

Aloha and Welcome to Pali Women's Health Center,

We want to congratulate you on this important moment in your life and we are excited to take this journey with you. Pali Women's Health Center is the premier gynecological and obstetrical practice on the windward side of Oahu. We strive to provide you with the best possible maternity care that is both compassionate and research-based. We pride ourselves in being up-to-date with current recommendations and testing opportunities for our patients; yet, we respect the individuality of the birthing process and each person's desire for a specific birth plan. Ultimately, we share in your desire for a healthy mother and baby, and we will work with you to provide the best possible birth experience.

Pali Women's Health Center encompasses a large staff that is eager to help you with whatever may arise throughout your pregnancy. We are a collaborative practice made up of five clinicians. We each bring our unique experiences together to provide you with the best possible care. Our physicians are Dr. Susan Chapman, Dr. Alison Moore and Dr. Emilie Stickley. Our physician assistant is Alisha Wallace and certified nurse-midwife is Tina Doyle. All of our clinicians provide both gynecological and obstetric care to our patients.

Thanks to the implementation of our electronic medical records, we are able to provide continuity of care regardless of which clinician you see for your OB visits or delivery. We encourage you to meet all of our clinicians throughout your pregnancy. The doctor or nurse-midwife will be available for your delivery based on a rotating call schedule. Only inductions or scheduled Cesarean sections can be scheduled with a specific provider. The Vera Zilber Birth Center at Castle Medical Center shares our philosophy of care and is a safe and loving environment in which we prefer to deliver our patients. Our providers deliver only at Castle Medical Center.

We look forward to discussing your excitement, concerns and expectations for this pregnancy with you and are happy to answer any questions you may have. We encourage you to bring your questions with you to your OB visits so that we may discuss them in more detail. Please read "Our Philosophy of Care" to learn more about our practice. Thank you again for choosing Pali Women's Health Center.

Mahalo,

The Clinicians and Staff
Pali Women's Health Center

Our Philosophy of Care

Suggested Reading

Please refer to: Your Pregnancy and Childbirth: Month to Month, fifth edition, written by The American College of Obstetricians and Gynecologists — the leading experts in Women's Health Care (copyright 2010). You can order this book at:
<http://sales.acog.org/Your-Pregnancy-and-Childbirth-C49.aspx>

We are aware that there are many things out there both in books and on the Internet that may give you conflicting information and create unnecessary fears. We have collaboratively put together "Our Philosophy of Care" so that you may know exactly how we care for our patients and how we approach prenatal care and delivery.

- Our first priority is a healthy mother and baby.
- We believe that pregnancy is a normal healthy state of being and we do not approach it as an illness, although complications sometimes can arise.
- We believe that women have a right to birth the way they choose.
- We believe in open communication with our patients.
- We give our patients options in their birthing experience and allow them to choose what they feel is best for them.
- We support both natural childbirth and medicated childbirth.
- We prefer that patients go into labor naturally.
- Those desiring induction may not be induced prior to 39 weeks unless there is a medical or fetal condition requiring induction.
- We encourage patients to walk, Jacuzzi and be out of bed for labor.
- We allow patients a regular diet until active labor and then encourage clear liquids.
- We do not routinely do an episiotomy.
- We do not routinely use forceps or vacuum.
- Our C-section rates are less than 15%, far less than the national average.
- We allow the placenta to expel naturally.
- We routinely give Pitocin IV immediately after the placenta is expelled to prevent hemorrhage and decrease bleeding.
- For patient safety, we prefer patients have a saline lock or IV when in labor.
- We believe in family-centered care.
- We believe in mothers not being separated from their babies.
- We encourage breastfeeding be initiated within one hour of delivery.

Pregnancy Testing Schedule & Checklist

First and Second Prenatal Visit (6-12 weeks)

- History and physical
- Confirmation ultrasound
- Review medical and genetic history of both parents.
- Prenatal labs: CBC, RPR, HIV, Hepatitis B, rubella, Blood type and urine culture, Pap, Chlamydia and Gonorrhea testing
- Schedule first-trimester genetic screening at 12 weeks (if desired).
- Start prenatal vitamins and DHA supplement.
- Diabetes screening (If BMI >30 or prior gestational diabetes)
- Review OB packet

Prenatal Visit (16-20 weeks)

- Prenatal labs: Quad screen or AFP (if desired)
- Schedule sonogram for evaluation of fetal anatomy (may find out gender).

Prenatal Visit (24-28 weeks)

- Prenatal labs: CBC, 1-hr. glucose test (screens for gestational diabetes)
- Prenatal labs: 3-hr. glucose test (only performed if 1-hr test is elevated >130)
- If maternal Rh-negative blood type; get antibody screen blood test and Rhogam injection.
- Review preterm labor warnings.
- Register for childbirth, breastfeeding and infant CPR classes (optional).
- Increase water intake to 60-80 ounces per day.
- Start side sleeping.
- Flu Vaccine in Flu season

Prenatal Visit (28-36 weeks)

- Monitor for fetal growth, high blood pressure and preterm labor.
- Tdap Vaccine

Prenatal Visit (36 wks)

- Group Beta Strep (GBS) culture obtained from vagina and rectum
(If test is positive antibiotics are required during labor.)
- Begin pelvic exams to check for cervical dilation (if desired).
- Discuss birth plan.
- Select infant's pediatrician.
- Take birth-center tour.
- Pack your hospital bag.
- Decide about cord-blood donation or private storage (if desired).
- Monitor fetal kick counts.

Medications Safe in Pregnancy

No drug can be considered 100% safe in pregnancy. We recommend avoiding all medications in the first trimester of pregnancy except for prenatal vitamins. If you are on a prescription medication, please check with our providers as to whether or not to continue your medication. Please do not stop medications without checking with your physician, especially medications for blood pressure, diabetes, thyroid conditions, seizures and any other major medical condition in which stopping your medication could be harmful.

Please refer to the following websites for information:

<http://www.safefetus.com/>;

<http://www.cdc.gov/pregnancy/meds/>.

<http://www.fda.gov/ForConsumers/ByAudience/ForWomen/ucm118567.htm>.

Do not use Retin-A or Retinol products in pregnancy.

Dentist's Office

All patients are encouraged to receive dental care prior to pregnancy or once past 12 weeks of pregnancy. Research has shown that cavities may lead to preterm labor.

Listed below are some general guidelines for dentist visits.

- No routine x-rays. Diagnostic x-rays are permissible with appropriate lead shielding of the abdomen.
- Tylenol and narcotic combination pain relievers (Percocet) are permissible on a short-term basis.
- Do not use NSAIDS (Motrin, ibuprofen, Aleve, aspirin) after 28 weeks of pregnancy.
- Local anesthetic without epinephrine should be used.
- If patient is visibly pregnant, please avoid a flat supine position. Place a towel roll, pillow, or wedge, under one hip so she is tilted to the side.

Genetic Testing Options in Pregnancy

First Trimester Screening

- Your appointment will be scheduled between 12-13 weeks at a Fetal Testing Center. You will be contacted with an appointment date and time.
- The first appointment will consist of blood work and an ultrasound to measure the thickness of the nuchal fold of the baby's neck.
- The combination of the blood work and ultrasound can detect up to 90% of Down syndrome and Trisomy 18.
- If your screening should show increased risk of Down syndrome or Trisomy 18, then you will be offered **optional** maternal blood testing for fetal chromosome analysis or invasive diagnostic testing (Chorionic Villus Sampling or amniocentesis).
- A second appointment will be scheduled at the Fetal Testing Center at about 17 weeks of gestation.
- At the second appointment, a single blood test will be performed that can detect up to 80% of neural tube defects. In addition, a detailed ultrasound of the fetal anatomy will be performed at 17 weeks to screen for abnormalities. You may learn the gender of the baby at this time.

Non-Invasive Prenatal Testing

Testing of Maternal Blood for fetal chromosomes after 11 weeks gestation is now available. Usually this is covered by insurance for those considered to be at high risk

Quad Screen

- For those who don't choose to have first trimester screening, a single blood test may be taken in our office between 15-20 weeks that can detect up to 80% of Down syndrome, Trisomy 18 and neural tube defects. **Optional** diagnostic testing will be offered if you are found to be at increased risk. (Detailed ultrasound and/or amniocentesis are also available if desired.)
- You will also be scheduled for a detailed ultrasound for evaluation of fetal anatomy at 18-22 weeks gestation.

Fetal Anatomy Screen Ultrasound

- An ultrasound to evaluate fetal anatomy is scheduled at 18-22 weeks gestation for those who did not have it done with the First Trimester Screening Program.

Lifestyle Modifications for Pregnancy

Weight Gain in Pregnancy:

Expected weight gain in pregnancy is based on your Body Mass Index (BMI) at the time you become pregnant. See the table below for your expected weight gain.

Your BMI is: _____

BMI	Weight Gain
15-19 (Underweight)	28-40
20-25 (Ideal Weight)	25-35
26-29 (Overweight)	15-25
30-39 (Obese)	10-15
40+ (Morbidly Obese)	10

Food Related Modifications:

- Avoid raw meats in pregnancy. All meats should be thoroughly cooked.
- Intake of certain fish should be avoided or limited. Refer to Hawaii Fish Guide.
- Avoid unpasteurized products, including cheeses such as feta, brie or blue cheese.
- You may consume caffeine-up to 1 (8oz) cup of coffee, tea or soda per day.
- No amount of alcohol, beer or wine is safe in pregnancy.
- Refer to www.mypyramid.gov for nutritional guidelines for pregnancy and breastfeeding.

Activity:

- No smoking or drug use (tobacco, marijuana, cocaine, LSD, heroin, meth)
- Hot tub use is safe with the temperature under 100.0 degrees. No saunas.
- No lifting greater than 20 pounds in pregnancy.
- Exercise is encouraged in pregnancy. Walking, running, swimming, low impact aerobics and prenatal yoga is fine. Refrain from abdominal exercises and activities where you could fall or cause abdominal trauma. Your heart rate should stay under 160 beats per minute.
- Sleeping on your side is preferred after 20 wks of pregnancy.
- Intercourse is safe in pregnancy unless otherwise indicated by your provider.
- Travel is permitted without a doctor's note prior to 36 weeks in low-risk pregnancies. Take a copy of your prenatal record with you when traveling.
- Painting is OK with adequate ventilation after 12 weeks.
- Hair coloring and highlights are believed to be fine during pregnancy.
- No litter box changing or gardening without gloves. Wash your hands well after handling animals and pets.
- Breastfeeding? We recommend you wean your infant after your first trimester.

Lifestyle Modifications for Pregnancy (continued)

Common Remedies for Morning Sickness:

- Avoid triggers for nausea such as stuffy rooms, odors, perfumes, smoke, humidity, noise and quickly changing positions
- Eat small frequent, low fat, high carbohydrate meals. Eat before or as soon as you feel hungry.
- Eat dry crackers or dry toast first thing in the morning.
- Drink fluids-cold, clear, carbonated or sour (especially ginger ale and lemonade)
- Aromatic therapy- especially lemon, mint and orange.
- Acupressure wristbands, acupuncture and hypnosis have also been found effective.
- Try eating crushed ice cubes made from frozen Gatorade or Pedialyte.
- Pharmacological treatments such as Zofran or Phenergan may be necessary for patients experiencing extreme nausea and vomiting. Call us if you are experiencing this.

When to call after business hours:

- If you think you are in labor. Contractions every 5 minutes consistently, for 1-2 hours or leaking of fluid.
- If you are less than 36 weeks and have pre-term labor symptoms: 5 or more contractions (tightening) in an hour that do not resolve with rest and hydration.
- Dehydration-unable to keep any food or liquid down for over 24 hours.
- Vaginal bleeding.
- Fever greater than 100.4
- Pain with urination
- Increased swelling, especially if accompanied by a headaches or visual changes.
- Decreased fetal movement (after 28 weeks):

Fetal Kick Counts (after 28 weeks): If you are concerned that the baby is moving less than usual, we ask that you monitor fetal kick counts. After eating a small meal, sit down and count how often you feel the baby move in one hour. The baby should kick or move at least 10 times. Every little movement counts. If the baby moves less than 10 times in the first hour, count for another hour. If there is still decreased movement, call for instructions.

To reach a provider after hours, call 808-261-6644. Please limit calls outside of office hours to emergencies. You can also call the Castle Birth Center 808-263-5270 for instructions if you are over 20 weeks of pregnancy, and think you are having a pregnancy related emergency.