



Your Guide to *Pregnancy*



C O V I N G T O N
WOMEN'S HEALTH
S P E C I A L I S T S

4181 Hospital Drive NE, Ste. 101 & 104, Covington, GA 30014

770-385-8954

www.covingtonwomenshealth.com

Welcome to Pregnancy

Congratulations on your pregnancy! Welcome to Covington Women's Health Specialists. 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.covingtonwomenshealth.com** for valuable information.

Thank you for placing your trust in our care.

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Office Information

Office hours and locations

Our offices are open Monday - Thursday 8:00 am to 4:00 pm and Friday 8:00 am - 2:00 pm. We are closed Saturday and Sunday.

Main Office Location:
4181 Hospital Dr. NE, Suite 101 & 104
Covington, GA 30014

CenteringPregnancy Location:
3161 Mill Street NE
Covington, GA 30014

How to contact our office

You may call our office at 770-385-8954 Monday - Thursday 8:00 am to 4:00 pm and Friday 8:00 am - 2:00 pm for both emergency and non-emergency questions or concerns. If you need to contact the office on weekends or after business hours, you may call the same number. Our answering service will call the on-call provider.

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. Please call 770-385-8954 Option 7.

Patient Portal

The patient portal is online access to your health information. You are able to access information from your visits and lab results online through My Chart. Access to My Chart is available at <https://mychart.piedmont.org>.

Healthcare Students

Covington Women's Healthcare Specialists is dedicated to the future of women's healthcare. One critical step is teaching students. At times, students may be working with us in the office and hospital. Students may include ultrasound technicians, medical assistants, nurses, nurse practitioners, nurse midwives, and student physicians. Please let our office know if you prefer to not have a student work with you during your visits.

Zika Virus

At each visit, it is important for you to tell us if you might have been exposed to the Zika virus. Zika virus is transmitted when an infected mosquito bites a person. Many people infected with Zika virus will not have symptoms or will have only mild symptoms. Infection during pregnancy, even infection without symptoms, can be passed from a woman to her baby. Zika virus can cause severe brain damage in a baby. In 2019, no mosquito-borne Zika virus transmission has been reported in the continental United States, but Zika is still a threat internationally. If you (or your sexual partner) travel outside of the continental United States, find out if you are traveling to an area with risk of Zika. Report any time you or your partner travel outside the continental United States to us at your visits. For more information on Zika virus and pregnancy, visit www.cdc.gov/zika/pregnancy.

Appointment Schedule

Your first visit/Confirmation of your pregnancy

When you come to the office for your first visit, we ask that you bring your ID and insurance card. During this visit, you will have a physical exam including a pap smear if needed. An ultrasound may be done or ordered.

CenteringPregnancy - Group Prenatal Care

Our office participates in a group prenatal care model called CenteringPregnancy. There are many benefits to Centering care and we encourage you to join a group. Please refer to the information later in this booklet for more details or ask your provider.

After your first visit

Between 8 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 from 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, and fetal heartbeat checked. Several additional tests are done at scheduled times throughout your pregnancy.

Postpartum visit

It is very important to follow up with our office in the postpartum period. Instructions will be given when you leave the hospital regarding when you should follow up, but it is usually between 2-4 weeks after delivery. Health concerns during your pregnancy, your healing process, any emotional concerns, and birth control needs will be addressed during your visit(s).

My Due Date

An accurately assigned due date early during your prenatal care is among the most important results we learn about your baby. A correctly assigned due date is vital for scheduling and interpreting certain tests; determining the appropriateness of fetal growth; and designing interventions to prevent preterm births and post term births. We closely follow the recommendations from the American College of Obstetricians and Gynecologists, the American Institute of Ultrasound in Medicine, and the Society for Maternal-Fetal Medicine regarding the method for estimating your gestational age and your due date. Changing a due date will occur only in rare circumstances where new information or an error is found. An ultrasound technician will never change your due date, but all ultrasounds have a due date as part of the report. This is done only to compare your baby to average size baby at your gestational age.

Routine Testing

Early pregnancy testing

Early in pregnancy, several tests are recommended to evaluate your health and look for certain risk factors that can affect your baby. These tests include blood type, checking for anemia, immunity to Rubella, HIV, Hepatitis B, Syphilis, and possibly others based on your health history.

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. 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.

Gestational Diabetes screening – this screening is performed between 26-29 weeks. You will be given a sugar drink and instructions for how/when to drink it. One hour after you finish the sugar drink, your blood will be drawn. You do not need to fast.

Group B Strep (GBS) – GBS is a bacteria that some adults carry, and it usually does not cause problems for the mom or the developing baby. But at the time of birth, the baby can become infected. To help prevent GBS infection, women are tested for GBS late in pregnancy, between weeks 35 and 37. A swab is used to take a sample from the woman's vagina and rectum. This procedure is quick and is not painful. If results of the test are positive, showing that GBS is present, you will receive treatment with antibiotics during labor to help prevent GBS from being passed to your baby. GBS test results from previous pregnancies cannot be used during the pregnancy. You still need to be tested during each pregnancy. However, if you have an older child who had GBS infection after birth, let us know because you will be given the antibiotics and treated as if you are a carrier with each future pregnancy.

Ultrasounds

We recommend one ultrasound early in pregnancy to confirm your due date and one between 18-22 weeks to evaluate the baby's anatomy. Additional ultrasounds will be performed based on the medical need. Insurance will only cover additional ultrasounds if there is a medical need.

Optional Testing and Services

Prenatal genetic testing gives parents-to-be information about whether their baby may have certain genetic disorders such as Down Syndrome before birth. Many prenatal genetic tests are available. If you are interested in any optional tests please check with your insurance plan to see if these tests are covered. Questions regarding these optional tests can be discussed at your first appointment.

It is important to note that a normal test does not guarantee a normal baby at birth. Screening tests are used to assess for an increased risk of a condition; they are not a diagnostic test which confirms a condition is present. These tests do not screen for every condition. A normal test may be a false negative which occurs when an abnormal baby has a normal test result. And an abnormal test may be a false positive which occurs when a normal baby has an abnormal test result.

Cystic Fibrosis screening – this blood screening test will determine if you are a carrier of a gene defect. Further testing of your partner's genes or the baby after delivery will be offered to you if you are a carrier of a defective gene. Some insurance companies do not pay for this test and you should check with your insurance carrier if you desire this testing.

Sequential Integrated Screen with Nuchal Translucency Ultrasound

For patients who enter prenatal care prior to 13 weeks, we offer a two-part screening test which determines if a baby is low risk (normal) or high risk (abnormal) for Trisomy 18, Down Syndrome or Open Neural Tube Defects. This is a combination of blood work and a very specific ultrasound measurement of the baby.

Part 1: For the first part, a blood test and ultrasound are done between 10 and 13 weeks. Results will be available within 1-2 weeks of the blood being drawn. This is the earliest screening test for these chromosomal disorders. The benefits of having an early test are that you and your family will have more time and more options for further testing if your test shows an abnormality.

Part 2: The second blood test is done between approximately 15 and 20 weeks. Part 2 again tests for Trisomy 18 and Down Syndrome; combined test results are more accurate than a single test result. Part 2 also checks for open neural tube defects such as open spina bifida.

AFP 4 (Quad screen) – For women who start prenatal care after 13 weeks, we offer a blood test between approximately 15 and 20 weeks which determines if a baby is low risk (normal) or high risk (abnormal) for Trisomy 18, Down Syndrome and checks for open neural tube defects such as open spina bifida.

Cell Free Fetal DNA – this is a blood test that may be performed during the pregnancy after 10 weeks to screen for Down Syndrome, Trisomy 13 and 18. This test is reserved for women with high risk pregnancies.

SMA (Spinal Muscular Atrophy)/Fragile X – these blood screening tests will determine if you are a gene carrier for these conditions. These conditions may affect your pregnancy and can be passed on to your baby. More information on these tests and others can be found at www.acog.org/Patients/FAQs/Carrier-Screening.

3D Ultrasounds (optional)

Two optional 3D ultrasounds are available. ***I Gotta Know*** - done as early as 15 weeks to discover gender. ***Watch me grow*** - done 26-32 weeks to see baby in 3D. Insurance does not cover these ultrasounds.

Vaccinations

The Centers for Disease Control (CDC) recommends that women pregnant during the flu season receive the flu shot. Also, pregnant women should receive a dose of Tdap (vaccine to protect mom and baby against tetanus, diphtheria and pertussis), between 27 and 36 weeks. Receiving vaccines in pregnancy may give your baby extra protection against flu and whooping cough. Further information is available at www.cdc.gov/flu/protect/vaccine/pregnant.htm and www.cdc.gov/pertussis/pregnant.

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. Some over-the-counter medications are also safe. If the symptoms become severe or you are unable to keep fluids down without vomiting for more than 12 hours, contact the office. Vitamin B6 25-50 mg four times per day is very helpful for many women, and is safe to take in pregnancy. Sea-Bands are safe and may help reduce nausea.

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 – may be a warning sign of a miscarriage but can also occur after an examination or sex. Call the office with any bleeding and we can give you further instruction on what to look for or do.

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. 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 infrequent cramps and contractions is normal. When cramps 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 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. You may also take Magnesium 500mg prior to bed to help prevent cramps.

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.

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 warm Epsom salt baths; avoid hot baths.

CenteringPregnancy

What is CenteringPregnancy?

CenteringPregnancy is patient-centered group prenatal care. The visit schedule and content follow nationally recognized guidelines with flexibility and time to explore health and wellness topics that fit the group's needs. Receiving healthcare in a group setting leads to greater engagement, learning, and self-confidence.



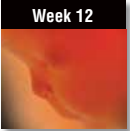




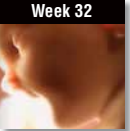


Why CenteringPregnancy?

CenteringPregnancy decreases the rate of preterm and low weight babies, increases breastfeeding rates, and leads to better pregnancy spacing. CenteringPregnancy has been shown to nearly eliminate racial disparities in preterm birth. African American women, who are at higher risk for preterm birth in the US, experience lower risk of preterm birth when enrolled in CenteringPregnancy than in traditional care.

What to Expect with CenteringPregnancy?

- You will be a member of a consistent group of 8 to 12 women with due dates near yours. Partners are welcome and encouraged to come.
- Centering visits are facilitated by a practitioner and a specially trained assistant.
- Sessions will last 2 hours; will begin and end on time. All sessions are scheduled in advance so you know dates throughout pregnancy.
- Children will not be allowed to attend the sessions and childcare is not provided.
- CenteringPregnancy visits take place at 3161 Mill Street NE, Covington, GA 30014. For more information visit www.centeringhealthcare.org

Your Baby's Growth

Week 4 	Week 8 	Week 12 	Week 16 	Week 20 
Your baby's body now has three distinct layers from which all of his organs will develop	Your baby's tiny fingers and toes start to develop	Your baby's facial features continue to become more defined, particularly his nose and chin	Your baby's skeletal system and nervous systems start to coordinate movement	Your baby's skin thickens and develops layers under the vernix
Week 24 	Week 28 	Week 32 	Week 36 	Week 40 
Your baby's movements can reveal to your doctor more about your baby's development	Your baby is starting to take 20-to 30-minute naps	Your baby's movements could start to change	Although your baby's bones are hardening, his skull remains soft and flexible for birth	A surge of hormones in your baby's body could play a part in initiating labor

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. Here are some medications which are considered safe and others you should avoid. Follow the labels for dosage and directions. Contact the office with questions. Other medications may be recommended or prescribed during your pregnancy if they are necessary.

Acne

Benzoyl Peroxide
Clindamycin
Topical Erythromycin
Salicylic Acid

Avoid:

Accutane
Retin-A
Tetracycline
Minocycline

Antibiotics

Ceclor
Cephalosporins
E-mycins
Keflex
Macrobid/Macroclantin
Penicillin
Zithromax

Avoid:

Cipro
Tetracycline
Minocycline
Levaquin

Colds/Allergies

Benadryl, Claritin, Zyrtec
Chlor-Trimeton, Dimetapp
Drixoral-Non-Drowsy
Mucinex (guaifenesin)
Sudafed**/Sudafed-12 Hour**
Sudafed PE Pseudoephedrine**
Tylenol Cold & Sinus**
Vicks Vapor Rub
Nasal Rinse

**AVOID if problems With Blood Pressure

Constipation

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

Cough

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

Crab/Lice

RID

Avoid:

Kwell

Gas

Gas-X
Mylicon
Phazyme

Headaches

Cold Compress
Tylenol (regular or extra strength)
Acetaminophen

Heartburn

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

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
Magnesium

Nasal Spray

Saline Nasal Spray

Nausea

Vitamin B6 25-50mg 4 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 (frequent use may cause ADHD
or asthma)

Prenatal Vitamins

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

Rash

Benadryl
1% Hydrocortisone Cream

Sleep Aids

Benadryl
Chamomile Tea
Unisom
Warm milk-add vanilla/sugar for flavor

Throat

Cepacol
Cepastat
Salt Water Gargle w/ warm water
Throat Lozenges
Butterscotch or Lemon drops

Tooth Pain

Orajel

Yeast Infection

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

Nutrition and Pregnancy

Recommendations for weight gain during pregnancy

Overweight and obese women are at an increased risk of several pregnancy problems. These problems include gestational diabetes, high blood pressure, preeclampsia, preterm birth, and cesarean delivery. Babies of overweight and obese women also are at greater risk of certain problems such as birth defects, macrosomia with possible birth injury, and childhood obesity. On the other hand, underweight women are at increased risks for having small babies or preterm births.

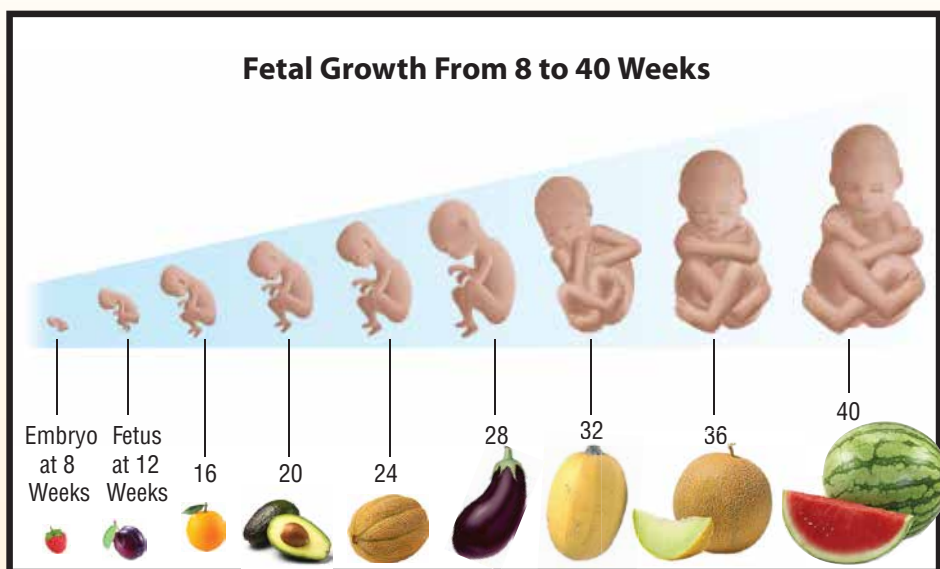
Recommendation for weight gain during a singleton pregnancy are as follows:

Underweight women (BMI less than 20): 28-40 lbs

Normal weight women (BMI 20-25): 25-35 lbs

Overweight women (BMI 26-29): 15-25 lbs

Obese women (BMI >30): 11-20 lbs



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
Vitamin D3 (1000-2000 IU)	Works with calcium to help your baby's bones and teeth develop. Essential for healthy skin and eyesight.	Milk fortified with vitamin D, fatty fish such as salmon. Exposure to sunlight also converts a chemical in the skin to vitamin D.

Mediterranean Diet in Pregnancy

Several studies show that following a Mediterranean diet during pregnancy reduces the risk of developing gestational diabetes by up to 35%.

Information on the Mediterranean diet can be found at

<https://www.healthline.com/nutrition/mediterranean-diet-meal-plan>.

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.

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 caesar 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 intake to the equivalent of 1½ cups of coffee a day or less (or 200mg of caffeine). More than 200mg of caffeine may increase certain risks for pregnancy complications, but the effects are unknown.

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.)

Deli meat/hot dogs - heat to steaming to kill Listeria bacteria.

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 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 a day, rest on the bed or couch and place your hands on your abdomen. Begin counting movements. You can stop counting when you feel 10 movements. If you reach 2 hours and have not felt 10 movements you should call the office. 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.

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.

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 Jacuzzi?

Using a Jacuzzi or whirlpool bath is not recommended during the first trimester and should be limited to 15 minutes or less in the second and third trimester with the water temperature not exceeding normal body temperature which is 98.6 degrees.

Can I travel?

Traveling is safe during pregnancy for uncomplicated pregnancies. After 32 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.

Zika Virus is passed to humans by bites from mosquitoes infected with the virus, or by sexual contact with someone infected with the virus. Zika infections have been associated with certain birth defects. It is advised to avoid travel to areas of the world that have Zika infections. To help prevent mosquito bites, use a repellent that contains Deet or Oil of Lemon Eucalyptus.

For more information, visit the Centers for Disease Control website for Zika at www.cdc.gov/zika. If you plan to travel while pregnant, please discuss plans before you travel for specific recommendations.

Can I care for my pets?

If you have cats, please let us know. Avoid changing the litter box or use gloves to change it. 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. Many dentists require a letter from your OB office prior to providing care. Please request this letter prior to your dental visit if possible.

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 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.

Exercise During Pregnancy

Exercise is a key part of staying healthy. Everyone needs daily physical activity—including pregnant women who are healthy and do not have limitations. Regular exercise during pregnancy benefits both you and your baby!

Benefits of Exercise

- Reduces back pain
- Eases constipation
- May decrease your risk of gestational diabetes, preeclampsia, and cesarean delivery
- Promotes healthy weight gain during pregnancy
- Improves your overall general fitness and strengthens your heart and blood vessels

Before You Start

If you are healthy and your pregnancy is normal, it is safe to continue or start regular physical activity. Physical activity does not increase your chances of miscarriage, low birth weight, or early delivery. However, it is important to discuss exercise with us during your prenatal visits. Pregnant women should get at least 30 minutes of moderate-intensity exercise every day. Moderate-intensity means you are moving enough to raise your heart rate and start sweating. You still can talk normally, but you cannot sing. Examples include brisk walking and gardening (raking, weeding, or digging). If you are new to exercise, start out slowly and gradually increase your activity. Begin with as little as 5 minutes a day. Add 5 minutes each week until you can stay active for 30 minutes a day.

Exercising Safely

Your body goes through many changes during pregnancy. It is important to choose exercises that take these changes into account:

- Avoid jerky, bouncy, or high-impact motions that can increase your risk of being hurt.
- Because you are less stable and more likely to lose your balance, you are at greater risk of falling, so avoid exercises which might make you fall.
- Drink plenty of water before, during, and after your workout. When you exercise, you lose water from your body through sweating. You need to replace the water that is lost to avoid dehydration. Signs of dehydration include dizziness, a racing or pounding heart, and urinating only small amounts or having urine that is dark yellow.
- Avoid becoming overheated, especially in the first trimester. Some research shows a link between heat exposure from sources such as hot tubs, saunas, or fever during early pregnancy and an increased risk of neural tube defects. To be on the safe side while working out, drink plenty of water, wear loose-fitting clothing, and exercise in a temperature-controlled room. Do not exercise outside when it is very hot or humid.
- Avoid standing still or lying flat on your back as much as possible.

Warning Signs

Stop exercising and call your obstetrician or other member of your health care team if you have any of these signs or symptoms:

- Bleeding from the vagina
- Feeling dizzy or faint
- Shortness of breath before starting exercise
- Chest pain
- Headache
- Muscle weakness
- Calf pain or swelling
- Regular, painful contractions of the uterus
- Fluid leaking from the vagina

Safe Exercises During Pregnancy

- Walking—Brisk walking gives a total body workout and is easy on the joints and muscles.
- Swimming and water workouts—Water workouts use many of the body's muscles. The water supports your weight so you avoid injury and muscle strain. If you find brisk walking difficult because of low back pain, water exercise is a good way to stay active.
- Stationary bicycling—Because your growing belly can affect your balance and make you more prone to falls, riding a standard bicycle during pregnancy can be risky. Cycling on a stationary bike is a better choice. Spinning classes offered at local gyms give a good aerobic workout set to music.
- Modified yoga and modified Pilates—Yoga reduces stress, improves flexibility, and encourages stretching and focused breathing. There are even prenatal yoga and Pilates classes designed for pregnant women. These classes often teach modified poses that accommodate a pregnant woman's shifting balance. You also should avoid poses that require you to be still or lie on your back for long periods.

Exercises to Avoid

Some types of exercise involve positions and movements that may be uncomfortable or harmful. While pregnant, do not do any activity that puts you at increased risk of injury, such as the following:

- Contact sports and sports that put you at risk of getting hit in the abdomen, including ice hockey, boxing, soccer, and basketball
- Activities that may result in a fall, such as downhill snow skiing, water skiing, surfing, off-road cycling, gymnastics, and horseback riding
- "Hot yoga" or "hot Pilates," which may cause you to become overheated
- Scuba diving

Kegel Exercises

In the coming months, your growing uterus will put more pressure on your bladder. Even if your bladder is empty, it may feel like it is full. The weight of your uterus on your bladder may even cause you to leak a little urine when you sneeze or laugh. Doing Kegel exercises can help improve bladder control. Here is how they are done:

- Squeeze the muscles that you use to stop the flow of urine.
- Hold for 3 seconds then relax for 3 seconds.
- Do 10 contractions three times a day.
- Increase your hold by 1 second each week. Work your way up to 10-second holds.

Breathe normally. Do not hold your breath as you do these exercises. You can do Kegel exercises anywhere—while working, driving in your car, or watching television—but do not do them when urinating.

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.

Ways to Quit Smoking

No matter what your approach to quitting, a conversation with us can make the difference between success and failure. Quitting cold turkey is a great way. If you want to try a quitting aid such as a nicotine patch, gum, or the medication Zyban or Wellbutrin, we can help you choose a method right for you.

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.

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.

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

Georgia Tobacco Quit Line (1-877-270-STOP) is a free service through the Georgia Department of Health to help support those who want to quit using tobacco products.



When to Go to the Hospital

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

- Continuous leaking of fluid (water broken)
- Abdominal trauma or car accident
- Heavy bleeding
- Fever greater than 101°
- Decreased fetal movement
- Urinary tract infection
- Headache with vision changes
- Painful contractions greater than 5 times an hour if less than 36 weeks

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

Illness/Symptom	Call The Office If:	Go to Hospital Immediately If:	Home Treatment:
Bleeding/Cramping <ul style="list-style-type: none"> • Some bleeding/spotting may occur after an internal exam 	<ul style="list-style-type: none"> • Bleeding is less than a period with mild cramping; common in 1st trimester • Your blood type is Rh Negative and you have not received Rhogam 	<ul style="list-style-type: none"> • Bleeding is heavy (using a pad every 2 hours) • 2nd & 3rd trimester cramping or painless heavy bleeding • Cramping is equal or worse than menstrual cramps 	<ul style="list-style-type: none"> • Rest • Avoid heavy lifting (more than 20 pounds)
Vomiting <ul style="list-style-type: none"> • Common in 1st trimester 	<ul style="list-style-type: none"> • Unable to keep down liquids and solids for more than a 24 hour period • Weight loss of more than 3-5 pounds 	<ul style="list-style-type: none"> • Signs of dehydration occur (e.g. dry mouth, fatigue/lethargy, poor skin turgor) • Abdominal pain accompanied with vomiting 	<ul style="list-style-type: none"> • Vitamin B6 25 mg three times a day • Separate liquids from solids (e.g. dry cereal followed by a glass of milk 1 hour later) • Plain popcorn • Rest • Avoid hot sun
Decreased fetal (baby) movements after 28 weeks	<ul style="list-style-type: none"> • Baby moves less than 4 times in a 30 minute period while you are resting, during a normally active period of baby 	<ul style="list-style-type: none"> • No fetal movement 	<ul style="list-style-type: none"> • Rest • Drink juice or soft drink • Eat a small snack
Labor	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Rest (you'll need energy for real labor) • Increase fluids to 8-12 glasses daily • Dehydration can cause contractions, especially in the summer

Illness/Symptom	Call The Office If:	Go to Hospital Immediately If:	Home Treatment:
Urinary Urgency and/or Pain With Urination <ul style="list-style-type: none"> Frequency is common in early and late pregnancy 	<ul style="list-style-type: none"> Pain with urination Feeling of urgency to void with little urine produced 	<ul style="list-style-type: none"> Temperature of 101°F or higher Pain in upper back Contractions occur Blood in urine 	<ul style="list-style-type: none"> Urinate at regular intervals Increase fluid intake to 8-12 glasses daily
Swelling	<ul style="list-style-type: none"> Recent, noticeable increase in feet and ankles Swelling of face and hands 	<ul style="list-style-type: none"> Swelling accompanied with headache or upper abdominal pain Swelling in one leg more than the other Elevated blood pressure if using home monitoring 	<ul style="list-style-type: none"> Lie on left side and elevate legs Avoid salty foods (e.g. ham, pizza, chili)
Cold and Flu	<ul style="list-style-type: none"> Temperature of 101°F or higher Green or yellow mucus develops Persistent cough for more than 5 days 	<ul style="list-style-type: none"> Breathing is difficult or wheezing occurs 	<ul style="list-style-type: none"> Tylenol, Actifed, Sudafed, and any Robitussin Increase fluids Rest Use vaporizer Ibuprofen ok in 2nd trimester only
Rupture of membranes		<ul style="list-style-type: none"> Water breaks; small leak or as a gush 	



Preparing for Labor and Delivery

Pre-register with hospital

We attend deliveries at Piedmont Newton Hospital, 5126 Hospital Dr. NE, Covington, GA 30014. One of our providers is on-call at all times. Please register either online (piedmont.org) or at outpatient services before you are in labor as this will make admitting you to the hospital smoother. You may schedule a tour of the birthing suites at your convenience.

Discuss your pain management plan

If you have preferences for your baby's birth, please share these with your provider. If desired, there are several options to provide pain relief while you are in labor. We are supportive of whatever you choose.

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

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

Local - Many patients deliver without pain medication. Sometimes we need to give a small injection of numbing medicine for stitches called lidocaine.

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. Ask your provider for information.

Attend educational courses

There are educational courses on labor and delivery and breastfeeding. Consider these classes especially if you are a first time parent! Breastfeeding class registration at piedmont.org.

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.

Consider circumcision

A circumcision is the removal of foreskin from the penis of baby boys. We can perform this optional procedure for you before your baby goes home. We respect your choice if you decide not to.

Packing for the hospital

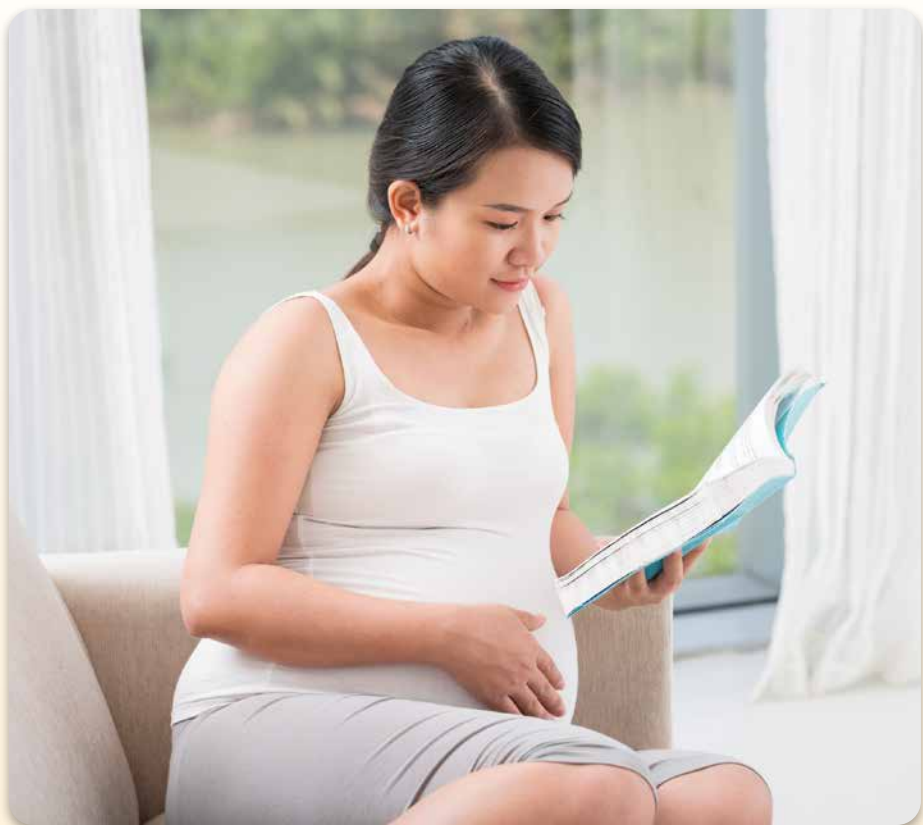
- Identification card and insurance card
- Comfortable lounge clothes or pajamas if you want an alternative to the hospital gown
- Small pack of Depends or other adult undergarments to wear after delivery
- Toiletries such as toothbrush, toothpaste, shampoo, pads of your choice
- Pacifier if you desire your baby to use one. The hospital does not provide pacifiers.
- Clothes to wear home for you and your baby
- Camera with extra batteries or chargers as needed
- Car seat
- Breast pump if you plan to pump soon following birth
- Heating pad, if desired

Visitation in labor and delivery

Up to 4 visitors or support people are allowed with you during labor and birth. Visiting hours after the birth will follow hospital schedules. Children under the age of 12 are not allowed to visit unless they are a brother or sister of the newborn. An adult, other than the patient, must be present at all times to supervise any children ages 12 or under in the labor and delivery unit.

Newborn's last name

While the baby is in the hospital the baby's last name will be the same as the mother's last name. This is a Georgia state law and there are no exceptions to this. If you are not married to the father of the baby, he will have the opportunity to sign a Paternity Acknowledgement and you can fill out the birth certificate to reflect his last name, if desired. Please understand that this is also for the safety of your baby to have the last name matching yours and may be required for insurance billing purposes.



Labor and Delivery

When will I know I'm in labor?

The chart below will help determine if you are in labor. If you have signs of true labor or if your water breaks, you may go to labor and delivery directly, day or night.

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.
Pain/discomfort usually felt in back and moves around to front.	Pain/discomfort often felt in abdomen.
Contractions steadily increase in strength.	Contractions usually are weak and do not get much stronger.
Cervix dilates.	Cervix does not dilate.
Bloody show may be present.	Usually no bloody show is present.

Induction of labor

Your due date is considered 40 weeks. Anticipate delivery sometime the week of your due date. We recommend additional testing for your baby at 41+ weeks. We induce labor then or sooner if there are concerns. Induction is a process where we give medication to stimulate contractions. It can take more than 24 hours to work, especially if it is your first. It is important to allow your baby to fully grow and develop before we schedule a delivery. Non-medical induction cannot be performed prior to 39 weeks. Recent data shows that, for low risk women, induction of labor in the 39th week of pregnancy may decrease risk of cesarean section and possibly other negative outcomes for women and babies. Ask your provider for more information on this if you have questions.

Family centered cesarean

If cesarean delivery is planned, Covington Women's Health Specialists offers options for you to have a family centered cesarean. Please speak with one of our physicians or midwives at a scheduled visit to learn about this option if you are interested. More information and a form of options is available on our website under Forms.

Delayed cord clamping

There are benefits for your baby when the umbilical cord is not immediately cut after birth. Our routine practice is to delay cord clamping when mother and baby are stable.

The Golden Hour/skin to skin

Following a vaginal delivery, if you and your baby are stable, we recommend an hour of uninterrupted skin-to-skin contact between the mother and baby, also called the Golden Hour. The baby is placed on the mother's chest and covered with towel/blanket for at least an hour. This allows for an easier transition for the newborn, helps maintain newborn temperature, and encourages early breastfeeding. This Golden Hour is also performed following a cesarean section; however, it may occur in the recovery room if not started in the operating room.

Initial recovery after Cesarean birth

The immediate recovery period is similar to the recovery period of a vaginal birth. Rest to conserve your strength. You, your baby and your support partner will remain in the Labor and Delivery Recovery Room for approximately two hours. During this time you and your baby will be monitored closely.

Episiotomy/vacuum

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



Breastfeeding

Whether to breastfeed your baby or not is a very personal choice and is your decision to make. Mother Nature, though, has provided you with the best food to feed your baby. Human milk is a unique combination of fats, sugars, mineral proteins, vitamins and enzymes, custom-made to promote brain and body growth.

Colostrum, also called first milk, is a milky or yellowish fluid secreted by the mammary glands a few days before and after birth. Colostrum provides unmatched immunity against bacteria and viruses. Colostrum also acts as a natural laxative to clear the meconium (first bowel movement) from the baby's intestine, thereby, decreasing the chance of jaundice.

According to the U.S. Department of Health and Human Services: research shows that breastfed babies have lower risks of: asthma, leukemia (during childhood), obesity (during childhood), ear infections, eczema, diarrhea and vomiting, lower respiratory infections, Necrotizing enterocolitis (a disease that affects the gastrointestinal tract in premature babies), Sudden infant death syndrome (SIDS), and Type 2 Diabetes.

For additional support, you may call 770-385-4182 to schedule a breastfeeding class or receive information from the Lactation Service.

Breastfeeding Options for Working Mothers

Full time Nursing means you can nurse the baby during the workday OR you want to express milk often enough (at least every 3-4 hours) to be able to provide all the milk your baby needs while separated from you. Formula will be used in only rare instances when you don't have quite enough breast milk.

About seven to fourteen days prior to returning to work begin practicing with expressing milk by hand or with a pump to become familiar with the technique. It will take about 3 to 4 times before you become proficient.

Most women find they have more success expressing milk in the morning. Try this about one hour after the baby nurses. Just express for 10 to 15 minutes at the most and do it consistently each day. Expressing more than 1-2 times per day is not recommended.

Milk can be stored in baby bottles, a pitcher or any clean container in the refrigerator. Don't worry if you only get a small amount when you begin. Fresh milk can be added to the milk you already have in the refrigerator as long as the new milk is chilled first. Milk can be kept in the refrigerator for 5 days. After 5 days it should be frozen or discarded. Breast milk, when removed from the

refrigerator or freezer, may appear discolored (yellow tinged, bluish green, even a little brown). This does not mean the breast milk is bad. Always check breast milk to be certain it does not smell sour or taste bad. Because breast milk does not look like cow's milk when stored, taste and smell, not color, should determine if the refrigerated breast milk is good.

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

Occasional bottle-feeding can begin at about 4-6 weeks after delivery even if you are not planning on returning to work until your baby is several months old. Introduce the baby to the bottle 1-3 times per week by letting dad or someone else feed some of your expressed milk by bottle. It doesn't need to be a "full" feeding; the intent is for the baby to get used to how to drink milk from a rubber nipple and bottle.

When you are at work express milk every 2-4 hours. You do not have to express at the same time every day but express milk often enough to prevent engorgement.

You should nurse as soon as you can when you get home and as exclusively as you can. If you find that your breast milk supply has dropped, try expressing milk before bedtime to help stimulate the supply a little.



Part time Nursing involves the ability to nurse the baby or express milk occasionally during the workday. You do not expect to be able to feed or express milk often enough to maintain a full milk supply and meet all of your baby's needs with your breast milk. Formula will be used frequently to provide all or most of the milk your baby needs while you are at work.

This option works better when babies are older and mothers do not have long workdays and long commutes. Mothers with babies less than 3-4 months old risk losing more of their milk supply than they planned on if they are not able to express milk at all during the day. "Comfort Expressing" (removing just enough milk to avoid discomfort from overly full breasts) can help you meet this goal better. Another variation of this option is expressing milk (even on a limited basis) at work until the baby reaches 3-4 months of age and then discontinuing it and using formula while you are working and

continued frequent breastfeeding when you are at home.

About seven to fourteen days prior to returning to work eliminate one or two feedings that you will miss while you are at work. Replace breastfeeding at those feedings with a bottle of formula or breast milk. If your breasts are uncomfortable place some ice on your chest or express just enough for comfort. This will reduce the amount of stimulation your breasts receive and thereby, decrease the milk supply a little.

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

Sore Nipple Management

Breastfeeding is meant to be a comfortable, pleasant experience. However, many new mothers still find their nipples tender for the first few days when the baby starts nursing. This usually disappears by 1-2 weeks.

To help prevent nipple tenderness, start with the correct positioning and latch on.

Cradle Position

- Place a pillow or two in your lap to support your baby.
- Place your baby's head on the crook of your arm
- Make sure your baby is turned toward you chest to chest at breast level
- a. Support your breast with your hand in an "L" or "C" position, thumb on top of your breast, fingers below, away from areola.
- b. Tickle your baby's lower lip until he opens WIDE, and then quickly pull him onto your breast. Be patient. This may take a minute.
- c. Make sure your baby's lips are behind the nipple, encircling the areola.
- d. The tip of your baby's nose should be touching the breast.

Football/Clutch Position

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

Lying down Position

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

Vary nursing positions for the first week.

Breastfeed frequently, about every one and one-half to three hours. Keeping your baby on an artificially longer schedule may make him frantically hungry and increase the likelihood of vigorous nursing and tender nipples.

Release the suction before you remove your baby from the breast. Do this by placing a clean finger in the side of your baby's mouth between his jaws.

Don't take him away until you feel the suction break.

After nursing your baby, express a little breast milk and massage it into your nipples and areola, then air dry. Leave them open to the air as much as possible. Never use soap or alcohol on your breasts or nipples. Water is all that is needed to clean your breasts when you shower or bathe.

If your nipples do become sore, try these suggestions:

- Use deep breathing, soft music or other relaxation techniques before and during breastfeeding.
- Limit the nursing time on the sore nipple.
- Express a little milk first to stimulate let down.
- Massage your breasts while nursing. This helps stimulate the milk to flow.
- Use non-plastic lined bras and/or bra pads. Change the pads frequently to keep the nipple dry.
- If your nipples become dry or cracked, use a little USP Modified Lanolin on them. This forms a moisture barrier so they stay dry.

Suggested Books on Breast Feeding

"The Womanly Art of Breast Feeding" by: LaLeche League International

"Breast Feeding your Baby" by: Sheila Kitzinger

"Best feeding: Getting Breast feeding right for you" by: Mary Renfrew, Chloe Fisher, Suzanne Arms

"The Nursing Mothers Companion" by: Kathleen Huggins.

Postpartum Instructions

1. You will make a follow-up appointment between 1-4 weeks after discharge from the hospital. We will discuss when you need to follow up on day of discharge and will depend on your specific needs in the postpartum period.
2. Refrain from using tampons until after your postpartum check-up.
3. Douching is never safe. Please do not use douche.
4. No driving for 1-2 weeks following a cesarean section.
5. Continue your prenatal vitamins daily and eat a well balanced diet.
6. If breastfeeding increase your fluid intake to 10-12 glasses of water per day. With any signs of a breast infection (fever, flu-like symptoms, pain or redness in the breast) call the office for further instructions.
7. 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.
8. Tub bathing is encouraged one to two times daily after a vaginal delivery and two weeks after a cesarean. You may also use a handheld shower head to spray your bottom one to two times daily.
9. Vaginal bleeding may continue for 6-8 weeks while the uterus is involuting back to prepregnancy 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.
10. Avoid lifting anything heavier than your baby until after your postpartum check-up.
11. Exercise – Avoid sit-ups, jumping jacks and aerobics until after your baby is 6 weeks old. You may do simple abdominal tightening exercises, kegal exercises, and walking.
12. 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 narcotics.
13. Hemorrhoids usually are more symptomatic after delivery. If they are a problem for you, we can prescribe medication to relieve symptoms.
14. Postpartum blues – Sadness, crying and blues are normal responses to hormonal changes in your body after the baby is born. Please let us know if you need additional assistance or if you are concerned that the blues have turned into depression.

15. Abstain from intercourse for six weeks or longer if you are still having pain. Remember that you can become pregnant within the first few weeks after delivery. Consider your birth control needs and discuss this at a visit or before discharge.
16. You may climb stairs 2-3 times a day in the first 2 weeks. Too much activity delays episiotomy and incisional healing.
17. Please call the office if you have a fever of 101°F or greater, swelling, tenderness or redness in the lower leg.
18. 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. Avoid pulling on surgical glue as this can damage the skin.
19. It is very important to rest as much as you can during the first few weeks after delivery. Your physical and emotional wellbeing is integrally tied to you having rest and support. Plan for help with other children, cooking, and cleaning for the first 2 weeks. Stock your freezer and pantry in the last few weeks of pregnancy. Limit visitors in the hospital and at home so you are able to rest.

Birth control options/family planning

Planning for another pregnancy begins now! One of the best decisions you can make before you deliver your baby is what form of birth control you will use after the birth. Information on types of birth control is found at www.birthcontrol.com. Please review the options and discuss any questions at one of your visits.

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.



Reading List/Resources

The childbearing year is one of the most transformative times in a woman's life. We strongly encourage you to use the following as resources to help you along this journey.

"The Healthy Pregnancy Book" by: Dr. William Sears

"Pregnancy, Childbirth and the Newborn: The Complete Guide" by: Penny Simpkin

"The Birth Book" by: Dr. William Sears

"Breastfeeding: Keep It Simple" by: Amy Spangler

"The Baby Book" by: Dr. William Sears

www.ChildbirthConnection.org - National Partnership for Women and Families

www.SpinningBabies.com - Optimal positioning for babies

www.KellyMom.com - Pregnancy, Breastfeeding and Parenting information

www.Car-Safety.org - Car seat information

www.MarchofDimes.org

www.Postpartum.net - Postpartum Support International.

Hotline: 805-967-7636

National Domestic Violence Hotline: 800-799-7233

Childbirth Classes are highly recommended. Please ask at the office about options available.

Breastfeeding Classes are offered at Piedmont Newton for a minimal fee.

Register for classes and/or tours of labor and delivery at www.piedmont.org/classes-and-events.

Notes & Questions

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

My Pharmacy and Phone Number: _____



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WOMEN'S HEALTH
S P E C I A L I S T S

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