

SHREWSBURY OBSTETRICS & GYNECOLOGY, PC

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PREPARING FOR A HEALTHY BABY

Congratulations! Pregnancy is a time of many changes and questions. The goal of this packet is to outline our approach to prenatal care and to be able to discuss with you some general concerns including physical changes, lifestyle, labor and delivery.

OUR OFFICE

VISITS

The first office visit is longer and more involved than the following visits. You will be asked about your health, your family's health, and any previous pregnancies, and will undergo a complete physical examination with a PAP smear and cervical cultures. Some laboratory tests will be done early in your prenatal care, including blood typing, screening for anemia, rubella and hepatitis, and urine studies to identify infection and functional problems. At approximately 28 weeks, you will be re-screened for anemia and tested for gestational diabetes. In addition, you will be given the option of having a blood test in your 2nd trimester, called a quadruple test, to screen for certain chromosome abnormalities (Down Syndrome, trisomy 18, etc) and abnormalities in brain and spinal cord development.

Repeat obstetric visits are generally scheduled for every four weeks until thirty weeks, then every two weeks until thirty-six weeks, and then weekly until delivery. Although most pregnancies proceed normally, each has some degree of risk. We continually assess this as an essential part of our commitment to prenatal care.

At each visit your weight, blood pressure, and urine are checked; the height of your uterus is measured and we listen to your baby's heartbeat. These visits are a good opportunity for you to let us know how you are doing and to address any special concerns you may have. Your partner and children are welcome at any of your visits.

ULTRASOUND

Ultrasound, which creates pictures from sound waves, is available through our office. Although the effects of ultrasound are still being studied, in over thirty years of use no harmful effects to either mother or baby have been identified. We use our ultrasound to diagnose a suspected problem or to check a condition that has been confirmed.

CHILDBIRTH EDUCATION CLASSES

You and your partner may be anxious about labor and delivery. Learning what to expect can be a big help. We invite you and your partner to attend childbirth education classes at UMass Memorial Healthcare. They are held at the Memorial Campus on 109

Belmont Street, Worcester. These classes cover everything from the physiology of pregnancy and the signs of labor, to relaxation techniques and Lamaze breathing. In addition, it is a chance to share your experience with other couples. Towards the end of the six sessions, there will be a tour of the Maternity Unit on the Memorial Campus. To sign up for classes, please call the UMass Memorial Family Education Department at (508) 334-6485. If you are not taking classes but would like a tour or wish a sibling tour, please call (508) 334-6311.

WHEN TO CALL

Although most of your questions and problems will be taken care of during your routine visits, circumstances may arise when you need to call and check on something before your next visit. During your pregnancy, any vaginal bleeding or crampy abdominal pain should be reported when it occurs. During the second trimester and up to 36 weeks, if you experience any rhythmic abdominal pains resembling contractions, you should call the office as soon as they occur. After 36 weeks, you should call when your contractions are regular or of a duration longer than 45 seconds, and occur every 5 to 8 minutes. Any leakage of fluid or rupture of membranes should be reported as soon as it occurs. Any time you notice that fetal movement appears to have stopped or is markedly decreased you should call the office. During your pregnancy, if you have any problems requiring emergency medical treatment, we would appreciate it if you call us initially. Should you require referral to another physician, we will take care of that promptly. Often we can save you a trip to the Emergency Room.

CHANGES DURING PREGNANCY

WEIGHT GAIN

This has been a topic of debate among physicians and a cause for mostly unjustified anxiety among patients. Although there is no one ideal weight gain, some points should be considered. Firstly, pregnancy is not the time for you to try to lose weight. Secondly, what is considered to be a healthy weight gain will vary from patient to patient. Weight gain in the range of 25 to 45 pounds is typical. In this day of health awareness and body image, it is important to remember that there is no evidence that a large weight gain provides the same threat to your health as it would if you were not pregnant.

NAUSEA AND VOMITING

You may experience nausea and/or vomiting in the early part of your pregnancy. Early in the pregnancy nausea and/or vomiting may be a problem. You may not gain any weight during this period; you may even lose some weight. This is usually not harmful to you or the pregnancy. These symptoms can sometimes be alleviated with dry crackers, ginger ale, and some dietary modifications (please see our handout for other helpful suggestions). In most cases these symptoms resolve at the end of the first trimester. In extreme cases, medications can be safely used to diminish the symptoms.

HEARTBURN AND CONSTIPATION

Other disturbances in pregnancy include heartburn and constipation. Increased heartburn during pregnancy is caused by the pregnancy hormones, which slows digestion and relaxes the esophageal muscles, and by the growing uterus, which presses up on your stomach. Using antacids, sleeping propped up on a few pillows, and avoiding eating a few hours before going to bed may reduce heartburn. Tums may help relieve symptoms and are both low in sodium and a good source of calcium.

Constipation can be caused by the pregnancy hormones, which decrease bowel motility, and by the iron in prenatal vitamins. You may find it helpful to increase the fiber in your diet, drink plenty of fluids, and if necessary, use stool softeners.

Other changes associated with pregnancy that you may experience to some extent are insomnia, hemorrhoids, swelling or varicose veins. We will be glad to discuss these changes with you as they occur.

HEALTHY LIFESTYLE

DIET

Eating habits and choices are personal, but a well-balanced diet is very important during pregnancy. In general, eating foods from each of the four basic food groups every day is a good way to establish a healthy, balanced diet. In terms of numbers, you will require about 2,000 calories per day, 70 grams of protein per day, and approximately 1,200 mg. of calcium per day. Because you are doing all of the fetus's digestion and breathing, you will need more energy sources and thus increased calories. These calories are important for body growth, maintenance and repair. Please see the enclosed brochure for additional information.

Usually, you can get all the nutrients you need just by eating sensibly. However, it is advised to take a prenatal vitamin to obtain the required iron, folic acid and calcium that you need. We can prescribe this vitamin, or you can obtain it over-the-counter.

There is no evidence that caffeine, in moderation, is harmful to pregnancy. However, because of the changes in your metabolism, it takes two to three times longer for the body to eliminate caffeine. You may find that you have more jitteriness, insomnia, etc. Therefore you may find it helpful to limit or eliminate your consumption of caffeine. Also, NutraSweet has not been proven to be harmful to pregnancy if consumed in moderation.

EXERCISE

When exercising during pregnancy a few things should be taken into account. They are your current health, how active you were before you became pregnant, and your previous pregnancy history. Listen to your body. Because of the pregnancy you may tire more easily and have some dizziness. In either case you should limit your exercise rather than fight these symptoms. Use common sense. Most exercise programs are acceptable, but contact sports, sports that have a high potential for trauma (like skiing), and exposure to high altitude and high temperatures should be avoided. If you participate in aerobics, you should

monitor your heart rate (a good rule to follow is to limit your heart to $[220 - \text{age}] \times 80\%$). There are several structured exercise programs for pregnant women in this area that we can refer you to, as well as many excellent videos and written resources we can share.

WORK

If you work outside of the home, you will most likely continue to work until term or almost term. Occasionally medical conditions arise during the pregnancy that prevents you from carrying out your responsibilities at work. Since employers vary in their coverage of pregnancy disability, you need to discuss with us the possibility of your leaving work early before you take the time off.

During pregnancy, your employer should help you identify possible exposures, including chemicals, high temperature and radiation, which may be potentially harmful to your pregnancy. While little specific information is available regarding environmental exposures, we will be happy to try to answer or research any specific questions you may have. You can also call the environmental hotline given in our packet.

DRUGS AND SMOKING

When using any medications it is important to weigh the known benefits and potential risks. This holds true even more so during pregnancy. All physicians prescribing medications for you should know that you are pregnant. In addition, do not stop taking any medication prescribed by a doctor without discussing it first. The lack of treatment could be more harmful than the drug. We will be happy to provide you with whatever information that is available about a drug.

Not all drugs require a prescription. Most over-the-counter medications have not been proven to be harmful during the pregnancy, but these studies are not conclusive and do not eliminate the potential for doing harm. We will be happy to discuss any of these medications with you.

Alcohol can be harmful to your baby. In large amounts, during a substantial portion of pregnancy, alcohol may lead to malformations. While alcohol in small amounts taken occasionally has not been shown to do harm, no safe dose has been identified. Therefore, alcohol should be avoided during pregnancy.

Smoking during pregnancy, in addition to providing the usual health risks, also increases the risk of bleeding, premature delivery, impaired fetal growth, and other complications. Pregnancy is an excellent motivating force for you to give up this habit. If you find it impossible to quit altogether, you should try to cut back on how much you smoke.

If you are currently using or tempted to use any recreational drugs, please let us know so that we can provide you with the help and support you need to stop.

LABOR AND DELIVERY

LABOR

Towards the end of pregnancy, a small amount of blood and mucous may be released from the cervix; this is called the mucous plug or bloody show. Labor generally begins afterwards, but may take several days. Try to relax and continue your normal routine. It is time to call our office when one or more of the following occurs:

- Your membranes have ruptured or you think that you may be leaking fluid.
- Your contractions are occurring every 5 to 8 minutes and last for about 45 seconds.

When you call, we will return your call promptly and together we will determine if you will be more comfortable at home or in the hospital.

When you arrive at Labor & Delivery, you will be evaluated in a triage area. This will be to determine the position of the baby, the dilation of the cervix, and whether the membranes have ruptured. Your blood pressure and urine will also be checked. If you are in labor (regular contractions with cervical dilatation changes) you will be transferred to a Labor, Delivery and Recovery room. While in early labor, you may be more comfortable walking around the unit or sitting. Fetal monitoring is performed intermittently in the early stage of labor and continuously when labor is more active. It is useful in assessing the condition of the fetus, as well as providing information about the frequency and duration of the contractions. In some cases, the monitoring is performed internally. Intravenous usage is determined on an individual basis. If you are having a long labor, it will provide you with the calories and hydration that both you and your fetus need.

After a brief recovery period, you will then be transferred to the postpartum area where you have the option of keeping your baby at your bedside or in the Nursery. Your partner is welcome to stay with you throughout your visit in the hospital.

ANESTHESIA

Many women are concerned regarding the discomfort of labor. Methods for breathing and relaxing are taught in the childbirth classes. Each person's need for anesthesia varies and it is very difficult to determine this until you are actually in labor. In determining the best pain relief for you, we also must consider the progress of your labor and the status of the fetus. Relief can be obtained by using injectable or intravenous medications for pain such as Nubain, Demerol or Stadol. Another form of anesthesia is the epidural. A catheter is placed in the space just outside the spinal column and an anesthetic is administered to the area. It causes loss of feeling in the lower half of the body. Because the epidural may have a slowing effect on your labor, it is not generally given until you are in active labor and progressing well. For delivery, local anesthesia is used if an episiotomy is necessary. General anesthesia is reserved for emergency situations.

DELIVERY

At the delivery every attempt is made to minimize the threatening atmosphere that hospitals sometimes have. The lights are dimmed and the noise is kept to a minimum. An

episiotomy is cut only if the baby's head is too large to be delivered without causing damage to the mother. The infant is usually placed on the mother's abdomen shortly after the delivery. There are certain circumstances where intervention is necessary. You should be assured that you will be holding your baby as soon as possible.

POSTPARTUM

PHYSICAL RECOVERY

The period of postpartum recovery is a long and gradual process and it does not stop once you leave the hospital. In general, after a normal vaginal delivery, you will be discharged two days later. If complications are identified in the postpartum period, such as fever or bleeding problems, then the hospitalization will continue as long as necessary to provide you with proper treatment. Once you are home, you will need help at least for the first several days. During the early postpartum days it is normal to be fatigued and perhaps even dizzy when you sit up quickly. Try not to worry about housework. Take naps and do not be afraid to limit your visitors. Try to relax as you begin your new pattern of daily living.

If you had an episiotomy, the stitches will dissolve on their own. Instructions will be given at the hospital to minimize your postpartum discomfort. You should abstain from intercourse whether or not you have stitches until your postpartum visit (about five to six weeks) so we can ensure you are healed and all bleeding has stopped.

It is very common for new mothers to feel sad, lonely, afraid and anxious after childbirth—these feelings have been nicknamed “postpartum blues”. Some women develop postpartum depression, which has more intense feelings of loneliness, anxiety or despair, limiting their ability to care for themselves and their children. If this becomes a concern for you, you need to discuss this with us so that we can get you the support you need.

FEEDING YOUR BABY

Breastfeeding vs. bottle-feeding is a personal choice. What works for one family may not work for another family. In general, breastfed infants have fewer feeding problems, tend to be less constipated, and have fewer infections and allergies than babies who are bottle-fed. Formulas that are currently available do a good job of providing your infant with its nutritional requirements. One advantage to bottle feeding is that the father can participate more in baby care. Your pediatrician can also provide you with more information about feeding choices. If you decide to breastfeed we recommend you participate in a lactation class or contact the LaLeche League for valuable information (see our resource list for more details). Also, during your hospital stay a lactation specialist is available to visit with you and your baby.

CIRCUMCISION

If you have a boy, you may be considering circumcision. While there are many cultural reasons for doing a circumcision, there are very few medical reasons for doing it and routine circumcision of the newborn is not recommended.