

*Thank you for choosing us for your prenatal care and delivery. Your health and safety, and that of your baby's, is our highest concern. We are excited to be a part of this exciting life experience!*

## CONTACT INFO

Timothy Leach MD, FACOG

Theresa Gipps MD

110 Tampico Ste 210  
Walnut Creek Ca 94598  
[www.leachobgyn.com](http://www.leachobgyn.com)

Phone 925-935-6952  
Fax 925-935-1396

Our staff:

Front desk: Nariza, Pam

Office Manager: Maria

Medical Assistants: Dolly, Debi

Surgery scheduler: Teresa

Nurse Practitioner: Crystal Alpert PA-C

We only deliver babies at John Muir Hospital in Walnut Creek.

### **John Muir Labor & Delivery**

1601 Ygnacio Valley Rd  
Walnut Creek Ca, 94598  
[www.johnmuirhealth.com](http://www.johnmuirhealth.com)

Emergency entrance, 3rd floor  
Phone: 925-947-5330

John Muir offers hospital tours and multiple classes including childbirth, breastfeeding, and newborn care. Register online or call 925-941-7900.

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### **If I need to talk to a doctor...**

A doctor is on call 24 hrs a day, 365 days a year. Call the office phone number any time for urgent questions. During business hours someone from our office will get back to you. If we cannot answer right away please leave a message and we'll get back to you.

For emergencies or urgent questions at night or on weekends leave a message on the answering service and the on-call doctor will return your phone call. If you have an emergency and cannot get in touch with a doctor within a reasonable time, please call John Muir Labor & Delivery at 925-947-5330.

For non-urgent issues you may also email via your MyJohnMuirHealth account. Go to [myjohnmuirhealth.com](http://myjohnmuirhealth.com) to access your account and email the office. Please contact the office if you have questions about setting up your account and we can provide instructions or refer you to John Muir IT.

Please do not use our Gmail account for medical questions.

### **Prenatal Care Basics**

Pregnancy is not usually verified until after missing your period. Most home urine tests are reliably positive 4-5 weeks after your last period. If you are uncertain of the result call the office for additional testing.

#### **Your visits**

Your first office visit will be at 6-8 weeks after the first day of your last menstrual period to confirm pregnancy.

Your visits will be every 4 weeks until about 24 weeks, then every 2-3 weeks until 36 weeks, and weekly from 36 weeks until delivery.

You will have a postpartum visit about 6 weeks after your delivery. If you had a cesarean delivery (C-section) you will also have a visit 10-14 days after your surgery.

#### **Your Labs**

Labs are drawn outside of our office, most often at LabCorp. For uncomplicated pregnancy labs are ordered after your first prenatal visit and in your second trimester at 24-28 weeks.

We will call you for abnormal labs that need follow up. We will notify you of abnormal labs which do not require follow up at your scheduled visit.

Many of your lab results are visible online if you have a MyJohnMuirHealth account. If you are concerned regarding a lab result you can call the office or ask at your regularly scheduled visit.

#### **Ultrasounds**

You will have ultrasounds at your first visit to our office, typically 7-8 weeks. All women are offered 2 higher level ultrasounds at Diablo Valley Perinatology, the first of which is at 11-14 weeks, the second is an anatomy scan around 16-20 weeks. Women with certain high risk conditions may have additional ultrasounds.

**Bleeding.** About 25% of women will spot or bleed in the first weeks of pregnancy. Most of these women will go on to have a normal pregnancy and delivery.

If your blood type is negative (Rh or Rhesus negative) and you have bleeding you may need a Rhogam injection. If you do not know your blood type call the office and we will check your record or ask you to get a blood test done.

**Nausea & vomiting:** Pregnant women can have nausea at different times of the day. Most often these symptoms resolve by 14-16 weeks. Some women can control their nausea by eating small, frequent meals, eating bland foods, and avoiding 'trigger foods.' Ginger (tea, cookies, ginger ale, candies) can reduce nausea. Some women need medication. First line treatment is Diclegis or it's two components: doxylamine and vitamin B6.

Options for severe nausea and vomiting include prescription medications: zofran, reglan, compazine, phenergan; and possibly hospital admission for IV fluids.

**Abdominal Pain.** Some pelvic cramping or discomfort is quite normal as your uterus grows and stretches. It may improve with position change. You should call for severe pain or pain associated with bleeding.

### **Prenatal & Genetic Screening Tests**

You may elect to perform all offered genetic tests, or none of them.

All pregnant women in California are offered the California Prenatal Screening test: consisting of an ultrasound done at 11-14 weeks (NT ultrasound), and a blood draw during the first and second trimester.

Non invasive prenatal testing (NIPT or NIPS): taking a sample of your blood and looking for baby's DNA, called 'cell free DNA' done at 10-22 weeks. This test is only for specific chromosome problems (Down's syndrome, trisomy 13 & 18, and sex chromosomes).

Counseling is recommended prior to having this test, to help you understand the results. It is still a *screening* test, and while results are very accurate they are not definitive results. For abnormal results a more invasive diagnostic test may be warranted.

Additional tests are offered for higher risk pregnancies:

- Women aged 35 or older
- Pregnancies with abnormal findings: ultrasound or initial prenatal screen results
- Personal history or strong family history of genetic disorders

These women are at higher risk for genetic problems, and are offered counseling and diagnostic tests at Diablo Valley Perinatology.

- Genetic counseling: meeting with a genetic counselor to discuss you and your partner's medical histories and determine your risk for certain genetic problems this pregnancy - including Down's syndrome, other chromosomal problems, or birth defects
- Chorionic villus sampling (CVS): taking a sample of cells from the placenta between 10-13 weeks

- Amniocentesis (amnio): taking a sample of cells from the amniotic fluid surrounding your baby after 15 weeks

### **Medications in Pregnancy:**

Many medications are safe to use in pregnancy. When treating a medical problem it is often safer to continue medications than it is to stop. For example, medications are typically continued for asthma, high blood pressure, seizures, diabetes, and thyroid problems in pregnancy.

*Continue all your scheduled medications once you find out you are pregnant unless you have been instructed to stop. Call if you have questions.*

It is preferable to only take medications when medically indicated in pregnancy to reduce the chance of harm to your baby. Because of how rapidly your baby changes, a few medications may be safe in one trimester, and should be stopped or changed in another.

For medications that are considered safe in pregnancy you can take medications at the same dose you would if you were not pregnant - such as Tylenol, heartburn, and constipation medications.

**Colds & allergies.** Pregnant women get sick too.

For allergies:

- you can try several non-medication options: nasal saline sprays, Neti pot with sterile/distilled water, nasal strips at night.
- Many allergy medicines are safe in pregnancy: Allegra (fexofenadine), Claritin (loratadine), and Zyrtec (cetirizine) are all safe to take daily if needed.
- You can take Benadryl (diphenhydramine) for congestion.
- Sudafed (pseudoephedrine) is safe in pregnancy after the first trimester, as long as you do not have a problem with *high blood pressure* (hypertension). Pseudoephedrine is preferred to phenylephrine.

Rest and time are often the best medication for colds. Most colds are viral and do not improve with antibiotics.

For cough and cold:

- Sore throat: throat lozenges with benzocaine (Cepacol, Halls).
- Fever, aches & pains: acetaminophen (Tylenol).
- Cough: dextromethorphan (Robitussin DM) decreases coughing
- Productive cough: guaifenesin (Mucinex)

Many cough and cold products may have acetaminophen in them - be careful not to take more than the daily recommended dose.

Occasionally antibiotics are needed for respiratory infections, such as bronchitis. If you feel like your cold is getting worse or lasting longer than it should please contact your primary care doctor or go to Urgent Care.

**Heartburn** is very common in pregnancy. First line treatment is avoiding potential trigger foods (spicy foods) or laying down right after eating. Tums are safe to take during pregnancy. If Tums are not strong enough you can try a stronger medicine. These are available over the counter or you can request a prescription:

1. Histamine blockers: Zantac (ranitidine); Tagamet (cimetidine); Pepcid (Famotidine)
2. Proton Pump Inhibitors: Protonix (Pantaprazole); Prevacid (lansaprazole); Nexium (esomeprazole)

**Constipation & hemorrhoids** are common pregnancy concerns.

For hard stools or more frequent bowel movements:

- Increase insoluble fiber (whole grains, vegetables)
- Ensure adequate water intake: 8-10 glasses a day
- Stay active: walking and aerobic activity may decrease constipation
- Add a stool softener: Colace 100mg twice daily
- Some fiber supplements are safe in pregnancy: Miralax, lactulose
- You can add milk of magnesia or magnesium supplements: 250mg 1-3 times per day
- If needed, occasional use of a gentle laxative - bisocodyl.

For relief of symptoms from hemorrhoids:

- Sitz baths. 10-15 min a day 2-3 times daily. With warm water or Epsom salts
- Topical hydrocortisone treatments: Anusol cream, preparation H, or suppositories
- Tucks pads (witch hazel)

For stronger medications or more severe pain please talk to us at your visit - some women do need procedures or prescription medication to treat painful hemorrhoids during pregnancy.

### **Yeast infections**

Over the counter vaginal treatments are safe in pregnancy. The 7 day course is preferred as it is usually more effective (Monistat 7).

### **Weight gain**

Maintaining a healthy weight during pregnancy is important for your baby and for your health. Weight gain during pregnancy depends on your starting weight. Here is a general guideline for weight gain with a singleton - for twins pregnant women need to gain more weight.

<b>PRE-PREGNANCY WEIGHT</b>	<b>RECOMMENDED WEIGHT GAIN</b>
Underweight (BMI <18.5)	28-40 lbs
<b>Normal weight (BMI 18.5 - 24.9)</b>	<b>25-35 lbs</b>
Overweight (BMI 25-29.9)	15-25 lbs
Obese (BMI 30 or more)	11-20 lbs

**Back Pain** is very common in pregnancy.

Pain can be from changes in shape of the lumbar spine due to a change in your center of gravity, more laxity at the joints, or swelling which compresses the nerves causing sciatic pain, to name a few. Women may report pain in their back, hips, buttocks, upper legs or traveling down to the lower legs.

Please let us know if you have concerns regarding back pain. Options for management include support devices, ice and/or heat, over the counter medications, stretching and exercises. Some women with more significant pain may benefit from physical therapy, chiropractic, or prescription medications.

**Exercise** is safe during pregnancy! Ask us for clarification if you have a high risk pregnancy. If you were physically active before pregnancy, and your pregnancy is not complicated, you can continue your exercises at a level you feel comfortable. You may notice changes due to your pregnancy: getting tired faster, feeling short of breath faster, and needing more frequent breaks. You do not need to monitor your heart rate. Instead - focus on how you are feeling. You should be able to talk normally while you exercise, if you cannot then slow down, take a break, or stop.

You should not scuba dive while pregnant.

**Leg cramps** are most common in the second and third trimesters. Decrease your risk of leg cramps by:

- Stretching the calf before bedtime
- Stay hydrated
- Consider a magnesium supplement

If you have a leg cramp you can try: stretching the muscle, walking, elevating the foot, a hot shower or warm bath, massage the muscle with your hands or an ice cube.

### **Pregnancy #2 (and beyond)**

Each pregnancy is different. Some changes you might notice compared to your first pregnancy: Increased fatigue, showing earlier, feeling baby earlier, feeling Braxton-Hicks contractions earlier. These are normal differences after a woman has already experienced pregnancy.

### **Travel in pregnancy**

For uncomplicated pregnancies you may fly internationally until 34 weeks, and in the United States until 36 weeks. *Check with your airline before you fly to verify their regulations!*

Pregnant women are more prone to developing potentially dangerous blood clots. To reduce your risk: wear compression stockings, walk when it is safe to do so, or do leg/calf stretches at your seat, especially for long flights. Stay hydrated on flights. If you look pregnant while flying you may want to carry a doctor's note with you - ask at your visit before you travel.

Local (car) travel at the end of your pregnancy depends on many factors - your gestational age, history of fast labor, any pregnancy complications, and how far you will be from a medical facility.

If your water breaks outside of the East Bay Area region you will likely deliver at the closest hospital and not at John Muir.

**Zika** is a new and evolving concern in obstetrics. The most up to date information on Zika can be found at the CDC website: <https://www.cdc.gov/zika/>.

We recommend avoiding travel to areas with active Zika transmission (transmission by infected mosquitoes) during and 6 months before pregnancy for you *and your partner*.

### **Complicated Pregnancies**

Not all pregnancies are uncomplicated.

Having a pre-existing medical problem like diabetes or hypertension, or a complication in a previous pregnancy including pre-eclampsia or early delivery increases your risk of having complications during your pregnancy.

*Please let us know your important medical history as early as possible.* We may make changes in your care including earlier blood tests, additional monitoring of you or your baby, and earlier delivery.

### **Labor signs**

Call the office number or on-call doctor:

- If you think your water has broken
- For contractions: every 5 minutes, lasting about 1 minute, for at least an hour. (The 511 rule)
- For heavy bleeding, red blood or severe pain. Dark brown or red spotting is common after a cervical exam, or may be a sign the cervix is starting to dilate, and is not a cause for concern.
- If you do not feel normal fetal movement.

If your baby is breech, you are planning a cesarean section, or for certain other complications we may ask you to come for contractions or labor signs earlier.

### **Administrative questions**

- **Disability:** Standard pregnancy disability starts at 36 weeks. Some women may have to stop working earlier, or may be able to work longer. Contact your employer's Human Resources department to discuss disability requirements.
- If your company uses the California state EDD forms go online to [http://www.edd.ca.gov/Disability/How\\_to\\_File\\_a\\_DI\\_Claim\\_in\\_SDI\\_Online.htm](http://www.edd.ca.gov/Disability/How_to_File_a_DI_Claim_in_SDI_Online.htm). After you complete your portion please contact the office by phone or email and leave a message for Debi with your 'R number' (provided when your portion is complete), and your planned last day of work.
- **Breast pumps:** we can write a prescription for your breast pump. Please contact your insurance company and email or call to leave a message for Dolly with the breast pump model name and your insurance contact information.