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Womens Group of Franklin

Your Guide to *Pregnancy*

615-778-0010 | www.womensgroupfranklin.com |

Welcome to Pregnancy

Congratulations on your pregnancy! We welcome you to Womens Group of Franklin. We thank you for choosing us as your care provider. Our providers and staff are all dedicated to your health and we look forward to getting to know you over the course of the coming months.

Having a baby is one of the most memorable and important experiences for a woman. We will do all we can to ensure your pregnancy experience is safe, healthy and happy.

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 at **www.womensgroupfranklin.com** for valuable information.

Thank you for placing your trust in our care.

Your Providers

The doctors can be reached 24 hours a day by calling our main number: 778-0010. Our doctors try to deliver their own patients whenever possible but they do cover for each other on nights, weekends and days off. During your pregnancy, you will be given the opportunity to meet all the doctors.


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The content of this booklet has been approved by Womens Group of Franklin

Office Information

Office Hours

Our office is open **Monday through Friday 8 am – 4:30 pm** for office visits.

WOMENS GROUP OF FRANKLIN, PLLC
www.womensgroupfranklin.com
4323 Carothers Parkway, Suite 208, Franklin, TN 37067
(615) 778-00 I 0 main line
(615) 778-0715 fax

How to Contact Our Office

The doctors can be reached 24 hours a day by calling our main number: 778-0010. During the day, the nursing staff will assist you with your concerns, if you have a general question please attempt to call before 3 pm in order for the staff to have time to return calls. Obviously, emergency calls will be addressed immediately. If there is an emergency after hours, call the same number and the answering service will take a message and page the doctor on call.

Billing for Prenatal Care

We understand that maternity benefits can be confusing. Our billing staff is available during normal office hours to discuss any questions you may have. Their direct phone number is 615-778-0010 Ext. 112. Patients who are experiencing a normal pregnancy are seen in accordance with a schedule of office visits recommended by the American Congress of Obstetrics and Gynecology. Any lab work, ultrasounds, or other outside services are billed separately by those service providers. Our office can provide you with their contact information if you have concerns over the projected cost of these services.

This schedule is considered to be a global package and is defined as the following: routine visits to the doctor for prenatal care, vaginal delivery and post-partum visit. Your charge in our office is billed in accordance with this schedule.

Prenatal Visits:

- Initial comprehensive history and physical examination
- Visits occurring monthly up to 28 weeks gestation
- Biweekly visits from 30 to 36 weeks gestation
- Weekly visits from 36 weeks until delivery

Delivery: Management of uncomplicated labor, vaginal delivery and episiotomy if applicable.

Post-partum:

- Recovery room visit
- Uncomplicated inpatient hospital post-partum visits
- Uncomplicated outpatient visits until six weeks post-partum

Patients with no insurance assistance must make arrangements for payment of their prenatal care and delivery by their second prenatal visits. Please contact the billing office if you have questions.

Our staff will phone your insurance carrier to determine the maternity benefits of your policy. Because the global package cannot be billed to your insurance until the baby is born, we do not want you surprised with a large bill at the end of your pregnancy, so we will notify you of your projected balance in the second trimester. We require any estimated amounts due from the patient to be paid by the end of the 20th week of pregnancy. Once your insurance pays their portion we will bill you for the balance you owe or promptly refund any overpayment.

There are some services performed which are billed separately in addition to the global fee.

- Management of inpatient or outpatient medical problems not related to pregnancy.
- Management of inpatient or outpatient medical problems or complications related to pregnancy exceeding the above visit schedule
- Fetal monitoring in the office
- Cord blood banking
- Circumcision
- Tubal ligation for sterilization
- Turning of the baby when the baby is breech, known as a 'version'

Please present your insurance card at your first visit. If your insurance changes in any way during your pregnancy, please notify us immediately.

Appointment Schedule

Your First Visit

When you come to the office for your first visit, we ask that you bring your medical history forms and other registration materials completed. During this visit, you will have a physical exam including a pap smear. There will also be a series of prenatal labs that will test your blood type and blood count for infections (syphilis, hepatitis B and C, HIV and rubella). All of the results will be reviewed with you at your next appointment.

After Your First Visit

Between now and 28 weeks, we would like you to schedule a visit every four weeks. Around 30 weeks, your visits will increase to every two weeks, then once a week after 36 weeks until delivery. We will request to see you more frequently if you are high risk. During each visit, you will have your weight, blood pressure, urine and heartbeat checked. At approximately 24 weeks, the provider will do a fundal height evaluation and appointment. 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.

Vaginal culture for group B strep – this swab of your vaginal 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 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. You may also view a short video about these tests on our website. There are risks associated with the testing. Please discuss with your provider.

Carrier Screening – this blood screening test will determine if you are a gene carrier for Fragile X, Cystic Fibrosis and Spinal Muscular Atrophy (SMA).

CVS (Chorionic Villus Sampling) – this screening is performed between 10-12 weeks. The test can determine abnormal genes associated with Down's Syndrome. A needle is inserted through the mother's abdomen or cervix and placental tissue is obtained and used for genetic testing.

Early screen/nuchal translucency – this ultrasound and blood test is performed between 11-13 weeks. The test determines high or low risk for Down's Syndrome, Trisomy 13 and 18.

Cell free DNA testing – this is a newer test that actually analyzes fetal DNA in the mother's blood to detect Down Syndrome. It is 99% accurate and can be performed after 10 weeks gestation by drawing blood from the mother.

Amniocentesis – this screening is performed after 16 weeks. The test can determine abnormal genes associated with Down's Syndrome. A needle is inserted through the mother's abdomen into the baby's sac of fluid, which is removed for genetic testing.

Ultrasounds

We recommend an ultrasound around 19-21 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. Ultrasounds will be performed in the office. Ultrasound is not considered a screening test for down syndrome.

The 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 our 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 are recommended to receive a dose of Tdap (vaccine to protect mom and baby against tetanus, diphtheria and pertussis) in the third trimester of every pregnancy. Receiving the vaccine in pregnancy gives your baby extra protection against whooping cough which can be very dangerous for newborns.

Prenatal Vitamins

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

Common Symptoms of Pregnancy

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. Try to eat 5-6 smaller meals a day in order to keep your stomach full at all times. Try bland foods like plain crackers, toast, dry breakfast cereal as well as carbonated drinks like ginger ale or 7-Up. Ginger is a natural treatment for nausea. Peppermint can also be used. If the symptoms become severe or you are unable to keep fluids down without vomiting for more than 24 hours, contact the office.

Discharge – an increase in vaginal discharge that is white and milky is common in pregnancy. If the discharge is watery or has a foul odor, call the office.

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

Constipation – is a common complaint which can be related to hormone changes, low fluid intake, increased iron or lack of fiber in your diet. Try to include whole grains, fresh fruit, vegetables and plenty of water. There are also safe over-the-counter medications, such as Miralax or Colace (docusate sodium). If you develop hemorrhoids, try sitz baths three to four times per day for 10-15 minutes each time. If the pain persists, contact the office.

Cramping – experiencing some cramps and contractions are normal. When they occur, empty your bladder, drink 1-2 glasses of water and try to rest. If you are less than 36 weeks pregnant and having more than six painful contractions in an hour after trying these measures, contact the office.

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

Dizziness – you may feel lightheaded or dizzy at any time during your pregnancy. Try lying down on your left side and drink 1-2 glasses of water. If symptoms persist, contact the office.

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

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

Aches and pains – As your baby grows, backaches are common. You may also feel stretching and pulling pains in the abdomen or pelvic area. These are due to pressure from your baby's head, weight increase and the normal loosening of joints. Practice good posture and try to rest with your feet elevated. You may also treat with heat and Tylenol®.

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** Cephalosporins Penicillin Zithromax **Avoid:** Ciprofloxacin Tetracycline Minocycline Levaquin	**Colds/Allergies** Diphenhydramine Loratadine Cetirizine Chlorpheniramine Brompheniramine Guaifenesin Vicks Vapor Rub
Constipation Miralax, Docusate Sodium Dulcolax Suppository Fibercon, Metamucil	**Cough** Cough Drops Guaifenesin	**Crab/Lice** RID **Avoid:** Kwell
Gas Simethicone	**Headaches** Acetaminophen	**Heartburn** Famotidine Lansoprazole Pepcid Complete Rolaids Tums
Hemorrhoids Anusol/Anusol H.C. (RX: Analapram 2.5%) Hydrocortisone OTC Preparation H, Tucks Vaseline lotion applied to tissue	**Herpes** Acyclovir Famvir Valacyclovir	**Leg Cramps** Diphenhydramine
Nasal Spray Saline Nasal Spray	**Nausea** Vitamin B6 25mg 3 times daily Dimenhydrinate Doxylamine Vitamin B6 and Unisom at bedtime Emetrol Ginger Root 250mg 4 times daily	**Pain** Acetaminophen Oxycodone** Hydrocodone** Codeine** Tramadol** **Narcotic medications should only be used when prescribed for a legitimate medical problem by a doctor for a short period of time.
Rash Diphenhydramine 1% Hydrocortisone Cream	**Sleep Aids** Diphenhydramine Doxylamine Chamomile Tea Tylenol PM	**Throat** Cepacol Cepastat Salt Water Gargle w/ warm water Throat Lozenges
Tooth Pain Orajel	**Yeast Infection** Clotrimazole Miconazole (Monistat) Terconazole	

Nutrition and Pregnancy

Recommendation for weight gain

Underweight women with a low weight gain during pregnancy appear to have an increased risk of having a low birth weight infant and preterm birth. On the other hand, obese women have an increased risk for having a large for gestational age infant, post term birth, and other pregnancy complications.

There is an increased risk of small for gestational age births in women who gain less than the recommended weight, based on pre-pregnancy weight. Women who exceed the weight gain recommendations double their risk of having a very large infant. It may also increase the risks of childhood obesity and makes weight loss more difficult after delivery.

Recommendation for weight gain during a single pregnancy are as follows:

Underweight women (BMI less than 20): 30-40 lb
Normal weight women (BMI 20-25): 25-35 lb
Overweight women (BMI 26-29): 15-25 lb
Obese women (BMI >29): up to 15 lb

Healthy Diet

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

Key nutrients during pregnancy

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

Foods to Avoid in Pregnancy

Raw meat - Avoid uncooked seafood and undercooked beef or poultry due to risk of bacterial contamination, toxoplasmosis and salmonella.

Fish with mercury - Avoid fish with high levels of mercury including shark, swordfish, king mackerel and tilefish. For other fish, limit consumption to two servings per week.

Raw shellfish - including clams, oysters, and mussels can cause bacterial infections. Cooked shrimp is safe.

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

Soft cheeses - imported soft cheeses may contain listeria. Soft cheeses made with pasteurized milk are safe.

Unpasteurized milk - May contain listeria which can lead to miscarriage.

Pate - Refrigerated pate or meat spreads should be avoided due to risks of listeria.

Caffeine - Limit caffeine to less than 200 mg a day, which is intake to the equivalent of 2 cups of coffee a day or less. Excess caffeine may be associated with miscarriage, premature birth, low birth weight, and withdrawal symptoms in infants.

Unwashed vegetables - Wash all vegetables well to avoid exposure to toxoplasmosis which may contaminate the soil where vegetables are grown.

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

Special Concerns

Vegetarian diet

Be sure you are getting enough protein. You need at least 60 gm of protein a day. You will probably need to take supplements, especially iron, B12 and vitamin D.

Lactose intolerance

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

Artificial Sweeteners

These are OK to use but we would recommend limiting it to 1-2 servings per day. If you have diabetes, the artificial sweeteners are better than sugar to help control your blood sugars.

Common Questions

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. It is recommended to start counting fetal movements beginning at 28 weeks once daily until you get 10 movements within 2 hours. A good time to do this is 20-30 minutes after breakfast and dinner. If you are concerned about movement, eat or drink something with sugar or caffeine, lie on your side and press your hands on your belly. If you have concerns about feeling baby movements or notice a decrease in movements, contact the office immediately.

Why am I so tired? What's the best sleep position?

It's normal to feel more tired. You may also notice you need more sleep than usual. Try to get at least 8-10 hours per night. Listen to your body.

After 20 weeks, try to sleep on your side to allow for maximum blood flow to 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 hot tub?

Avoid hot tubs, baths and jaccuzi's over 100 degrees for 20 weeks. After 20 weeks these are fine, as long as the heat itself doesn't leave you feeling dizzy.

Can I travel?

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

Can I care for my pets?

If you have cats, please let us know. Avoid changing the litter box. Toxoplasmosis is a rare infection that you can get from cat feces.

What do I need to know about dental care?

Your teeth and gums may experience sensitivity throughout the pregnancy. Inform the dentist of your pregnancy and shield your abdomen if x-rays are necessary. Contact our office with any questions about dental care.

Can I go to the salon for treatments?

Hair coloring and nail care should always be done in large, well-ventilated areas. If possible, avoid treatments in the first trimester.

Can I exercise?

30 minutes of exercise is recommended daily in uncomplicated pregnancies. This could include walking, jogging, biking, aerobic class, yoga, swimming, etc. Weight training is acceptable. Listen to your body during exercise and drink plenty of fluids. After 20 weeks, avoid lying flat on your back and avoid activities with a high risk of falling or trauma to your belly (i.e. snow skiing, kickboxing, horseback riding).

Can I have sex?

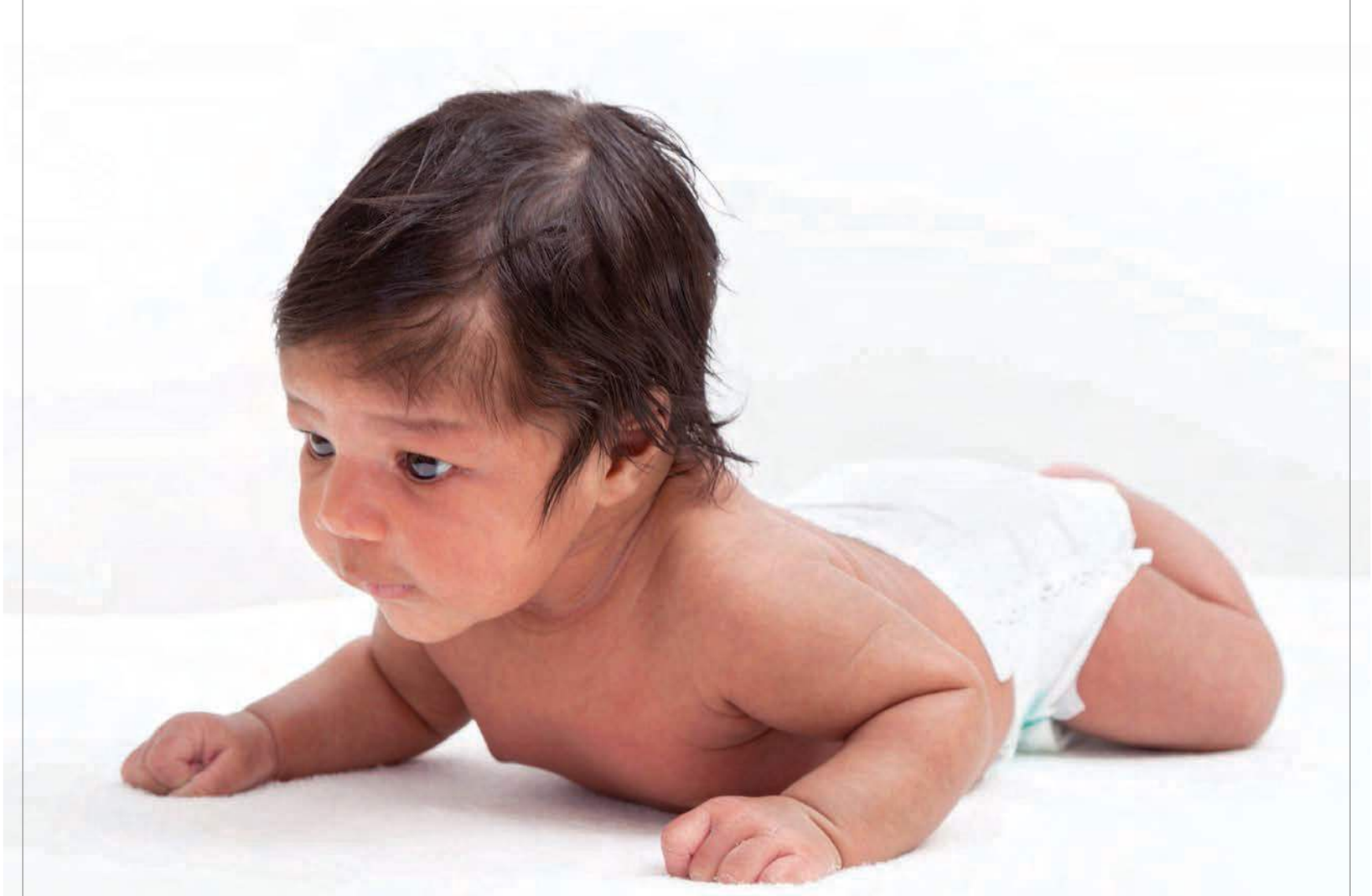
You can have sex unless you are having complications or sex becomes too uncomfortable. There are times when exercise and sex should be avoided. This includes vaginal bleeding, leaking amniotic fluid, preterm labor, chest pain, regular uterine contractions, decreased fetal movement, growth restricted baby, headache, dizziness or general weakness.

Alcohol and Smoking

There is no safe amount of alcohol so we recommend avoiding all alcohol during pregnancy. Drinking alcohol can cause birth defects, mental retardation and abnormal brain development.

If you smoke, so does your baby. This is a very important fact of pregnancy. Here are some known complications from smoking during pregnancy:

- **Low birth weight baby:** Low birth weight can be caused by prematurity (birth less than 37 weeks), poor growth, or a combination of both. Prematurity is increased in pregnant smokers and is the number one cause of neonatal death and chronic illness in babies. Problems such as cerebral palsy, life-long lung, kidney, or other organ problems, mental retardation and learning disabilities are much more common in premature and low birth weight babies.
- **Placenta previa:** Low-lying placenta that covers part or all of the opening to the uterus. Placenta previa blocks the exit of the baby from the uterus causing the mother to bleed.
- **Placental abruption:** The placenta tears away from the uterus causing the mother to bleed.
- **Preterm premature rupture of membranes:** The water breaks before 37 weeks of pregnancy, which is associated with an increase of preterm and low birth weight births.
- **Stillbirth:** The fetus has died in the uterus.



When to Call the Doctor

If you experience any of the following, please contact us immediately as these are considered emergency:

- Continuous leaking of fluid (water broken)
- Abdominal trauma or car accident
- Heavy bleeding
- Fever greater than 101º
- 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, call the office at **(615) 778-0010**.

ILLNESS/SYMPTOM	CALL THE OFFICE IF:	CALL THE DOCTOR IMMEDIATELY IF:
Bleeding/Cramping • Some bleeding/spotting may occur after an internal exam	• Bleeding is less than a period with mild cramping; common in 1st trimester	• Bleeding is heavy (using a pad every 2 hours) • 2nd & 3rd trimester cramping is associated with bleeding • Cramping is equal or worse than menstrual cramps
Vomiting • Common in 1st trimester	• Unable to keep down liquids and solids for more than a 24 hour period • Weight loss of more than 3-5 pounds	• Signs of dehydration occur (e.g. dry mouth, fatigue/ lethargy, poor skin turgor) • Abdominal pain accompanied with vomiting
Labor	• Contractions stronger than Braxton-Hicks (mild, irregular contractions), but may not be regular • If less than 36 weeks, call if contractions are every 15 minutes	• Contractions are every 5 minutes apart for 1 hour • Water breaks; small leak or as a gush • Bleeding is more than a period • Pain or contractions won't go away
Urinary Urgency and/ or Pain With Urination • Frequency is common in early and late pregnancy	• Pain with urination • Feeling of urgency to void with little urine produced	• Temperature of 101º F or higher • Pain in upper back • Contractions occur • Blood in urine
Swelling	• Recent increase in swelling that doesn't go away by morning	• Swelling accompanied with headache or upper abdominal pain • Swelling with decreased fetal movement • Elevated blood pressure if using home monitoring $\geq$ 140/90
Cold and Flu	• Temperature of 101º F or higher • Green or yellow mucus develops • Persistent cough for more than 5 days	• Breathing is difficult or wheezing occurs
Rupture of membranes		• Water breaks; small leak or as a gush

Preparing for Labor and Delivery

Research cord blood banking

Your baby's blood is a valuable source of cells that could be used by your baby or another family member to treat some life-threatening diseases. It can easily and safely be obtained immediately after delivery. Parents can choose to have their baby's blood saved; however the decision must be made before birth. Insurance does not generally cover this. If interested, you can order a kit and bring it with you to delivery. As your provider for information.

Attend educational courses

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

Choose a doctor for your baby

You will need to decide on a doctor for your baby by the time you deliver. The hospital will send your baby's information and test results to your chosen doctor. Your baby is commonly seen within 1 week after birth. You will need to contact the doctor's office prior to delivery and make sure they are accepting your insurance and are taking new patients. We can provide you with a list of doctors if you have trouble locating one.

Obtain and install a car seat

You must have a car seat installed in your vehicle before taking baby home. By law, children must be in a federally approved, properly installed, crash-tested car seat for every trip in the car beginning with the trip home from the hospital.

Learn more about breastfeeding

Human milk is perfectly designed nutrition for babies. Babies who are breastfed get fewer infections and are hospitalized less. Mothers that breastfeed burn 500 calories a day which can help lose extra weight and reduce a woman's risk of developing breast cancer. After delivery, the nurses and a lactation specialist are there to help you learn the art of breastfeeding.

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, contact the office/ doctor on call at 615-778-0010.

True Labor	False Labor
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.
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

Anticipate delivery sometime the week of your due date. If you have not gone into labor by 41 weeks, we recommend induction at that point. If you wish to continue your pregnancy beyond 41 weeks, then additional testing of the baby is recommended. Elective deliveries will not be performed prior to 39 weeks gestation.

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 sutures.

Vaginal birth after cesarean (VBAC)

If you have had a Cesarean delivery in a previous pregnancy and are now preparing for the birth of another child, you may consider delivering your baby vaginally. VBAC is offered for those who are a candidate.

Episiotomy/forceps/vacuum

We plan to help you deliver your baby with the least amount of trauma. Episiotomies are not routinely needed and many 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 vacuum and forceps for deliveries. We will recommend using them only if medically indicated. Our goal is to deliver your baby in the safest manner. There are definitely times when this is the safest way to help your baby into this world.

Postpartum Instructions

1. Make an appointment to see the doctor for a check-up 6 weeks after vaginal delivery, 2 weeks after cesarean for an incision check and then at 6 weeks postpartum.
2. Refrain from douching, tampons and swimming until after your post-partum check-up.
3. You may ride in a car but no driving for about 2 weeks.
4. If breastfeeding, continue your prenatal vitamins daily, eat a well balanced diet, and increase your fluid intake to 10-12 glasses of water per day. With any signs or symptoms of a breast infection (fever, flu-like symptoms, pain or redness in the breast) call the office for further instructions.
5. If not breastfeeding, continue to wear a good supportive bra, bind if necessary, use ice packs, take Tylenol® for discomfort, and call the office if the problem persists or worsens.
6. Vaginal bleeding may continue for 6-8 weeks while the uterus is involuting back to pre-pregnancy state. You may have spotting and/or menstrual-like flow. Increased activity increases the flow. If bleeding or cramping increases to greater than a period, take two Advil and get off your feet. If bleeding is persistently heavy, call the office for further instructions.
7. Avoid lifting anything heavier than your baby until after your post-partum check-up.
8. Exercise – Avoid sit-ups, jumping jacks and aerobics until after your post-partum check-up. You may do simple abdominal tightening exercises, kegal exercises, and walking.
9. Constipation is very common. Drink 6-8 glasses of liquids every day. Citrucel, Metamucil, and stool softeners (Colace) may be used. Include food like bran cereal, fresh fruits and vegetables in your diet. Stool softeners are recommended while taking Percocet or Vicodin.
10. Hemorrhoids usually are more symptomatic after delivery. If they are a problem for you, we can prescribe medication to relieve symptoms.
11. Sadness, crying spells and mood swings are commonly felt in the first two weeks after the baby is born. These mood changes are caused by hormonal shifts and sleep deprivation. The symptoms usually improve by 2 weeks postpartum. If they don't, it could be a sign of postpartum depression. (see below)
12. Abstain from intercourse until after your 6 week postpartum visit. Contraceptive options will be discussed with you at that time.
13. You may climb stairs 2-3 times a day in the first 2 weeks. Too much activity delays episiotomy and incisional healing.
14. Please call the office if you have a fever of 101º F or greater, swelling, tenderness or redness in the lower leg.
15. If you had a Cesarean delivery, keep your incision clean with soap and water. Bandage with gauze only if instructed. Call the office if the incision is swollen, red or has any unusual drainage. Remove any steristrips after 10 days.
16. Tub bathing and showering are permitted.

Postpartum Depression

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

Notes

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Enfamil™

Fuel their firsts and their future

With brain-building nutrition shown to have developmental impacts beyond 5 years of age.[1*†]

Enfamil NeuroPro™ is the only leading brand that has an expert-recommended amount of **DHA**, and a clinically researched amount of milk fat globule membrane **(MFGM components)**[1,2*‡]

MFGM supplementation of infant formula may be an important step toward narrowing the gap between formula-fed and breastfed infants with respect to neurological development*

MFGM in infant formula has been shown to support cognitive, motor, and communication skills beyond 5 years of age[1*†]

MFGM = milk fat globule membrane
*Enfamil NeuroPro™ Infant has MFGM components from whey protein concentrate. †As indicated by WPPSI-IV, tested at 5.5-6 years of age in a study of infant formula with MFGM compared to a control formula without MFGM. ‡As recommended by the Food and Agriculture Organization of the United Nations/World Health Organization (FAO/WHO): >0.20% to 0.36% of total fatty acids.[2]

Enfamil™

GENTLE ON BABIES

strong on evidence

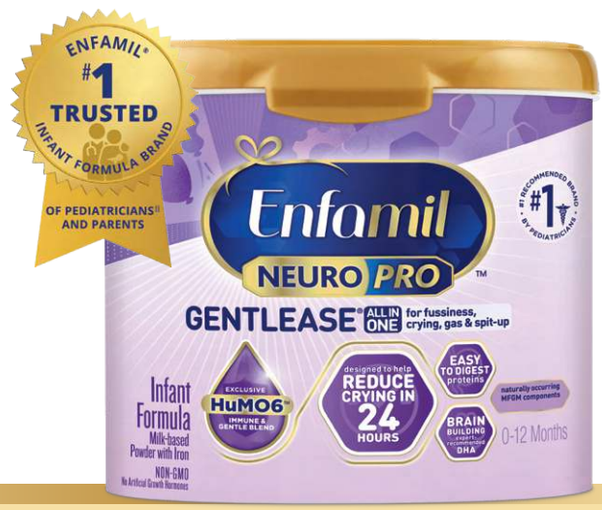
Designed for digestive relief in 24 hours[1]*† of fussiness, crying, gas, and spit-up

A unique reduced-lactose carbohydrate blend for digestive comfort[2]

Smaller or more broken-down proteins for digestive ease‡

Proprietary HuMO6™ immune & gentle blend§

Turn over to see randomized, double-blind clinical study results



*Study conducted prior to the addition of milk fat globule membrane (MFGM) in the Gentlease® formula.
†Among infants identified as very or extremely fussy by parent report receiving a full-lactose cow's milk protein formula for 7 days prior to enrollment, as compared with baseline.[1]
‡Smaller proteins are defined as those with molecular weight <2000 daltons.
§HuMO6™ for Enfamil NeuroPro™ Gentlease® includes 2'-FL HMO, vitamins C & E, selenium, partially hydrolyzed proteins, and reduced lactose.
‖Among those who have a preference.