooked  
Tongue, cooked  
Trout, cooked  
Turkey, cooked, without skin, dark meat only

### Breads, cereals, grains

Bagel: plain, pumpernickel, whole-wheat  
Cereal, dry, fortified  
Farina (Cream of Wheat), cooked  
Muffin, bran  
Noodles, cooked  
Oatmeal, fortified, cooked  
Pita bread, plain or whole-wheat  
Pretzel, soft  
Rice, white, enriched, cooked

### Fruits and vegetables

Apricots, dry, cooked, unsweetened  
Beans, Lima, cooked  
Spinach, cooked

**\*Provide a minimum of 1.8mg of iron per serving**