

Lane Women's Health Guide to a Healthy Pregnancy



Lane Women's Health Group, P.C.

Board Certified Specialists in Obstetrics and Gynecology

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Welcome!

Whether you are a current patient at Lane Women's Health or whether you are a new patient, we are so pleased that you have selected our practice to care for you and your baby during this pregnancy! No matter whether this is your first pregnancy or fourth pregnancy, this journey will be a time of excitement, apprehension, and preparation as you and your family anticipate the arrival of a new little person into your lives. The desire of the practitioners and staff here at Lane Women's Health is to guide and direct you and your loved ones through this important time in your life and to provide compassionate care with the ultimate goal of a healthy baby and a healthy mom.

We have compiled some practice information and educational handouts to help get you off to a healthy start. Please review the information we have provided and jot any questions on the sheet provided so that we may discuss them with you at your first visit. If you experience a health issue or emergent question prior to your first visit, feel free to contact our office Monday through Friday 9 am to 4:30 pm. For emergencies after hours, we have a Doctor or Midwife on call. For severe emergencies, call 911 or go directly to the emergency room.

Again, thank you for entrusting your care to Lane Women's Health. We look forward to sharing this journey with you.

Congratulations!

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Frequently Asked Questions

1. How often will I be scheduled for office visits during the pregnancy?

Frequency of visits and testing can vary with risk factors; however, for a low risk pregnancy you will be scheduled for your first visit at 8-10wks of pregnancy. Thereafter office visits occur every 4 weeks until 28 weeks, then every 2-3 weeks, and eventually visits occur weekly or more until you have your baby.

2. What happens at these visits?

At the first visit we are gathering all of your medical history to assess your risk factors. At that visit you will also have a physical exam possibly including an internal (aka pelvic exam), optional testing will be explained, initial pregnancy lab testing will be discussed and a lab slip and pregnancy information will be given to you. At subsequent visits we will check your weight and blood pressure and check a urine sample for glucose, protein and ketones. We will listen to the baby's heartbeat and address any issues you may be having and answer any questions. At certain visits we will discuss testing for diabetes in pregnancy, kick counts, vaccination recommendations during pregnancy, birth control options to consider after you have your baby, breast vs bottle feeding options, Group B strep testing and other recommendations. Regular cervical checks (internal exams) are not done, but the Group B Strep test is necessary for some women and this involves a Q-tip swab of the vaginal and rectal areas.

3. What happens if I go past my due date?

You will have more frequent visits, additional testing to be sure your baby is doing well and an ultrasound to measure the fluid around your baby. Continued monitoring to wait for natural labor will be discussed and you may need an internal exam if an induction is being considered.

4. When do I get an ultrasound in pregnancy?

An ultrasound is done in the first trimester to determine or confirm your due date.

An ultrasound is also done at about 20 weeks to look at the anatomy of your baby and to measure your baby's growth. There may be a need to do additional ultrasounds in the pregnancy depending on risk factors and other issues.

Please note that the 20-week ultrasound involves the evaluation of many complex structures in development, the most complex of which is your baby's heart. This structure is in motion and often your baby is very active at the same time. Consequently, you may be asked to return for another look so that we can be sure we are getting all of the views needed.

5. What are growing pains?

Occasionally between the third and seventh month you may notice a sharp, often quick pain in the lower abdomen or groin area. This can be severe, but usually resolves with a brief period of rest or change in position. This pain is referred to as "round ligament pain" and you may find that abdominal support devices, exercises, stretching, warm baths or Tylenol may help.

6. How long can I keep working during my pregnancy?

In a normal pregnancy work can continue throughout the pregnancy, but may need to be modified depending on type of work. Generally, a woman may begin maternity leave at 38 weeks if she desires; stopping work prior to this time requires a documented medical condition for disability benefits.

7. Can I travel during pregnancy?

We don't recommend traveling long distances after 36 weeks except for emergent situations; However, travel prior to that time is acceptable for uncomplicated pregnancies. We recommend whether traveling by car or air that you take a copy of your pregnancy records with you and that you stay well hydrated and walk for 10 minutes every 2 hours. If movement is restricted during flight try to move your legs as if walking in place periodically and avoid sitting with legs or ankles crossed for prolonged periods.

8. Who will deliver my baby?

Both midwives and doctors deliver babies, and who specifically will deliver yours depends on who is on call. Sometimes both are present for your delivery, and there will always be a doctor doing your C-Section should you need one.

9. Do I come back to the office after I have my baby?

Yes. There are two visits after you have your baby during what is called the postpartum period. We try to do the initial visit in about 3 weeks. Many women suffer from postpartum depression and earlier contact with us helps to ensure we are aware of this condition early and able to help you get treatment and support early. This is a good time to touch base to see if you have any other concerns. The next visit occurs at about 6 weeks postpartum. We will review birth control needs and options, reevaluate for depression, update your PAP smear if necessary and address any other issues you may have.

There are circumstances where we will see you in the office even earlier than 3 weeks postpartum and more frequently than the 2 visits mentioned above.

Exercise in Pregnancy

Who can argue that carrying a baby, going through labor and delivery, or recovering from having a baby is not an athletic event! Thus, it goes without saying that exercise is beneficial in pregnancy*. Moderate exercise (please refer to separate handout on Exercise) is recommended in pregnancy for 30 minutes per day 5 days per week. Benefits of regular exercise include a lower risk of pregnancy-related diabetes and high blood pressure, lower risk of preterm birth and C-Section, lower incidence of excessive weight gain in pregnancy. It helps decrease back pain, eases constipation and promotes weight loss after giving birth. It can also help prevent postpartum depression. Women who are physically active in pregnancy generally do better in labor and have an easier recovery from C-Section if that is necessary.

*See separate handout included in Welcome Packet

Weight Gain in Pregnancy

BMI (Body Mass Index) is a calculation that takes into account your weight and height. Recommendations have been developed for weight gain in pregnancy based on a woman's BMI. Please refer to the chart on the separate handout on Weight Gain in Pregnancy as well as additional information in that handout. As you can see, the lower one's BMI, the higher the weight gain recommendation is. In countries such as the USA, with ready access to a good food supply, most women will get the nourishment they and their baby need by following these guidelines. Excessive weight gain will end up on Mom not baby! As we all know, it is very difficult to lose weight. Please also note that these guidelines are for women pregnant with one baby. There are separate recommendations for those with twins. Also remember that you are likely to gain more weight at the end of your pregnancy.

*See separate handout included in Welcome Packet

Problems Encountered in Many Pregnancies

Anemia: This is when your red blood cell count is low. There are different types of anemia, but in pregnancy we often see iron deficiency anemia due to the demands of the baby because the baby takes some of your iron to make its own red blood cells. If you become anemic in pregnancy, we may recommend taking iron supplements or even getting iron through an IV. Please see the list below of foods that contain iron. You will absorb iron better if you are also getting enough vitamin C in your diet and if you avoid taking it with foods that are high in calcium, primarily dairy products. Iron supplements are poorly absorbed and can cause side effects such as constipation. Some over-the-counter iron supplements have vitamin C in them such as Vitron C and hemagenics.

Some foods containing iron:

Cereals fortified with iron	Beef/chicken liver
Turkey, Beef, chicken	Almonds, cashews, pecans, walnuts
Raisins, oatmeal, eggs	Tofu, sardines

Spinach (boiled), beans, strawberries, tomatoes, apricots

Morning Sickness: This is a common, distressing, but usually self-limited and benign problem that often is limited to the first trimester of pregnancy. Morning sickness seems to be triggered by having an empty stomach. If you suffer from morning sickness, eating some crackers as soon as you wake up, eating small frequent meals and small protein snacks should help. Taking 2 vitamin B6 tablets before bedtime, and Emetrol one tsp every four hours may be of benefit. Wrist bands (based on an acupuncture concept for motion sickness) are available over-the-counter and are helpful in over 50% of patients. Ginger capsules 250mg by mouth 4 times per day or eating ginger snaps, drinking ginger tea or ginger ale may also help. If these measures are not effective, you should call the office as there are some safe prescription medications we can recommend and we may want you to come in for further evaluation.

Vaginal Bleeding: Vaginal bleeding is never considered “normal” in pregnancy. There are reasons for small amounts of vaginal bleeding that may be of no consequence such as when the embryo implants in the uterus or after sex. We recommend that you notify us of any vaginal bleeding so that we may advise you as to the need for further evaluation. If you are bleeding heavily you should go directly to the hospital for evaluation.

Shortness of Breath, Palpitations, Chest Pain: This occurs in mild form in pregnancy in most women primarily due to the changes in your blood volume and the extra work of your heart. If, however, any of these symptoms should become severe we recommend that you go directly to the emergency room.

Swelling (edema): Pressure exerted in the pelvis on the large blood vessels and kidneys may cause swelling in the legs. This is common as the pregnancy progresses and is usually not worrisome. However, it can be a sign of other conditions including preeclampsia which is a condition some women develop in pregnancy that can be quite severe. Please notify us if the swelling is worsening or if you are having headaches, visual changes, or generally not feeling well. It would also be important to notify us if you see swelling in only 1 leg.

Yeast Infections: If you've had a yeast infection in the past you know that it can be aggravating with symptoms of itching and irritation in or near the vagina and an increase in discharge which is usually white and clumpy. Women have discharge in pregnancy normally and yeast is a normal organism that lives in the vagina, but if you notice this type of discharge and are having symptoms and have used over-the-counter yeast creams in the past you may do so. Some examples of yeast treatments are miconazole, clotrimazole, Monistat. It is most useful to apply the cream using your fingertips to the lower vagina and outside area a few times a day for about a week. This will settle the symptoms down.

Beta Strep (Group B Strep aka GBS): This is a normal bacteria that inhabits our digestive tract and vagina. It can be transient or persistently present in those parts of the body and it is not an infection. If it is in the urine, it is an infection (bladder infection aka UTI) and will require treatment. We check the urine early in pregnancy and if it is positive for GBS in a specific quantity you will be given antibiotics. You will also be given antibiotics in labor to prevent infection in your baby. If it is not found in your urine then you will be retested with a vaginal exam at approximately 37 weeks. This is done to determine if you need antibiotics in labor. The antibiotics in labor will reduce the chance of the baby getting the GBS and developing a severe infection.

Other Common Conditions that Occur in Pregnancy

We strongly recommend that as few medications as possible, prescription or over-the-counter, be taken during the pregnancy; however, occasionally treatment will be required. Listed below are conservative treatments generally considered safe for both mother and baby. If conservative treatment is ineffective after 48 hours, we recommend contacting the office to make sure no serious problem is present.

Resources for medication questions:

Pregnancy Risk Network Information: 1 800-724-2454 or www.pregnancyrisknetwork.org

We have very good local pharmacists who are also happy to answer your questions.

Additionally, should you go to Urgicare or the ER for any problem that does not seem to be directly related to the pregnancy we ask that you advise us of this.

Upper Respiratory Infection: Usually the “common cold”. You should rest, increase fluids and follow good hand-washing regimens. You may use salt water gargles, Vicks vapor rub, vaporizer or humidifier as well as saline nasal spray or drops. You can take Tylenol, Robitussin for cough/sore throat, Sudafed for stuffy nose or sinus congestion as long as you do not have high blood pressure, and you may use cough drops.

Seasonal Allergies: Benadryl, Claritin, Zyrtec, Allegra

Headaches: Drink plenty of fluids, try neck and shoulder massage. You may take Tylenol (acetaminophen). Do not use ibuprofen or other NSAIDs (i.e. Advil, Motrin, Aleve) or aspirin. *Note: aspirin is given to many high-risk pregnant women in low doses, but we avoid it for a simple headache.

Upset Stomach: Gelusil is recommended along with a bland diet (BRAT diet - Bananas, rice, applesauce, toast/tea).

Heartburn: Frequent small meals are better than 3 large meals/day as the stomach and intestines work very slowly in pregnancy. Additionally try to remain upright or sitting for an hour or 2 after eating. You may try Riopan, Tums (unless you have a history of kidney stones), Pepcid, Gaviscon, Maalox, Mylanta

Diarrhea: Imodium is recommended, but call if the diarrhea persists more than 1-2 days or if you have been on antibiotics recently. Kaopectate may also be used. Do not use Pepto Bismol. Avoid dairy products until diarrhea has resolved.

Constipation: High fiber foods, water, vegetables, flax seeds can help. Citrucel, Colace, Metamucil, Fibercon may be used. Daily probiotics can be very helpful.

Hemorrhoids: Preparation H or generic, Witch Hazel, Anusol. Treat constipation.

Rashes: If otherwise feeling well you may use Benadryl cream, hydrocortisone cream/ointment, oatmeal baths. If these are ineffective after a few days please call.

Sleep – Good sleep habits including no late meals, keeping a routine. Tylenol PM or Unisom may help.

Dental issues/care: Maintain good dental hygiene and continue to see your dentist as you would if not pregnant. It is safe to have regular teeth cleaning. X Rays may be done if needed using abdominal shielding. Novocaine may be given without epinephrine. If antibiotics are needed penicillins can be given safely. There are other antibiotic options if you are allergic to penicillin.

Smoking, Vaping, Alcohol, Drugs: All have detrimental effects on the developing baby and mother. There is no known safe amount of any of these substances in pregnancy. Please talk to us openly regarding any use prior to and/or during the pregnancy. There are more and more resources locally to help you quit and maximize your physical, mental and pregnancy health and achieve the best possible outcome for you and your baby. And that's what it's all about.

Call the **New York State Smokers' Quitline** at 1-866-**NY-QUITS** (1-866-697-8487) or visit www.nysmokefree.com. The **Quitline** also provides free starter kits of nicotine replacement therapy (NRT) to eligible New Yorkers.

Here are some more resources available to patients in our area.

PREVENTION WORKS

Educate • Collaborate • Motivate

CASAC is the only New York State Office of Alcoholism and Substance Abuse Services approved and supported prevention agency in Chautauqua County.

Emailing info@casacweb.org

Office Locations Jamestown Phone (716) 664-3608 Fax (716) 664-3661

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<https://spinningbabies.com/> - is an excellent website for positioning & exercises to help with common discomforts of pregnancy. It is also intended to help you have an easier childbirth experience.



<https://geneticsupportfoundation.org/> videos for anyone with further questions about genetic testing options in pregnancy.

For FREE online Childbirth Education classes, please go to:

https://myyomingo.com/UPMCMageeWomensHospital/UPMCMageeWomensHospitalPregnancyChildbirthEClass_6589_189 There is a sign-up process in which you enter your name and email address. You will then get a temporary password and a link in your email.