



*Lotus Ob.Gyn*

***Congratulations on your pregnancy ! We are here to provide you with all the support you need. This package contains some information that may be of help during your pregnancy.***

***General Recommendations:***

*During pregnancy you may want to avoid any medications unless absolutely necessary. You may take Tylenol sparingly for minor aches or pains; however, you should avoid aspirin and Ibuprofen. If you have a temperature over 100.4, you should contact our office, so we may rule out any illness related to your pregnancy.*

*Medications that are safe to use in pregnancy include:*

*Tylenol for headaches and back pain  
Tums for heart burn  
Cough Drops for cough  
Preparation H for hemorrhoids  
Benadryl for allergies and stuffy nose  
Claritin for allergies  
Colace for constipation*

*During your pregnancy you should also avoid the following:*

- a. Smoking*
- b. Alcoholic beverages*
- c. Douching or use of tampons*
- d. Cat litter boxes*
- e. Consumption of raw meats*
- f. Hot tubs and saunas*
- g. Non-Processed Cheeses and Dairy products*

*You should limit your intake of the following:*

- a. Saccharin as well as NutraSweet (however NutraSweet if preferable)*
- b. Caffeine: (note the following are HIGH in caffeine)*
  - o Coffee*
  - o Tea*
  - o Colas*
- c. Salt*

*When seeing other physicians, please advise them that you are pregnant. Please feel free to clear all prescriptions with our office. AVOID x-rays when possible.*



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*TEETH: If you have not seen your dentist within the past year, we advise that you do so after your first prenatal visit. Bad teeth get worse during pregnancy. Fillings and extractions may be done with safety. Your dentist can usually use any type of local anesthetic or properly shielded X-rays without danger to you or the baby. If in doubt, have your dentist call us.*

*WORK: Fortunately, most women are able to continue working throughout the pregnancy. There are a few job situations that require modifications. If you are concerned about your job requirements, discuss them with your Doctor. If you have a particular situation that requires job modification or discontinuance, we will give you a written statement to that effect.*

*TRAVEL: It is fine to travel during your pregnancy (including air travel), unless otherwise advised. After 34 weeks, we ask that you stay close to both your hospital and your physician.*

*EXERCISE: Exercise is safe in pregnancy, however, you should not start any new exercise program during pregnancy. You should avoid any exercises lying flat on your back after 20 weeks and you ideally want to keep your heart rate below 140. You should avoid all contact sports, water and snow skiing ,or horseback riding. Use common sense in your exercise regimen.*

***First Visit:***

*A medical and obstetrical history is obtained. We want to know if you have a history of any serious illness, drug allergies, or operations. We also want to know about your experience with any previous pregnancies. In addition, we need to know about any family history of possible hereditary problems. A complete physical exam, including a pap smear is performed and a prenatal screen blood test is obtained. An ultrasound is sometimes performed to confirm fetal age, fetal number and viability. From your history, exam and ultrasound, your due date will be determined. Pregnancy usually last 40 weeks from the first day of your last menstrual period. Therefore, when we say you are "6 weeks pregnant", we mean you are 6 weeks from your last menstrual period.*

***Subsequent Visits:***

*We will see you every 4 weeks until you are 28 weeks, then every 2 weeks until you are 36 weeks, then weekly until delivery. We generally do not allow the pregnancy to go beyond 42 weeks. At each office visit, we will check your weight, blood pressure, and check your urine for protein, glucose and infection. We will also examine your abdomen to measure the growth of the pregnancy and listen for the fetal heart beat. This can usually be heard by 10-12 weeks. Vaginal exams are usually done at 36-40 weeks to evaluate*



*the cervix and fetal position. Try to make a list of any questions you may have so we may review them during your visit.*

**BLOOD TEST:**

*INITIAL VISIT: Prenatal screening includes complete blood count, urinalysis, blood type and Rh, atypical antibody screen, hepatitis B screen, rubella immunity screen, syphilis screen and optional but recommended HIV screen. All of these are routine test for pregnant women.*

*VITAMINS: Because almost no-one gets a perfectly balanced diet every day, it is a good idea to take vitamin supplements. A daily vitamin supplement, while it does not take the place of a good prenatal diet, will serve as extra insurance that your body may need. Do not take any kind of dietary supplements other than such a prenatal formula without your doctor's recommendation. If you find that taking a vitamin supplement increases nausea in early pregnancy, switching formulas may help. In some women, the iron in a prenatal vitamin can cause constipation or diarrhea. Again, switching formulas may bring relief.*

*MORNING SICKNESS: Nausea and vomiting are common and may be unpleasantly persistent during the first three months of pregnancy. This is due to the high levels of hormones in the blood stream which are necessary to maintain an early pregnancy. In most every instance it disappears around the fourth month. Morning Sickness can occur any time of the day, morning, noon, or night - or even all day long.*

*Not all pregnant women experience morning sickness. Some women have a few queasy moments, others feel nauseated, and some vomit several times a day.*

*Here are some suggestions on helping control morning sickness:*

- Eat a high protein and complex carbohydrate diet. This can help fight nausea.*
- Drink plenty of fluids - especially if you're losing them through vomiting.*
- Avoid the sight, smell and taste of foods that make you queasy.*
- Eat often and before you become hungry.*
- Keep crackers, pretzels or small cookies by your bedside and eat one before you arise in the morning or if you wake up during the night.*

*If vomiting becomes so severe that you are unable to retain anything, call our offices.*

*GENETIC PROBLEMS: During your 1st Trimester, your physician will have discussions regarding genetic testing. If both you and your physician feel that you may have a need for testing, this testing will be done around 15*



weeks of pregnancy. Most expectant parents are at low risk for transmitting genetic problems and never need to see a genetic counselor. Following are reasons why some patients may see a genetic counselor.

- Couples whose blood tests show them both to be carriers of a genetic disorder.
- Parents who have already borne one or more children with genetic problems.
- Couples who know of a hereditary disorder.
- Couples in which one partner has a congenital defect.
- Pregnant women who have had positive screening tests for the presence of a fetal defect.
- Women over 35.

#### **POSSIBLE SIGNS OF MISCARRIAGE:**

*When to Call Your Doctor Immediately*

- When you experience bleeding with cramps or pain in the center of your lower abdomen.
- When pain is severe or continues unabated for more than one day, even if it isn't accompanied by staining or bleeding.
- When bleeding is as heavy as a menstrual period, or light staining continues for more than three days.

*When to Get Emergency Medical Attention*

- When you have a history of miscarriage, and experience either bleeding or cramping or both.
- When bleeding is heavy enough to soak several pads in an hour, OR when pain is so severe you can't bear it.
- When you pass clots or greyish or pink material - which may mean a miscarriage has already begun.

#### **Second Trimester**

*At the beginning of the second Trimester, you should have an end to or a decrease in nausea and vomiting. Around your 20th week, you should start feeling fetal movement. During this period you may experience a whitish vaginal discharge, lower abdominal achiness, constipation, heartburn and indigestion.*

*At your office visits, we will be taking weight and blood pressure readings. Listening for fetal heartbeat, checking size and shape of the uterus, checking feet and hands for edema. During these visits you should explain any symptoms you have been experiencing, especially unusual ones. You should also make a list of any questions you may have and be prepared to discuss them at these visits.*

*During this period you may also have genetic testing done.*



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*Because you are now in the middle of your pregnancy, it is wise to start thinking about Childbirth classes and registering at the hospital.*

### ***Third Trimester***

*There are some routine screening tests that need to be accomplished at 28 weeks. We are currently doing glucose tolerance testing and a blood test for anemia. If you are Rh negative, we will be checking for antibodies and if the antibody screen is negative, you will also be receiving your Rhogam injection at this time. Hopefully, this will be the last of the screening test needed until the 36 week Group B Strep test.*

*Also at this time, it is important for you, as an observer and participant in your obstetric care, to monitor the baby's growth and activity. Expectant mothers that are aware of fetal movements are much better predictors of fetal well-being than objective observers. Please do regular kick counts three times per day: in the morning, in the afternoon, and in the evening. For one hour during this time, please observe for fetal movements. Four fetal movements within an hours time is reassuring. If the baby does not move four times in one hour, please drink something cool, prop your feet up, put your hands on your abdomen, and concentrate on the baby's movements. It is okay to jostle the baby, you cannot hurt the baby. If the baby still is not moving, please call our office. If it is after office hours, please call the office and the answering service will contact the on-call physician. Sometimes, it requires monitoring in the office or hospital and sometimes, the baby spontaneously becomes active and further treatments will not need to be done.*

*Also, from 26 weeks until 35 weeks, we are concerned about early labor. Some women will have early contractions which do not change their cervix and are not premature labor. Some women will develop premature labor and it is much easier for us to intervene if we catch it early. If you should have low back cramping or pain that radiates from the back to the front, or any cyclic or rhythmic discomfort, change in vaginal discharge (especially bleeding), or watery fluid, these are symptoms that may indicate preterm labor. If you notice that your stomach is hard and soft in a rhythmic manner every 10 to 15 minutes for an hour, please get off your feet, prop your feet up, hydrate with cool liquids, and rest. If this persists for one hour, please contact our office day or night, weekend or holiday. If we are not here, then the answering service will contact the on-call physician, and he/she will get in touch with you. Please help us in providing quality prenatal care and being involved in having a healthy mom and healthy baby. If you have any questions, jot them down and bring them to your next prenatal visit.*



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*Please call and speak with the office or physician on call before leaving for the hospital. Make sure that you leave the nature of the call. If call back is not returned in a timely fashion, repeat the call. Many medical problems can be handled by the telephone and prevent you from costly hospital visits.*

**-Note-** *Most labor's take a considerable length of time from onset (usually hours). Therefore, driving carefully and the speed limit is highly encouraged. You should have plenty of time to arrive safely at the hospital.*

### **OTHER REASONS TO CALL**

- *Heavy vaginal bleeding.*
- *Lack of fetal movement, even in labor your baby should move some.*

#### ***Diet Guidelines:***

*A weight gain of 2-3 pounds per month or a total of 20-25 pounds is desirable; however, it is important you get adequate nutrition and fluids. Please see the enclosed Diet Score Sheet. Weight reduction is never advised at any time during pregnancy.*

*A high protein diet is best during pregnancy. Lean beef, chicken, turkey and fresh fish (baked or broiled, not fried) are your best sources of protein.*

*Other good sources of protein are low-fat cottage cheese, peanut butter, beans, sunflower seeds, peas, eggs or tofu.*

*Milk - try to drink at least 2-3 glasses daily, low fat or skim is preferred. If you cannot drink milk, other good sources of calcium are plain low-fat yogurt (you may add fresh fruit), hard cheese, Citrus Hill juices plus calcium. If you still cannot get enough dietary calcium, please take calcium supplements. Calcium supplements such as TUMS, Caltrate Citracal or Fosfree are suggested.*

*Because anemia is common in pregnancy, it is advised that you get plenty of iron in your diet. Foods that are high in iron are: Liver, peaches, grapes, dried apricots, raisins, egg yolks, fresh spinach, turkey, tofu, lean meats, and peanut butter. If your iron blood count is low, you will be advised to take iron supplements.*

*Seasonings such as onion, lemon, garlic and pepper are fine. Do not use prepared salts such as onion or garlic salt.*



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*Recommended snacks include: Fresh fruits and vegetables, hard-boiled eggs, raisins, baked turkey or chicken. Try to limit lunchmeats or canned foods, as they are high in salt.*

*Foods that are high in sodium include: Pork products, lunch meats, potato chips, pretzels, corn chips, shellfish, salad dressings, canned soups, canned fruits and vegetables, diet drinks, fried foods, gravies and sauces, prepared foods such as TV dinners and fast food, Chinese food and Mexican food.*

***Billing and Insurance Procedures:***

*After you have been seen for your first prenatal care visit, our office will contact your insurance company to verify your benefits and obtain an estimate of what your out-of pocket expenses will be.*

*At this time, as a courtesy we will pre-certify your hospital stay with your insurance company.*

*Prior to your hospital stay you must follow up with your insurance company to insure certification was obtained. Failure to verify this information, may result in reduced benefits or you may become responsible for the entire cost of the pregnancy and delivery.*

*Please Note, depending upon your insurance, some carriers may or may not allow payment for sonograms. If your insurance does not allow for sonograms and if sonograms are performed you will be financially responsible.*

*If your insurance changes during your pregnancy, you must notify our office immediately and bring in your new insurance card on your next visit. Failure to notify us may result in reduced benefits you receive from your insurance company. In some instances, you may become responsible for the entire cost of the pregnancy and delivery.*

***Disability and FMLA Forms:***

*If you have disability insurance or are eligible for leave under the Family Medical Leave Act, you may drop these forms off at your physician's receptionist. Please fill in all the information which you can. There will be a \$20.00 charge for each form which we complete.*

*After you leave these forms at our office, it may take up to one week to complete these forms. Please call our office before making a trip to pick-up these completed forms.*