

GENESIS



OB/GYN

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.....A PLACE FOR NEW BEGINNINGS

Prenatal Visits - What to expect

Initial visit @ 7-10 weeks - Meet your physician. Thorough history and physical examination. Lab tests including pap smear, screening tests and blood work. Your doctor will perform an ultrasound to confirm due date and viability.

Monthly visits up to 28 weeks

Visits every two weeks 28-36 weeks

Weekly visits 36 weeks until time of delivery

Visit frequency may vary depending on certain medical conditions

- Interval history
- Blood pressure
- Urine test for sugar and protein
- Measurement of fetal growth (uterine size/fundal height)

10-14 weeks -Discussion of screening tests for genetic disorders, neural tube defects. Hand outs given.
-Fetal heart tones. We will begin to listen to your baby's heartbeat using a hand-held Doppler. Normal fetal heart rate: 120-160 beats per minute.
-Decision regarding screening tests for genetic disorders, neural tube defects.

16-18 weeks -Fetal heart tones
-Fetal Growth

19-20 weeks - Screening ultrasound performed to evaluate fetal growth and development. If you desire, our staff will attempt to determine gender (sex) of your baby. Each physician may vary in exact timing of performing the screening ultrasound.

24-28 weeks -One hour glucose tolerance test to screen for gestational diabetes and third trimester HIV lab orders given. These tests are to be completed prior to your next visit. Nursing staff with give you exact date
-Discussion of one hour glucose tolerance test results.
-Rhogam injection if you have a Rh negative blood type
-Third trimester ultrasound to evaluate fetal growth.

28-32 weeks -Interval history; blood pressure, urine test and fetal heart monitoring, fetal growth.
-Discussion of fetal movement and performing fetal activity counts (fetal kick counts)
-Registration at Hospital of choice (St. Joseph or College Station Medical Center)

34-36 weeks -Screening test for Group B Strep. Group B Strep is a bacteria that lives in the vagina or bladder of some women. A cotton swab will be used to take a culture from the vaginal opening and skin around the rectum. If positive, you will be given antibiotics during labor to prevent your baby from becoming ill due to a Group B Strep infection.
-Fetal heart monitoring and fetal growth.

36 weeks until delivery

- Routine interval visits
- Discussion of labor and precautions
- Cervix check if clinically indicated

40 weeks

- Your due date
- The due date is set @ 40 weeks based on the first day of your last menstrual period or ultrasound.
- Most mothers will deliver their baby by, or shortly after the due date.
- If you go beyond your due date (post-dates), your doctor will discuss management options at this visit.

OFFICE HOURS: 8:30AM-NOON; 1:30PM-5:00PM

If you have a question, problem, or need a prescription, please call during normal office hours. The phone lines open at 8:30am and you can speak directly to a nurse or medical assistant. Calls after 5:00pm will be transferred to our answering service, which is for EMERGENCY situations only, please.

The after hours answering service is for EMERGENCY SITUATIONS ONLY, PLEASE.

* If you have a question or EMERGENCY DURING normal office hours. The office number is 979-704-6173 and you will speak directly to one of our staff members.

* If you have an EMERGENCY AFTER HOURS, call the office number and you will be transferred to our answering service. Clearly state the following: your name, your doctor, due date, nature of the problem or emergency and a good contact number. The physician "on call" will return your call as soon as possible. Please stay near the phone and available, so the on-call physician can contact you in a timely manner. Be prepared to answer calls from a blocked or private number.

*REMEMBER: The physician on-call may be with another patient that needs immediate attention or we may be in the middle of a delivery (including surgery or a c-section)please try to be patient. If you do not get a response in 30 minutes, call the service again.

*If there is an emergency that needs IMMEDIATE attention, call 911 or have someone take you to the Emergency Room.

Our physician group delivers at:

St. Joseph Regional Health Center (979)776-2575 www.st-joseph.org/LaborDelivery

Baylor Scott & White (979) 207-0320

YOUR APPOINTMENTS

Your doctor appointments are very important for your care and the well being of your unborn child. Studies clearly show that mothers who receive good prenatal and postpartum care, have better outcomes and fewer complications. We ask that you arrive early so we can process your chart, collect any samples necessary, and obtain your vitals. We understand that life has many twists and turns that may cause you to be late or need to reschedule your appointment. If you are running late, or need to reschedule, please give us as much advance notice as possible. If you are more than five minutes late, we reserve the right to reschedule your appointment so we can continue the continuity of our office schedule. We will always try to accommodate your schedule and needs.

One of the challenges of a busy Ob/Gyn practice is our physicians being called away for an emergency or a delivery. We try our very best to see you in a timely fashion. Out of respect for time, if your doctor is called away, we will try to let you know as soon as possible and give you the opportunity to reschedule. Babies do not have a schedule and can come at any time. Please remember if there is a delay, that when you are in labor, you and your baby will be the priority.

When time goes slow and we're running behind

Please take a deep breath and try to be kind.

We get calls both day and night

We get calls to save a life.

Our focus right now is on those in need

Healing the sick and following our creed.

Babies can come any time they please

It's not simple math but the birds and the bees.

Your time is coming in just a while.

When your number is called we'll be there with a smile. :)

ILLNESS AND APPOINTMENTS

If you think you may have a contagious illness (flu, chicken pox, lice, etc) please let us know prior to your arrival, so we can make arrangements to minimize exposure to our other pregnant mothers and newborns that may be in our office for appointments.

CHILDREN IN THE OFFICE

Genesis Ob/Gyn is a family-friendly office and we welcome your children. We ask that you respect our other patients by keeping your children quiet and well-behaved. Please do not bring your child to an appointment if they are sick. We do not want to expose any expectant mother or newborn to any type of contagious illness. Please be mindful and respectful of other patients if you bring children into the office. We strive to maintain a peaceful and tranquil setting for all of our patients.

Diet

You should plan to increase your daily dietary intake by approximately 500 calories. Remember you must provide nutrients for your growing baby as well as for yourself. Weight gain is usually an area of concern for most expecting mothers during pregnancy. Ideal weight gain for a normal pregnancy is 25-35 pounds. A goal should be to limit your weight gain to 3 pounds per month, or maximum of 1 pound per week. Plan to eat 4-5 smaller meals daily, rather than the customary 3 large meals. Keep sweets and fatty foods to a minimum. Sweets tend to be the biggest factor in excessive weight gain. Caffeine should be consumed in moderation (2-3 servings/day). Try to focus on eating good, healthy meal with small snacks in between. This will eliminate cravings. Set goals and stick to them. Weigh every day and record your readings.

Exercise

Exercise is very important during pregnancy. Exercise on a regular basis has been shown to be very helpful to your pregnancy and to lower the incidence of problems and complications. You may continue most exercise regimens. Ideally, you should exercise 4-5 times per week at 30 minute intervals. A vigorous walking regimen is ideal for pregnancy. If you do initiate a new exercise program, do so gradually. Start slow and work up. Do not exercise to exhaustion and avoid exercises that may cause abdominal trauma such as horse back riding, roller blading, skiing, wet biking, etc. where you may fall and injure yourself or your baby. We do not recommend high impact aerobics or heavy, strenuous weight lifting. There are several good local exercise programs for expecting mothers; ex: water aerobics. Be sure to drink plenty of fluids during and after exercise. Regular exercise is the best prescription for proper weight gain and staying healthy and fit during pregnancy.

Employment

You may continue to work throughout your pregnancy as long as you are comfortable. Pregnancy should not be considered a disability unless there are complications or factors that limit your ability to work. There are no set guidelines, as expectant mothers have different levels of capability and endurance. Try to avoid prolonged standing (greater than 6 hours) and heavy lifting (greater than 25lbs). Drink plenty of fluids and take scheduled breaks appropriately. Most mothers are capable of continuing to work until the expected due date. Working allows you to stay active, fit, socialize, and continue a normal lifestyle. If you have a specific concern, discuss this with your doctor.

Social Habits

- * Do not to consume alcoholic beverages. Alcohol consumption during pregnancy has been shown to cause complications and can affect your unborn child.
- * Avoid tobacco. If you are smoking - STOP!!! Smoking has been shown to cause complications during pregnancy and can affect your unborn child.
- * Avoid any and all drugs other than what your doctor has prescribed or those from the list included in this handout.
- * Intimacy and sexual activity is a normal part of pregnancy. You may continue to engage in sexual activity and intercourse as long as it remains comfortable unless your doctor has asked you not to have sex for medical reasons. Most couples find sex satisfying and pleasurable until late in the 3rd trimester. You may experience some spotting after engaging in intercourse. If you have heavy bleeding, you need to discuss this with your doctor or nurse. THIS IS NOT AN EMERGENCY.
- * You may take a shower or tub bath, whichever you prefer. Balance may be difficult towards the end of pregnancy, so be sure to use a non-slick surface. If you have recurrent vaginal infections, you will be instructed to discontinue tub baths.

Travel Safety

Travel is anticipated part of our busy schedules. Try to avoid traveling for extremely long distances during pregnancy. If you have a long distance to travel, take frequent breaks (every 2-3 hours) to walk, drink fluids, use the restroom, and get fresh air. It is important that you walk for 5-10 minutes during these rest stops. If at all possible, try to avoid travel after 35 weeks. It is acceptable to fly during pregnancy, but some airlines will require a letter from your doctor. Please plan in advance to obtain proper documentation to airline if needed. Most airlines discourage flying after 36 weeks, as do we. Discuss travel to foreign countries with your doctor, as special precautions may be necessary. Check your health insurance carrier; many companies will not pay for your medical expenses if you travel after 36 weeks and need medical attention out of town.

AVOID TRAVEL AFTER 35 WEEKS UNLESS YOU TALK WITH YOUR DOCTOR.

COMMON ILLNESSES DURING PREGNANCY

NAUSEA AND VOMITING

Nausea and vomiting are the most common problems encountered during early pregnancy. If you have persistent nausea and vomiting, this needs to be discussed with your doctor. They may prescribe a nausea preventative (Diclegis, Bonjesta), an anti-nausea (anti-emetic) such as Phenergan (promethazine) or Zofran (ondansetron). The most important thing to keep in mind for both you and your baby's well being is to stay well-hydrated. Dehydration tends to make your upset stomach more severe. Focus on clear liquids in small amounts (Gatorade/ Sprite/Ginger Ale). Water can be harsh on your stomach and make nausea worse. Gradually increase the amount of liquid and try some bland foods (crackers, bread, mashed potatoes, apple sauce, etc.). If you have persistent vomiting for a 24 hour period, this needs to be discussed with your doctor.

Key: liquids for hydration, bland diet, rest

COLD & FLU

The common cold and influenza (flu) are also common illnesses encountered during pregnancy. These are viral illnesses and should be treated with supportive measures. By this, we mean you need to get plenty of rest and fluids. You may experience a fever with a cold or the flu, so it is appropriate to use Tylenol (2 tablets every 8 hours as directed on label; Regular or Extra-Strength). A low grade fever will not hurt the baby. Refer to the medication list for acceptable medications to treat the symptoms of cold or flu during pregnancy.

Key: liquids for hydration, bed rest, nourishment, medication as indicated.

WE ALSO RECOMMEND EACH OF OUR MOMS GET THE FLU VACCINE ALONG WITH FAMILY MEMBERS

HEADACHE

Headaches during pregnancy are very common and can be caused by any number of problems or situations. Headaches can be caused by stress, fatigue, dehydration, hormonal influences, or any common illness such as cold, flu or seasonal allergies. If you experience a headache, try to get rest in a quiet, dark room, hydrate, eat and use Tylenol for 2-3 scheduled doses (follow the directions on the label). If you have a history of migraine headaches, try to discuss with your doctor in the office setting before the onset of a severe headache. It is our office policy not to prescribe medications or narcotics for headache over the phone or through the answering service. Another common cause of headaches is low blood sugar, or lack of protein for breakfast.

Key: rest in a dark quiet room, liquids for hydration, Tylenol, discussion with doctor before severe headaches occur.

DIARRHEA

This is a common symptom of a normal pregnancy or a viral illness. If you experience nausea, upset stomach or diarrhea during pregnancy, the key is to try and stay well-hydrated. Prolonged nausea, vomiting, or diarrhea can lead to dehydration, which will make your symptoms more severe and can lead to cramping and contractions. Try to rest as much as possible, drink sips of clear liquids (Gatorade, Sprite, Ginger Ale), and avoid spicy, greasy or fatty foods. Immodium AD or Kaopectate are safe medications to use for diarrhea during pregnancy.

Key: clear liquids, bed rest, avoid greasy, fried, fatty and spicy foods; bland diet, Immodium AD or Kaopectate

ASTHMA

Asthma is a condition that you need to discuss with your doctor during your initial prenatal visit. Pregnancy can cause symptoms of asthma (wheezing, coughing and shortness of breath) to worsen. Most asthma medications are safe during pregnancy. Inhalers should only be used after discussion with your doctor. Try to avoid things that tend to make your asthma symptoms more severe (these things are called triggers - ex: smoke, animals, strenuous activity, etc.). Upper respiratory infections can trigger asthma exacerbations. This may need to be aggressively treated. If you experience severe wheezing or shortness of breath due to asthma symptoms, notify your physician or go to the emergency room. The key is early recognition and treatment. Be sure your doctor is aware of your asthma condition and that this is documented on your medical record.

Key: Avoid triggers, notify your doctor if your asthma is worsening.

CHICKEN POX

Chicken pox is a viral illness that most of us are exposed to when we are children. If you had chicken pox as a child, you have immunity and exposure to a person with the illness should not pose a risk to your pregnancy. If you have not had the chicken pox or are unsure of your history, notify your doctor or nurse during normal office hours as soon as possible. Exposure does not necessarily endanger your pregnancy but should be discussed with your doctor. Try to find out from a family member (parent) your exposure and illness history before discussion with your doctor. As always, try to avoid individuals with any type of illness during pregnancy.

Key: Notify your doctor if you have never had chicken pox.

PARVOVIRUS (FIFTH'S DISEASE)

Parvovirus is another common viral illness mothers can be exposed to. Parvovirus B-19 is also known as Fifth's Disease, or "slapped cheek syndrome". Most individuals are exposed to Parvovirus at an early age. If you are unsure, notify your doctor of exposure during normal office hours. Exposure does not necessarily endanger your pregnancy but should be discussed with your doctor. Careful monitoring and possible testing may be performed. Avoid exposure to individuals with any illness during pregnancy.

Key: Notify your doctor if you are exposed to Fifth's disease, have a rash and fever.

ANEMIA

Anemia, or low blood count, is a very common condition during pregnancy because of increased red blood cell demands necessary for fetal growth and development. We will periodically check a blood count at your routine prenatal visits. If you develop anemia, or a low blood count, your doctor will prescribe an iron supplement and discuss dietary choices to help return your red blood cell count to a normal level. See the iron containing food handout in this packet. It is important to make dietary changes to include more iron containing foods.

ZIKA VIRUS

The Centers for Disease Control and Prevention (CDC) has the most current information and is updated frequently. Please visit <http://www.cdc.gov/zika/pregnancy/index.html> for information.

MEDICATIONS DURING PREGNANCY

The following medications are available “over the counter - OTC” and are considered SAFE during pregnancy. Your doctor will only prescribe PRESCRIPTION (Rx) medications that are safe during pregnancy. If you have questions about a medication, please call during office hours (Monday - Friday, 8:30am - 5:00pm), and speak with our nursing staff.

PAIN RELIEVER, HEADACHE, MUSCLE ACHES:

Extra-Strength Tylenol
Excedrin Migraine - 1-2 Times Per Week

UPPER RESPIRATORY, INFECTION, COLD, SINUS:

Actifed
Afrin Nasal Spray
Alavert
Sudafed (Behind The Pharmacy Counter)
Any Of The Tylenol Products
Dayquil/Nyquil

ALLERGY:

Benadryl
Allegra/Allegra D
Claritin Or Claritin D
Zyrtec Or Zyrtec D

RASH:

Cortisone 10
Caladryl
Aloe Vera Gel

COUGH:

Robitussin
Robitusin D
Vick's
Delsyn Pm

HEARTBURN:

Mylanta
Pepcid Ac
Tums
Rolaids
Prilosec Otc

DIARRHEA:

Immodium Ad
Kaopectate

CONSTIPATION:

Fiber Supplementation
Fibercon/Metamucil
Milk Of Magnesia
Ducolax Suppository
Stool Softeners - Surfak, Colace
Senokot
Fleets Enema
“The Bomb”: 4oz prune juice, 4oz apple juice, 4oz orange juice, 2 tsp Metamucil

HEMORRHOIDS:

Prep H Cream, Wipes
Anusol Hc
Recticare Cream, Wipes
Tucks Pads

YEAST INFECTION:

Monistat (1, 3 Or 7 Day)
Gyne-Lotrimin

BLEEDING DURING PREGNANCY

Spotting or light bleeding during pregnancy is a common occurrence. Bleeding can be due to any number of causes and does not necessarily mean you are having a miscarriage or that your pregnancy is in danger. Bleeding during the first trimester (conception to 14 weeks), is commonly encountered. Bleeding after intercourse is also commonly experienced. Bleeding after 20 weeks should be discussed with your physician and may require an examination or monitoring. Please use the following recommendations and instructions if bleeding during your pregnancy. When you talk to your doctor or nurse, be prepared to tell them the type and how much bleeding you are experiencing.

1st trimester bleeding (conception - 13 weeks)

Spotting is defined as a small amount of blood on toilet tissue or underclothing and can be carefully monitored. If you are having spotting, get off your feet, rest and consume plenty of fluids. Call your doctor during office hours for further instructions. Do not have intercourse until you have been given instructions by your doctor or nurse. Spotting or bleeding during the first trimester can be caused by implantation of the growing fetus, cervical irritation or inflammation, hormonal changes or intercourse. Call the office for further instructions during normal office hours. If you have heavy bleeding, defined as changing a pad every 1-2 hours or passing large clots, call the office or the "on call" physician immediately. Try to remain calm and carefully monitor the situation. Remember... bleeding in the first trimester of pregnancy is a common problem and does not necessarily mean you are having a miscarriage. If you experience some cramping with spotting or bleeding, it is appropriate to take Tylenol as directed on the bottle.

Key: Rest and staying off your feet. Avoid sexual activity. Consume plenty of liquids and take Tylenol for cramping.

2nd trimester bleeding (13-26 weeks)

Bleeding during the second trimester needs to be discussed with your physician. If you have bleeding during the second trimester, call the office for instructions. Again, try to remain calm, rest, get off of your feet and hydrate with fluids. Bleeding does not necessarily mean that you are having a miscarriage. In the majority of cases, second trimester bleeding can be properly evaluated and treated with a successful outcome. If you experience heavy bleeding during the second trimester after office hours, call the answering service and speak with a doctor for instructions.

Key: Call for instructions if you experience bleeding between 13-26 weeks.

3rd trimester bleeding (26-40 weeks)

Bleeding during the third trimester needs to be evaluated. If you experience bleeding between 26-40 weeks, call your doctor for instructions. During the third trimester, your baby is now viable (can live outside the womb), and bleeding should be discussed with a doctor to make sure there is not an emergency. When you talk with the nurse or doctor, try to quantify the amount of bleeding you have noticed. If you are term (after 37 weeks gestation), you may be showing signs of early labor. As the cervix begins to dilate, spotting or bleeding may occur. This is often referred to as "bloody show". You may experience a small amount of bleeding after an exam in the third trimester. Your doctor will typically inform you if spotting or bleeding should be expected following an exam. Heavy bleeding (bleeding like a period) in the third trimester is an emergency and needs to be evaluated. Immediately have someone drive you to the Emergency Room or call 911.

Key: Call for instructions if you experience bleeding between 26-40 weeks.

In the event you are worried about the movements of your baby or you have not felt the baby move....

FETAL MOVEMENT INSTRUCTIONS “KICK COUNT”

- Get something to eat and drink. Eat something with energy.
- Find a quiet place to lie down and pay attention to the baby’s movements or kicks
- Lie on your left side and count fetal movements or kicks
- You need to get 10 movements in a 2 hour time period (10 in 2)
- If you DO NOT get 10 movements in a 2-hour period, seek instructions from your nurse or doctor.
- Keys: EAT, DRINK, LAY DOWN, COUNT - 10 in 2.

LABOR

Labor is defined as cervical change in the presence of regular contractions. Most mothers will go into spontaneous labor between 37-40 weeks of gestation. This period of time is defined as “term” and means that a majority of babies are fully developed and ready to be born. Typically, labor contractions will be uncomfortable and last 45-60 seconds. Labor is a process that takes time and regular contractions. We advise our patients to come to Labor & Delivery at the hospital when they are having contractions every 3-4 minutes for one hour. Specifically, that is 15-20 contractions that are uncomfortable in a one-hour period. Typically, your doctor will begin to examine or “check” the cervix with digital examinations at your visits beyond 37 weeks. This may depend on if you complain of contractions prior to your visit. Your doctor may instruct you to go to the hospital with fewer contractions in a hour if your cervix has dilated, you have delivered multiple babies, you have previously delivered by cesarean section, or your baby is in breech presentation.

Braxton Hicks or “false labor contractions”, are mild contractions that are normal during the second and third trimesters. These contractions are typically less intense and feel more like a cramp. You may actually feel your tummy tighten, but this type of contraction does not last as long and is not as uncomfortable. You may experience 3-4 Braxton Hicks contractions per hour and this is normal. If you have been active, had a long day, or become dehydrated, the Braxton Hicks contractions may be more numerous and intensify. Rest and hydration are the keys to treat these false labor contractions, or practice contractions. If you are less than 36 weeks and experience more than six Braxton Hicks contractions for two hours in a row, call for instructions. Remember: rest, consumption of nourishment and increased fluid intake is the key to treating this type of contraction. Early labor will usually begin with more frequent Braxton Hicks contractions. As these contractions progress, intensify and become more regular, early labor may begin. Labor contractions, which are more intense, uncomfortable and last 45-60 seconds, will usually begin when you are experiencing contractions every 5-10 minutes. If you have questions about labor, do not hesitate to call the nurses at our office or in labor and delivery.

You may experience light spotting, notice brown discharge, or pass your mucus plus, at any point after you reach term (37 weeks). This is a normal finding and usually means the cervix is beginning to change or dilate. This does not necessarily mean you are in labor. Heavy bleeding (like a period) on the other hand, may be an obstetric emergency, and you should immediately go to the hospital or call 911.

If you think your bag of water has broken, you need to go to the hospital for evaluation. When your bag of water breaks, you may notice a large gush of fluid or a continuous leakage of fluid over an extended period of time. In either case, call the nurses in labor & delivery and go to the hospital.

Once you think you are in active labor as outlined above (15-20 contractions/hour), or if you think your bag of water has broken, you need to go to the hospital for evaluation. Please call the nurses in labor & delivery at your hospital of choice prior to leaving. This will give the nurses time to find your medical record and give you further instructions. You do not need to call the answering service prior to going to the hospital for a labor evaluation, if you follow the above guidelines.

THE HOSPITAL

The hospital is a place where you will find support, comfort, and excellent care. The staff, nurses and physicians at all the local hospitals are committed to providing you and your family with good care in a friendly environment. If you have an emergency, the hospital is where you can find answers and comfort during a time of worry and concern. Our physician group is committed to providing excellent care during any situation.

When you go to the hospital, clearly define the problem and let the staff know the name of your physician. You may have to fill out paperwork. It is always a good idea to pre-register at your hospital of choice. Pre-registration will decrease the amount of time required to admit you when you arrive. If you are early in your pregnancy or have a non-obstetric problem, you may be instructed by your doctor to go to the emergency room. If you are beyond 20 weeks gestation or think that you are in labor, you will be taken to labor & delivery. After you have been evaluated, your doctor or the doctor on call for our group will be notified.

If you are in labor, you will be admitted to labor & delivery. Typically an IV will be started once you are admitted. An IV gives access to give you fluids and administer medications. The nurses will give a report to the physician who will be caring for you. You may decide that you want a regional anesthetic or epidural. If you want an epidural pain management, you will watch a video and speak with an anesthesiologist. Labor is a process that can take many hours. Try to relax and enjoy this memorable experience. Once you have delivered your baby, you will remain in the labor and delivery for a hour or so. You will be transferred to the postpartum floor after it has been determined that you are stable and recovering well from birth process. If you experience any problems or complications, you may remain in labor and delivery for an extended period of time. L&D is actually an intensive care unit that allows us to monitor you closely. The nurses in L&D are highly trained professionals who will work closely with you in any situation. Try to bond and get to know your nurse. They are your advocate.

Once you arrive to the postpartum floor, you will be placed in a room, and the recovery process will continue. This time for resting and bonding with your baby. The average stay for a routine vaginal delivery is 24-48 hours. The stay for a c-section is typically 48-72 hours. Your doctor and nurse will give you all the information that you need to know. Don't be afraid to ask questions and participate in your care. Our goal as a group is for you and your family to have a wonderful and memorable experience.

POSTPARTUM

During pregnancy, your body has undergone many changes. Now that you have delivered, there will be other changes as your body returns to its pre-pregnant state. This process takes about 6 weeks. During this time, you should be especially careful about your activity level, diet and hygiene.

General Instructions

When you arrive home, you may gradually resume your normal household activities. Pace yourself and don't overdo it. If you get tired, sit or lie down for a bit. As your strength and endurance permits, you may gradually increase your activity levels. Lie down and rest for at least one hour every afternoon for the first six weeks.

Try and get at least 8 hours of sleep. This may require some help from your family. Try to avoid vigorous activity during the first two weeks, such as heavy lifting or walking great distances. Do not perform any heavy lifting or pushing during the first two weeks. Have one of your family members or friends lift heavy laundry baskets, suitcases or move furniture. Limit your driving during the first two weeks. You may ride in a car for short distances at a time. Mild exercise such as walking is permitted as your strength permits. Walking is a great exercise during the first 6 weeks. Start out slow and increase your walking distance gradually. Avoid heavy lifting and vigorous exercise. You may begin exercises to strengthen your stomach muscles four weeks after delivery. Diet is very important for both you and the baby during the postpartum time period. Concentrate on having a well-balanced diet, liberal protein such as meat, cheeses and eggs. Eat fresh fruits and vegetables daily. Whole grain breads and cereals are excellent to incorporate into your diet. Try to eat 3 well balanced meals per day with small healthy snacks between. Drink 6 to 8 glasses of fluid daily, including milk. Continue to take your prenatal vitamin for at least 6 weeks. If you are breastfeeding, continue prenatal vitamins for the duration of feeding.

Hygiene

Daily hygiene is very important after the delivery of your baby. Take showers on a daily basis. Use an anti-bacterial soap such as Dial. Cleanliness is important for the health of you and your baby. You may take a shower or shampoo at anytime. You may take tub baths immediately postpartum if desired. Carefully cleanse your vaginal area at least twice daily and after each bowel movement. Hygiene in the perineal area is especially important if you have had an episiotomy and stitches. Make sure the vaginal and perineal area is washed from front to back to avoid contamination from the rectum. Either moistened cotton pads or Tucks (which are available at any drug store) provide gentle, thorough cleansing. Tucks placed over the stitches are also helpful in preventing irritation from sanitary pad.

Vaginal Discharge & Bleeding

Following delivery, you will have discharge or loch for up to six weeks. The discharge may be dark brown, red or pink and will gradually become lighter in color and less in amount. Lochia may have an unusual odor, which will also resolve with time. During this time of postpartum bleeding and discharge, wear a sanitary pad rather than tampons. Foreign material in the vagina may cause an infection. The amount of discharge, flow, or bleeding will vary in volume and intensity. You may pass clots, particularly during the first week after delivery of your baby. A good rule is that if you are passing large clots on a hourly basis for more than 6 hours; call your doctor for further instructions.

Menses

The length of time before your menstrual period returns is unpredictable. The range is 4 to 12 weeks. If you are breastfeeding, it may be 4 to 6 months before you have a regular period or menstrual flow. Do not be alarmed if your first two or three periods are heavy, irregular or prolonged. You should also be aware that you could become pregnant, even though you have not had a menstrual period. Ovulatory function can begin as soon as 4 to 6 weeks after delivery of your baby. You should discuss contraception with your doctor at the interval postpartum visits.

Bowel Movements

Regularity of bowel movements is improvement. Constipation should be avoided. The stress of having a baby and pain medication during the postpartum period can lead to constipation and difficulty in having a bowel movement. Senakot, Surfak, Ducolax and Fleets enemas are acceptable over the counter medications that can help treat problems of constipation. Increasing fiber in your diet and plenty of water consumption will also help with this commonly encountered problem. You should not go longer than 3 to 4 days without elimination and having a bowel movement.

Sexual Relations

Having baby requires a time of resting and healing. Four to six weeks is standard time for recovery and healing. You may resume intercourse 4 to 6 weeks after delivery unless your doctor instructs you otherwise. Don't forget, you can get pregnant as soon as 4 to 6 weeks after delivery of your baby. Contraception should be considered. If intercourse is painful, you may need a little more time for healing. You should also consider use of a lubricant or estrogen cream if you experience discomfort during sexual relations. If painful intercourse persists, this should be discussed with your physician at a follow-up visit.

RESOURCE INFORMATION:

You may want to seek information from additional sources. We encourage you to read and educate yourself during this special time. The following sources of information have been recommended by many of our patients:

Websites:

www.webmd.com

www.acog.org

www.babycenter.com

Books:

Your Pregnancy and Birth

By: The American College of Obstetrics and Gynecologists

Available at www.sales.acog.org

What To Expect When Expecting

Available at most local bookstores.

Brazos Valley Area - Breastfeeding Resources

Lactation Consultant

You may search for a board certified lactation consultant near you at www.ilca.org

Local consultants in our community are located at:

1. St. Joseph Regional Health Center (979) 776-3777; ask for the nursery
2. College Station Medical Center (979) 764-5100; ask for nursery
3. WIC Clinic - BVCAA (979) 595-1700
4. Scott and White OB/Gyn Dept (979) 691-3500
5. Healthpoint ABC Clinic (979) 693-7400
6. Basics for Breastfeeding (979) 229-1175

LOCAL SUPPORT GROUPS

1. La Leche League - www.texaslll.org/group/bryan-college-station

BREAST PUMP RENTALS

1. Medi-Care Equipment Specialties (979) 776-3776
2. Basics for Breastfeeding (979) 229-1175
3. Local WIC office (For eligible, enrolled participants)