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Women's Health Specialists, pllc

Your Guide to Pregnancy



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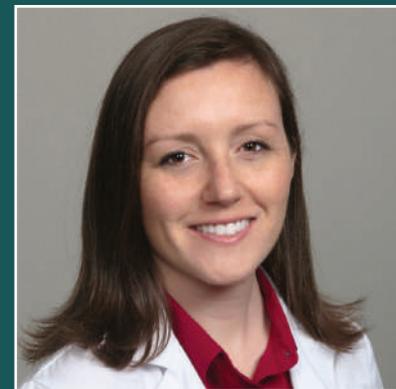
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Welcome to pregnancy

Congratulations on your pregnancy! We welcome you to Women's Health Specialists of Murfreesboro. Thank you for choosing us to care for you during this important time in your life. We are dedicated to providing you state-of-the-art, compassionate care.

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.whstn.com for valuable information.

Thank you for placing your trust in our care.

Your doctors

Like many OB/GYN practices, Women's Health Specialists is a group practice. Our doctors have days they work in the office, days they are on-call, and days they are off. When possible, our doctors try to deliver the babies of their own patients, but this is not always possible. If your primary doctor is not available when you go into labor, the on-call doctor from our group will deliver your baby. You may schedule prenatal visits with doctors other than your primary doctor if you wish to meet more of us before the big day.

*Women caring for women
through all stages of life.*



Mead Johnson Nutrition, Evansville, IN 47721



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The content of this booklet has been approved by Women's Health Specialists, PLLC

Office information

Office hours and locations

Our office is open **Monday through Friday 8:00 am–5:00 pm** and **until 4:45 for scheduling appointments**. Our address is 1800 Medical Center Parkway, Suite 350, Murfreesboro, TN 37129.

How to contact our office

You may call our main number **615-907-2040** Monday through Friday 8:00 am–5 pm for questions or concerns. If you have an emergency and need to contact us on weekends or after business hours you may call the same number. Our answering service will give an on-call provider your message to return your call. If you are experiencing symptoms that you believe need immediate attention, call 911 or go to your nearest emergency room.

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 and can be reached at 615-907-2040 option 3. You will also have a visit with our billing staff to review your insurance coverage and your financial responsibility at your first prenatal visit. We ask that payment of estimated out-of-pocket costs be paid by 28 weeks.

Appointment schedule

Your first visit

When you come to the office for your first prenatal visit, we will listen for your baby's heartbeat. There will also be a series of prenatal labs that will test your blood type, blood count, and for infections (syphilis, hepatitis B, HIV, and rubella). All of the results will be reviewed with you at your next appointment. You may decline the HIV testing, but it is recommended for all pregnant women to provide the best care for you and your baby.

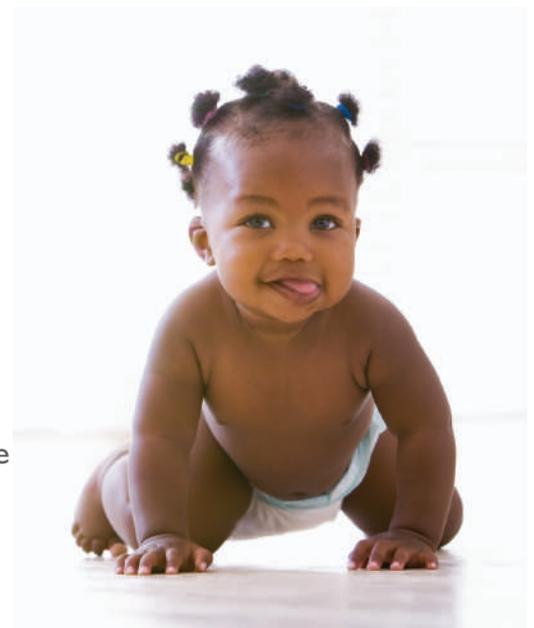
After your first visit

Between now and 28 weeks, we would like you to schedule a visit approximately every four weeks. Then, your visits will increase to every two weeks and then once a week after 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, urine, and the fetal heartbeat checked. At approximately 20 weeks, the doctor will begin checking a fundal height at each appointment. Several additional tests are done at scheduled markers throughout your pregnancy.

These include:

Anemia and gestational diabetes screening — this screening is performed between 24–28 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 for this test.

Vaginal culture for group B strep — this swab of your vaginal and rectal area is performed between 35–37 weeks. Group B strep is a bacterium naturally present in and around the vagina in many women. It can cause serious infections to newborn infants if exposed at time of delivery. If you test positive for this bacterium, you will receive antibiotics during labor and delivery.



Optional testing

You will have the decision to test for the potential of genetic diseases. If you are interested in any optional tests, please check with your insurance plan to see if these tests are covered. Questions you may have regarding these optional tests can be discussed at your first appointment. There are risks associated with some of the testing. Please discuss with your provider.

Cystic Fibrosis screening — Cystic Fibrosis is the most common genetically-inherited disease in caucasians. This screening test will determine if you are a gene carrier. Further testing is then recommended to know if the baby's father also carries the gene. If both parents are carriers, invasive testing is offered to see if the baby has CF.

CVS (Chorionic Villus Sampling) — this screening is performed between 10–12 weeks. The test can determine abnormal genes associated with Down Syndrome as well as other trisomies. A needle is inserted through the mother's abdomen or cervix and placental tissue, which is used for genetic testing.

First Trimester screening/nuchal translucency — this ultrasound and blood test is performed between 11–13 weeks. The test determines high or low risk for Down Syndrome, Trisomy 13 and 18.

AFP-4 (Quad screen) — this blood screening test is performed between 15–20 weeks. The test determines high or low risk for Down Syndrome, Trisomy 18, and birth defects of the spinal cord and skull.

Amniocentesis — this screening is performed after 16 weeks. The test can determine abnormal genes associated with Down Syndrome. A needle is inserted through the mother's abdomen into the baby's sac of fluid, which is removed for genetic testing.

Non-invasive prenatal testing — this screening is performed after 10 weeks. Your blood will be drawn and sent to a lab that can detect fetal DNA in your blood stream and check for genetic abnormalities such as Down Syndrome, Trisomy 13, and Trisomy 18.

Ultrasounds

We recommend an ultrasound around 19–21 weeks in the pregnancy to evaluate fetal anatomy. Additional ultrasounds will be performed based on the medical need. Insurance will only cover this service if there is a medical need.

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. 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 if left unknown. Fortunately, it can be prevented with a shot called Rhogam, which is given at 28 weeks or sooner if vaginal bleeding occurs.

Vaccinations

The Centers for Disease Control (CDC) recommends that women pregnant during the flu season receive the flu shot. Also, it is recommended that pregnant women have a dose of the Tdap vaccine during each pregnancy. This vaccine protects mother and baby against tetanus, diphtheria, and pertussis (whooping cough) and can be obtained at many walk-in clinics prior to delivery.

Prenatal vitamins

We recommend a prenatal vitamin that contains folic acid and DHA prior to conception, throughout pregnancy, and postpartum while breastfeeding. Please check with your doctor before taking any vitamins, herbs, or other supplements as some may be unsafe during pregnancy.



Common symptoms of pregnancy

Nausea/Vomiting — feeling nauseated 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, such as Emetrol or Unisom. If the symptoms become severe or you are unable to keep fluids down for more than 12 hours, contact the office.

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 for an appointment.

Spotting — light bleeding or spotting can be common, especially in the first 12 weeks of pregnancy. It may occur after intercourse, cervical exams, vaginal ultrasounds, or strenuous activity or exercise. If the bleeding is heavy or is accompanied by pain, go to the nearest emergency room. Please see “When to call the doctor” on page 11 for more details.

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 fruits, vegetables, and plenty of water in your diet. If you develop hemorrhoids, you may use over-the-counter remedies such as Preparation H, Tucks pads, Tucks cream, or hydrocortisone ointment or cream.

Cramping — experiencing some cramps and contractions are normal. When they 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. Drinking plenty of water and low-fat/nonfat milk, and consuming more calcium-rich foods like dark green vegetables, nuts, grains, and beans may help. Magnesium supplements taken daily are helpful. 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.

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, call for an appointment.

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 Tylenol®.

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. The following are considered safe. Follow the labels for dosage and directions. Contact the office with questions.

<p>Acne Benzoyl Peroxide Clindamycin Topical Erythromycin</p> <p>Avoid: Accutane Retin-A Tetracycline Minocycline</p>	<p>Antibiotics Ceclor Cephalosporins E-mycins Keflex Macrobid/Macrodantin Penicillin Zithromax</p> <p>Avoid: Cipro Tetracycline Minocycline Levaquin</p>	<p>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</p> <p>*AVOID if problems with blood pressure</p> <p>Avoid: Airborne</p>
<p>Constipation Colace, Miralax, Senakot Dulcolax Suppository Fibercon, Metamucil Fiber Pills</p>	<p>Cough Mucinex Cough Drops Phenergan w/Codeine if prescribed Robitussin (plain & DM)</p>	<p>Crab/Lice RID</p> <p>Avoid: Kwell</p>
<p>Gas Gas-X Mylicon Phazyme</p>	<p>Headaches /Fever Cold Compress Tylenol (regular or extra strength) Acetaminophen</p>	<p>Heartburn (Avoid lying down for at least 1 hour after meals) Aciphex, Maalox, Mylanta, Pepcid Milk of Magnesia, Pepcid Complete Prevacid, Prilosec OTC, Rolaids, Zantac Tums (limit 4/day)</p> <p>Avoid: Pepto Bismol</p>
<p>Hemorrhoids Anusol/Anusol H.C. (RX: Analapram 2.5%) Hydrocortisone OTC Preparation H, Tucks Vaseline lotion applied to tissue</p>	<p>Herpes Acyclovir Famvir Valtrex</p>	<p>Leg Cramps Magnesium Supplements</p>
<p>Nasal Spray Saline Nasal Spray</p> <p>Avoid: Afrin</p>	<p>Nausea Vitamin B6 25 mg 3 times daily Unisom 1/4 or 1/2 tablet at bedtime Vitamin B6 and Unisom at bedtime Dramamine, Emetrol Ginger Root 250 mg 4 times daily High complex carbs @ bedtime Sea Bands – Acupressure</p>	<p>Pain Tylenol, Lortab**, Percocet**, Vicodin** **Narcotic medications should only be used when prescribed for a legitimate medical problem by a doctor for a short period of time.</p> <p>Avoid: Motrin, ibuprofen, and aspirin</p>
<p>Rash Benadryl 1% Hydrocortisone Cream</p>	<p>Sleep Aids Ambien, Benadryl, Chamomile Tea Unisom, Tylenol PM Warm milk — add vanilla/sugar for flavor</p>	<p>Throat Cepacol, Cepastat Salt Water Gargle w/ warm water Throat Lozenges</p>
<p>Tooth Pain Orajel</p>	<p>Yeast Infection Gyne-Iotrimin, Monistat-3 Terazol-3</p>	<p>Prenatal Vitamins Any over the counter prenatal vitamins with DHA (e.g. Expecta® Prenatal)</p>

Nutrition & pregnancy

Recommendation for weight gain

Underweight women with a low weight gain during pregnancy appear to have an increased risk of having a low birth weight infant and preterm birth. On the other hand, obese women have an increased risk for having a large for gestational age infant, post term birth, and other pregnancy complications.

There is an increased risk of small for gestational age births in women who gain less than the recommended weight, based on pre-pregnancy weight. Women who exceed the weight gain recommendations double their risk of having a very large infant which increases the risk for C-section and birth trauma. It may also increase the risks of childhood obesity and makes weight loss more difficult after delivery.

Recommendation for weight gain during a single pregnancy is as follows:

Underweight women (BMI less than 18.5): 28–40 lb

Normal weight women (BMI 18.5-24.9): 25–35 lb

Overweight women (BMI 25-29.9): 15–25 lb

Obese women (BMI > 30): 11–20 lb

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 (1200 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

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 ceasar 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 1 cup of coffee a day or less. Excess caffeine may be associated with miscarriage, premature birth, low birth weight, and withdrawal symptoms in infants.

Unwashed fruits and vegetables — Wash all produce well to avoid exposure to toxoplasmosis which may contaminate the soil where vegetables are grown.

Deli meats — Can be safely eaten if warmed to the point of steaming.

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, seafood, or their juices).

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, 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. Splenda is preferred over Nutrasweet.



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 daily until you get 10 movements within two hours. 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. Note that an active baby is generally reassuring.

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.

Feel free to sleep in the position most comfortable for you. You may also find it helpful to put pillows 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 hot tub?

Using a hot tub is not recommended.

Can I travel?

Traveling is safe during pregnancy for uncomplicated pregnancies. After 36 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, go to the nearest emergency room where you will be directed to labor and delivery for fetal monitoring.

Can I care for my pets?

If you have cats, avoid changing the litter box or use gloves and a mask when changing it. Toxoplasmosis is a rare infection that you can get from cat feces.

What do I need to know about dental care?

Teeth cleanings and dental x-rays are safe in pregnancy. 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.

Can I go to the salon for treatments?

Hair treatments such as coloring and permanents can be done after 13 weeks. Manicures and pedicures are fine throughout pregnancy, but all of these services should be done in well-ventilated areas. Prenatal massages are safe, but salons often require a note from your doctor.

Can I exercise?

Yes! At least 30 minutes of daily exercise is recommended and encouraged in uncomplicated pregnancies. This could include walking, jogging, aerobic classes, yoga, swimming, etc. Weight training is also safe, though it is important to use good form to prevent injury to your joints, which can relax during pregnancy. Listen to your body during exercise and drink plenty of fluids. After 24 weeks, avoid lying flat on your back. Always avoid activities with a high risk of falling or trauma to your belly (e.g., snow skiing, water skiing, kickboxing, horseback riding).

Can I have sex?

You can have sex unless you are having pregnancy 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, and placenta previa.

Alcohol, smoking, drugs, and medications

Alcohol — There is no safe amount of alcohol you can consume while you are pregnant, so we advise avoiding all alcohol during your entire pregnancy. Drinking alcohol can cause birth defects, mental retardation, and abnormal brain development.

Smoking — If you smoke, so does your baby. This is a very important fact of pregnancy. The nicotine in cigarettes can cause constrictions in the blood vessels of your baby's umbilical cord and decrease the amount of oxygen available to him or her. Here are some known complications of smoking during pregnancy:

Low birth weight: babies of mothers who smoke during pregnancy have lower birth weights, which is a leading cause of infant deaths.

Premature rupture of membranes: if your water breaks before 37 weeks of pregnancy, your baby is at risk of problems from a premature delivery, such as infections, life-long problems with lung, kidney, or other organs, cerebral palsy, and learning disabilities.

Sudden Infant Death Syndrome (SIDS): babies whose mothers smoke before or after delivery are at three to four times greater risk of dying from SIDS.

Stillbirth: maternal smoking during pregnancy is a known risk factor for stillbirths.

Drugs — Drug use during pregnancy is dangerous for you and your baby. This includes marijuana, heroin, cocaine, methamphetamines (“meth”), and others. These drugs can be harmful to the developing fetal brain and will increase your risk for stillbirth, low birth weight, placental abruption, and mental retardation.

Narcotics — Occasional use of narcotics during pregnancy can be safe for you and your baby, but frequent or daily use puts the baby at risk for becoming addicted to these medications. Unborn babies that are chronically exposed to narcotics are at risk for developing Neonatal Abstinence Syndrome and must go through withdrawal from these medications in the hospital after delivery.

Medications — Many medications are safe to continue during pregnancy, but please discuss ALL medicines you take with your doctor, whether they are prescribed by a physician or obtained over-the-counter.



Contacting our office

Please try to contact our office during business hours if at all possible. We are available Monday through Friday, 8:00 am–5:00 pm. Prescription refills are never done on weekends or after hours.

If you have questions or concerns about your pregnancy and you do not feel comfortable waiting until your next appointment, you may call our main office number (615-907-2040) and leave a message for your nurse on her voice mail. Our nurses make every effort to call patients back throughout the day.

Always call our office if you are experiencing any of the following:

- Fever > 101 degrees
- Decreased fetal movement past 24 weeks of pregnancy
- A headache with vision changes
- Light bleeding

Go directly to the hospital if you are experiencing any of the following:

- If you are over 36 weeks and think you are in labor — having painful contractions every 5 minutes lasting at least 1 minute for over 1 hour (5-1-1)
- You are less than 36 weeks and having 6 or more contractions in an hour for several hours
- You are leaking fluid — either a gush or a constant trickle
- You have had any type of abdominal trauma or a car accident
- You are experiencing heavy bleeding

Light bleeding and spotting in the first trimester of pregnancy is common. If you are less than 12 weeks and are spotting, please call the office during business hours to be evaluated. If your bleeding becomes heavy (soaking through a maxi pad every hour), please call our office at any time or go to the ER.



Preparing for labor & delivery

Pre-register with hospital

We deliver at Saint Thomas Rutherford Hospital. One of our doctors is on-call at all times. Please pre-register at the hospital as this will make admitting you to the hospital smoother. You can pre-register online or in person. You may also schedule a tour of the hospital at your convenience.

Saint Thomas Rutherford Hospital
1700 Medical Center Parkway
Murfreesboro, TN 37129

Pain Relief

If desired, there are several options to provide pain relief while you are in labor. We are supportive of whatever you choose.

Narcotics — Pain medication can be 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.

Local — Many patients deliver without pain medication. Sometimes we need to give a small injection of numbing medicine for stitches called lidocaine. It feels like a small pinprick.

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 through the various cord blood banking companies and bring it with you to delivery.

Attend educational courses

There are educational courses on labor and delivery, breastfeeding, infant CPR, and baby care available. Consider these classes especially if you are a first time parent!

Choose a doctor for your baby

You will need to decide on a doctor for your baby (Pediatrician) 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.

Labor & 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, go to labor and delivery.

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

Your due date is considered 40 weeks. If you do not deliver by your due date, we will perform additional testing for your baby at 40–41 weeks. We recommend induction of labor by 42 weeks due to increased risks of complications for your baby after this time. Induction of labor is a process where we give you medications to stimulate contractions.

We will consider an induction of labor at your request (an “elective induction”), but only after 39 weeks of pregnancy. You must meet certain criteria to be induced electively; your doctor can discuss these with you at your visits. It is important to allow your baby to fully grow and develop before we schedule a delivery.

Cesarean birth and recovery

A Cesarean birth may be planned or unplanned. Your husband, nurses, anesthesia staff, and your physician will be with you in the operating room. If necessary, a group of neonatal health care providers also will be with you. Your blood pressure and heart rate/rhythm will be monitored, and a nurse will listen to your baby's heart rate. Your baby will be delivered in a short period of time once surgery begins. Once delivered, it will take approximately 45 minutes to complete surgery. Your incision will be closed with staples or sutures. You will then be moved to the Recovery 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 one hour. During this time you and your baby will be monitored closely.

Vaginal birth after Cesarean (VBAC)

In patients with a history of prior cesarean delivery, we schedule repeat C-sections during the 39th week. Though exceptions are occasionally made, we do not regularly perform VBACs.

Episiotomy/forceps/vacuum

We plan to help you deliver your baby with the least amount of intervention. Episiotomies are not routinely needed and many deliver without the need for any stitches. Sometimes we need to make a small incision at the vaginal opening to help deliver. If you don't have an epidural, we will place local numbing medication to the episiotomy and 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 skilled in the use of vacuum and forceps for deliveries. We will recommend using them only if medically indicated. Our goal is to deliver your baby in the safest manner. There are definitely times when this is the safest way to help your baby into this world.

Postpartum instructions

1. Make an appointment to see the doctor for a check-up 4 weeks after delivery unless instructed to do so sooner when leaving the hospital.
2. Refrain from douching, tampons, and swimming until after your post-partum check-up.
3. If you have had a C-section, you may ride in a car but should not drive for at least the first 2 weeks you are at home. If you are still taking narcotics beyond 2 weeks, we advise you not to drive.
4. If breastfeeding, continue your prenatal vitamins daily, eat a well balanced diet, and increase your fluid intake to 10–12 glasses of water per day. With any signs or symptoms of a breast infection (fever, flu-like symptoms, pain or redness in the breast) call the office for further instructions.
5. 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.
6. Vaginal bleeding may continue for 6–8 weeks while the uterus is involuting back to pre-pregnancy 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.
7. If you have had a C-section, avoid lifting anything heavier than your baby until after your post-partum check-up.
8. Exercise — Avoid sit-ups, jumping jacks, and aerobics until after your post-partum check-up. You may do kegal exercises and walking.
9. 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 Percocet or Norco.
10. Hemorrhoids usually are more symptomatic after delivery. If they are a problem for you, try Preparation H and Tucks pads.
11. Post-partum 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.
12. Abstain from intercourse for 6 weeks or longer if your stitches are still painful. Contraception options will be discussed with your doctor at your postpartum visit.
13. You may climb stairs 2–3 times a day in the first 2 weeks. Too much activity delays episiotomy and incisional healing.
14. Please call the office if you have a fever of 101° F or greater, swelling, tenderness, or redness in the lower leg.
15. 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.
16. Showering is permitted in the first 6 weeks after your delivery. If you have had a C-section, however, make sure you dry your incision completely after you finish.
17. It is common to have both legs swell in the first 2 weeks after delivery. Please call the office if one leg is significantly larger than the other or is painful.
18. Call the office for severe headache unrelieved with Tylenol or pain medication or if you have a change in vision or facial swelling.

Postpartum depression

40-80% of women experience mood changes after their delivery, often referred to as “baby blues.” This most commonly starts 2–3 days after delivery, and usually goes away by 2 weeks. During this time it is important to try to eat properly, get adequate sleep, and reduce stress. Postpartum depression, however, can be more serious, and may require treatment. If you feel you are not bonding or enjoying your baby, you are unable to care for yourself or your baby, or you are feeling excessive sadness, depression, or anxiety, please call our office right away for an appointment. If at any time you have thoughts of hurting yourself or your baby, go seek immediate care at an ER.



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