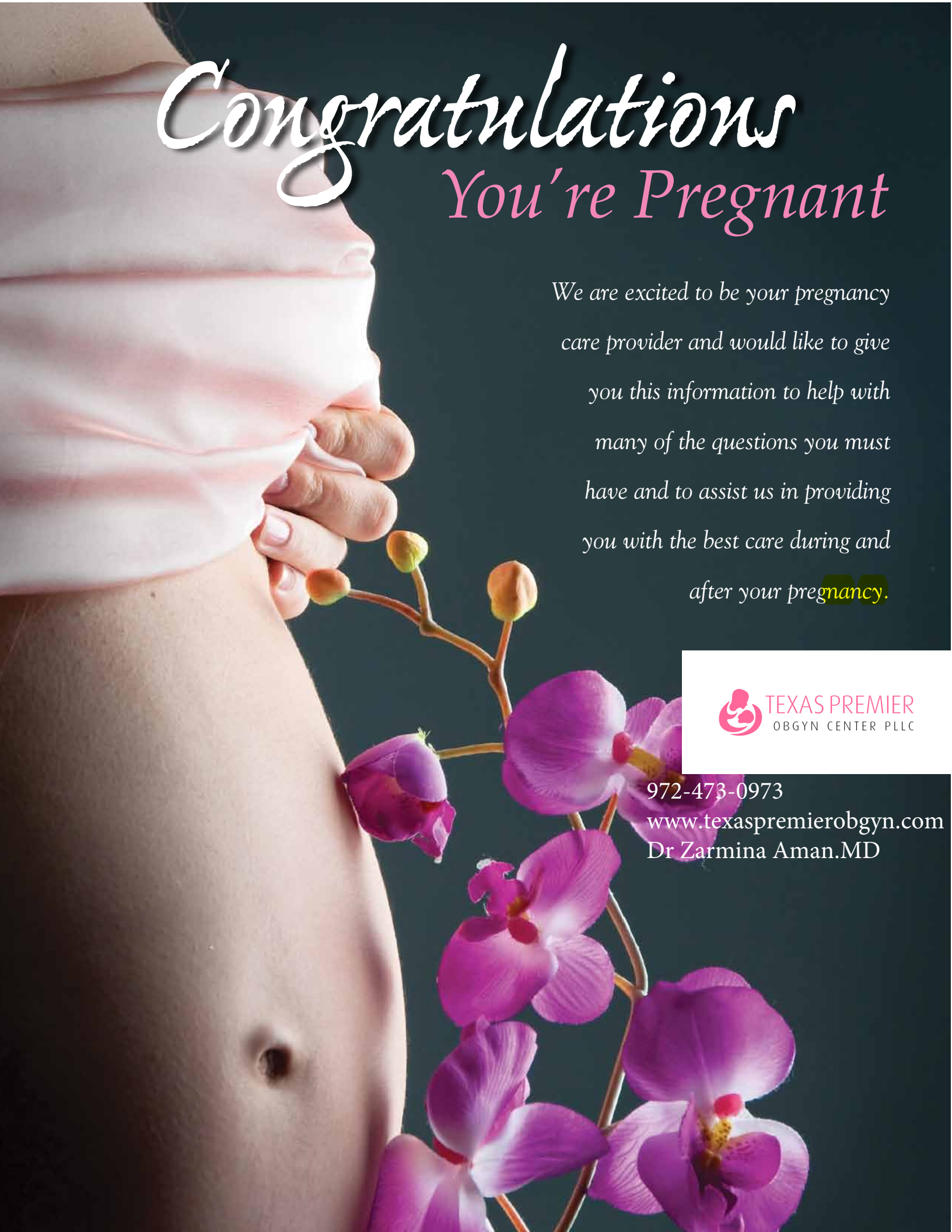
Congratulations
You're Pregnant
We are excited to be your pregnancy care provider and would like to give you this information to help with many of the questions you must have and to assist us in providing you with the best care during and after your pregnancy.
TEXAS PREMIER
OBGYN CENTER PLLC
972-473-0973
www.texaspremierobgyn.com
Dr Zarmina Aman.MD

Dr Zarmina Aman MD, F.A.C.O.

Contacting our Office

Our patients may call our main number 972-473-0973 Monday-Friday 8am-5pm for any emergency or non emergency concern, appointments or questions. Please follow the prompts to get the assistance you are seeking. On weekends and after business hours, you may contact the provider on call through the same number. We ask you limit this for emergencies only. One of our providers will return your call. If we determine you need to be evaluated immediately, we will have you come to Medical Center Of Plano, or Texas Presbyterian Hospital Plano.

Your First Visit

We have a lot of information to give you in this first appointment. Please complete your medical history forms ahead of time so your doctor can review this with you at your appointment. We will discuss your pregnancy and address your specific questions. It helps to write your questions down ahead of time. You will also have a physical exam where we will test for infections and perform a pap smear. Our expert insurance staff will review your insurance coverage for maternity benefits. We understand it can be confusing!

Blood Work/Tests

At your first appointment, you will be given an order for prenatal labs which will test your blood type, a blood count and for infections (syphilis, hepatitis B and C, HIV, Rubella). We will review the results at your next appointment. You may decline the HIV testing, but we recommend all pregnant women have the test done to provide the best care to you and your baby.

- Around 24-28 weeks, we will be performing a diabetes and anemia test.
- At 36 weeks we obtain a vaginal culture for group B strep.

Genetic Disorders

Genetic disorders are caused by a change in a gene; this change is called a mutation. Every person has two copies of each gene, one inherited from each parent. A carrier is a person who has one normal copy of a gene and one abnormal copy. Having one normal gene is enough to prevent the disease. However, if both parents are carriers of the same abnormal gene, there is a chance that each parent will pass his or her abnormal gene on to their baby. If the baby inherits two copies of the abnormal gene, the baby will have the disease. Diseases that are inherited this way are called autosomal recessive diseases. Similarly, X-linked recessive conditions are also caused by mutations in genes only found on the X chromosome.

Couples may decide to have carrier testing to find out if they are carriers, and therefore are at risk of having a baby with one of these genetic diseases. If both parents are carriers of the same disease gene, prenatal diagnosis can be performed to determine whether or not the fetus is affected.

- **Cystic fibrosis (CF)** is one of these genetic diseases. About 30,000 children and adults in the United States have the disorder. Cystic fibrosis severely affects breathing and digestion. It is caused by an abnormal gene that makes the body produce thick mucus in the lungs. This mucus promotes infections that are often life threatening. In the pancreas, similar thick secretions can lead to serious problems with food absorption. People with CF usually survive into their 30s. Researchers continue to search for more effective CF treatments as well as a cure. In Ohio, all babies are tested at delivery for this disease at birth.
- **Spinal muscular atrophy (SMA)** is a nerve disease that causes severe muscle weakness that gets worse over time. It affects about 1 in 6,000 to 1 in 10,000 people, and is the second-most common fatal autosomal recessive disorder. It is caused by the loss of nerve cells that connect from the spinal cord to control muscle movement in the arms, legs, and other parts of the body.
- **Fragile X syndrome** is a genetic condition involving changes in part of the X chromosome. It is the most common form of inherited intellectual disability (mental retardation) in boys. Boys and girls can both be affected, but because boys have only one X chromosome, a single fragile X is likely to affect them more severely. A swab can be performed in the office to determine if you are a gene carrier for these conditions. Further testing is then required if the test is positive to find out if your baby has the disease. There is no treatment before birth.
- **Trisomies –** The term trisomy is used to describe the presence of three chromosomes, rather than the usual pair of chromosomes. For example, if a baby is born with three #21 chromosomes, rather than the usual pair, the baby

would be said to have "trisomy 21." Trisomy 21 is also known as Down Syndrome. Other examples of trisomy include trisomy 18 and trisomy 13. Again, trisomy 18 or trisomy 13 simply means there are three copies of the #18 chromosome (or of the #13 chromosome) present in each cell of the body, rather than the usual pair.

Down Syndrome is the most common chromosomal abnormality, affecting 1 in 800 live births. Children with the syndrome display unusual facial features, suffer from moderate to severe mental retardation, and are at high risk for congenital heart defects and other health problems.

Trisomy 18 and trisomy 13 are genetic disorders that include a combination of birth defects including severe mental retardation, as well as health problems involving nearly every organ system in the body. Unfortunately, 90 percent of babies born with trisomy 18 or 13 die by age 1.

- **Neural Tube Defects –** Neural tube defects (NTDs) are one of the most common birth defects, occurring in approximately one in 1,000[1] live births in the United States. An NTD is an opening in the spinal cord or brain that occurs very early in human development. The two most common neural tube defects are spina bifida and anencephaly. In spina bifida, the fetal spinal column doesn't close completely during the first month of pregnancy. There is usually nerve damage that causes at least some paralysis of the legs. In anencephaly, much of the brain does not develop. Babies with anencephaly are either stillborn or die shortly after birth.

Optional Testing

- Early screen/nuchal translucency – This is an ultrasound and blood test performed in the office between 11-13 weeks. The test determines if the baby is high or low risk for Down's Syndrome, trisomy 13 and 18. If the test reveals your baby is high risk, we offer additional testing.
- AFP-4 (Quad screen) – This is a blood screening test done between 15-20 weeks to determine if the baby is high or low risk for Down's Syndrome, trisomy 18 and birth defects involving the spinal cord and skull. If the test result is high risk, additional testing is offered.
- Amniocentesis – This is performed anytime after 16 weeks and can determine if the baby has abnormal genes such as Down's Syndrome. A needle is inserted through mom's abdomen into the baby's sac of fluid. Fluid is removed and sent for genetic testing. The procedure carries a small risk of miscarriage.
- CVS (Chorionic Villus Sampling) – This test can be performed at 10-12 weeks and determines genetic abnormalities including Down's Syndrome. A needle is inserted through mom's abdomen or cervix and placental tissue is obtained for genetic testing. This procedure also has a small risk of miscarriage.

* For additional information, see http://www.uptodate.com/patients/index.html and enter Down's Syndrome testing, amniocentesis or CVS. Also check with your insurance plan to see if these tests are covered.

The Rh Factor

If your blood type is Rh negative then you may be at risk for Rh disease. About 10% of people have this blood type and you will be tested for it in the blood work at your first visit. 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. Fortunately, we can prevent the problem with a shot called Rhogam which is given at 28 weeks or anytime if any vaginal bleeding occurs. If you are Rh negative, always call the doctor immediately if you develop bleeding or trauma to your belly. You may need an extra Rhogam shot.

Frequency of Pregnancy Visits

We would like to schedule your visits about every 4 weeks for the beginning of your pregnancy. Around 30 weeks, we will increase the visits to every 2 weeks and then every week after 36 weeks. If you are high risk or having problems, then we may see you more frequently.

Ultrasounds

Ultrasounds are performed in our Plano office by friendly ultrasound technicians using Our state of the Art GE Voluson 4D equipment. We recommend an ultrasound on everyone around 18-20 weeks in the pregnancy. Additional ultrasounds are performed based on the medical need. Remember that your insurance plan does not cover this service if there is not a medical need. Please limit your visitors during your ultrasound to no more than 3 so we may focus on you and the baby.

Common Medications Safe in Pregnancy

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
Bactrim

Colds/Allergies
- Benadryl, Claratin, Zyrtec
- Claritin-D**
- Chlor-Trimeton, Dimetapp
- Drixoral-Non-Drowsy
- Mucinex (guaifenasin)
- Sudafed**/Sudafed-12 Hour**
- Sudafed PE Pseudoephedrine**
- Tylenol Cold & Sinus**
- Vicks Vapor Rub

****AVOID if Problems With Blood Pressure**

Constipation
- Colace, Miralax, Senakot
- Dulcolax Suppository
- Fibercon, Metamucil
- Perdium

Cough
- 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: Analapram 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, Darvocet**
- Lortab**, Percocet**
- Tramadol**, Tylenol 3**
- Ultram**, Vicodin**

**Narcotic medications should only be used when prescribed for a legitimate medical problem by a doctor for a short period of time.

Rash
- Benadryl
- 1% Hydrocortisone Cream

Sleep Aids
- Ambien, Benadryl
- Chamomile Tea
- Unisom, Tylenol PM
- Warm milk-add vanilla or sugar for flavor

Throat
- Cepacol
- Cepastat
- Salt Water Gargle w/ warm water
- Throat Lozenges

Tooth Pain
- Oragel

Yeast Infection
- Gyne-lotrimin, Monistat-3
- Terazol-3
- Avoid 1 Day Creams

Fetal Movement

After 28 weeks, we recommend counting your baby's movements twice a day (20-30 minutes after breakfast and dinner while lying on your side) until you get 10 within an hour. You should do this twice a day, and if you have concerns about feeling baby movements or notice a decrease in movements contact your doctor.

Delivery/Classes

We deliver babies exclusively at Texas Presbyterian Hospital Plano and Medical center of Plano. I like to deliver my own Patients but in case of emergency where I cant be at two places at one time one of the physician in the group will take care of you.

Breastfeeding

Human milk is perfectly designed nutrition for babies. Babies who are breastfed get fewer infections and are hospitalized less. Mothers that breast feed burn 500 calories a day which can help lose extra weight. Breastfeeding also reduces a women's risk of developing breast cancer. Mercy Fairfield Hospital provides classes which we recommend especially for first timers. After delivery, the nurses and a lactation specialist are there to help moms and babies learn the art of breastfeeding.

Healthy Diet

The first step toward healthy eating is to look at the foods in 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. You may find it easier to eat snacks and small meals throughout the day rather than three big meals a day.

Meal Planning

Pregnant women need to eat an additional 100-300 calories per day. This is not a lot of food. It is equivalent to a small snack such as one half of a peanut butter and jelly sandwich and a glass of low fat milk.

Extra Nutrients

Pregnant women need extra iron and folic acid and these are usually prescribed in a pill form as prenatal vitamins. Taking folic acid for 1 month prior to pregnancy and during the first three months of pregnancy can reduce the risk of certain birth defects such as spina bifida.

Check with your doctor before taking any vitamins, herbs or other supplements that are not prescribed for you. Just because a product is natural does not mean it is safe to use during pregnancy.

Food Groups

As much as possible, you should try to incorporate a balance of healthy foods in your diet. The best way to do this is by following the food pyramid listed below:

Food Group	Servings	Examples
Grains	6 ounces	1 cup of cereal, 1 slice of bread, or 1/2 cup of cooked rice or pasta can be considered as 1 ounce
Vegetables	2 1/2 cups	1 cup of raw or cooked vegetables or vegetable juice, or 2 cups of raw leafy greens can be considered as 1 cup
Fruits	1 1/2 -2 cups	1 cup of fruit or 100% fruit juice, or 1/2 cup of dried fruit can be considered as 1 cup
Meat and Beans	5-5 1/2 ounces	2-3 ounces of meat, poultry, or fish, 1/2 cup cooked dried beans, 1 egg, 2 tablespoons peanut butter, or 1/2 cup nuts or seeds equals 1 ounce
Milk	3 cups	1 cup of milk or yogurt, 1 1/2 oz of natural cheese, or ounces of processed cheese can be considered as 1 cup

Special Concerns

- **Vegetarian Diet**
  - Be sure you are getting enough protein. 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 your doctor. 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.

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. For more information go to: http://water.epa.gov/scitech/swguidance/fishshellfish/outreach/advice_
- **Smoked seafood:** Refrigerated, smoked seafood should be avoided due to risks of listeria contamination.
- **Raw shellfish:** including clams, oysters, and mussels can cause bacterial infections. Cooked shrimp is safe.
- **Raw eggs:** Raw eggs or any foods containing raw eggs can be contaminated with salmonella. This includes some homemade ceasar dressings, mayonnaise, and homemade ice cream.
- **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:** Avoid caffeine during the 1st trimester to reduce the risk of miscarriage. After the first trimester limit caffeine intake to the equivalent of 1 cup of coffee a day or less. Excess caffeine may be associated with miscarriage, premature birth, low birth weight, and withdrawal symptoms in infants.
- **Alcohol:** There is NO amount of alcohol that is known to be safe during pregnancy and therefore it should be avoided. Continue to avoid alcohol while breastfeeding.
- **Unwashed vegetables:** Wash all vegetables well to avoid exposure to toxoplasmosis which may contaminate the soil where vegetables are grown.

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 and 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)	Maintain 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

Recommendations for Weight Gain During Pregnancy

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.

Recommendations for weight gain during a singleton 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

Prenatal vitamins

We recommend a daily prenatal vitamin to help provide the best balance of nutrition for you and your baby. Either over the counter or prescription vitamins are fine. If you cannot tolerate a prenatal vitamin, we recommend 2 children's chewable vitamins a day instead. If vitamins are causing nausea, try taking them at night time with a snack. If constipation is an issue, increase the fiber in your diet, drink more fluids and increase activity. An over the counter stool softener may be added if needed.

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.

Exercise and Sex

In an uncomplicated pregnancy, we recommend 30 minutes or more of exercise daily which includes aerobic activities (walking, jogging, biking, aerobic classes, yoga, swimming, etc). Weight training and toning are fine. You can continue your usual workouts but may need to reduce intensity or shorten them. It is a good idea to listen to your body during exercise and drink plenty of fluids. After 20 weeks you should avoid lying flat on your back during exercise. Your target heart rate is calculated by your age. Basically, if you are breathing hard, slow down. Avoid activities with a high risk of falling or trauma to your belly.

Sex, you bet! You can have sex during pregnancy unless you are having complications or you are too uncomfortable. If there is any concern for sexually transmitted diseases, then use condoms or don't have sex.

Exercise and sex should be avoided at times. This includes:

- Vaginal bleeding
- Leaking amniotic fluid
- Preterm labor
- Chest pain
- Regular uterine contractions
- Decreased fetal movement
- Growth restricted baby
- Headache/Dizziness/Weakness

Sleep

It is normal to feel more tired when you are pregnant. You may also notice you need more sleep than usual. Try to get at least 8-10 hours of sleep per night. Sometimes you will require significantly more so listen to your body and plan extra sleep time when you are tired.

The baby receives the most blood flow when a woman lies on her side. Sometimes lying on your back can cause your blood pressure to drop. Hot or cold sweats and nausea may occur. If this happens, don't worry, you did not hurt your baby. Many women find it helpful to put a pillow behind them to support the back and hips. As your pregnancy progresses, it may require more pillows and frequent position changes during the night to keep comfortable.

Smoking

If you smoke, SO DOES YOUR BABY!!! This is a **very important fact of pregnancy**. The placenta (afterbirth) is the organ that connects the developing baby to you. It consists mostly of blood vessels and is attached to your uterus on one side and to your baby on the other side by way of the umbilical cord. Its job is to allow the passage of nutrients, oxygen, vitamins and other substances to pass from your blood to the baby allowing it to grow and develop. It also carries away your baby's waste products to your kidneys, liver, and lungs act for the baby until his/her organs are mature enough to do well on their own outside the womb (37-42 weeks of pregnancy).

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

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 pregnancy 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 baby and mother to bleed.
- **Placental abruption:** The placenta tears away from the uterus causing the mother and baby to bleed.
- **Stillbirth:** The baby dies inside the womb before birth.
- **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.

The effects smoking has on your baby continue when you take him/her home. Children exposed to smoke in the home have higher levels of lung problems such as asthma, pneumonia, or bronchitis. They also suffer from more ear infections than children not exposed to smoke. Even more troubling is the increased incidence of **Sudden Infant Death Syndrome (SIDS)** found in children exposed to smoking in the home. A child exposed to smoking in the home during the first few years of life are at an increased risk of developing asthma. The March of Dimes recommends women stop smoking prior to becoming pregnant and remain smoke-free throughout pregnancy and once the baby is born. The more a pregnant woman smokes the greater the risk to her baby. However, if a woman stops smoking by the end of her first trimester (first three months), she is no more likely to have a low birth weight baby than a woman who never smoked. Even if a woman is not able to stop smoking during her first or second trimester, stopping during the third trimester (the last three months) can improve her baby's growth.

Ways to Quit Smoking

Talk to your doctor. No matter what your approach to quitting, a conversation with your doctor can make the difference between success and failure. The sooner you quit, the better! If you want to try a quitting aid such as a nicotine patch, gum, or the medication Zyban or Wellbutrin, your doctor can help you choose a method right for you. The use of a nicotine patch and/or gum has not been adequately studied; therefore, they should only be considered during pregnancy when non-medical treatments, such as counseling, are not successful. Because potential benefits seem to outweigh potential risks, research to determine the safety and efficacy of medications is underway. Some tobacco control experts have reported that if nicotine replacement therapy is used during pregnancy, products with intermittent dosages, such as gum or an inhaler, should be tried first. If the nicotine patch is used, it should be removed at night to reduce fetal nicotine exposure.

Great Start (1-866-66-START) is a national pregnancy specific smoker's quit line operated by the American Legacy Foundation.

Alcohol

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.

Sauna and Hot Tubs

You deserve the muscle soothing and relaxation of a warm tub or sauna, but keep the thermostat no warmer than 102 degrees Fahrenheit. This is not recommended in the first trimester.

Seat Belts

Please wear your seat belts at all times while in the car or on a plane. The proper placement is across your lap below the belly for the lower belt and across the chest between the breasts for the upper belt. If you are involved even in a minor accident, this may save the life of you and your baby.

If you are involved in a car accident, call our office immediately. You may need to be monitored.

Travel

Traveling is safe during pregnancy for most women. The best time to travel is between weeks 14-18 as most common emergencies usually happen in the first and third trimester. If you are planning a trip out of the country, discuss this with your doctor and check with the CDC to see if any specific vaccines are needed (www.dcd.gov/travel).

For flights, or cruises, find out whether your airline or cruise line have any travel restrictions during pregnancy. Have a prenatal check up before you leave on your trip and take a copy of your health records with you. If long trips are planned, drink plenty of fluids and walk every few hours. This can reduce the risk of developing blood clots in the legs.

Stay in the Cincinnati area after 36 weeks because you could go into labor and we want to be there to welcome your newborn into the world!

Working/School

A woman can usually continue working or attend school until she goes into labor. We may want to restrict your work if you are having pregnancy complications depending on your job activities. Also, women who have strenuous jobs may be at higher risk for early delivery or smaller babies. Please discuss this with your doctor.

Choosing a Doctor for Baby

You will need to decide on a doctor for your baby's care by the time you deliver. This is usually a pediatrician or a family practice doctor. 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 by his/her doctor. There are many excellent doctors in our area to choose from. 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. Many baby doctors do not come to the hospital. There are excellent pediatricians available at the hospital who take care of newborns.

Pain Relief in Labor

There are many options to provide pain relief while you are in labor. We are supportive of whatever you choose. Common options include:

- **Nubaine:** This is a narcotic given with an injection or IV and helps take the edge off the strong contractions. It usually makes you sleepy. It can be given in early labor. We avoid giving this near delivery time as your baby could be born extra sleepy and not cry well.
- **Epidural:** This is a safe and popular option available at Mercy Fairfield Hospital. A specialist called a nurse anesthetist is available to provide this for you. It requires a fine, thin catheter or tube to be placed in your back when you are in active labor. Medicine slowly drips through the tubing to provide excellent pain relief throughout labor. It is removed after delivery.
- **Local:** Many of our patients deliver without pain medication. Sometimes we need to give you a small injection of numbing medicine for stitches called lidocaine. It feels like a small pinprick when we inject the medicine.

In general, we encourage you to see how you do during your contractions. The pain relieving options are available to you at any time.

Episiotomy

We plan to help you deliver your baby with the least amount of trauma. Episiotomies are not routinely needed and many of our patients deliver without the need for any stitches. Sometimes we need to make a small incision at the vaginal opening to help the baby deliver. We make sure you are numb and then 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.

Forceps/ Vacuum

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.

Cesarean Section

We are highly skilled in this area and will perform when needed. For more information on the procedure, go to: http://www.uptodate.com/home/index.html and enter cesarean section.

Vaginal Birth After Cesarean (VBAC)

Our practice is ideally set up for those interested in VBAC. The physician on-call will always be present in the hospital with you and immediately available for emergencies. For additional safety, mom and baby are continuously monitored in labor. More information is available at: http://www.uptodate.com/home/index/html (enter VBAC)

Influenza Vaccine

Seasonal flu vaccines are recommended during pregnancy to reduce the risk of serious infections in moms and their babies. Pregnancy causes the immune system to weaken, so pregnant women are at higher risk. The best way to protect your newborn baby is to be vaccinated and breast feed. If you are planning to become pregnant or are currently pregnant, talk with your doctor about getting vaccinated.

TDAP Vaccine

The American College of Gynecology (ACOG) recommend that every unvaccinated pregnant woman and her family members receive a Tdap (Tetanus Toxoid, Diphtheria Toxoid, and Acellular Pertussis) vaccine during the late second trimester (ie, after 20 weeks of gestation) or 3rd trimester of pregnancy. We recommend you contact your primary care physician to receive this vaccine.

Circumcision

A circumcision is the removal of excess foreskin from the penis in baby boys. We perform this procedure for you while you and your baby are still in the hospital. All babies receive local numbing medication and are soothed by suckling during the procedure. It takes a few minutes to perform and babies heal in 1-2 weeks. We recommend applying Vaseline to the baby's penis with each diaper change to prevent sticking to his diaper while he heals.

This is an optional procedure. It may help reduce infections and penis cancer in males. Many parents decide not to have their baby circumcised. We respect your choice in this matter.

Umbilical Cord Banking

Your baby's blood is a valuable source of cells that could be used by your baby or another family member to treat nearly 80 life-threating diseases. New treatments with cord blood for diseases such as cerebral palsy, diabetes, and heart disease are currently being studied. Umbilical cord blood can easily and safely be obtained immediately after delivery. Parents can choose to have their baby's blood saved. Insurance does not generally cover this.

If you are interested in saving your baby's cord blood, you can order a kit and bring it with you to delivery. Recommended web site for more information: www.viacord.com

Dental Care

Cavities and gum disease are more common during pregnancy due to the hormonal changes. You may notice your gums bleed easily. To prevent this, we recommend brushing your teeth twice a day and flossing every day. Also visit your dentist on a regular basis for check-ups and teeth cleaning. Cavities and dental problems should be treated. Bad teeth can lead to infections in the uterus or premature delivery of your baby so take care of your pearly whites!

Overdue Babies/Inductions

Your due date is considered 40 weeks. It is reasonable to anticipate your delivery sometime during the week of your due date. However, 10% of pregnancies will continue 2 weeks past the due date. We recommend additional testing for your baby at 40 weeks if you have risk factors or around 41 weeks. We generally recommend inducing your labor at 41-42 weeks if your cervix is ready. We induce sooner if there are any concerns.

Induction of labor is a process where we give you medication to stimulate contractions. It can sometimes take more than 24 hours or increase your cesarean section risk especially if it is your first baby.

It is important to allow your baby to fully grow and develop before we schedule a delivery. Babies born more than 1 week early can have complications and are more likely to require oxygen and be admitted to the special care nursery. This could even have long term affects on a child's health. If we recommend delivery before 39 weeks, then it is for a medical reason.

Cats

If you have cats, avoid changing the litter box or use gloves to change it. Toxoplasmosis is a very rare infection that we can get from cat feces.

Postpartum Depression

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

Domestic Violence

Hot line #: 1-800-799-SAFE (1899)

When Should I Call the Doctor?

You should call if you have any of the following:

1. Regular, painful contractions occurring approximately every five minutes for an hour. Each contraction should be lasting approximately 30-45 seconds.

   OR

   Contractions every 10 minutes for at least an hour if you live more than 30 minutes from the hospital, if you have a history of fast labor, or if you were more than 3 centimeters dilated at your last visit.

2. Vaginal bleeding: You may have some normal spotting for a day or 2 after a vaginal exam, after intercourse, or when you lose your mucous plug. Call immediately if you have any other vaginal bleeding.

3. Rupture of membranes: If you think your water has broken then call us right away. We will want to evaluate you in the office or hospital.

4. Decreased fetal movement: If you feel the baby is not moving normally, then you want to do kick counts. Lie down on your side and count how many times the baby moves in an hour. If you feel 10 movements that is reassuring. If you don't, then have something to eat or drink and again count for an hour. If you still don't feel 10 movements, contact us.

5. You do not need to contact us if you have lost your mucous plug and are not having regular contractions or other signs of labor.

Notes