

**Suphithaya Anders, M.D.**  
**Jeffrey D. Quinn, M.D.**  
**Robert D. Merrill, D.O.**  
**Monte G. Merrell, M. D.**  
**David Matthews, D.O.**  
**Jo Cluny, M.S. N.P.**  
**Tina Goldsmith, M.S. N.P.**

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## Western Gynecological & Obstetrical Clinic— A Professional Team

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At Western Gynecological and Obstetrical Clinic we have a team of professionals who work together to provide quality medical care. This is a benefit to you, the patient, in that several consulting professionals may better resolve any problems that may arise. Generally, you will be able to see your provider for your regular prenatal visits. However, if you need to be seen on an emergency basis, you may be seen by another available provider in the clinic.





### **Suphithaya Anders, M.D.**

Dr. Anders grew up in Roosevelt, UT. She was born in Laos but has lived in Utah since she was six years old. She and her husband, Peter, are busy with their four children. They have two boys and two girls. Dr. Anders enjoys outdoor recreation and spending time with her family. Dr. Anders completed her undergraduate education at the University of Utah and received her medical degree from the University School of Medicine. She completed her residency at State University of New York at Buffalo.

Dr. Anders has enjoyed being with Western OB/GYN since 2001.

### **Professional Background**

**Premedical Education:** University of Utah, Salt Lake City

**Medical Education:** University of Utah, School of Medicine, Salt Lake City

**Residency:** State University of New York at Buffalo, Graduate Medical and Dental Education Consortium, Department of Obstetrics and Gynecology

**Medical Licensure:** Utah

**Professional Societies:** Junior Fellow American College of Obstetrics and Gynecology, American Medical Association

**Practice:** Private Practice since 2000



### **Jeffrey D. Quinn, M.D.**

Dr. Quinn and his wife, Sharon have three children and currently reside in the Millcreek area. Dr. Quinn is an avid golfer, enjoys playing tennis, and loves watching sports programs. He also likes to travel.

His special clinical interests include routine and high-risk obstetrics, surgical gynecology, and menopausal therapy.

### **Professional Background**

- Premedical Education:** University of Utah, Salt Lake City, Utah
- Medical Education:** University of Utah, Salt Lake City, Utah
- Internship:** Baylor College of Medicine, Houston, Texas
- Residency:** Baylor College of Medicine, Houston, Texas
- Medical Licensure:** Utah
- Professional Societies:** Utah Medical Association, American Medical Association, Fellow in the American College of Obstetrics and Gynecologist.
- Practice:** Private Practice since 1983



### **Robert D. Merrill, D.O.**

Dr. Merrill grew up in Salt Lake City. He likes spending time outdoors, including snow and water skiing, scuba diving and camping. Dr. Merrill enjoys watching and playing most sports, especially golf, and spending time away from work with family and friends.

Dr. Merrill's clinical interests are in all aspects of women's healthcare, including prevention and general obstetrics and gynecology.

### **Professional Background**

**Premedical Education:** Brigham Young University, Provo Utah

**Medical Education:** Arizona College of Osteopathic Medicine, Glendale, Arizona

**Internship:** Parkland Memorial Hospital, Dallas, Texas

**Residency:** Parkland Memorial Hospital, Dallas, Texas

**Medical Licensure:** Utah, Texas

**Professional Societies:** Junior Fellow , American College of Obstetricians and Gynecologists, American Medical Association, American Osteopathic Association

**Language:** Fluent in English and Spanish

**Practice:** Private Practice since 2004

**Ob/Gyn Board:** Board Eligible in Obstetrics and Gynecology





**David Matthews, D.O.**

Dr. Matthews grew up in Sandy and currently resides in Herriman with his wife and four children. His clinical interests include all aspects of general obstetrics and gynecology, but especially infertility, robotic surgery, contraception, menstrual irregularities, and abnormal vaginal bleeding.

Dr. Matthews is board eligible and is a junior fellow of the American College of Obstetrics and Gynecology. His outside interests include spending time with his wife and children, singing and playing music, going to cultural events, and playing sports.

### **Professional Background**

**Premedical Education:** Brigham Young University, Provo Utah

**Medical Education:** Kirksville College of Osteopathic Medicine

**Residency:** Sinai Hospital in Baltimore, Maryland

**Professional Societies:** American College of Obstetricians and Gynecologists

**Language:** Fluent in English and Hungarian

**Practice:** Since 2013



### **Tina Goldsmith, M.S. N.P.**

Tina grew up in Connecticut/Maine. After graduating from Cornell University she lived in Martha's Vineyard, then moved to Utah in 1973 to ski. She met her husband, Steve, while working at Snowbird Ski Resort. They have lived in Holladay, Utah ever since. They have two beautiful daughters with whom they love to adventure travel with. Tina and her family enjoy sports and devotedly support theater and arts.

Tina delivered her first baby as a nurse at Martha's Vineyard Hospital. She has worked in the Intensive Care Units at the University of Utah and Primary Children's Medical Center. She and a physician opened the Snowbird Medical Clinic and she worked as a nurse practitioner in the Snowbird Ski Patrol. As a family nurse practitioner she specializes in Obstetrics and Gynecology, and has been in private practice since 1979.

### **Professional Background**

**Undergraduate Education:** Cornell University, Bachelor of Science

**Graduate Education:** degree, nursing. University of Utah, Masters of Science degree, Family Practice

**Advanced Practice Nurse**

**Practitioner and Certification:** Licensed in Utah 1979

**Professional Societies:** Holladay Nurse Practitioner Peer Review Group, Utah Nurse Practitioner Conference Group, Utah Nurses Private Association, American Nurses Association.

**Practice:** Private Practice since 1979

## The Cost and Billing of your Obstetrical Care

We welcome discussion about our fees. We do not want financial problems to cause you unnecessary anxiety during pregnancy. Therefore, one of our business office staff will meet with you during your first office visit. We welcome your questions and will help you to make financial arrangements.

The fee for the delivery of your baby covers most of your professional care, including prenatal visits, care during labor and delivery, as well as postpartum care in the hospital and at your six week postpartum visit. **Blood work, lab studies, ultra sound procedures, and medications will be billed separately.** Hospital charges will also be billed separately. We advise that you contact the hospital business office to make preadmission arrangements.

You will be billed for your obstetrical care beginning with the first visit so that your financial responsibility is met before the delivery. If you have insurance that covers part of the cost, the difference between the fee and the insurance portion should be paid. Please contact your insurance carrier if you have questions regarding your benefits. If you desire help, our business office will be happy to assist you (801-285-4800). Please inform us if a reason exists which will prevent you from paying the fee before your delivery.

## Your Pregnancy

Our goal is to help you have a pleasant and safe pregnancy, delivery, and recovery. This book has been written to acquaint you with the events that occur during pregnancy labor, delivery, and your six-week postpartum period. It is hoped that this publication will assist in answering many of your questions. Please feel free to ask us about anything that concerns you.

### The First Visit

On your first visit to our office you will meet with a nurse. You will be asked to fill out a genetics questionnaire and you can also receive a prescription for prenatal vitamins at this time. The nurse will check your blood pressure, weight, and urine. Your blood will also be drawn at this visit. Blood tests are required by law to test for syphilis, Hepatitis B, and susceptibility to German measles. An HIV test is optional at this time. In addition, your blood type and Rh factor is determined, along with a complete blood count. The results of this blood work will be discussed at subsequent visits.

Your first visit with the provider (physician or nurse practitioner) will include a complete physical exam to determine your health status and how far along in the pregnancy you may be. A Pap smear will be done at this time if you have not had one within the year of becoming pregnant. Also, a vaginal culture will be done to check for sexually transmitted diseases, which if not treated could be harmful to the fetus.

### Subsequent Visits

With each visit during your pregnancy you will have your weight, blood pressure, and urine checked. Your abdomen will be measured to determine how much your uterus has grown and the health care provider will listen to your baby's heartbeat. The heartbeat can usually be heard 10-12 weeks after your last menstrual period.

During the last 3-4 weeks of pregnancy a pelvic examination may be done to determine the condition of your cervix (*opening to the uterus*). This can be helpful in suggesting how soon the onset of labor may occur and how soon you should report to the hospital after the onset of labor.

We would like to answer as many of your questions as possible and encourage you to write down questions to ask before you come in for each visit.

## Diagnostic Tests

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Occasionally additional tests are done at different times during your pregnancy

### Hemoglobin

The iron level in your blood may be checked during the pregnancy to make sure you are not becoming anemic.

### MSAFP

The MSAFP is an optional blood test that is done between 16 and 18 weeks of pregnancy. This test helps identify a small number of women whose unborn babies may have certain birth defects of the brain and spinal cord. These are referred to as neural tube defects, and include such disorders as anencephaly and spina bifida. The cause of these defects is not known. However, it is suggested that your prenatal vitamin contain folic acid to decrease the risk of these defects. It may be inherited or it may be caused by environmental factors. In the U.S. about one to two live births per one thousand involves a neural tube defect. Parents who may be at greater risk include women who have already given birth to a child with a neural tube defect, either mother or father have a neural tube defect, or women whose mothers or fathers have a history of neural tube defects.

Alpha-fetoprotein (AFP) is a substance that is produced by the unborn baby as it grows. If the neural tube is not properly formed, large amounts of this substance pass into the mother's blood. Unreliable results can be obtained if the blood sample is taken too early or late in the pregnancy, or if you are carrying twins. For this reason, if the test comes back abnormal, additional tests are done before the doctor will determine that there may be a problem. It is important to note that normal test results cannot guarantee a healthy baby. It is also possible that an unborn, healthy baby may be incorrectly identified as having neural tube defects. Again, this test is optional. Feel free to discuss any concerns you may have with your doctor before choosing whether or not to have the AFP test done.

## **Ultrasound**

An ultrasound is routinely performed at approximately 18-20 weeks. This is the preferred time, since most organ systems can be evaluated. However, additional ultrasounds may be needed earlier or later depending on your pregnancy. In this test, sound waves are used to outline the baby's body, particularly the head so that it can be measured. This is helpful in dating pregnancy and diagnosing twins. Also, the location of the placenta can be found by ultrasound. The sex of your baby may be determined at this time as well.

## **Amniocentesis**

Amniocentesis is a diagnostic procedure in which a needle is inserted into the uterus of a pregnant woman and a small amount of amniotic fluid is removed. Laboratory examination of the fluid's cells can detect the presence of a number of genetic defects and also identify the sex of the fetus. The most common use of amniocentesis is among women over 35 to detect the presence of Down's Syndrome. The chances of having a child with Down's Syndrome increase sharply with age. Amniocentesis to detect genetic defects is usually done between the 13th and 16th weeks of pregnancy.

Amniocentesis may also be used later in pregnancy to assess the health and development of the fetus. For example, analysis of the amniotic fluid can determine the baby's lung maturity. This information is important should there be reasons to contemplate an early delivery. In later pregnancy an amniocentesis can be accomplished in our office by use of ultrasound to help determine the location of the fetus and placenta. This is not completely without risk to the baby, but the benefits of the information obtained outweigh the risk of the procedure.

A majority of tests performed in amniocentesis disclose no abnormalities. Some couples at high risk may desire to have the procedure done so they will be less anxious during the pregnancy if the tests show no abnormalities. However, a normal test result cannot guarantee a normal child. We have no way at present to test for all abnormalities. Fortunately, serious abnormalities are rare.

## **Glucose Tolerance Test**

A routine glucose tolerance test is done between 24 and 28 weeks. This test is to check for gestational diabetes, which can result in excessive fetal growth. You will be given a glucose drink the month before this test is to be done. You will be asked to drink this an hour before your next appointment. Your blood will then be drawn when you arrive at the office for that appointment. It is important to inform the receptionist that you have had your glucose drink, and to remember the time you finished drinking it. This will enable us to get your blood drawn on time. If the results of this test come back with high levels, further testing will be done before determining that you have gestational diabetes.

## **The Rh Factor**

Every person has blood that is either Rh positive or Rh negative. If your blood is Rh negative and the father of the baby has Rh positive blood, there is a chance that the baby could have its father's positive blood type. If a small amount of the baby's blood comes in contact with your blood, your body won't recognize the positive blood type. It will try to fight against the baby's blood by producing antibodies. To determine if this has occurred, a blood test will be done between 26 and 28 weeks. If it has not occurred, you will be given an injection called Rhogam to prevent this from happening. You will be given a second injection of Rhogam after you have the baby and before you are discharged from the hospital. If you have the positive blood type, this test is disregarded.

## **Non-stress Test/Amniotic Fluid Index**

A Non-stress test may be recommended if additional information is needed about the condition of your baby. The baby's heartbeat and movement will be recorded over a period of time, usually about 30 minutes. Changing patterns in the fetal heart rate indicate fetal well being. An Amniotic Fluid Index (AFI) is often done at the same time as a non-stress test. This is done to check the amount of amniotic fluid surrounding the baby. This test is sometimes repeated several times late in your pregnancy. In some cases, these tests may indicate a need to deliver the baby early.

## **Group B Strep Test**

At approximately 35 or 36 weeks of pregnancy a vaginal culture will be done to check for Group B Strep (GBS). This is a common vaginal bacteria. However, on rare occasion it can have severe effects on the baby during the birth process. If this test result comes back positive, you will be treated with an antibiotic during labor and delivery. This is to reduce the likelihood that the baby will be infected.

## **Educational Services**

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### **Prenatal Classes**

Prenatal classes are strongly recommended, especially for first time parents. Your husband, partner, friend, or relative may attend these classes with you. These classes are available to all of our patients at Riverton Hospital. For registration call Intermountain Healthcare Hospital: (801)507-7731 or [www.ihc.org](http://www.ihc.org) or Jordan Valley Hospital: 866-431-WELL(9355) [www.jordanvalleymc.com](http://www.jordanvalleymc.com).

The classes are held frequently enough to discuss all aspects of your pregnancy. Your health care provider may suggest other childbirth education classes as well.



## Reportable Symptoms

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The following are symptoms that should be reported to our office immediately:

- Bleeding coming from the vagina in excess of a period, (*in severe cases of bleeding, you should go to the emergency room rather than report to our office.*)
- Marked swelling of the hands or feet in the last three months of pregnancy
- A continuous headache associated with dimness or blurring of vision.
- Persistent vomiting-especially in the last three months of pregnancy.
- Chills and fever over 101 degrees.
- A sudden escape of fluid from the vagina.
- Severe, persistent pain in the abdomen.

When contacting the office, please call us yourself unless it is an emergency situation and you are unable to make the call. It can often cause confusion if we are trying to speak to you through a third person. You may need to leave a message on our nurse line when you call the office. If you feel that you cannot wait for a return call, please go to the emergency room or labor and delivery.

### Miscarriage

A miscarriage means that the baby is born before it is able to survive on its own outside the mother's body. The majority of miscarriages occur during the second and third months of pregnancy. The usual signs of a miscarriage include bleeding from the vagina and severe menstrual-like cramps, if these symptoms develop you should notify the Clinic. However, it is important to remember that "spotting" is common and does not always mean you are having a miscarriage.

## **Preeclampsia**

Preeclampsia is a condition that can be very dangerous for a pregnant woman and her baby. Blood flow through the placenta decreases, which causes the baby to suffer. These babies tend to be small in relation to the time they are carried inside the mother. They also have a greater chance of being stillborn. A severely preeclamptic mother is in danger of having convulsions, which can be fatal.

Symptoms of this condition include swelling of body tissues, rapid weight gain, high blood pressure, and protein in the urine. Any two of these symptoms in combination may indicate that a problem is developing. Bed rest and increased amount of water may be prescribed to control these symptoms. If you are advised that you may be developing preeclampsia, it is extremely important that you follow these instructions. Signs that may indicate worsening preeclampsia include upper abdominal pain, visual disturbances, severe headache, and worsening swelling. Be aware that one problem in controlling this condition is that the mother often feels little or no symptoms during the early stages of preeclampsia, and therefore, may not take warning signs seriously.

## Prescriptions & Over-the-counter Medications

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Because medications used in pregnancy can affect you and your baby your health care providers should be aware of all medications you may be taking. Care will be taken to prescribe only those drugs that are presumed safe and effective. Prescriptions are best written at the time of your prenatal visit when your records are available.

Be aware that certain over-the-counter medications are safe to use during pregnancy; however, it is best to avoid the use of any medication during the first trimester (*first three months*). Over-the-counter medicines that can be used include Tylenol products, Mylanta, and Robitussin DM. Other medications may also be okay, but consult your provider before taking them. It is also important to limit the use and duration of medications as much as possible. Always follow the directions for use on the package.

To assist you in choosing appropriate over-the-counter medications, a list has been included on the following pages.

# Medication Sheet

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You are advised not to take any drugs in your first trimester. After the 12th week, if you have any of the following discomforts, you may take one of these over the counter medications without asking. Many of these discomforts can be alleviated or reduced with the measures listed below. **Cigarettes and alcohol are considered drugs** and we ask that you not smoke or drink in the best interest of yourself and your baby

## Anemia

In pregnancy, anemia is usually a result of low iron in the blood. You may be advised to take one of the over the counter medications listed. In addition to the meds, eating a diet with increased amounts of iron will help. When increasing your iron intake be sure and increase your fluids, fiber, and fresh fruits and vegetables to avoid constipation. Continue to take your Prenatal Vitamins in addition to one of these medications (*take as directed*) Ferrous Sulfate, Slow-Fe, Feosol, Ferrofolc 500

## Cold/Sinus/Hay fever

Treat the symptoms of your cold. Increasing the amount of fluid intake (*water and juice*) will help decrease congestion. Avoid dairy products as they increase the congestion. Call if symptoms persist, you have a fever of 101 or greater or think you may have an infection with your cold. These medications will make you more comfortable, (*take as directed*) Sudafed, Actifed, Chlor-Trimeton, Tavist-D, Clariton, Benedryl

## Cough

Increase your water and juice intake and avoid dairy products. Cool mist humidifiers are helpful. Call if symptoms persist, fever of 101 or greater, productive cough, trouble breathing or if you think you have an infection. When purchasing cough medicine be sure that it contains NO ALCOHOL (*take as directed*) Robitussin DM, Cough Drops

## Constipation

Increase the amount of fluids you drink, especially water. Also increase the amount of fresh fruits, vegetable, whole grains and fiber in your diet, (*take as directed*) Colace, Metamucil, Milk of Magnesia, Senokot, Surfak

## **Diarrhea**

Increase your fluid intake to replace lost fluids. Rest your intestinal tract for 12-24 hours without food or eat the BRAT diet (*Bananas, Rice, Applesauce, Toast and Tea*), if diarrhea persists more than 24-36 hours, call us. (*take as directed*) Kaopectate, Immodium AD

## **Dry Heaves/Nausea/Vomiting**

Eat small frequent meals. Try drinking fluids apart from your meals. Keep something in your stomach. Call us if nausea persists or unable to keep anything in stomach, (*take as directed*) Emetrol, B6 50 mg 4 times/day, Benadryl 25 mg, Peppermint tea, Ginger tea, Unisom

## **Fever**

Dress lightly, increase fluids, take tepid baths, call if temp is over 101 for more than 24 hrs. (*take as directed*) Regular Tylenol, Extra-Strength Tylenol

## **Headaches**

Try resting your eyes, dimming the lights and apply cool/cold compresses on neck or forehead. Lie down. If you have blurred vision, dizziness, fainting or other visual disturbances, call us. (*take as directed*) Regular Tylenol, Extra-Strength Tylenol

## **Heartburn/Indigestion**

Avoid spicy meals. Eat small frequent meals. Avoid lying down immediately after eating. May take 1 ounce of antacid prior to meal and 1 tbs between meals, (*take as directed*) Maalox, Mylanta (*Reg & II*), Gaviscon, Tums, Zantac, Pepcid AC

## **Muscle aches/back sprain**

Remember good posture and good body mechanics. Use of a maternity girdle may help, (*take as directed*) Regular Tylenol, Extra-Strength Tylenol, Heating pad

## **Nasal Congestion/Sore Throat**

Take measures/medications listed under colds. Gently gargle with warm salt water, (*take as directed*) Ocean nasal spray, Nosebetter, Afrin nasal spray, Sucrets, Chloraseptic spray

**REMEMBER TO TAKE YOUR PRENATAL  
VITAMINS AND CALCIUM DAILY!!!**

## Vaccinations During Pregnancy

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- **Flu Vaccine:** Western's health care providers encourage all of their pregnant patients to receive a flu shot after their first trimester. It is also recommended that anybody that is going to be around a newborn, 6 months or younger, also receive a flu shot.

Western does offer flu vaccinations in our office. Please notify your healthcare provider if you are past your first trimester, and have not received the flu shot.

- **Pertussis Vaccine:** The Pertussis vaccine is offered on the postpartum unit before leaving the hospital after delivery. If you have not had a booster in the past 5 years, it is recommended that you get one at that time.

- It is also recommended that anybody that is going to be around a newborn, 6 months or younger, also receive a pertussis booster if they have not received one in the last 5 years.

# Diseases Affecting Pregnancy

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## Infectious Diseases

It is important to be aware that most infectious diseases are more serious during pregnancy. Avoid contact with others who may be infected.

### Rubella - German Measles

Rubella is a serious disease that is caused by a virus. Serious effects in the unborn child can result if a pregnant patient has Rubella, especially if it is in the first 12 weeks of pregnancy. The later in the pregnancy that Rubella is contracted, the less chance there is of the baby being affected.

A laboratory test is available to see whether or not you are immune to Rubella. This test is routinely done at your first visit. If you are not immune to the disease, you can receive an immunization; however, this cannot be given during pregnancy. It will be given in the hospital after you deliver your baby.

It is important to note that if you have had Rubella once, you will not get it again. Also, Rubella can only affect the baby if the expectant mother actually contracts the disease while she is pregnant. Exposure alone to someone else having Rubella will not harm the baby.

### Chicken Pox

Most women are immune even if they have no past history of chicken pox. If you are not certain of your immunity to chicken pox and are exposed, contact the office. Chicken pox during pregnancy can be dangerous for both mother and baby.

### Hepatitis (*Yellow jaundice*)

Hepatitis can be particularly dangerous during pregnancy. If you are exposed to hepatitis, report it immediately to the clinic.

### Toxoplasmosis

Toxoplasmosis is a flu-like illness caused by parasites. This disease is usually so mild in an adult that it passes unnoticed. Rarely, when contracted by a pregnant woman, it may result in severe brain or liver damage for the unborn child. It can also cause damage to the unborn child's eyes, resulting in visual impairment or blindness.

The two common sources of toxoplasmosis parasites are cats and raw meat. You can minimize your chances of exposure by:

- If you have a cat, have someone else clean the litter box. Avoid any contact with cat feces.
- While pregnant, the meat you eat should be thoroughly cooked.

### **Pregnancy and Fifth Disease (*known as parvovirus B19*)**

Fifth disease is a mild rash illness caused by parvovirus B19. This disease is usually not a problem for pregnant women and their babies. About 50% of pregnant women are immune to parvovirus B19. So, these women and their babies are usually protected from getting the virus and fifth disease.

Pregnant women who are not immune usually do not have serious complications after they are exposed to others with fifth disease. They usually have only mild illness. Also, their babies usually do not have any problems. However, sometimes a baby will develop severe anemia, and the woman may have a miscarriage. But, this is not common. It happens in less than 5% of all pregnant women with parvovirus B19 infection and more commonly during the first half of pregnancy.

### **Testing for Fifth Disease during pregnancy**

A blood test for parvovirus B19 can show if you...

- are immune to this virus and have no recent sign of infection,
- are not immune and have never been infected, or
- have had a recent infection.

If you are pregnant, you may want to talk with your doctor if you

- have been exposed to someone with fifth disease,
- have an illness that might be caused by parvovirus B19 infection, or
- were recently infected with parvovirus B19.

There is no single recommended way to monitor pregnant women with parvovirus B19 infection. Your doctor may recommend additional prenatal visits, blood tests, and ultrasounds.



## **Hand, Foot & Mouth Disease**

What are the risks of Hand Foot and Mouth Disease (*enterovirus*) infections in pregnancy?

Because enteroviruses are very common, pregnant women are frequently exposed to them, especially during summer and fall months. As for any other adults, the risk of infection is higher for pregnant women who do not have antibodies from earlier exposures to enteroviruses currently circulating in the community, and are exposed to young children - the primary spreaders of these viruses.

Most enterovirus infections during pregnancy cause mild or no illness in the mother. Although the available information is limited, currently there is no clear evidence that maternal enteroviral infection causes adverse outcomes of pregnancy such as abortion, stillbirth, or congenital defects. However, mothers infected shortly before delivery, may pass the virus to the newborn. Babies born to mothers who have symptoms of enteroviral illness around the time of delivery are more likely to be infected. Newborns infected with an enterovirus usually have mild illness, but rarely they may develop an overwhelming infection of many organs, including liver and heart, and die from the infection. The risk of this severe illness is higher for the newborns infected during the first two weeks of life.

Throughout the pregnancy, practice good personal hygiene to reduce the risk of exposure to enteroviruses:

- Wash your hands with soap and water after contact with diapers and secretions from the nose or mouth.
- DO NOT kiss children on the mouth.
- DO NOT share food, drinks, or utensils (*spoons or forks*), or cups.
- Clean and sanitize items contaminated with secretions from the nose or mouth.

## Sexually Transmitted Diseases

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Many sexually transmitted diseases can cause severe harm or even death to a developing baby. If you suspect that you have been infected with a sexually transmitted disease, it is important to tell your doctor immediately.

Part of the blood work that is done at your first visit includes a test for syphilis. This disease can cause a variety of defects, as well as the death of an unborn child. If the blood test is positive, further testing will be done to see what treatment is required. If identified promptly, syphilis can usually be cured completely.

If a mother has Gonorrhea or Chlamydia at the time of delivery, the baby can be infected during passage through the birth canal. However, both of these are curable and can be treated with antibiotics.

During its active stage, the genital herpes virus causes painful sores. There is no known cure for herpes at this time, although the symptoms can be controlled. Once you have contracted herpes, you will always carry the virus. However, it will not always be in an active phase. Outbreaks of the actual sores are sporadic. A newborn who contracts herpes in the birth canal can be severely handicapped, or even die. For this reason a Cesarean delivery may be indicated if a mother has an active case of genital herpes at the time of delivery.

HIV or AIDS is a viral disease that destroys the immune system of its victims. If either parent has AIDS or is a carrier of HIV, a child born to these parents is at risk for developing AIDS. Treatment during pregnancy can reduce the risk to the baby. A blood test for HIV is recommended for all pregnant women, but you must first give your permission for this test.

## **Addictive Drugs and Toxic Substances**

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The placenta does not protect the fetus from the mother's use of drugs such as cocaine, heroin, alcohol, tobacco or LSD. It is not just illegal drugs that may cause harm. An addictive substance such as Valium, even if it was prescribed for you under other circumstances, should not be taken during pregnancy. Use of such drugs during pregnancy has been associated with various birth defects including brain damage and physical abnormalities. If a woman uses addictive drugs in moderate-to-heavy doses, it is likely that her baby will go through a very painful period of withdrawal following the birth. The use of such drugs, especially during pregnancy, is not advised!

### **Marijuana and Tobacco**

Smoking has been determined to be a health hazard for everyone. This includes unborn babies. Cigarette smoke introduces carbon monoxide, nicotine, and tar into your bloodstream. This cuts down on available oxygen for your baby and reduces the ability of the placenta to pass nutrients to the baby and take away wastes. Babies born to mothers who smoke usually have a low birth weight and are not as well-developed. Smoking mothers tend to have more frequent miscarriages, premature deliveries, and stillbirths than do women who do not smoke. The babies of smokers are more vulnerable to respiratory problems and diseases of early infancy and are at greater risk of dying in infancy. Smoking is strongly discouraged during pregnancy!

Use of marijuana during pregnancy can result in difficulties similar to those caused by smoking cigarettes. In mothers who use marijuana, the placenta tends to be smaller and less efficient. Babies may also be smaller and less developed at birth. There appears to be a strong link between marijuana use and hyperactivity and irritability in the newborn. Your chances of having a calm, healthy baby are increased if you avoid smoking marijuana while pregnant.

## **Alcohol**

The U.S. Surgeon General's office advises that pregnant women drink no alcohol. Every time you take a drink, so does your baby. The placenta does not keep alcohol away from your unborn child. The amount of alcohol needed to affect your baby is unknown. For this reason, it is recommended that women avoid drinking alcohol while pregnant. It is best to save any celebrations involving alcohol until after your baby is born. If you would like to stop drinking and are having trouble, feel free to talk about it during one of your visits.

## **Caffeine**

Recent studies suggest a relationship between excessive consumption of caffeine during pregnancy and birth defects. Although moderate amounts may not be harmful, it is best to limit your intake of coffee, tea, cola beverages, and other items containing caffeine. Caffeine is a stimulant, and it does cross the placenta to your baby. If you feel the need for a cup of coffee to get going in the morning, that's probably okay. However, frequent consumption of caffeine throughout the day could cause problems. Also, the person who drinks too much coffee, tea, or cola may tend to neglect water and other beverages with greater nutritional value.

## **Toxic Substances**

- It is especially important during pregnancy to avoid unnecessary contact with toxic substances in your environment. It may surprise you to learn that some of the products you use routinely are potentially hazardous. Read labels carefully.
- Use household cleaners (especially those that produce fumes) only in well ventilated areas. Avoid unnecessary exposure to cleaning substances such as dusting sprays or bathroom tile cleaner.
- Avoid the use of aerosol containers whenever possible. Never use an aerosol can in a poorly ventilated place. If you shop carefully, you'll probably find that most of the products you would buy in a spray can have a non-aerosol alternative.
- Minimize any contact with insecticides, pesticides, weed killer, and similar substances in your home or garden. If any of these items must be used, it is best to let someone else do the work.
- No matter how eager you might be to refinish baby furniture or paint your baby's room, you should probably not use paint removers or solvents while you are pregnant. If using these items is necessary, choose the least volatile and a well-ventilated place. Latex-base paints are safer for you to use than oil-base paints.
- Be cautious about personal items such as cosmetics, permanent wave solution, and hair dyes. Read ingredients carefully. Stay away from products containing lead, mercury, or arsenic.
- Do not mix agents such as ammonia and bleach. They may produce toxic fumes.

## Nutrition and Weight Gain

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Taking good care of your physical health is very important. Nutrients are passed from the woman to her fetus through the placenta. This is how the fetus gets all its food; without a good diet, the growth of the fetus could be harmed. The government provides programs designed to help if money for healthy food is a problem.

A pregnant woman requires about 2500 calories each day (about 300 more than an average woman) to stay healthy and help the fetus grow. To help you determine the number of calories and which nutrients you need on a daily basis, the Food Guide Pyramid was developed by the US. Department of Agriculture.

**The following count as one (1) serving in the pyramid:**

- **Bread, cereal, rice, and pasta group:** 1 slice of bread; 1 ounce of cereal; 1/2 cup of cooked cereal, rice, or pasta.
- **Vegetable group:** 1 cup of raw, leafy vegetables; 1/2 cup of other cooked or raw vegetables; 3/4 cup or vegetable juice.
- **Fruit group:** 1 medium apple, orange, or banana; 1/2 cup of cooked or canned fruit; 1/2 cup fruit juice.
- **Milk, yogurt, and cheese group:** 1 cup of milk or yogurt; 1 1/2 ounces of natural cheese, 2 ounces or processed cheese.
- **Meat, poultry, fish, dry beans, eggs, and nuts group:** 2-3 ounces of cooked lean meat, poultry, or fish; 1/2 cup of cooked dry beans; 1 egg; 2 tablespoons of peanut butter.

Healthy snacking is a good way to get the nutrition and extra calories you need. However, select snacks that are not high in sugar or fat. Cereal, fruit, and low fat yogurt are good choices. Chips, candy, or soda should be avoided.

If eating six small meals a day makes you feel better, divide the number of servings of the basic foods needed each day into smaller portions. For example, one mini-meal might consist of cheese and crackers; another might be a cup of soup and an apple; and another might be milk and a peanut butter sandwich. Typical weight gain should be as follows:

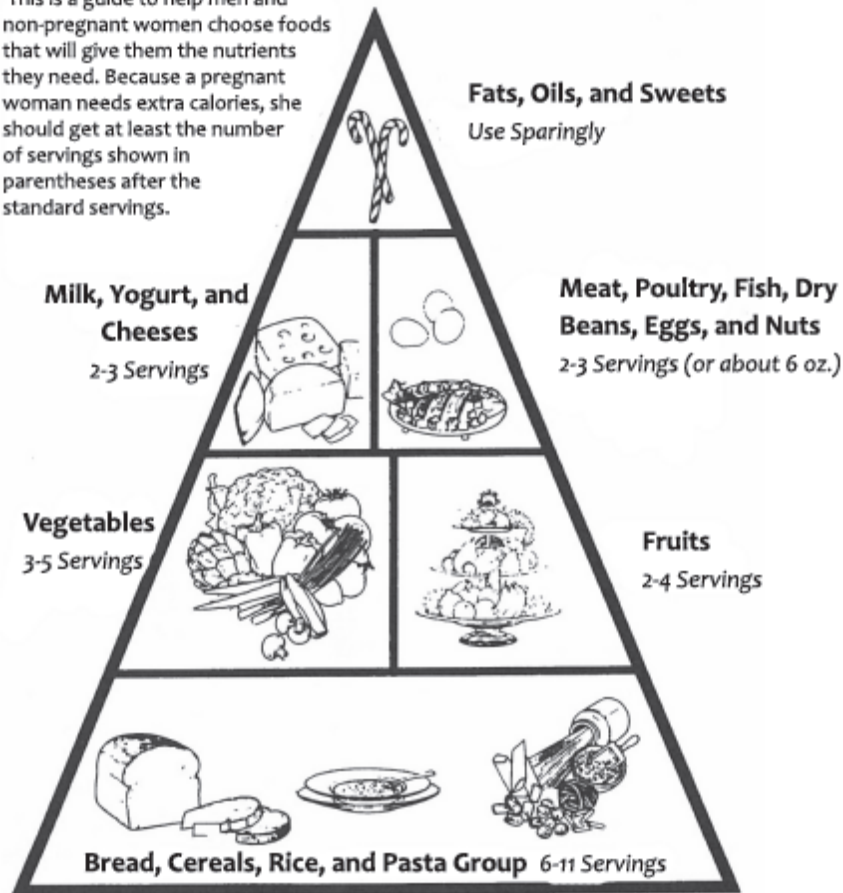
- A woman of normal weight before pregnancy 25-35 pounds
- A woman who is underweight before pregnancy 28-40 pounds
- A woman who is overweight before pregnancy 15 pounds
- A woman who is carrying twins 45 pounds

Gaining enough weight during pregnancy helps to ensure a normal-sized baby. Babies with a birth weight of less than 5 1/2 pounds have a more difficult time living outside the uterus. Although there can be problems for women who are overweight, losing weight during pregnancy is discouraged. It is possible that you will keep your fetus from getting needed nutrients if you are trying to lose weight. It is best to try losing weight before or after pregnancy

# The Food Guide Pyramid

## A Guide to Daily Food Choices

This is a guide to help men and non-pregnant women choose foods that will give them the nutrients they need. Because a pregnant woman needs extra calories, she should get at least the number of servings shown in parentheses after the standard servings.



Source: Modified from the U.S. Department of Agriculture and U.S. Department of Health and Human Services

- 7 pounds Maternal stores (fat, protein, and other nutrients)
- 4 pounds Increased fluid
- 4 pounds Increased blood
- 2 pounds Breast growth
- 2 pounds Uterus
- 7 1/2 pounds Baby
- 2 pounds Amniotic Fluid
- 1 1/2 pounds Placenta

## **Personal Care & Hygiene During Pregnancy**

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### **Clothing**

It is important to feel comfortably dressed. Anything which restricts breathing or blood circulation of the legs is undesirable. Think of clothing in terms of freedom and comfort.

As the uterus grows it presses against the pelvic veins, which slows the flow of blood from the legs. In addition, the total volume of blood in the body greatly increases, which adds more strain on the veins in the legs. These two factors have a tendency to cause varicose veins. For this reason, knee-high hosiery, or anything that slows blood flow in the veins should be avoided. Many women find that maternity support hose (*available in maternity shops*) help to reduce swelling and tired legs.

It is advisable to wear low heel shoes during pregnancy. This will help to avoid "sway back" which can cause backaches. As you near the end of your pregnancy, be especially aware that you may be a little off balance. Be cautious so as not to fall, especially when using stairs or while outside in poor weather.

### **Bathing**

During the last six weeks of pregnancy, if you have a shower, use it rather than bathing in the tub. The reason is that equilibrium is uncertain in the last stages of pregnancy. There is more danger of falling when getting in and out of the tub. If you do not have a shower, you can bathe until the onset of labor. Again, be cautious so as not to fall.

Saunas and hot tubs should be avoided at any time during pregnancy. They usually produce an undesirable congestion of the pelvis. Five to ten minute tub baths are very relaxing and are recommended as long as the water is not too warm. The temperature of your bath should not exceed 100 degrees; extremely hot water could harm your developing baby. This is especially true during the first three months. If your bag of water has broken, do not take a tub bath. Take a shower instead. There is a risk of infection once the bag of water has ruptured.

## **Care of Teeth**

During pregnancy the gums, which normally fit closely to your teeth, become spongy and soft. They no longer fit the teeth tightly. Food particles collect between the gums and gum-line cavities are the result. Consequently, you should brush and floss your teeth with a soft toothbrush after every meal. Continue to visit your dentist regularly. A diet rich in calcium and minerals is essential for the formation of your baby's teeth and bone growth. Fluoride taken while you are pregnant and given to your child during infancy is also helpful.

## **Breast Care**

Because your breasts will gain from one to two pounds in early pregnancy, it will be necessary to provide extra support. Be sure that your bras fit well. If you need to buy a bra of a larger size, and if you plan to nurse, purchase nursing bras and wear them while you are pregnant. This is more economical than buying maternity bras and later replacing them with nursing bras. Nursing bras should be designed with flaps that come down so that the nipple can be exposed, allowing the breast to remain supported. If you do not wear a bra with good support throughout your pregnancy, the ligaments which support your breasts can be strained and begin to weaken in later years.

During the pregnancy a secretion which is called colostrum seeps from the nipples from time to time. Once it dries on the outside, it is nearly the same color as the nipple. It can be washed away with a soft washcloth using clean water. This colostrum is normal in preparation for lactation. The use of soap, oils, lotions, and ointments are to be avoided on the nipples both before and after delivery.

## **Douches**

Douching should be avoided during pregnancy as it may increase your risk of some kinds of vaginal infections.

## **Bowels**

Diets rich in bulk foods, such as bran, whole grain cereals, and fresh fruits and vegetables will help you to have healthy bowels. If you become constipated, increase fluids and these bulk foods in your diet. A fiber supplement (*such as Metamucil or Citrucel*) may help. Avoid using harsh laxatives or mineral oil and do not strain. One or two tablespoons of milk of Magnesia may be taken at bedtime. If these suggestions do not relieve your symptoms, consult your provider.



## **Physical Activity**

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### **Rest and Exercise**

Most pregnant women seem to need at least 6-8 hours of uninterrupted sleep each night and a short rest period during the day; however, this is an individual matter. Exercise, especially in the open air, is very beneficial. Walking is the best form of exercise for a pregnant woman. It stimulates the eliminative activity of the lungs and bowels, keeps the muscles in good condition, and promotes sleep. Generally speaking, it is better not to start a completely new exercise program during pregnancy. A general rule to remember is that whatever you are conditioned to do and comfortable with prior to pregnancy is usually acceptable during pregnancy. However, forceful or rough types of activities should be eliminated. This is not because you can't tolerate it, but more because it causes spasm of the stretched muscles in the abdomen and back and may result in abdominal pain and backache. Try not to become completely fatigued or exhausted.

### **Sexual Intercourse**

Most couples find sexual relations very enjoyable during pregnancy because of the closeness and happiness that pregnancy brings to them. Generally, intercourse is permitted throughout the entire pregnancy as long as it produces no discomfort to the mother. It will not hurt the baby. Be aware that you may experience some spotting following intercourse.

## **Automobile Travel**

Riding in automobiles, particularly for long periods of time, is more exhausting than harmful. If long trips are taken, stop every hour or so and rest outside the car. Even walking around the car stimulates the circulation in the legs and gives the muscles of the back and abdomen a chance to move, thus helping to prevent spasm and pain.

Remember that wearing a seat belt at all times greatly decreases the chance of serious injury or death in an automobile accident. A common belief is that a seat belt may harm an unborn child. This is not true. A correctly positioned seat belt will not increase the chance of fetal injury in a collision. A pregnant woman should fasten the safety belt so the lap part of the belt is snugly across her upper thighs and under her protruding abdomen. The shoulder strap is best positioned between the breasts, if possible.

## **Air Travel**

We do not restrict air travel on commercial airlines until the last month of pregnancy. However, be aware that certain airlines may have their own restrictions regarding the travel of pregnant women.

## **Weather**

It is recommended that you avoid extremes of hot or cold, especially in later pregnancy. Also, in winter months, be careful not to slip on snow and ice since your center of gravity changes as your pregnancy progresses.

## Some Annoying Symptoms

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### Heartburn

You may experience a burning-like sensation in your chest. This is a form of indigestion. It is usually caused by the acid of the stomach moving up into the tube that leads from the mouth to the stomach. The valve that is at the bottom of this tube sometimes relaxes in pregnancy, thus causing heartburn. A good home remedy that sometimes helps is a glass of milk. There are also many antacid preparations that can provide relief for heartburn. Those that are safe to use during pregnancy include Tums, Maalox, and Mylanta. Avoid Alka Seltzer, bicarbonate of soda, and any antacids containing large amounts of sodium.

Eat slowly and do not overeat. Eliminate spicy foods. It may be helpful to eat small amounts at shorter intervals to allow the stomach to empty. Also, avoid eating anything just before bedtime. It can be helpful to sleep on two pillows or raise the head of the bed so that the upper portion of the body is slightly elevated at night.

### Nausea (*Morning Sickness*)

When present, this symptom usually occurs during the first twelve to sixteen weeks of pregnancy. It is usually most severe during the seventh and eighth weeks and gradually disappears between the twelfth to sixteenth weeks. It may occur throughout the day and may or may not be accompanied by vomiting.

There are some suggestions that can help control the nausea. Before you go to bed, place crackers by your bedside that you can eat before you get out of bed in the morning. When you do get up, eat a light breakfast. Then each hour throughout the day eat a small snack. Bland foods, crackers, breads, and bananas are usually best at controlling nausea and vomiting. Separate your wet and dry foods. Limit the amount of fluids when you are eating solid foods. However, don't forget to drink fluids separately throughout the day.

There are medications available if your problem is severe. Contact our office as these medications will require a prescription. Morning sickness is an individual symptom and medication that helps one woman may not help another. It may be necessary to try more than one medication. Over-the-counter medicines and home remedies should be avoided.

### Dizzy Spells and Fainting

During pregnancy a few women experience dizzy spells and fainting. This condition is not serious and usually occurs in crowded or hot environments. Inform your provider if it seems to be more than an occasional problem.

## **Varicose Veins**

Varicose veins are dilated blood vessels that usually occur in the legs. Anything that slows the blood flow in the legs makes this condition worse. If varicose veins are large and painful, the use of elastic hosiery is sometimes recommended. Before pulling supportive stockings on, the legs should always be elevated for several minutes. This allows blood to drain from the legs by gravity and the veins to collapse. Then with the legs remaining elevated the stockings can be pulled on.

Do not become too concerned about mild varicose veins. After the baby is born they usually improve and many of them will disappear between pregnancies. Walking and moving to keep the blood circulating may give some relief. On the other hand, standing for long periods of time may aggravate varicose veins.

If you experience severe pain in only one leg, call the office immediately. This can indicate the presence of a blood clot

## **Leg Cramps**

Leg cramps are commonly caused by a pregnant woman's tendency to store phosphates. These cramps can be diminished by taking an antacid tablet containing magnesium between meals. These antacids make the phosphates less absorbable from the intestinal tract and thus relieve the discomfort. Relief can also be obtained by using a heating pad on the muscles or gently massaging the leg.

## **Hemorrhoids**

Hemorrhoids are a collection of large veins at the opening to the rectum. They are caused by increased pressure inside the abdomen and most of them will improve or disappear after the pregnancy is over.

Be sure to drink plenty of water. If constipation still occurs then a mild stool softener may be all that is necessary. Also, Tucks and Preparation H can both be used to provide temporary relief. Also, sitting in a warm bath for 10 minutes may relieve some of the discomfort

## **Vaginal Discharge**

During pregnancy the cells lining the vagina are changing in preparation to stretch during childbirth. This causes an increase in vaginal mucous and discharge. Nothing can be done to stop this discharge during pregnancy. However, if it is excessive or causing irritation and itching report it at your next prenatal visit

Keep the vaginal area clean with warm water. Make sure that between washings it is kept dry. The use of cotton underclothing is preferable. If a large amount of clear fluid escapes from the vagina, or if there is a continuous leakage of clear or bloody fluid, you need to be seen by a provider. This may indicate a leak or break in your bag of water.

## **Round Ligament Pain**

Round ligament pain is a sharp pain or jabbing feeling often felt in the lower belly or groin area on one or both sides. It is one of the most common complaints during pregnancy and is considered a normal part of pregnancy. It is most often felt during the second trimester. Round ligament pain can be concerning and uncomfortable. But it is considered normal as your body changes during pregnancy.

The symptoms of round ligament pain include a sharp, sudden spasm in the belly. It usually affects the right side, but it may happen on both sides. The pain usually only lasts a few seconds.

Exercise may cause the pain, as will rapid movements such as: Sneezing, coughing, laughing rolling over in bed, standing up too quickly.

# Fetal Growth and Development

The following illustrations give a brief description of the normal course of pregnancy and of your baby's month-by-month development

## First Month

At the end of four weeks, the baby's heart begins to pulse and pump blood. The backbone and spinal canal are forming. There are no eyes, nose or external ears visible.

Baby's digestive system is beginning to form and small buds which will eventually become legs and arms are present. Baby is about 3/16 inch (.5cm) long.



  
ACTUAL SIZE  
3/16 of an inch

## Prenatal Health Care Visit • 9 Weeks

Examined on \_\_\_/\_\_\_/\_\_\_ when I was \_\_\_ weeks pregnant.

- Check if done during this visit and record results and other appropriate information below.

Weight \_\_\_\_\_ lbs. • Weight Gain since **last** visit \_\_\_\_\_ lbs.

Blood Pressure

Baby's Heart Beat Checked

Urine Sample

Ultrasound

Blood Sample

Other \_\_\_\_\_

Other \_\_\_\_\_

### Health Education and Instructions

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\_\_\_\_\_  
\_\_\_\_\_

## Second Month

At the end of eight weeks, baby's face and features are forming; eyelids are fused.

Limbs are beginning to show distinct divisions into arms, elbows, forearm and hand, thigh, knee, lower leg and foot.

The umbilical cord is distinctly formed. Baby's long bones and internal organs are developing.

The tail-like process disappears. Baby weighs about 1/30 ounce (.0009 kg) and is about 1-1/8 inches (2.9 cm) long.



ACTUAL SIZE  
1-1/8 of an inch

## Prenatal Health Care Visit • 10-12 Weeks

Examined on \_\_\_\_/\_\_\_\_/\_\_\_\_ when I was \_\_\_\_ weeks pregnant.

- Check if done during this visit and record results and other appropriate information below.

- Weight \_\_\_\_\_ lbs. • Weight Gain since **last** visit \_\_\_\_\_ lbs.
- Blood Pressure       Baby's Heart Beat Checked  
 Urine Sample       Ultrasound  
 Blood Sample
- Other \_\_\_\_\_  
 Other \_\_\_\_\_

### Health Education and Instructions

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\_\_\_\_\_  
\_\_\_\_\_

## Third Month

Noticeable changes will begin for you in your third month. Your abdomen and breasts start to enlarge. Your center of gravity shifts. Baby is in a floating position. Arms, legs and head are distinguishable. Baby weighs about an ounce (.03 kg) and is about 3 inches (7.6 cm) long.

The placenta and membranes that protect and nourish your baby until birth have been formed.



## Prenatal Health Care Visit • 12-16 Weeks

Examined on \_\_\_/\_\_\_/\_\_\_ when I was \_\_\_ weeks pregnant.

• Check if done during this visit and record results and other appropriate information below.

Weight \_\_\_\_\_ lbs. • Weight Gain since **last** visit \_\_\_\_\_ lbs.

Blood Pressure

Baby's Heart Beat Checked

Urine Sample

Ultrasound

Blood Sample

Other \_\_\_\_\_

Other \_\_\_\_\_

Health Education and Instructions

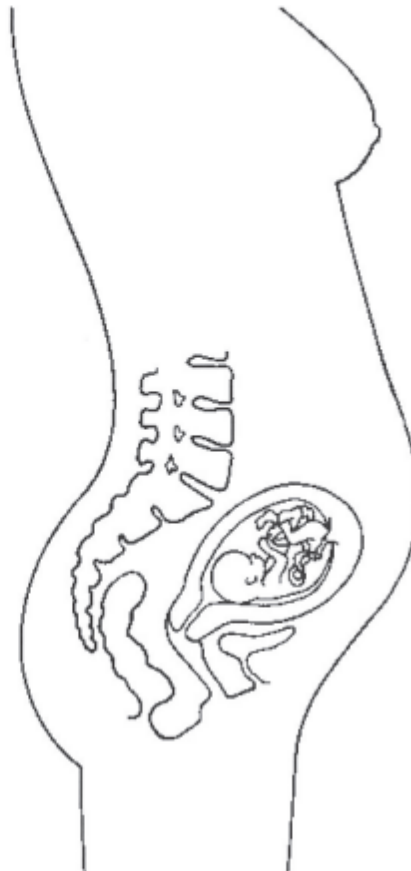
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## Fourth Month

In the fourth month, your enlarging abdomen may require the wearing of maternity clothes.

The developing baby is about 6 inches (15.2 cm) long and weighs about 1/4 pound (.1kg). The baby's circulatory system has developed. Near the end of this period, faint movement (quickening) may be noted.



## Prenatal Health Care Visit • 16-20 Weeks

Examined on \_\_\_/\_\_\_/\_\_\_ when I was \_\_\_ weeks pregnant.

- Check if done during this visit and record results and other appropriate information below.

Weight \_\_\_\_\_ lbs. • Weight Gain since *last* visit \_\_\_\_\_ lbs.

Blood Pressure

Baby's Heart Beat Checked

Urine Sample

Ultrasound

Blood Sample

Other \_\_\_\_\_

Other \_\_\_\_\_

Health Education and Instructions

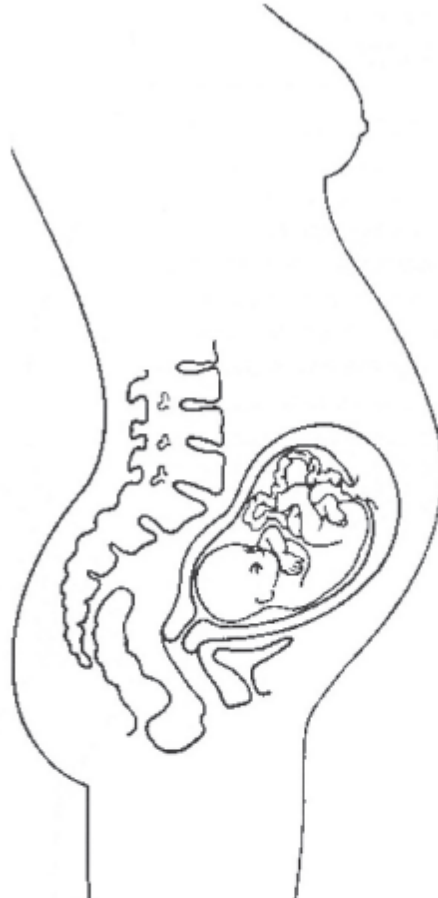
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## Fifth Month

In the fifth month, stretching of the skin of the abdomen may be a bit bothersome. Your baby's heartbeat may be heard for the first time and baby's movements are easily felt. Baby is now about 10 inches (25.4 cm) long and weighs about 1/2 pound (.2 kg).



### Prenatal Health Care Visit • 20-24 Weeks

Examined on \_\_\_/\_\_\_/\_\_\_ when I was \_\_\_ weeks pregnant.

- Check if done during this visit and record results and other appropriate information below.

Weight \_\_\_\_\_ lbs. • Weight Gain since **last** visit \_\_\_\_\_ lbs.

Blood Pressure

Baby's Heart Beat Checked

Urine Sample

Ultrasound

Blood Sample

Other \_\_\_\_\_

Other \_\_\_\_\_

**Health Education and Instructions**

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\_\_\_\_\_

## Sixth Month

In the sixth month, your abdomen continues to enlarge. Your baby's movements may be strong and vigorous. Hair has developed on baby's head.

Skin is red and wrinkled, covered with a soft downy fuzz. Baby is now about 12 inches (30.5 cm) long and weighs about 1 1/2 pounds (.7 kg)



### Prenatal Health Care Visit • 24-28 Weeks

Examined on \_\_\_/\_\_\_/\_\_\_ when I was \_\_\_ weeks pregnant.

- Check if done during this visit and record results and other appropriate information below.

Weight \_\_\_\_\_ lbs. • Weight Gain since **last** visit \_\_\_\_\_ lbs.

Blood Pressure

Baby's Heart Beat Checked

Urine Sample

Ultrasound

Blood Sample

Other \_\_\_\_\_

Other \_\_\_\_\_

#### Health Education and Instructions

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\_\_\_\_\_  
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## Seventh Month

In the seventh month, baby's eyes open. If your baby is born at this time, it has some chance of survival. Baby is about 15 inches (38.1 cm) long and weighs about 2 1/2 pounds (1.1 kg).



### Prenatal Health Care Visit • 28-32 Weeks

Examined on \_\_\_\_/\_\_\_\_/\_\_\_\_ when I was \_\_\_\_ weeks pregnant.

- Check if done during this visit and record results and other appropriate information below.

Weight \_\_\_\_\_ lbs. • Weight Gain since **last** visit \_\_\_\_\_ lbs.

Blood Pressure

Baby's Heart Beat Checked

Urine Sample

Ultrasound

Blood Sample

Other \_\_\_\_\_

Other \_\_\_\_\_

#### Health Education and Instructions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Eighth Month

In the eighth month, baby's increased weight may cause you to fatigue more easily. Baby moves more forcefully.

Movements may even be seen from outside. Baby is about 16 1/2 inches (42 cm) long and weighs about 4 pounds (1.8 kg). The skin has smoothed out, and he/she has probably taken the position from which birth will follow.



## Prenatal Health Care Visit • 34-36 Weeks

Examined on \_\_\_/\_\_\_/\_\_\_ when I was \_\_\_ weeks pregnant.

- Check if done during this visit and record results and other appropriate information below.

Weight \_\_\_\_\_ lbs. • Weight Gain since **last** visit \_\_\_\_\_ lbs.

Blood Pressure

Baby's Heart Beat Checked

Urine Sample

Ultrasound

Blood Sample

Other \_\_\_\_\_

Other \_\_\_\_\_

Health Education and Instructions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Ninth Month

In the ninth month, you are eager for labor to begin. Baby's circulatory, respiratory and digestive organs are now well developed. Baby's head is covered with hair. Most of the fuzzy down that covered the rest of the body has disappeared. Baby settles lower in abdomen, readying for birth. Baby is about 20 inches (51 cm) long and weighs 6 to 7 pounds (3.2 kg) or more.



## Prenatal Health Care Visit • 36-40 Weeks

Examined on \_\_\_/\_\_\_/\_\_\_ when I was \_\_\_ weeks pregnant.

- Check if done during this visit and record results and other appropriate information below.

- Weight \_\_\_\_\_ lbs. • Weight Gain since **last** visit \_\_\_\_\_ lbs.
- Blood Pressure       Baby's Heart Beat Checked
- Urine Sample       Ultrasound
- Blood Sample
- Other \_\_\_\_\_
- Other \_\_\_\_\_

### Health Education and Instructions

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# The Onset Of Labor

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## When Will You Deliver?

Obstetrical textbooks normally state that a pregnancy lasts 280 days or 40 weeks counting from the first day of the last menstrual period, assuming that periods are regular. Another way of determining or predicting when a baby will be born is by using ultrasound. The measurements of a baby's head and body can normally predict within 10 days of when a baby is due.

## Labor

Labor usually begins with rhythmical contractions of the uterus. The abdomen becomes firm and hard, and remains so for a few seconds. This contraction may be associated with mild discomfort or pain. A pinkish discharge (*bloody show*) or spotting may occur. Sometimes the bag of waters surrounding the baby breaks. This can occur with a sudden gush, or only as a small leak.

True labor is a regular pattern of these contractions. They typically start 20 to 30 minutes apart and gradually get stronger and closer together. Contractions will begin to last from 45 to 60 seconds. If there is any indication that labor is beginning, DO NOT EAT OR DRINK ANYTHING. If you are in doubt, drink only clear liquids and eat no solid foods. If you think you are in labor, you should go directly to the delivery area at the hospital. You do not need to call your provider. You will initially be evaluated by the trained nurses at labor and delivery. They may check your cervix for dilation and they will place a monitor on your abdomen to record contractions and the baby's heart rate. They may need to watch you for a while to determine if you are in true labor. The nurses at the hospital will then notify your provider once you have been evaluated.

Sometimes a woman may have "**false labor**" when she is approaching the full term of pregnancy. These contractions are sometimes called "Braxton Hicks." They are usually more noticeable as the baby's head moves slowly down into the pelvis prior to the beginning of true labor. False labor is usually an irregular pattern of contractions frequently starting at bedtime, coming as close as three minutes apart. False labor may occur many times in late pregnancy.

## Things to Bring to the Hospital

Bring the following things packed with you in a previously packed bag:

- Your own nightgown or pajamas, robe, and slippers
- Toilet articles and cosmetics for personal use
- Something for your own relaxation (*book, pen and stationery, etc*)
- Your hospital insurance policy or number
- Two good nursing bras (*or regular bras if you don't plan to nurse*)
- Thank you notes, announcements, and address book
- A complete outfit for your baby including a receiving blanket
- Clothing for you to wear home from the hospital
- Camera

## Management of Your Labor

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If it has been established that you are in active labor, you will be placed in a birthing room. Some obstetrical history will be taken at this time to enhance the information already available from our office records. Your husband or companion may be here in the birthing room with you at all times. However, be aware that other guests may be limited due to hospital labor and delivery policies. Generally you will be able to have no more than four additional visitors at a time in the birthing room. This number may be decreased if it is felt that visitors are interfering with the safety of the delivery. Contact the hospital you will be delivering at for further information on labor and delivery policies.

The amount of sedation or medication that you need or desire is an individual matter. Many women will receive a regional anesthetic, such as an epidural. This is used to block the nerves to the pelvis to reduce discomfort. Epidurals are the safest, most effective form of pain relief available. Some mothers may prefer an unmedicated delivery. There are prenatal classes available to help prepare for "natural" childbirth. We encourage you to discuss medication preferences with your provider.

How long you are in labor varies with each individual. Usually with the first baby, average labor lasts about 10 to 12 hours.

After your baby is born, you will be watched closely for any excessive bleeding or other unusual problems. Later, you will be transferred to your postpartum room. Most of the postpartum rooms are private; however, two-bed rooms are used as needed. You can choose to keep your baby in your room with you as much or as little as you desire. The nursery staff is willing to help you so communicate with them your needs and desires.



## Postpartum

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You may be aware of some lower abdominal discomfort following delivery. This is similar to contractions and called "afterpains." Talk to your nurse and she can provide you with proper medication to relieve the discomfort. If you have had an episiotomy (stitches), there may be some pain at this site. Medication, as well as a warm bath, can provide relief in this area. For several days or weeks you will have a reddish vaginal discharge which gradually becomes lighter in color and less in amount.

During your hospital stay you may be as active as you feel you have the energy. Unless you have been told otherwise, you may get out of bed when you feel like it. However, the first time you get up it is essential that you have a hospital attendant with you. Due to blood loss at the time of delivery, anemia may develop with its associated weakness and dizziness. Do not overdo and become unduly tired. Be aware that with increasing activity your vaginal discharge may increase also. Do not be concerned about this.

During the first few days after you deliver, you may feel somewhat down or depressed. These are normal feelings and referred to as "*postpartum blues*." It is not uncommon to have periods in which you cry easily and become irritable and discouraged. Remember this is just temporary. If these feelings last longer than a week or if you feel upset all the time, call our office. Rest is important to keep you physically and mentally healthy. You should arrange your household responsibilities to allow you periods to rest. Avoid heavy work that causes fatigue.

One of our nurses will call you after you have been discharged from the hospital to make an appointment for your postpartum visit. If this has not been done a few days after you are home, please call the office to make a six week postpartum appointment. (801-285-4900 option 1)

# Breastfeeding

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## Breast Care

You will be more aware of your breasts during the next few days. About the third day they will begin to fill up and become somewhat tender. If you are nursing your baby the nurses will advise you of helpful tips in breastfeeding. These can be demonstrated more easily than when explained in print. Breastfeeding may cause you some minor physical discomfort. Sometimes the breasts become swollen with more milk than your baby can use. You may manually express some of the milk from the breasts to relieve the engorgement. Often a baby's sucking can result in cracked or sore nipples. However, there are some things to remedy or prevent this from happening. Keep your breasts dry and treat the nipple area with warm heat (*from a lamp or hair dryer*) for a few minutes after nursing. Expose the nipples to air in between nursing and change the direction of nursing each time. You can toughen the nipple area during pregnancy by toweling the area vigorously after bathing. If problems develop, please call our office and our nurses will discuss these with you.

If you do not nurse your baby, wear a firmly supporting sports bra night and day for the first 7 to 10 days. Aspirin or Tylenol may be helpful to relieve the discomfort from engorgement. You can also use ice bags for 20 minutes, three or four times a day. It is best with breast engorgement not to hold the baby near the breast when burping. Instead burp the baby over your knee.

## Quality of Breast Milk

Investigation has shown that the composition and quality of breast milk does not vary much. What counts more is the quantity of breast milk that is present. Remember that breast size has nothing to do with how much milk you can produce. The baby's sucking actually stimulates milk production. There are not any particular foods that the mother needs to avoid while nursing, unless repeated experience shows that a food disagrees with the infant. You should not take medication without first consulting your pediatrician. Most medications are excreted in breast milk.

## Advantages of Breastfeeding

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- Breast milk will be easier for your baby to digest. Constipation is less common.
- With just a few exceptions, breast milk is always clean and safe. Your baby cannot catch an intestinal infection from it, or be allergic to it.
- It is believed that your baby will be better protected against colds, allergies, diarrhea, and various infections. (That is because your antibodies are passed on to the baby through your milk.)
- Breastfeeding stimulates the muscles of the uterus, thus helping it return more quickly to the normal size and position.
- Breast milk has more calories per ounce than substitutes.
- Breastfeeding can be more convenient and economical. Time and money can be saved. You don't have to buy formula, measure it out, and adjust the temperature.

### Other Helpful information About Breastfeeding

- The production of milk does not require you to gain weight. Your breasts will resume their usual size when you have finished nursing.
- It is average for women to nurse their babies from three to seven months; however, some nurse longer than that. It is considered worthwhile even if you can only nurse your baby for one month.
- You may have heard that breastfeeding can provide a means of contraception. Do not depend on this. Consult your provider about a dependable method of contraception if you do not wish to conceive.
- There is no special diet for breastfeeding mothers. You need to continue your pregnancy diet of well-balanced meals from the four food groups. Also, you will need to increase your fluid intake-extra milk and juice.

### Is Breastfeeding For You?

Unless you have an illness that does not permit breastfeeding, you can successfully breast feed your baby if you have the desire. The important thing is that your baby has a mother who is relaxed and happy, and can provide the love and attention it needs. Your choice of feeding method can affect your frame of mind. For this reason it is an important and personal decision.

## **Hospital Discharge**

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### **The First Six Weeks**

During the six weeks following delivery you should take advantage of as much help and rest as you can obtain. At this time your uterus and other female organs are returning to the normal size and position. Avoid fatigue and enjoy motherhood.

### **Sex Relations**

Although this is a matter of individual preference, it is best to avoid vaginal intercourse until postpartum bleeding has stopped. If you have had an episiotomy (*stitches*), this is usually healed after four weeks.

### **Contraception**

There is a possibility of pregnancy during the first four weeks. We suggest you use condoms. Other methods of contraception will be provided for you at your postpartum office visit. Discuss any concerns with your doctor.

### **Return of Menstruation**

There is great variation in the return of menstruation. Women who do not nurse will usually begin menstruation four to eight weeks after delivery although it can be as long as twelve to sixteen weeks. In women who do nurse, the interval will be much longer. It may be five to six months, or even longer before menstruation returns.

The first one or two menstrual periods are often unusual. The flow may be heavier and associated with clots. The periods may also last longer than usual. Do not be alarmed at these occurrences.

## Helpful Postpartum Tips

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- Gradually increase your activities each day, but stop short of fatigue or pain. Let your feelings be your guide.
- Continue taking prenatal vitamins and iron until they are gone.
- Eat a diet rich in protein, fresh fruits, water, and roughage.
- Driving is permitted if you are not using pain or sleeping pills.
- Rest when your baby rests.
- Keep your postpartum appointments.
- Write down questions you may want to ask for your office visit.
- Obtain written prescription for medications needed prior to discharge from the hospital.
- If you experience any of the following symptoms, seek advice by calling our office (801-285-4800). A high fever (*over 101 degrees*), excessive bleeding more than the heaviest day of a period, severe pain, nausea and vomiting, or pain with urination.

## Conditioning Exercises

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These are approached individually in the office or prenatal classes and can be divided into prenatal and postpartum exercises. Many temporary discomforts resulting from pressure can be relieved for the pregnant patient by the following measures:

To relieve upper backache, place hands on shoulders, move the points of the shoulders up toward the ears, then rotate them backward as far as they will go before returning to their level starting position. Sitting with legs crossed as pictured, strengthens the leg muscles for delivery.



For pressure on the rib cage, raise arm on affected side over the head and bend to unaffected side.

To promote good circulation in the legs and lessen discomfort from varicose veins, the mother should stand as little as possible, and when sitting should elevate her legs. Before going to sleep she can lie for five minutes or longer with legs elevated.



## Postpartum Restoration

Essentially the techniques for postpartum restoration are the same as in prenatal preparation, but they are done more vigorously and more often, in antepartum preparation the mother tightens a muscle and lets go. Postpartum, she tightens more and more to get maximum contraction and holds the muscle in its shortened position for a few seconds before gradually letting go. The number of practice times also increases. Thus the work is gradually made more strenuous - but should never be continued to the point of fatigue.

Exercises may be started twenty-four hours after a normal delivery unless we advise otherwise. Regularity and consistency are of the utmost importance. The bladder should be emptied before each exercise session. A strict exercise regime should not begin until after your postpartum visit.

### First Day



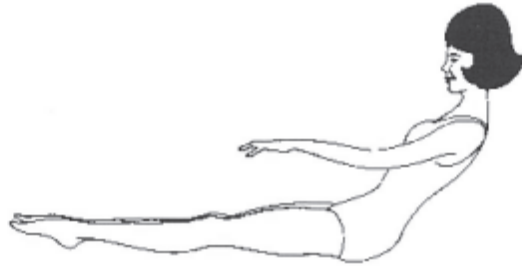
1b) As in 1a, but flatten lumbar spine, rocking pelvis up in front and down at back.



1a) Lie on back with knees bent. Breathe in; breathe out; pulling in abdominal wall; hold it contracted for five seconds; relax.



1c) As in 1b, but raise head and shoulders and reach for knees; but be sure abdomen does not bulge.



1d) Lying flat on back, swing both arms above head; tense abdomen, sit up and reach for toes. Knees should be flat.

### Second, Third and Fourth Days

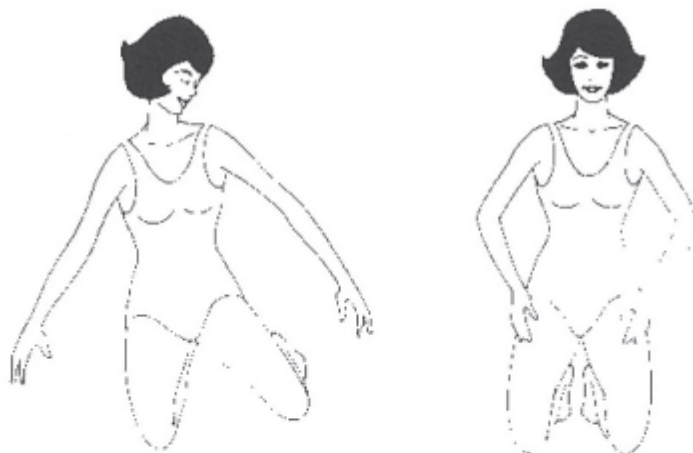


2a) Pelvic Tilt: lying with back flat and both legs straight, tense abdomen and slide right heel down and left heel up as far as possible. Keep knees straight. Return to starting position-, relax; repeat on other side.



2b) Starting as in 2a - As left leg is pulled up, bend to the left sliding arm down the leg. Return to starting position; relax; repeat on opposite side.





2c) Sit sideways on right leg. Arms can also be extended in front for balance. Go on to 2d.

2d) Without using hands to push, rise into kneeling position, stretch up; then sink gently onto left leg. Repeat to opposite side.



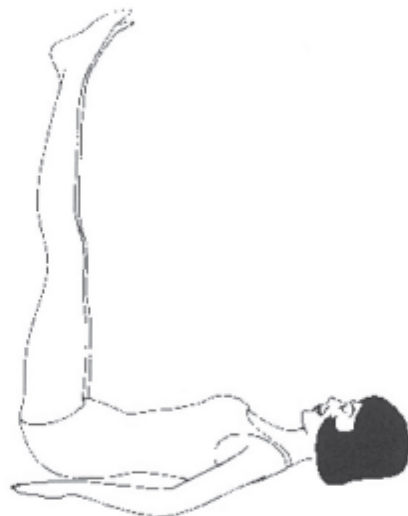
3a) Pelvic Twist: Lying with knees bent and feet flat, pull in abdomen. Keeping legs and feet together, roll both knees over to touch right side of bed. Keep shoulders flat. Return to starting position; relax; repeat to left.



3b) Starting as in 3a, reach across body to place right hand on left side of bed, level with left hip. Return to starting position; relax; repeat with left hand.



3) A combination of 3a and 3b; move knees to right and right hand toward left hip. Return to starting position; relax; repeat to opposite side.



4) Bring both knees slowly to chest. Tighten muscles of abdomen, press back flat against bed. Hold knees to chest 20 seconds, then lower slowly. Relax. Repeat 5 times. This exercise gently stretches the shortened muscles of the lower back, while strengthening the abdominal muscles. Clasp knees, bring them up to chest, at the same time coming to a sitting position. Rock back and forth.

## **Kegel's Exercises**

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These are perhaps the most important exercises to prepare your body for labor and delivery and for a rapid postpartum recovery. A strong and elastic pelvic floor can reduce or prevent problems such as sagging organs or leaking urine. Because these muscles strengthen the muscles used in intercourse and orgasm, they may also increase sexual enjoyment.

Pelvic floor exercises are easily and conveniently done almost anytime or anywhere. Try them while you're in the car, watching TV, brushing your teeth, talking on the telephone, waiting around, or doing nothing. You'll find these exercises very helpful in promoting healing and restoring muscle tone after your baby is born.

### **Kegel Exercise #1**

You can do this exercise in any position—lying down, sitting, or standing. Tighten and then release the muscles around your vagina. Work up to doing this 100 times or more a day. It is less tiring to do sets of 10 or 20 rather than 100 at one time.

Here are two techniques to help you get the feel of this exercise.

- 1) Place your hand over your pubic bones. Imagine you are trying to contract your vaginal muscles as far up as your hand.
- 2) Try this exercise while urinating. If you can start and stop the flow of urine at will, you've got it.

### **Kegel Exercise #2**

Tighten and release the vaginal muscles as in the first exercise. This time, however, you will do it more slowly. Tighten the muscles slowly as you count to six or time yourself with a clock using a second hand. Then slowly relax to a count of four. Begin with a minute. Work up to five minutes at a time, several times a day. Breathe normally as you do this exercise. Resist the temptation to hold your breath as you count.

## Your Baby

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It is important that you have a pediatrician or a family doctor to care for your baby. We will be happy to refer you to one of these doctors. Consult your baby's doctor for detailed information regarding the care of your newborn. However, here are a few facts that may be of interest and help to you.

### **Isolette**

The environmental temperature of the baby changes abruptly from the warmth of the uterus to the outside temperature controlled atmosphere of the delivery room. To buffer the sudden change, the baby is usually placed in an atmosphere of warmth with balanced oxygen for a few hours.

### **Weight and Length**

There is great variation in a full term baby's weight. It is usually from five to ten pounds. Every baby loses about one-seventh of his or her body weight during the first three days of life. This is normal and should not cause you concern or worry. The average length of a full-term newborn is about twenty inches.

### **Sleeping Habits**

The newborn baby usually sleeps about twenty-two out of twenty-four hours.

### **The Umbilical Cord**

The baby's cord is made up of a jelly-like substance containing the blood vessels that brought the baby nourishment from the placenta. After being clamped, the cord starts to dry up and after seven to ten days will fall off. The area should be kept dry and clean. Avoid using belly bands since they tend to become wet and disturb the drying-up process.

### **Circumcision**

This is an individual matter for the parents to discuss and decide. The circumcision itself is a minor procedure. If you choose to have your baby circumcised, discuss the special care with your pediatrician.

## **Bowels**

The first stools the baby passes are black and very tarry in consistency, this material is called Meconium. On about the third day the stools will become soft and yellow and are passed from two to eight times a day.

## **Rashes**

Many things can irritate the baby's skin. Do not wash your baby clothes or bedding in a detergent. Many pediatricians believe you should not use oil on your baby, they prefer you use baby lotion. Keep your baby clean, rinse the soap off carefully after bathing, and change diapers frequently.

## **Birth Certificate**

The birth certificate will be filled out while you are in the hospital and signed by your doctor. You may obtain a copy of this certificate from the County office:

**The Bureau of Vital Statistics**

610 South 200 East

Salt Lake City, UT 84111-0990

*You may also contact the State office at (801) 538-6105*

## **Testing for Cystic Fibrosis**

Cystic Fibrosis is an inherited disease which causes serious breathing problems and death, usually by age 30.

Genetic testing for Cystic Fibrosis is now available. Cystic Fibrosis appears in the following population groups and is listed by highest frequency of occurrence to the lowest frequency of occurrence.

Whites of European descent & Ashkenazi Jews: 1 in every 29 people

Hispanics: 1 in every 46 people

African Americans: 1 in every 65 people

Asian Americans: 1 in every 90 people

*If you choose to get tested just let your doctor know.*

