

## **Kingsdale Gynecologic Associates Pregnancy Guide**

Congratulations on your pregnancy! Kingsdale Gynecologic Associates is excited for you and your growing family. We would like to offer the knowledge and guidance to help you achieve a healthy pregnancy. Pregnancy is a normal, healthy state, but all the information surrounding pregnancy can be overwhelming. It is our goal to provide you with up to date information that can both empower you with important knowledge, but also alleviate any worries or anxieties. When you contact our office to schedule your appointment, you will initially meet with one of our ob/gyn nurses. The purpose of this visit is to update your medical information as it relates to pregnancy and provide you with our Prenatal Packet. In the meantime, this packet is also available online to provide access to information you need now as well as throughout your pregnancy. The packet offers general guidance regarding what to expect during your pregnancy visit as well as information on medications safe to take during pregnancy, symptom management for various medical concerns, nutrition, exercise, specialized testing options, classes and a guide to the most commonly asked questions. This should provide a comprehensive guide to many or all of your questions and concerns. However, we encourage you to contact our office with additional concerns or clarifications specific to your needs. We look forward to helping you during this exciting time!

**KINGSDALE GYNECOLOGIC ASSOCIATES  
A DIVISION OF MATERNOHIO CLINICAL ASSOCIATES, INC.**

***Kingsdale Gynecologic Associates  
Prenatal Information  
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**PREGNANCY PRECERTIFICATION**

Date: \_\_\_\_\_ KGA \_\_\_\_\_ WW \_\_\_\_\_

Place Patient Label Here: \_\_\_\_\_

Phone #: Home \_\_\_\_\_ SSN: \_\_\_\_\_

Physician: \_\_\_\_\_ Fed ID#: 20-1308320

Selected Hospital: RMH (Fed ID#: RMH 31-4394942)

# of pregnancies \_\_\_\_\_ # of children: \_\_\_\_\_ LMP: \_\_\_\_/\_\_\_\_/\_\_\_\_ EDC: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of 1<sup>st</sup> prenatal visit: \_\_\_\_\_ Expected Delivery Type: NV CS RCS VBAC

High Risk Factors: \_\_\_\_\_

Precert required for: US \_\_\_\_\_ AMNIO \_\_\_\_\_ NON STRESS \_\_\_\_\_

Precert Phone # \_\_\_\_\_ PC # for Delivery: \_\_\_\_\_

Benefits: Co-Pay: \$ \_\_\_\_\_ Deduct:\$ \_\_\_\_\_ Amount: \_\_\_\_\_ % OOP Max: \$ \_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ PC Per: \_\_\_\_\_ Benefits Per: \_\_\_\_\_

Notes in System: \_\_\_\_\_ Letter Sent: \_\_\_\_\_

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**Obstetrical Fees (KGA Copy)**

First OB Visit	\$250.00-\$338.00
Pap Smear	Billed by Reference lab
Vaginal Delivery*	\$3100.00
Vaginal Delivery – twins*	\$4900.00
Cesarean Section*	\$3500.00
Cesarean Section-twins*	\$5700.00
Vaginal Birth After Cesarean*	\$3400.00
Attempted VBAC resulting in C-section*	\$3800.00
*Global package – includes routine OB, delivery, and postpartum visits	
Labs: Prenatal profile (5-8 weeks)	Billed by Reference Lab
Urine culture (5-8 weeks)	\$30.00
Gonorrhea/Chlamydia profile (8-10 weeks)	\$220.00
AFP profile (16 weeks)	Billed by Reference Lab
Glucose screen (24-28 weeks)	\$15.00
CBC (24-28 weeks)	\$25.00
Beta Strep culture (36-40 weeks)	Billed by Reference Lab or KGA Lab \$20.00
Venipuncture	\$15.00
Cystic Fibrosis	Billed by Reference Lab
Genetic Testing	Billed by Reference Lab
Echos: Echo <14 wks single gestation (76801)	\$365.00
Echo <14 wks each additional gestation (76802)	\$250.00
Echo > 14 wks single gestation (18-20 week) (76805)	\$450.00
Echo > 14 wks each additional gestation (76810)	\$395.00
Echo Transvaginal Scans (76817)	\$350.00
Echo / Amnio	\$550.00
NST (non-stress test)	\$250.00
NST each additional gestation	\$250.00

Your first OB visit, Pap (if applicable), labs, ultrasounds and non-stress test are billed at the time of service. The above represent charges billed by this office or the lab performing your tests. If you are a self pay patient the above represents the expected charges. If you have insurance the costs are dependent upon your insurance provider's contract with this practice.

The global package is billed after the delivery or after any change of insurance. It is the patient's responsibility to notify the office of any insurance changes so that proper authorization may be obtained from the NEW insurance for payment of your delivery.

The charges stated above are the physician's fees only. You will receive separate bills from the hospital and anesthesiologist. In addition, if you have an amniocentesis Children's Hospital has a separate fee for reading the fluid.

If you are seen for a reason not related to your pregnancy, you will be subject to standard office charges.

- Fee information has been discussed with me. I understand and agree that I am responsible for charges not covered by my insurance, including any non-authorized HMO services.
- I understand the fees listed above are subject to change.

Patient signature \_\_\_\_\_

Date \_\_\_\_\_

Staff Name \_\_\_\_\_

Date \_\_\_\_\_

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- Fee information has been discussed with me. I understand and agree that I am responsible for charges not covered by my insurance, including any non-authorized HMO services.
- I understand the fees listed above are subject to change.

Patient signature \_\_\_\_\_

Date \_\_\_\_\_

Staff Name \_\_\_\_\_

Date \_\_\_\_\_

**KINGSDALE GYNECOLOGIC ASSOCIATES  
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**Patient Advocacy Program**

With the rising costs of good patient care and the need to maintain strong personal relationships with our patients, MaternOhio Clinical Associates – Kingsdale Gynecologic, has taken steps to improve patient communications through our **Patient Advocacy Program**.

The doctor and patient are desirous of entering into and/or maintaining a positive physician/patient relationship that focuses on quality patient care and open lines of communication. The parties to this agreement shall agree to pursue a good faith effort to resolve any problems that may arise between them. As a part of entering into the physician /patient relationship, the patient agrees to submit in writing to the MaternOhio Mediation Program, any dispute, controversy or disagreement arising out of or relating to the physician /patient relationship and the agreement to provide medical services.

1. After the matter has been presented in writing to the MaternOhio Mediation Program, the parties shall use negotiation in an attempt to reach a voluntary resolution of their differences.
2. If the dispute, controversy or disagreement is not resolved in a reasonable time, then the matter shall be submitted to mediation in accordance with the MaternOhio Mediation Program Rules of Procedure.

Mediation is a process in which a neutral third party helps the doctor and the patient discuss the issues that have arisen between them with the ultimate goal of resolving any problems. Either party is entitled to seek legal representation at any time, but MaternOhio wishes to provide the patient with this opportunity to settle any problems that may have arisen without the need to incur additional costs and fees.

These Mediation Rules of Procedure provide in part that:

- The patient is not required to reach a resolution in mediation.
- The mediator (or co-mediators) will be a neutral third party who is trained in mediation.
- All mediation sessions are considered confidential as defined in Ohio Revised Code 2317.023.
- The costs of the mediation will be paid by MaternOhio.
- The date, time and place of any mediation session shall be scheduled by the mediator in consultation with the parties.
- The use of mediation does not preclude either party from pursuing any other remedies that may be available to them.
- Any agreements reached by the parties shall be in writing and signed by both parties.
- Parties considering mediation should remember by signing this agreement they agree to make a good faith effort at mediation before pursuing litigation. Mediation is not a substitute for legal advice. Parties should consult with their legal counsel for any questions regarding legal rights.

It is the goal of MaternOhio Management, Inc. that all physicians and patients engage in a cooperative approach to ensure quality healthcare and that any conflicts that may arise between them will be resolved in the same cooperative style through mediation.

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Patient	Date	Witness	Date
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**KINGSDALE GYNECOLOGIC ASSOCIATES  
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**Financial Policy**

Thank you for choosing Kingsdale Gynecologic Associates, Inc. (KGA) for your obstetric and gynecologic care. Our practice is committed to providing the best possible service to our patients.

KGA had provided a summary of financial guidelines for your reference. Please take the time to understand this document and to inquire our Patient Services Representative if you have any questions.

**It is your responsibility, as a patient, to understand your health insurance and its limits. Read your policy and understand the benefits regarding your physician and selected hospital. It is a requirement of your insurance carrier that you present your insurance card at every visit. If you have any questions about your policy, please contact your agent or employer.**

Our office will file your charges to your insurance carrier. It is your responsibility to pay for co-pays, deductibles or any balances not paid by insurance. Please be prepared to reconcile these balances at the time of your visit. Your bill from Kingsdale Gynecologic Associates, Inc. does not include hospital, laboratory, pathology, radiology fees, etc. These items will be billed separately by each entity. KGA accepts cash, checks, money orders, MasterCard, Visa, Discover, and American Express.

Please do not hesitate to ask about the costs of our services. If you have any questions about your bill, or if you have any personal financial concerns, please let us know. We are eager to assist you and often simple discussion will help avoid any problems in the future.

If you are a self-paying patient, KGA will expect payment at the time of your visit.

Maternity patients who are self-pay are required to establish a payment plan prior to being seen and make an initial payment at their first obstetrical visit. The remaining delivery charges are to be paid, in full, by the 24<sup>th</sup> week of pregnancy. If you do carry insurance, you are required to pay your co-insurance or deductible, if applicable, also prior to your 24<sup>th</sup> week of pregnancy. All laboratory work, ultrasounds and non-stress tests are not included in the delivery charge and must be paid at the time of service.

If you have any further questions regarding your account, call 457.5730 or 457.4827 ext 404 if you need to set up a payment plan. Thank you again for choosing Kingsdale Gynecologic Associates, Inc.

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**Doula Policy (KGA Copy)**

The team at Kingsdale Gynecologic Associates is so pleased that you are expecting. We look forward to helping you enjoy your pregnancy and hope to provide a meaningful and safe birthing experience.

Because of concerns for increased risk to you or your baby, the doctors at KGA have made a thoughtful, unanimous decision to not allow doulas to participate in the birthing process. It has been our experience that they may serve to create a state of confusion and tension in the delivery room, which may compromise our ability to provide the safest delivery situation possible for you and your baby.

Again, with safety in mind, we have also created a Kingsdale Birth Plan (which can be viewed in the obstetric packet provided at your initial visit), outlining the philosophy of our doctors with regard to labor and delivery. It is our opinion that other birth plans are unnecessary. We feel that our many years of obstetric experience in a setting of modern day challenges (larger babies, more difficult deliveries) enable us to provide sound judgment with regard to each woman's particular needs during her course of labor.

Thank you for your understanding in our hopes of facilitating a safe pregnancy and birth process.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

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Prenatal Genetics Screen

**PLEASE RETURN TO PHYSICIAN UPON COMPLETION**

Name \_\_\_\_\_ Date \_\_\_\_\_

1. Will you be 35 years or older when the baby is due? Yes    No
2. Have you or the baby's father or anyone in either of your families had any of the following disorders?
- |  |     |    |
|--|-----|----|
| Downs Syndrome                                 | Yes | No |
| Chromosomal Abnormality                        | Yes | No |
| Neural tube defect (spina bifida, anencephaly) | Yes | No |
| Hemophilia                                     | Yes | No |
| Muscular Dystrophy                             | Yes | No |
| Cystic Fibrosis                                | Yes | No |
| Huntington's Chorea                            | Yes | No |
- If yes, please indicate the relationship of the affected person to you  
or to the baby's father \_\_\_\_\_
3. Did you or the baby's father have a birth defect? Yes    No  
If yes, who has the defect and what is it? \_\_\_\_\_
4. In any previous pregnancies have you or the baby's father had a child  
(stillborn or alive) with a birth defect not listed in question 2? Yes    No
5. Do you or the baby's father have any close relatives with developmental disabilities? Yes    No
6. Do you, the baby's father, or a close relative in either of your families have a  
birth defect, familial disorder, or a chromosomal abnormality not listed above? Yes    No  
If yes, please describe \_\_\_\_\_
7. In any previous pregnancies, have you or the baby's father had a stillborn child,  
or three or more first trimester miscarriages? Yes    No
8. Are you or the baby's father of Jewish ancestry? Yes    No  
If yes, have either of you been tested Tay-Sachs disease? Yes    No
9. Are you or the baby's father African American? Yes    No  
If yes, have either of you been tested for sickle cell trait? Yes    No
10. Are you or the baby's father of Italian, Greek, or Mediterranean background? Yes    No  
If yes, have either of you been tested for B-thalassemia? Yes    No
11. Are you or the baby's father Phillipine or Southwest Asian ancestry? Yes    No  
If yes, have either of you been tested for A-thalassemia? Yes    No
12. Excluding iron and vitamins, have you taken any medications or recreational  
drugs since being pregnant or since your last menstrual period? Yes    No  
If yes, give the name of medication and the time taken during pregnancy:  
\_\_\_\_\_

13. Race/Ethnicity: \_\_\_\_\_

SIGNATURE OF PATIENT \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_

***Review Prenatal Visits:***

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**First Prenatal Visit:**

*Consultation with Nurse*

**Second Prenatal Visit:**

*Consultation with Obstetrician*

**First Prenatal Visit: RN**

*Calculation of Due Date*

*Medical History*

*Prenatal lab work*

*Urine Culture*

*Rx Prenatal Vitamins*

**Second Prenatal Visit: Physician**

*Consultation*

*Pelvic Exam/Pap*

*Gonorrhea/Chlamydia Culture*

*Possible Ultrasound*

**Each Subsequent Visit**

*Calculate Gestational Age*

*Weight/Blood Pressure*

*Check Urine for Protein & Glucose*

*Fetal Heart Tones*

*Check Cervical Dilation & Effacement after 34 weeks*

**Normal Pregnancies:**

*Every 4-6 weeks through 20 wks*

*Every 3-4 weeks, weeks 20-28*

*Every 2-3 weeks, weeks 28-36*

*Every week, week 36-delivery*

**Complicated (High Risk) Pregnancies:** *Women who have complicated pregnancies may need to be seen more often in order to ensure a safe, healthy pregnancy and delivery. The frequency of your visits will be determined by your physician.*

**Ultrasound Schedule:** *You will have at minimum one ultrasound during your pregnancy. This ultrasound is usually done during the first or second trimester. Some physicians may do an additional ultrasound during your pregnancy if medically necessary.*

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**Hospital Choices:** *Your delivery choice depends on your insurance requirements. Our physicians deliver at Riverside Methodist Hospital.*

**Hospital Tours:** *We encourage all patients to tour the hospital, especially if this is your first pregnancy or the first time you will deliver at Riverside Methodist Hospital. Please call the following number to schedule your tour (approximately 2 months prior the delivery).*

Riverside Methodist Hospital:  
(614) 443-2584 (<http://www.ohiohealth.com>)

**Physician Coverage:** *After hours (5 p.m.), one of our physicians will be available to deliver your baby. Physician call is done on a rotating basis. Our physicians share after hours/weekend call responsibility. If you think you are in labor or have an emergency outside of office hours, the on-call physician can be reached by calling our office number, (614) 457-4827. After normal business hours your call will be answered via an emergency answering service.*

**\*\*\*\*If you are unable to reach a Kingsdale physician through the office or answering service and you think you are in labor or have an emergency please report to either the Emergency Room or the Labor and Delivery Unit of the hospital in which you plan to deliver and the hospital staff will contact our physicians\*\*\*\***

**Perinatal Educational Classes:**

*Full description of classes located at end of packet*

*Childbirth Preparation*

*Newborn Care*

*Breastfeeding Class*

*Nutrition Classes*

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***Routine and Special Testing***

***Initial Prenatal Labs:***

*At the initial prenatal visit, basic prenatal labwork will be done. This includes the following assessments: complete blood count, Rubella immunity status, exposure to sexually transmitted infections, blood type, and antibody screening.*

***HIV Testing:***

*As a part of your prenatal health care, all women should consider having a blood test to check for HIV. Only about 2 out of every 1,000 pregnant women are infected with HIV. Mothers can pass HIV infection to their babies during pregnancy, labor, and breastfeeding. Results are confidential. HIV testing will be offered when initial prenatal lab testing are drawn.*

***Glucose Tolerance:***

*At 24-28 weeks you will be tested for gestational diabetes (high blood sugar in pregnancy). You will be given a sweet soda to drink, and one hour later, a small sample of your blood will be taken to check your blood sugar level. If your blood sugar is too high, a 3-hour glucose test will be ordered as confirmation.*

***Fetal Kick Counts:***

*Movements or kicks that you feel from your baby are one important indicator of your baby's health. At 32 weeks' gestation, you will be asked to begin counting the number of times you feel your baby move in 1 hour. You should feel at least 6-10 movements an hour three times daily – morning afternoon and evening. If you feel fewer movements, you should first try to drink something cold and have a small snack, then recount. If you still do not feel 6 movements an hour, you need to call the office. **If at any point you feel fetal movement has decreased it is necessary to contact the office or the on-call physician if after hours.***

***Nonstress Test:***

*A nonstress test records your baby's heart rate on a special machine. This test is painless and takes about 30 to 45 minutes and is done in our office or at the hospital. This test is only done under special situations.*

***Biophysical Profile:***

*A biophysical profile is a special ultrasound done to check your baby's movement, body tone, breathing, and the amount of amniotic fluid or water surrounding the baby. This test is usually done if other tests are abnormal.*

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*There are several tests offered to evaluate for fetal chromosomal abnormalities and neural tube defects.*

*The American College of Obstetrics and Gynecologists recommends that all pregnant women be offered screening tests for fetal abnormalities regardless of a woman's age. The tests that are offered will be discussed with you by your physician. The decision to undergo any testing will ultimately be a personal decision made by a pregnant woman.*

*In order to better understand some of the abnormalities described a brief description is provided.*

**Neural tube defects (NTD)** affects approximately 1-2 per 1,000 pregnancies. NTD are birth defects of the brain, spine or spinal cord. The two most common neural tube defects are spina bifida and anencephaly. Spina bifida is a condition in which the spinal column does not completely close. Anencephaly is a condition in which most of the brain and skull do not develop.

**Down Syndrome** is a chromosomal abnormality that affects approximately 1 in every 700 babies. The risk of having a child with chromosomal abnormalities such as Down Syndrome increases with increasing maternal age, but mothers of all ages can have a child with Down Syndrome. Down Syndrome results when there is an additional copy of chromosome 21 (Trisomy 21)

*There are other chromosomal abnormalities that screening and diagnostic testing will evaluate beyond Down Syndrome but are not specifically detailed in this packet, but can be discussed in more detail with your physician. A description of the options for screening and diagnosing fetal abnormalities is outlined here.*

*Insurance Codes are offered to provide further information when contacting your insurance for coverage of these tests.*

**UltraScreen**

*Timing: 11-13 weeks*

*Insurance Codes: 76815, 84702, 83520, 99243.*

*Description:*

*This test is a screening test that provides risk assessment for **chromosomal abnormalities**. This test assesses both maternal blood and utilizes ultrasound to measure nuchal translucency (the amount of fluid accumulation behind the baby's neck). It is 85% accurate. This test is typically performed by a perinatologist. The bloodwork component of this test can be collected as early as 9 weeks gestation. When the ultrasound component is completed at 11-14 weeks gestation, the combined result will immediately be available. It is important to understand that increased risk does not mean the child is affected; only that further evaluation is needed.*

*If the results of the UltraScreen suggest chromosomal abnormality, a comprehensive ultrasound, a maternal blood test such as the Materni21 or amniocentesis may be recommended.*

*In order to evaluate the risk for Neural Tube Defects, you will be offered a test at 16-18 weeks called the msAFP. This test is not to be confused with the AFP Quad Screen.*

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**AFP/Quad Screen:**

Timing: 16-18 weeks

Insurance Codes: V22.0/V22.1 and 655.13

Description:

This test is a screening test of maternal blood that provides a risk assessment for **neural tube defects** AND **chromosomal abnormalities**. The results of this test will be available 1-2 weeks after collection. It is important to understand that increased risk does not mean the child is affected; only that further evaluation is needed.

If the results of the AFP/Quad Screen suggest an increased risk for NTD or chromosomal abnormality, a comprehensive ultrasound, a blood test such as the Materni21 or amniocentesis may be recommended.

**Cell-Free DNA:**

Timing: Can be offered starting at 10 weeks

Insurance: Please contact our in-house lab for additional information. We encourage verification of benefits prior to scheduling as genetic testing may not be a covered benefit.

Description:

This test is a noninvasive blood test that is offered to women with increased risk factors (maternal age, personal or family history of chromosomal abnormalities) or to women who have had a positive screening test. This test evaluates DNA for **chromosomal abnormalities**. This test evaluates for fetal DNA circulating in the maternal blood. The results of this test will be available 2 weeks after collection.

**Amniocentesis:**

Timing: 15-20 weeks (genetic assessment)

Third trimester (fetal lung maturity)

Insurance Coding varies depending on the reason for performing. Contact office for further information.

Description:

An amniocentesis is a diagnostic test. It involves removal of a small amount of amniotic fluid that surrounds the baby using a thin needle and guided by ultrasound. This test is performed by your obstetrician or a perinatologist. A sample of the amniotic fluid is then sent to Children's Hospital for analysis of the fetal chromosomes. This test is offered to women over the age of 35 and to women at increased risk for chromosomal abnormalities. The associated risk of miscarriage by performing this test is approximately 1 in 300 (0.3%). This test is almost always accurate.

Amniocentesis may also be used in the third trimester as an evaluation of fetal lung maturity

**Level II Ultrasound:**

Timing: 15-20 weeks

Insurance Coding may vary depending on the reason for performing. Contact office for further information.

Description:

A Level II Ultrasound is a detailed ultrasound done by your obstetrician or a perinatologist and may be indicated if screening tests or family history suggests an increased risk of congenital or chromosomal abnormalities. It is also offered to women over age 35 and to women with medical conditions that may make them "high risk".

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***It is important to understand that ultrasound has limitations and may not be able to detect all abnormalities.***

***Cystic Fibrosis Carrier Screening:***

*Timing: Prior to or during pregnancy*

*Insurance Code: V77.6, Please refer to the Sequenom Handout located in the folder of this packet*

*Description:*

*Cystic Fibrosis (CF) is an inheritable genetic condition. CF is a lifelong illness that affects breathing and digestion. It is usually detected early in life and does not affect intelligence. Although people with CF, in general, have a shortened lifespan, and there is no cure for the disease, treatments are improving rapidly and many people with CF lead fulfilling lives. Patients who are pregnant or who are contemplating pregnancy may be tested to see if they have the CF gene. About one in every 25 Caucasian people carries the CF gene; other ethnicities have a smaller risk. Being a carrier does not affect health. Both parents would have to be carriers in order to have the risk of having a child with CF.*

***Sickle Cell Anemia:***

*Timing: Prior to or during pregnancy*

*Insurance Code: V78.2*

*Description:*

*Sickle Cell Anemia is a hereditary disease affecting red blood cells. This disease is more common among the African-American population. Patients affected with this anemia experience episodes of extreme pain, blindness, stroke, organ failure and may need frequent hospitalizations. Among African-Americans, 7.8% carry Sickle Cell gene mutation. A patient may be tested to see if she is a carrier through maternal blood test and amniocentesis can be performed to see if the fetus is affected.*

***Thalassemia Screening:***

*Timing: Prior to or during pregnancy*

*Insurance Code 282.46*

*Description:*

*Thalassemia is a disease affecting red blood cells. This disease is more common among Greek, Italian, and other Mediterranean descent. It is less common in those of Southeast Asian or Chinese descent. Patients affected experience severe anemia and may develop dysfunction of the heart, liver, and other organs. A patient may be tested to see if she is a carrier through maternal blood test.*

***Tay-Sachs Screening:***

*Timing: Prior to or during pregnancy*

*Insurance Code 330.1*

*Description:*

*Tay-Sachs is a metabolic disorder. This disorder is an inheritable genetic disease affecting Ashkenazi Jews. Patients affected may experience blindness, seizures, and decreases muscle tone. Most children affected die between ages 2 and 5 years old. A patient may be tested to see if she is a carrier through maternal blood test and amniocentesis may be performed to see if the fetus is affected.*

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***Baylor Supplemental Newborn Screening:***

*Timing: Newborn testing*

*Description:*

*Baylor Supplemental Screening is a blood test performed on the newborn after delivery and before leaving the hospital. This screening assesses for 30 additional metabolic disorders not included in the state required screening. Early detection may effectively manage and treat some of these metabolic disorders. This test is performed on a small sample of blood obtained by pricking the baby's heel. Please discuss this optional screening with your pediatrician after delivery.*

***Cord Blood Banking:***

*Preserving cord blood stem cells allows immediate access in the event your child would ever need a stem cell transplant. Stem cell therapy is used to treat a wide range of diseases, including cancer, leukemia, lymphoma, some forms of anemia, sickle cell disease. Research into the application of stem cell therapy is ongoing. There may be limitations to the use of stem cell therapy depending on the condition that would need to be treated. The collection is done immediately after birth and the stem cells are cryogenically frozen.*

*\*\*\*Cost of above testing is dependent on individual insurance plan as well as the relevant medical diagnosis. Insurance codes are provided for some of these tests to allow you to contact insurance for potential coverage.*

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***Weight Gain and Nutrition***

*Recommended weight gain during pregnancy is as follows:*

*Normal weight 25-35 pounds  
Underweight 28-40 pounds  
Overweight 15-25 pounds  
Obese 15 pounds  
Carrying twins 35-45 pounds*

*Expect to gain 1 pound per week between 20-40 weeks.*

*7.5 pounds- baby  
7.0 pounds- maternal stores (fat, protein, other nutrients)  
4.0 pounds- increased blood volume  
4.0 pounds- increased fluid volume  
2.0 pounds- breast swelling & growth  
2.0 pounds- uterine growth  
2.0 pounds- amniotic fluid  
1.5 pounds- placenta*

*We have a dietician on staff. Consultations are available. The sessions are usually one hour. Please see more detail in the classes section of this packet.*

*Remember, pregnant women only need approximately **300-500** extra calories a day.*

**Basic Nutrition requirements:**

*3 serving's meat/protein daily  
9 serving's breads/grains/cereal  
5 serving's fruits/vegetables  
4 serving's milk/cheese/cottage cheese/yogurt*

**Protein:**

*During pregnancy, women need 10 grams more of protein for fetal growth and development as well as increased energy needs for the pregnant woman. Recommended pre-pregnant daily intake is 50 grams of protein, pregnant intake is 60 grams.*

*Sources:*

*Beef, chicken, pork, fish, beans, lentils, yogurt, milk, cheese, nuts*

**Iron:**

*Increased iron improves oxygen carrying capacity between mother and baby. Pregnant women are assessed during pregnancy for iron deficient anemia initially as well as in the second half of pregnancy to determine the need for iron supplementation. Most prenatal vitamins have 150% of the daily iron intake.*

*Sources:*

*Beef, chicken, pork, fish, spinach, broccoli, raisins, beans, and whole grain breads and cereals*

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**Fiber:**

*Fiber promotes healthy digestion. Constipation is common during pregnancy due hormonal changes and due to the functional compression of major digestive organs as the baby becomes larger. Increased fiber improves digestive health by preventing constipation which may decrease risk for hemorrhoids resulting from firm stools and straining with bowel movements. Recommended daily intake of fiber is 20-35 grams per day.*

Sources:

*Whole grain breads, cereals, and pastas, potatoes (including skins), pears, peaches, plums, prunes, apples, figs, dark berries, green vegetables, beans, lentils, nuts*

**Calcium:**

*Calcium support bone health for both the pregnant woman and the fetus. It is important to get 1200-1500 mg of calcium per day.*

Sources:

*Milk, yogurt, cheese, cottage cheese, almonds, ice cream, green vegetables, orange juice (fortified)*

**Folate:**

*Folate (folic acid) is an important nutrient in the prevention of neural tube defects and important for fetal development during pregnancy. The minimum required amount of folic acid prior to and during pregnancy is 400 micrograms. Daily multivitamins have 400 micrograms, over-the-counter prenatal vitamins contain 800 micrograms, and prescription prenatal vitamins contain 1000 micrograms or 1 milligram of folic acid.*

Sources:

*Fortified breads and cereals, soy products, nuts, oranges, lentils, spinach, strawberries, chickpeas*

**DHA:**

*DHA (docosahexaenoic acid) is an omega 3 fatty acid found in certain fish. Also known as fish oil. Vegetarian sources can be found in seaweed, nuts, and flax seed. Many prenatal vitamins now contain DHA. DHA is important for heart health, but also for fetal brain and eye development. Do not exceed 3 grams of DHA (omega 3s) per day.*

Sources:

*Fish, eggs, flax seed, nuts.*

**Water:**

*Hydration is important during pregnancy due to increases in maternal blood volume. Increasing water will also help minimize swelling, decrease risk for urinary tract infections, cramping, and dizziness associated with low blood pressure. Minimizing caffeine, which acts as a diuretic, will help maintain good hydration in pregnancy. Daily goal for water consumption is 8-10 cups.*

Sources:

*Water is the best source, others include milk, fruit juices (low sugar content is a better option), seltzer water, and fruits and vegetables*

**Salt:**

*You can continue to salt your food to taste. Restrict salt intake if you have heart disease, kidney disease or toxemia/pre-eclampsia.*

*Food prepared in a restaurant or junk foods are high in sodium and will contribute to swelling. Keep fast food to a minimum.*

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***Substances to Minimize or Avoid during Pregnancy***

**Medications:**

*A complete list of medications that are safe in pregnancy is provided at the end of this packet. Please discuss continuation of medications not provided on this list with your physician or the nurse practitioner.*

**Caffeine:**

*We recommend that you avoid caffeine during your pregnancy; however, you may have 300 milligrams of caffeine or 2 servings per day of either drinks or food that contain caffeine. Drinking caffeinated beverages can affect sleep.*

*Examples: coffee, tea, colas, chocolate*

**Artificial Sweeteners:**

*We recommend that you avoid or limit your intake of artificial sweeteners to 2 servings per day.*

**Preferred Sweeteners:**

*Aspartame (Equal or NutraSweet)*

*Sucralose (Splenda)*

**Do Not Use:**

*Saccharin (commonly found in Sweet-n-Low, some diet sodas, and some brands of chewing gum)*

*Stevia (this product is new in the United States, it is not regulated by the FDA as it has not been approved as a sweetener; safety has not been established. Avoid until further information is available)*

**Smoking:**

*Cigarette smoking is associated with an increased risk of miscarriage, stillbirth, preterm labor, fetal growth retardation and SIDS. Therefore, we strongly recommend that you quit smoking during your pregnancy. If you are unable to quit then please limit smoking as much as possible.*

**Alcohol:**

*It is well-documented that alcohol causes fetal malformations and mental retardation. Since a safe limit of alcohol consumption is not known, we recommend avoiding alcoholic beverages during pregnancy.*

**Illegal/Recreational Drugs:**

*Illegal/Recreational drugs are associated with increased risk of miscarriage, fetal stroke, premature labor, and neonatal addiction and withdrawal of drugs. It is therefore recommended that such drugs are avoided during pregnancy.*

**Seafood/Methylmercury:**

*Methylmercury is a heavy metal poison that may be found in certain fish as a result of industrial pollution and accumulation in bodies of water. Larger fish have higher levels of mercury.*

*Consumption of large amounts of certain fish may result in accumulation of methylmercury in the body and may be harmful to an unborn child.*

*It is recommended that pregnant women avoid **swordfish, tilefish, king mackerel and shark.***

*It is okay to eat up to 12 ounces (2 meals) of fish per week that are lower in mercury, such as shrimp, canned light tuna, salmon, pollock, and catfish.*

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**Albacore tuna** (white tuna) has higher levels of mercury than canned light tuna. It is okay to eat up to 6 ounces (one meal) of albacore tuna (white tuna) per week.

It is not recommended to eat uncooked seafood or shellfish during pregnancy. Visit the Food and Drug Administrations Food Safety website for more information: [www.cfsan.fda.gov](http://www.cfsan.fda.gov). For a listing of mercury levels in fish visit the Environmental Protection Agency's Fish Advisory website: [www.epa.gov/ost/fish](http://www.epa.gov/ost/fish).

**Listeria:**

Listeria is a bacterium that may be found in unpasteurized dairy products and processed meats. Pregnant women exposed to listeria are at risk for fetal infection and developmental problems, preterm labor, ruptured membranes, or loss of the pregnancy. Fortunately, listeria is very sensitive to heat and transmission to pregnant women and their developing child can be prevented. Processed meats (deli meats, "cold cuts", hot dogs) are safe if they have been heated to "steaming" in the microwave or oven. Avoid unpasteurized cheeses (soft cheeses such as brie, feta, camembert, blue cheese, gorgonzola) or purchase ones that are labeled "pasteurized". Avoid cold pates or meat spreads. Avoid smoked foods, unless they are used in a dish that is to be cooked. Visit the Food and Drug Administrations Food Safety website for more information: [www.cfsan.fda.gov](http://www.cfsan.fda.gov).

**Toxoplasmosis:**

Toxoplasmosis is a parasite found in the soil and the feces of cat litter boxes. Measures to prevent transmission include having another family member take out the cat litter or to wear gloves while changing the litter and washing hands immediately afterwards. While gardening, wear gloves and wash hands afterwards. Visit the Food and Drug Administrations website for more information: [www.cfsan.fda.gov](http://www.cfsan.fda.gov).

**General Food Safety:**

4 Steps recommended by the Food and Drug Administration for food safety include:

1. Clean hands, food, and cooking utensils or cutting boards prior to cooking
2. Separate raw meats from other foods while preparing foods
3. Cook foods thoroughly (>140 degrees), do not leave perishable foods at room temperature for longer than 2 hours
4. Chill foods adequately (<40 degrees), use perishable foods as soon as possible.

If you have any questions regarding safety of certain foods, please discuss with your physician or avoid that food item. For more specific food/nutritional questions review the section on common concerns in pregnancy.

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**Common Questions and Concerns during Pregnancy**

*The following compiles a list of many questions that women are concerned about once they are pregnant. This represents a conservative approach to many of these concerns. Please use this as a guide only and discuss any questions, clarifications, or other concerns in greater detail with your physician.*

*Personal Care:*

*Acupuncture/Acupressure*

*There are no scientific reports indicating that acupuncture or acupressure is harmful. However, certain puncture/pressure points may be associated with inducement or augmentation of labor. If you utilize acupuncture or acupressure please visit a licensed practitioner skilled in pregnancy. Do not utilize too frequently. If you are seeking care for certain discomforts of pregnancy such as back pain or nausea, please first notify your physician so that they are aware of your symptoms and can identify any abnormal or concerning reasons for your symptoms.*

*Acne Treatment*

*Acne is a common concern for pregnant women. Over the counter **topical** products designed to treat acne that include benzoyl peroxide or salicylic acid are generally considered safe. It is recommended to **avoid** products with retinoids/retinols. If you are using a prescription product or are uncertain about the safety of a product please discuss with your provider.*

*Facials*

*Facials are considered safe in pregnancy. Avoid botox, glycolic peels, or other “chemical” treatments during pregnancy.*

*Hair Dye*

*The products used in hair dye have not been shown to cause any problems during pregnancy; however, there are not specific studies documenting safety. If you choose to get your hair dyed in pregnancy, you may want to use highlights instead of all-over permanent color. You may also want to wait until completion of your first trimester.*

*Hot Baths>Showers/Hot Tubs/Jacuzzis/Saunas*

*In general pregnant women should avoid activities that risk raising your core body temperature. Water should be kept below 100 degrees Fahrenheit. If you are sweating or skin becomes red upon contact the water is too hot. In general it is advised to avoid hot tubs, Jacuzzis and Saunas. Warm baths and showers are safe in pregnancy.*

*Manicures/Pedicures/Nail Polish*

*The concern regarding manicures and pedicures is in the fumes emitted and possibly absorbed from nail polish. Nail polish has not been shown to cause any specific problems during pregnancy; however, there are no specific studies documenting safety. If you choose to have a manicure or pedicure, you may want to perform your own manicure/pedicure to avoid overwhelming fumes or in a well ventilated environment or wait until completion of your first trimester. Avoid nail polish altogether if concerned.*

*Massage*

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*Massages are considered safe in pregnancy. It is advisable to use a masseuse experienced in pregnancy massage. As a note some facilities will not perform massages on women in the first trimester.*

*Tanning Bed/Tanning Sprays/Lotions*

*There is limited information on tanning beds and products. Tanning beds should be avoided. Tanning products are likely safe during pregnancy, but information on safety is limited. Tanning lotions are considered safer than tanning beds.*

*Sunscreen/Sunbathing*

*In general, the same safety “rules” apply to pregnancy as they would to non-pregnant women. However, women who are pregnant may be more sensitive to the affects of the sun than when they are not pregnant.*

*If you are going to be in the sun, a sunscreen is recommended to avoid UVB rays. Sunscreen has not been shown to cause any problems during pregnancy and is recommended to avoid skin damage.*

*Be sure to stay well hydrated while sunbathing or out in the sun. Avoid the strongest sun rays between 10 am and 4 pm. Take breaks from the sun to cool down.*

*Teeth Bleaching*

*Dentists generally advise against teeth whitening products and procedures during pregnancy as there is limited information on its safety. Pregnant women also tend to have greater gum sensitivity during pregnancy.*

*Waxing*

*Waxing is considered safe in pregnancy.*

*Nutrient/Food Supplement:*

*Acidophilus/Probiotics*

*Acidophilus and probiotics are considered safe in pregnancy. However, they are not regulated by the FDA and are not subject to the same regulatory standards. Please inform your physician if you are taking any nutritional supplements as a precautionary measure before using.*

*Yogurt*

*Yogurt is safe in pregnancy. It is important to avoid yogurt with the artificial sweetener Saccharin or Sweet n Low.*

*Apple Cider*

*Apple cider is safe if it is pasteurized. Avoid non-pasteurized apple cider or other juice ciders. Avoid hard cider due alcohol content.*

*Raw Eggs/Salmonella Risk*

*Avoid products containing non-pasteurized raw eggs while pregnant due to risk of salmonella. Examples include homemade mayonnaise, cookie dough, homemade Caesar dressings, homemade eggnog, and homemade ice cream. Pasteurized mayonnaise, Caesar dressings, eggnog, and ice cream are safe in pregnancy. Baked cookies are safe.*

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Herbs/Herbal Teas

*The safety of medicinal herbs and some herbal teas cannot be established, therefore is it advised to avoid medicinal herbs and herbal teas. Please inform your physician if you are taking any herbal supplements so that their safety can be reviewed.*

*The best choice for tea is decaffeinated black teas. Green tea should be avoided in the first trimester due to its possible decrease in folic acid absorption. The product "Airborne" contains various herbal supplements and although unlikely to cause harm should be avoided during pregnancy.*

Essential Oils

*There is little information on essential oils and pregnancy. It is safest to avoid or wait until completion of first trimester before using.*

Glucosamine

*Glucosamine should be avoided during pregnancy.*

Flax Seed

*Please discuss use of flax seed with your physician or bring in the supplement to determine if the dosage is safe for pregnancy.*

Honey

*Honey is safe during pregnancy. (It should be avoided in young children)*

Peanuts

*There is controversy over whether or not peanuts ingested during pregnancy and nursing will influence a child's risk of peanut allergies. Please discuss with your physician if you should limit or avoid peanuts if you have a family history of strong food allergies. Otherwise, it is not recommended that pregnant women avoid peanuts during pregnancy and nursing. Some studies suggest that elimination of peanuts may be of greater risk than simply moderate consumption.*

Nitrates/Nitrites

*Nitrates/nitrites may be found in cured meats and hot dogs. For general health pregnant women may want to avoid meat with nitrates/nitrites. Most grocery stores offer nitrate/nitrate free (preservative free) options at the deli counter.*

MSG (monosodium glutamate)

*MSG is a food additive. MSG consumption appears to be safe in pregnancy. Women may choose to request foods without MSG if they prefer.*

Melatonin

*Melatonin is used to enhance sleep. It has not been well studied in pregnant women and should be avoided.*

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Vitamin A

*There are different forms of Vitamin A. High doses of “preformed” vitamin A may be harmful to a developing fetus. The maximum dose of preformed vitamin A is 8,000 IU. In general do not take supplemental vitamin A during pregnancy other than that found in a prenatal vitamin or multivitamin. Prenatal vitamins and multivitamins have allowable safe doses of vitamin A.*

*Travel Concerns:*

Air & Car Travel

*You may travel up to your 35th week of pregnancy unless restricted per your physician. If you have a history of premature labor or premature rupture of membranes, it is necessary to discuss travel plans with your physician.*

*It is advisable to be familiar with hospitals within the region you are traveling. You may want to request a copy of prenatal records prior to travel.*

*When traveling by car, stop every 2 hours to walk and stretch.*

*Seat belts are safe and should be used.*

*When traveling by air, increase water consumption before, during and after the flight to prevent dehydration. You should get up every 2 hours to stretch.*

High Altitude

*On occasion pregnant women travel to locations considered high altitude (>5,000 feet). Short duration is not considered problematic in pregnancy. Maintain good hydration and monitor for any signs of altitude sickness including fatigue, headache, nausea and vomiting. Some activities may cause shortness of breath and dizziness. If this occurs reduce your activity and increase hydration.*

*Household Care:*

Building Materials

*There is limited information regarding specific building materials and pregnancy (eg drywall, insulation, paint, adhesives, caulk). It is best to avoid these materials if possible. If this is not possible, ensure good ventilation, avoid injury, avoid exposure to hazards such as asbestos and lead. There are products with lower chemical emission available if desired (low VOC).*

Paint

*There is limited information on the effects of paint fumes and pregnancy. Ideally avoid painting during pregnancy. If you do paint, ensure a well ventilated room, use latex paints, avoid oil based paints, and wear a mask and gloves. There are low VOC and non-VOC paints available.*

*Do not strip old paint, especially in homes built prior to 1950. Old paint may contain lead which is harmful to a developing fetus if inhaled.*

Fertilizer

*There is limited information on exposure to fertilizer during pregnancy. It is safest to avoid handling fertilizer during pregnancy.*

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Pesticides/Insecticides

*Pregnant women should avoid frequent and prolonged exposure to pesticides. It is safest to avoid pesticides during pregnancy, especially administered in the home.*

Flea/Tick Medications

*Avoid directly administering flea and tick preparations on pets during pregnancy – especially during the first trimester. Pregnant women may want to avoid these products altogether during pregnancy.*

Insect Repellants/DEET

*There are several options for insect repellent during pregnancy. DEET products can be used during pregnancy – avoid frequent use, wash hands after use. There are non-DEET alternatives. When hiking or in a wooded area wear protective clothing/hats.*

Household Cleaners

*All household products contain chemicals (VOCs) that could be harmful; however, use of household cleaning products has not been shown to cause any adverse effects during pregnancy. It is important to never mix products/chemicals and to follow appropriate instructions for use. A general rule is to avoid any product that requires gloves and mask to use (ex: oven cleaners, calcium, lime and rust removers, certain aerosols).*

*To be the most conservative or safe, use natural products such as vinegar or baking soda or purchase “environmentally safe” products.*

Microwaves

*Microwaves are considered safe to use during pregnancy.*

Electric Blankets

*It is advised to avoid the use of electric blankets during pregnancy. If you choose to use an electric blanket, it is safest to turn the blanket on to warm prior to getting in bed and then turning off upon getting into bed. The concern is with sustained heat, not the electricity.*

Activities/Hobbies:

*In general avoid activities during pregnancy that risk falling, abdominal trauma/injury and jarring activity. Please discuss specific activities or concerns with your physician. The following activities should be avoided during pregnancy:*

*Roller Coasters*

*Sports such as soccer, volleyball, football*

*Snow skiing/Waterskiing*

*Scuba diving*

*Diving in a pool after 28 weeks*

Occupational Risk/Hazards:

*Please discuss with your physician any potential occupational hazards or concerns.*

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***Physiologic Changes during Pregnancy***

*Pregnancy is the time when a woman undergoes many changes in her body's systems. There are many physical and emotional demands during motherhood. Four basic body systems and how they interact will be discussed.*

***Musculoskeletal Changes:***

*In the normal adult, the low back and abdominal muscles work together and protect each other. In pregnancy, the abdominal muscles are weakened and the low back muscles can become strained.*

*Due to the enlargement of the breasts and abdomen during pregnancy, the balance point of the body, or center of gravity, is shifted forward creating a lordosis of the lower back, or "swayback". This affects both balance and agility. The body must "relearn" how to balance while standing and during movements. This also puts extra strain on the abdominal muscles and lower back muscles.*

*The pelvic ligaments and ligaments surrounding other weight-bearing joints become softened due to a hormone called relaxin during pregnancy. The rib cage also expands to allow space for the growing uterus. It becomes important not to strain or overstretch these ligaments to avoid pain or damage to these joints.*

*The pelvic floor, or perineal muscles, forms a figure eight around the urethral, vaginal and rectal openings. These muscles allow voluntary control of urination and bowel movements. Throughout pregnancy and during delivery, these muscles get stretched and sag. Weak pelvic floor muscles can cause the baby to come too quickly, thereby tearing the perineal muscles. Strengthening the pelvic floor muscles can aid in a more controlled delivery. You may notice later in pregnancy that you spill a little urine when you cough, sneeze or laugh. This can be avoided with exercise to tone these muscles.*

***Circulatory Changes:***

*A women's heart enlarges and its walls thicken during pregnancy. Blood volume or the amount of fluid the heart has to pump around also increases by as much as 30 to 50%. Your resting heart rate may also increase up to 20%, usually 15 to 20 beats per minute. In order to meet the needs of the mother and baby, cardiac output, or the amount of blood pumped by the heart increases 40 to 50%. However, cardiac reserve, or the ability of your heart to meet demands greater than resting levels, is diminished during pregnancy. This results in a decrease in aerobic activity. Blood vessels also go through changes to manage the increased blood volume. They soften and stretch to meet this need-often resulting in varicose veins, hemorrhoids, and swelling. In some cases, the blood vessels do not stretch and can cause blood pressure to rise-known as pregnancy induced hypertension. Warning signs to look for include fluid retention, sudden swelling, blurred vision, and severe headaches. Your blood pressure should be monitored throughout pregnancy.*

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**Respiratory Changes:**

*During pregnancy, the enlarging uterus pushes upwards, inhibiting the usual downward movement of the diaphragm when you inhale. To compensate, a woman's rib cage expands sideways to allow the lungs to fill more in that direction. However, with vigorous activity, it is still hard to expand the rib cage adequately and the increase in oxygen reserve (oxygen stored in blood and muscles) must be tapped. An increase in the hormone progesterone also raises the normal breathing rate by 45%.*

**Metabolic Changes:**

*Metabolism is the process of converting energy to be used by your body for later use. Glucose, a simple sugar, is the major fuel for pregnancy. Exercising muscles use glucose, especially during warm-up and hard exercise. After 20 minutes of easy to moderate exercise, the body will rely more upon fats than glucose. A woman can exercise moderately for about 40 minutes before the amount of glucose in her blood begins to drop.*

*There is a decreased uptake of calcium, which may lead to cramping.*

*Exercise can produce increased waste products, lactic acid and carbon dioxide, which must be carried away by the circulatory system.*

*There is a decreased GI motility with delayed emptying of the stomach, which may lead to heartburn.*

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**Exercise Guidelines**

*Exercise: Exercise is safe and encouraged during normal, uncomplicated pregnancies.*

**Basic Guidelines**

3. *Frequency 3 times per week minimum*
4. *Target heart rate 140-150, or monitor "perceived exertion" - exercising at a rate that would enable you to carry on a conversation*
5. *Up to 30 minutes of aerobic activity*
6. *Light weights (5-10 pounds) 2 times per week*
7. *Drink plenty of water. Drink 8 to 10 glasses of water a day to maintain adequate hydration.*

**Exercises Recommended in Pregnancy**

- ❖ *Walking - If not active before pregnancy, brisk walking may be a good way to start. Stretch before exercise to prevent muscle spasms.*
- ❖ *Swimming- No **Diving after 28 weeks.***
- ❖ *Jogging- Must be done in moderation, and only if you jogged prior to pregnancy. Be sure to drink plenty of fluids to replace the water you lose with sweating. Avoid becoming overheated.*
- ❖ *Tennis- Moderate games acceptable. Doubles are preferred.*

**Exercises to Avoid**

- ❖ *Water Skiing- Taking a fall at fast speeds and/or hitting the water with great force can harm you and your baby.*
- ❖ *Snow Skiing- Due to the risk of falls and serious injury.*
- ❖ *Any activity that may cause jerking, bouncing, or high impact movements (example: high impact aerobics) or activities that risk direct impact with abdomen by another person or object or those activities that risk falling down.*
- ❖ *Absolutely NO Scuba diving*

**Contraindications to Exercise in Pregnancy**

- ❖ *Cardiac Disease*
- ❖ *Lung Disease- may participate in a walking program*
- ❖ *History of 3 or more spontaneous miscarriages*
- ❖ *Incompetent Cervix*
- ❖ *Multiple Gestation- will be decreased the third trimester*
- ❖ *Bleeding greater than 13 weeks pregnant*
- ❖ *Placenta previa*
- ❖ *Preterm Labor*
- ❖ *Rupture of membranes*

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**Other Exercise Suggestions**

- ❖ *Wear loose fitting clothing that allows for sweat evaporation. Wear supportive bras and shoes.*
- ❖ *Eat a snack high in complex carbohydrates one and a half to two hours before exercise.*
- ❖ *Always include time for warming up and cooling down- each at least five to ten minutes in length.*
- ❖ *Breathe regularly during exercise. NEVER hold your breath. This may cause your blood pressure to rise. Learn to exhale with exertion.*
- ❖ *Err on the side of caution. If it doesn't feel right, don't do it.*
- ❖ *The sooner you start exercising during pregnancy, the more benefits you will enjoy.*
- ❖ *As with any exercise program, start slowly. Do not push yourself too hard*
- ❖ *If you get a cramp in your rib cage muscles-massage the area, blow out forcefully and lift your knees.*
- ❖ *Avoid ballistic or bouncing stretching - use longer, sustained stretching. Hold each stretch at least 20 to 30 seconds.*
- ❖ *Do not use ankle weights. The increased weight of pregnancy already places additional stress on the joints of the lower body.*
- ❖ *Do not perform cross-body movements because of the increased abdominal size (i.e. touching elbow to knee.)*
- ❖ *Do not hyperextend or hyperflex joints (i.e. no deep knee bends or deep squats).*
- ❖ *Use controlled movements. Concentrate on form and control. Avoid quick movements that may throw you off balance. Also avoid activities that jeopardize balance or could cause abdominal trauma.*
- ❖ *One foot should be firmly planted on the ground during all standing exercises. This will help with balance control as well as decreasing strain to the hip and pelvic joints.*
- ❖ *Never do double leg lifts. This puts too much strain on the lower back. It may also pull on the round ligaments in front of the uterus.*
- ❖ *Avoid exercising during extremes of weather, such as hot, humid weather or extremely cold weather. Be familiar with signs and symptoms of heat intolerance. Maternal core temperature should not exceed 38 degrees C, or 100.4 degrees F. Do not exercise if you have a fever.*
- ❖ *Do not perform full sit-ups. This strains the lower back and may also pull on the round ligaments in front of the uterus. Do not perform exercises flat on your back after the first trimester. Also check for "diastasis recti" or vertical separation of the abdominal muscles.*
- ❖ *No exercise programs should be performed in the supine position, lying on the back, after the fourth month of pregnancy.*
- ❖ *When rising from floor activities, do so slowly, to avoid orthostatic hypotension (sudden drop in blood pressure due to change in position; produces dizziness, possible fainting).*
- ❖ *Modify your intensity and listen to your body. Do not exercise to exhaustion; stop if you feel fatigued.*
- ❖ *If you experience any pain or unusual symptoms, stop exercising immediately.*
- ❖ *Eat enough calories to cover the extra energy demands of pregnancy, as well as the energy demands of your exercise program. Pregnancy generally requires an extra 300 calories per day. Each mile walked or run, every 3 miles on a bike or every 15 to 20 minutes of moderate-level aerobic dance requires roughly an additional 100 calories of energy. Consult with your health care provider if you are not gaining at least 2.2 pounds (1 kg) per month during the last two trimesters.*

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***Common symptoms, discomforts, and illnesses experienced during pregnancy***

**Colds & Flu:**

*OK to Take:*

*Tylenol (Acetaminophen): for body aches and low grade fever*

*Sudafed: for congestion*

*Robitussin DM: for cough and chest congestion*

*Tylenol Cold*

*Chloraseptic Spray/Lozenges/Salt gargles: for sore throat*

*Call Family Doctor if:*

*Fever over 101 degrees > 24 hours*

*Shortness of breath or heaviness in chest*

*Coughing up phlegm*

*No Improvement in 2-3 days*

**Allergies:**

*OK to Take:*

*Benadryl, Zyrtec, Claritin, Flonase or other approved allergy medications*

*Allergy Shots*

*Discuss previously prescribed allergy medications with your physician prior to taking*

**Constipation:**

*OK to Take:*

*Metamucil, Citrucel, Fibercon, Milk of Magnesia*

*Increase fluids; include fruit juices and prune juice*

*Increase fiber; bran cereals, vegetables or raw fruits, especially apples, apricots, prunes and pears. Increase exercise and water*

*No bowel movement for 2 days may start a stool softener - Colace (docusate sodium)*

*Call Us if:*

*No bowel movement within 48 hours of starting a stool softener*

**Diarrhea:**

*OK to Take:*

*Imodium AD, or Kaopectate*

*“BRAT” Diet- Bananas, Rice, Applesauce, Toast & Tea*

*Increase fluids, especially water to avoid dehydration*

*Avoid fruit juices and dairy products – these can increase diarrhea.*

*Call Us or Family Physician if:*

*No Improvement in 2-3 days*

*Fever > 101*

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**Headaches:**

OK to Take:

*Tylenol (Acetaminophen) - as directed*

**NO ASPIRIN**- this includes Excedrin

**NO IBUPROFEN** (Advil or Motrin)

**NO NAPROSYN** (Aleve)

Call Us if:

*Not relieved by Tylenol within 24 hours*

*Blurred vision and/or dizziness*

*Excessive swelling in hands & face*

*Headaches in the early weeks of your second trimester are normal.*

**Hemorrhoids:**

OK to Take:

*Anusol and Preparation H*

*Increase fiber- ensure soft stool*

*Warm sitz baths*

*Avoid heavy lifting*

**Nose or Gum Bleeds:**

*Common in Pregnancy – due to extra blood supply*

*Good oral hygiene (frequent brushing and flossing)*

*Going to the dentist is okay; just alert them of your pregnancy.*

*To stop nose bleed apply firm pressure to the side of nose that is bleeding with your finger.*

Call Us if:

*Trouble getting bleeding to stop*

*Increase in frequency*

**Leg Cramps:**

*Common in pregnancy, especially in last trimester.*

*Increase fluids, calcium, and potassium*

*Stretch your legs throughout the day and prior to going to bed*

*Avoid pointing toes with stretching or exercise*

*Avoidance of High or “chunky” heels will help*

Call Us if:

*Only one leg is hurting all the time*

*Reddened area that is hot to touch*

*Hurts to flex toes (pulling them toward your head)*

**Dental Problems:**

OK To:

*Have X-Rays with Lead Abdominal Shield*

*Have Novocain (numbing medication)*

*Have some Pain meds and/or antibiotics*

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*Check your medication list first and then call  
Cannot have LAUGHING GAS (Nitrous Oxide)*

**Vaccines:**

*OK to Have:*

*TB skin test*

*Flu Shots (Only injectable vaccines, avoid nasal preparations "FluMist")*

*Hepatitis A, Hepatitis B*

*Tetanus Booster*

*Avoid any "live" vaccines (examples: Measles, Mumps, Rubella and Varicella)*

**Heart Burn/ Reflux:**

*OK to Take:*

*Maalox, Mylanta and Tums*

*Try eating small bland meals*

*Do not lie down for at least 1 hour after eating*

*Elevate head with pillows vs. lying flat*

*Wait 2 hours after eating before exercising*

*May use Zantac 75 or Pepcid AC if no relief of symptoms*

*Coffee, dairy products (example. - ice cream before bed), mint will make symptoms worse.*

**Fatigue/Rest:**

*Common in Pregnancy, especially in first trimester*

*Make sure to get 8 hours of rest at night*

*May need to take naps during the day, however, long naps will effect your ability to sleep at night.*

*Rest on your left side for an hour in the middle of the day*

*Side resting promotes blood flow to the baby and your kidneys*

**Frequent Urination:**

*This is common in pregnancy and occurs when the uterus expands and puts pressure on your bladder.*

*Most common during the first and third trimester.*

*Please do not limit your fluid (water) intake.*

*Call Us if:*

*Burning sensation during urination*

*Change in the odor or color of your urine*

*Fever of 100.5 with the above symptoms*

**Viral Exposure:**

*Fifth's disease (parvovirus)*

*Call for appointment to have Parvovirus titers drawn if exposed*

*Roseola*

*Do not be concerned*

*Chicken Pox*

*No concern if you've had vaccine or prior exposure*

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*Call us immediately if you are not immune or are unsure of your immunity  
Scarletina or Strep Throat  
Use good hand washing  
Call family physician if symptomatic (sore throat & fever)*

***Nausea and Vomiting:***

*Common during the first 14 weeks of pregnancy. This is often called “morning sickness”, but it can occur anytime throughout the day. We recommend the following to help make you more comfortable, However, if symptoms are unrelieved and nausea is severe (unable to keep down fluids or food despite all follow suggestions), please call the office.*

*Things to try first:*

*Eat dry toast or crackers before getting out of bed  
Get up slowly and sit on the side of the bed for a few minutes  
Eat five to six meals daily or small meals every 2-3 hours  
Do not let your stomach get completely empty  
Avoid unpleasant smells  
Eat what sounds good  
Avoid spicy and greasy foods or high acid foods (citrus, tomato)  
Drink carbonated drinks  
Dry starchy foods will help with nausea any time of day*

*If your symptoms do not resolve with the above recommendations then try:*

*Sea-Bands - may be purchased at any pharmacy  
Vitamin B6 – 25mg two times a day  
Unisom – 25mg two times a day (causes drowsiness)  
Zantac 75 or Pepcid AC – two times a day*

*Call Us if:*

*Unable to keep fluids down > 24hours  
Dark urine with decreased output  
Feeling weak and dizzy*

*Prescription medication is usually reserved for significant vomiting that result in dehydration or intolerable nausea*

***Low Backache:***

*Low backache is common in pregnancy. Try wearing comfortable shoes and using good posture. A pregnancy belt/support may be helpful – especially if you spend a lot of time standing or lifting during the day. Exercise, especially stretching will relieve your backache more than anything else.*

***Sexual Relations:***

*Sexual intercourse is permitted at any time during your pregnancy unless you have vaginal bleeding, ruptured membranes, or premature labor. Many couples experience a decrease in sexual desire late in pregnancy, which is normal.*

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**Inability to Sleep:**

*During your second and third trimester you may find it hard to sleep. Your abdomen is large, and it is hard to get comfortable.*

*Suggestion to help you get the rest you need:*

*Take a warm shower at bedtime*

*Rest for short breaks during the day*

*Lie on your side with a pillow under your abdomen and between your legs*

*Avoid caffeinated beverages in the late afternoon and evening*

**Vaginal Discharge:**

*An increase in vaginal discharge is a normal response to hormones during pregnancy. Normal vaginal discharge may appear clear or white/pale yellow. You may also notice a change in odor. There is not much that can be done to change this, however, a discharge has a sudden change in consistency – thick and clumpy or watery, has a foul odor, causes itching or is blood tinged should be evaluated.*

**Abdominal Pain:**

*Common in pregnancy. During the first trimester you may experience menstrual like cramps. This is due to the uterus growing and moving up into the pelvis.*

*Round ligament pain, is the stretching and or spasms of the ligaments that support the uterus. These cordlike structures originate beneath the groin regions and extend to the top of the uterus on both sides. Round ligament pain can be aggravated by sudden movements, like rolling over in bed or prolonged walking. Decreasing physical activity and applying warm heat can help.*

*If you should ever experience severe abdominal pain, pain that is progressively getting worse or that prevents you from standing/walking or associated with vaginal bleeding **call our office immediately.***

*Braxton-Hicks Contractions are uterine contractions that occur spontaneously from early pregnancy until the onset of labor. Usually the contractions are irregular and painless. If they become progressively closer together (more than 6 per hour), lasting longer than 15-30 seconds and become more painful you need to call the office. This could be a sign of pre-term labor. Braxton Hicks contractions are more common with the second or third pregnancies.*

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**WARNING SIGNS**

CALL YOUR DOCTOR IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- ❖ *Vaginal bleeding, no matter how slight (except small amount after a pelvic exam, which can be normal);*
- ❖ *Abdominal or lower back pain/pressure that persists despite application of heat, resting, or relief with a bowel movement;*
- ❖ *Extreme swelling of hands/face;*
- ❖ *Dimness, blurring, changes in vision or dizziness;*
- ❖ *Severe or continuous headaches;*
- ❖ *Chills or fever over 101;*
- ❖ *Persistent nausea and/or vomiting, unable to tolerate food or fluids >24 hours; Unsuccessful relief of morning sickness with home remedies;*
- ❖ *Painful or burning urination;*
- ❖ *Exposure to chicken pox (varicella) or fifth's disease (parvovirus;) and not immune or unsure of immunity;*
- ❖ *Sudden or slow escape of watery fluid from the vagina;*
- ❖ *Unusual discharge, i.e. discharge that is discolored or has an odor;*
- ❖ *Greater than six contractions an hour when you are more than three weeks before your due date;*
- ❖ *Decreased fetal movement, or no fetal movement for greater than 12 hours after 21 weeks gestation;*

**PLEASE NOTE:**

**DUE TO MEDICAL EMERGENCIES OR THE POSSIBILITY OF TECHNICAL PROBLEMS WITH OUR PHONE SYSTEM OR ANSWERING SERVICE, IF YOU ARE UNABLE TO REACH A KINGSDALE PHYSICIAN AND ARE EXPERIENCING ANY PROBLEMS, PLEASE REPORT TO THE LABOR UNIT OF THE HOSPITAL FOR EVALUATION AND THEY WILL REACH YOUR PHYSICIAN.**

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***Medications that are Safe in Pregnancy***

<i>Albuterol</i>	<i>Nasonex</i>
<i>Allegra</i>	<i>Nix</i>
<i>Amoxicillin</i>	<i>Novocaine</i>
<i>Ampicillin</i>	<i>Nystatin</i>
<i>Anusol</i>	<i>Pepcid AC</i>
<i>Augmentin</i>	<i>Penicillin</i>
<i>Axid</i>	<i>Prednisone</i>
<i>Benadryl</i>	<i>Preparation H</i>
<i>Citracel</i>	<i>Reglan</i>
<i>Claritin</i>	<i>Robitussin DM</i>
<i>Colace</i>	<i>Sudafed</i>
<i>Compazine</i>	<i>Tagamet</i>
<i>Dialose/Dialose Plus</i>	<i>Terazol</i>
<i>Dramamine</i>	<i>Tetanus Shot</i>
<i>Erythromycin</i>	<i>Theodur</i>
<i>Femstat</i>	<i>Throat Lozenges</i>
<i>Fibercon</i>	<i>Tigan</i>
<i>Fioricet (plain or codeine)</i>	<i>T.B. Testing</i>
<i>Flonase</i>	<i>Tums</i>
<i>Flu Shots</i>	<i>Tylenol</i>
<i>Gyne Lotrimin</i>	<i>Tylenol Cold/Sinus</i>
<i>Hepatitis B vaccine</i>	<i>Unisom</i>
<i>Imodium</i>	<i>Valtrex</i>
<i>Kaopectate</i>	<i>Ventolin</i>
<i>Keflex</i>	<i>Vicks</i>
<i>Local Anesthesia</i>	<i>Vitamin B6</i>
<i>Maalox</i>	<i>Zantac</i>
<i>Macrobid</i>	<i>Zithromax</i>
<i>Metamucil</i>	<i>Zofran</i>
<i>Milk of Magnesia</i>	<i>Zyrtec</i>
<i>Mylanta</i>	
<i>Medrol dose pack</i>	
<i>Monistat</i>	
<i>Mycolog Cream</i>	
<i>Phenergan (plain or codeine)</i>	

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**KGA Classes**

**Obstetric Nutrition Consultations:**

Congratulations on your pregnancy! We at Kingsdale Gynecologic Associates are very excited for you and want to ensure the best pregnancy outcome for you and your growing baby. To help guide you during this changing time, we have developed nutrition visit based on the new recommendations from the Institute of Medicine (IOM). Women who gain the recommended number of pounds during pregnancy decrease the health risks to themselves and their baby. Armed with this fact, the IOM released updated pregnancy weight gain guidelines in May 2009 and called for increased diet and exercise counseling. The new guidelines were developed in the midst of a US obesity epidemic. The guidelines have been revised to help prevent serious medical complications that may result from having an elevated Body Mass Index (BMI) before pregnancy, or from gaining too much weight during pregnancy. Being overweight or gaining too much weight during pregnancy can increase risks for diabetes, elevated blood pressure, and increased rate of cesarean delivery, longer labor and more difficult delivery as well as metabolic disorders in the child.

<b>New IOM Recommendations for Total and Rate of Weight Gain during Pregnancy, Pre-pregnancy BMI</b>			
Pre-pregnancy BMI	BMI* (kg/m <sup>2</sup> )	Total Weight Gain Range (lbs)	Rates of Weight Gain** 2nd and 3rd Trimester (Mean Range in lbs/wk)
Underweight	<18.5	28 - 40	1 (1-1.3)
Normal Weight	18.5 - 24.9	25 - 35	1 (0.8-1)
Overweight	25.0 - 29.9	15 - 25	0.6 (0.5-0.7)
Obese (includes all classes)	≥30.0	11 - 20	0.5 (0.4-0.6)

\* To calculate BMI go to [www.nhlbisupport.com/bmi](http://www.nhlbisupport.com/bmi)  
 \*\*Calculations assume a 0.5-2 kg (1.1-4.4lbs) weight gain in the first trimester  
 (based on Siega-Riz et al, 1994; Abrams et al, 1995; Carmichael et al, 1997)

The visit is designed to help educate you on your changing nutritional requirements including slightly increased calorie needs, vitamins, minerals and supplements, morning sickness, food cravings, food safety, as well as the importance of physical activity throughout your pregnancy.

Scheduling: Main office phone number 614-457-4827  
 This visit will be submitted to your insurance plan for payment.

**Additional Nutrition Counseling:**

Nutritional counseling is available at the Lane Avenue location with Jennifer Burton, RD, LD, CDE. Consultations specialize in diabetes, weight management, pre and post natal nutrition and hyperlipidemia. Classes are offered at various appointment times at the Lane Avenue location.

Scheduling: Main office phone number 614-457-4827

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**Childbirth Preparation:**

*Childbirth Preparation classes are offered at our Lane Avenue and Sawmill Parkway locations on varying Saturdays throughout the month in group sessions. It is recommended that Childbirth Preparation Classes be taken between 32 and 36 weeks of pregnancy. Class content includes signs and symptoms of labor, labor procedures, pain medication and epidurals, breathing and relaxation techniques, comfort measures, partner/coaching support techniques, labor monitoring and information regarding cesarean delivery.*

**Class:** 4 hour Saturday class  
\$100 per couple

**Scheduling:** Classes can be scheduled by the front desk or over the phone by calling 614-457-4827.

*~Payment for the class is due at the time of scheduling. Cash, check, and charge cards are all accepted methods of payment.*

*~Please bring a pillow for comfort as well as a beverage with you to the class. KGA will provide water and a small snack during the 4 hour session.*

*~Schedule in advance as classes fill quickly. If unable to attend class once scheduled, please cancel as soon as possible. A refund will be given if you deliver prior to your scheduled class.*

**Newborn Care Classes:**

*Newborn care classes are offered at the Lane Avenue location. Classes are offered as a group session, no private classes. Class content includes basics of newborn care with classroom instruction as well as hands on practice. Both parents are welcome. Classes are offered once per month on a Saturday from either 9:00-11:00 a.m. or 11:30 a.m.-1:30 p.m.*

**Class:** \$50 per couple

**Scheduling:** Classes can be scheduled by the front desk or over the phone by calling 614-457-4827.

*~Payment for the class is due at the time of scheduling. Cash, check, and charge cards are all accepted methods of payment*

**Breastfeeding Classes:**

*Breastfeeding classes are offered at the Lane Avenue office with Chris Harter, lactation consultant, I.B.C.L.C., C.L.E. Private and group sessions are available prior to delivery as well as in the postpartum period.*

**Class options:** Private session: \$75  
Group session: \$50

**Scheduling:** Please contact our office to scheduling a group session at 614-457-4827. Additional questions, options for rental or purchase of breast pumps, private sessions and equipment: contact Chris Harter directly at 614-832-4193.

**Kingsdale Birth Plan**

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*The physicians at Kingsdale Gynecologic Associates congratulate you on your pregnancy and hope that your journey through pregnancy, labor, delivery and beyond is exactly what you wish for. Our primary goal is to provide you and your baby with the medical expertise, experience and support you need to have a healthy pregnancy, a safe delivery and a wonderful experience.*

*We recognize that this is a very busy time for you and your family and wish to help minimize the work ahead of you by providing our advice and philosophy in this “birth plan”. By understanding how we practice and why, we feel that any other formal birth plans (often recommended by books and web sites) are unnecessary. If you have specific requests not discussed in this birth plan, please speak directly with your provider about them.*

**IV's:** *Patients often ask us if IV's are necessary in labor. The answer is “yes”. Although we usually give IV fluids through the “hepwell” to help keep you hydrated and nourished through the labor process, the most important part is the “hepwell” itself. If we run into an emergency situation where your life (or the life of your baby) is in jeopardy, we do not want to lose time to intervene by not having IV access. This is obviously a rare occurrence, but often an unexpected one.*

**Nourishment in labor:** *We usually limit women to ice chips and popsicles during labor. This is not designed as an attempt to starve you. Women often get nauseated, and sometimes vomit, during labor, which can be not only miserable but also dangerous. In addition, if emergency surgery is required, an empty stomach will predispose you to much less risk. Of course, we will give you nourishment and hydration through the IV as necessary.*

**Anesthesia:** *We respect a patient's desire for pain control, or the lack thereof, in labor. The hospitals have multiple options for pain control including positioning techniques (birthing balls, etc), IV pain medication and regional anesthesia. Labor, unfortunately, is a painful process. It is also an unpredictable process and we thus encourage you to have an open mind about your pain control needs. Some labors are quite rapid and tolerable while others require a great deal of patience and intervention.*

**Labor without anesthesia:** *If your goal is to labor without an epidural, we do recommend that you attend an in-depth birthing class that teaches you about focal points and breathing techniques. The labor and delivery nurses are also quite skillfull at helping women with alternative positioning that will help with both the labor and the birthing processes. Although you will always be supported in your decision to labor without pain control, you can always change your mind if necessary.*

**IV pain medication:** *IV pain medication is available for use during labor. The medication can often make women a little sleepy and is said to “take the edge off”. It will not completely alleviate the discomfort of labor. We try not to use IV pain medication close to the time of the actual delivery as it can depress the baby's drive to breathe.*

**Epidurals:** *Both Riverside Methodist Hospital and The Ohio State University Medical Center have anesthesiologists assigned to the labor and delivery unit who are readily available for the placement of epidurals. There are unfortunately occasional delays in placement secondary to demand, but the anesthesiologists will always respond as quickly as possible. The epidural anesthesia is the most common form of anesthesia for labor and delivery today because it provides good pain control with little or no effect on the baby. The epidural will make you somewhat numb from the waist down, therefore you are generally not able to walk after placement. The nurses will continue to help you with position changes that will facilitate the birthing process.*

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*The choice to use anesthesia or not is ultimately your choice. There may be situations where we will recommend certain pain management options for you in order to provide the healthiest and safest option for you and your baby. Ultimately, we want the birthing process to be one that you can enjoy and remember fondly.*

**Fetal monitoring:** *In order to provide the safest possible delivery, we feel that fetal monitoring is important during labor in order to assure that your baby is tolerating the process well. We often accomplish this with continuous external monitors that are placed against your abdomen with elastic belts. We will occasionally allow intermittent monitoring during walking and the hospitals have protocols for these times. If we are concerned about the adequacy of labor or fetal wellbeing, we occasionally use internal monitors, which are more precise. The intrauterine pressure catheter (IUPC) is a device that goes next to the baby to monitor the strength and frequency of contractions. The fetal scalp electrode is applied superficially to a baby's scalp to get the most accurate fetal heart monitoring. We will not use these internal devices unless we feel they are medically indicated.*

**Labor Support:** *We do recommend that you have a good support person or two during labor. We recommend this person to be a spouse, partner, family member or close friend that you feel comfortable sharing such an important event with. We recommend that you choose someone who will give you comfort when needed, let you rest when needed and who will add to your experience, not take away from it. The labor and delivery nurses and doctors together act as "doulas" in a sense that we will be your advocate to provide positioning options, pain control and pushing techniques to make the process as easy as possible. Your support person should be there to do just that--give support.*

**Mode of delivery:** *Our goal is to provide you and your baby the safest delivery. We do occasionally need to do c-sections for delivery when it is necessary for you or your baby. We **never** do c-sections for our own convenience. If it looks like this may be needed for delivery, we will of course discuss this with you and your support person in detail. We occasionally need to use forceps and vacuum extraction devices to facilitate vaginal birth, but again, this is always for maternal or fetal indication and will be discussed with you and your support person at the time.*

**Episiotomies:** *During the pushing process, the labor and delivery nurse and/or physician will likely perform perineal massage in order to stretch the tissue to accommodate the baby's head and reduce the risk of tearing. Although we try to avoid cutting episiotomies, this safe procedure is sometimes required to facilitate birth and to avoid severe tearing. We promise to use our medical expertise and experience to make the best and safest decision for you and your baby. The physicians at Kingsdale do not cut episiotomies solely due to "routine" practice.*

**After delivery:** *The birth of your child is truly an amazing event. We want you to be able to bond with your baby as quickly as possible. If the baby does not require immediate resuscitation, we will usually place the baby on your abdomen or chest, stimulate the baby there, and allow your support person to cut the umbilical cord. Unfortunately there are situations that necessitate quick response from the pediatric staff in order to care for your baby. This usually occurs in your room at the infant warmer. If you and your baby are doing well after delivery, we will try to keep the baby in your room with you as long as possible, often transporting both of you to the postpartum floor together. If desired, you may attempt "skin-to-skin" care and breastfeeding at this time. With c-sections it is*

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*often necessary to take the baby to the nursery prior to your own transport. In these situations, we will try to get you to your room as quickly as possible to reunite you and your baby.*

*We hope that this clarifies many of the questions about the birthing process that you may have along the way. Please feel free to ask questions and obtain clarification if needed from your individual provider.*

*“Birth is the sudden opening of a window, through which you look out upon a stupendous prospect. For what has happened? A miracle. You have exchanged nothing for the possibility of everything.”*

*William MacNeile Dixon*

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***Terminology***

<i>Abdomen</i>	<i>The area between the ribs and the pubic bone</i>
<i>Abruptio Placentae</i>	<i>Premature separation of the placenta from the uterus</i>
<i>Active Labor</i>	<i>The second phase of the first stage of labor; cervix dilation from 4 to 8 cm</i>
<i>Afterbirth</i>	<i>Placenta and membranes which pass out the uterus during the third stage of labor</i>
<i>Afterbirth Pains</i>	<i>Uterine contractions which occur after the delivery of the placenta aiding the uterus in returning to a non-pregnant state</i>
<i>Amniohook</i>	<i>Instrument used to rupture the amniotic fluid sac ("bag of waters")</i>
<i>Amniotic Fluid</i>	<i>Fluid contained in the amniotic sac ("bag of waters") surrounding the baby; prevents loss of heat, absorbs shock, and allows the baby to easily move</i>
<i>Amniotic Sac</i>	<i>Membrane or sac which surrounds the fetus and contains amniotic fluid; also known as the membrane or "bag of waters"</i>
<i>Analgesia</i>	<i>Medication causing diminished perception of pain without loss of consciousness</i>
<i>Anesthetic</i>	<i>A medication which produces loss of sensation, with or without loss of consciousness</i>
<i>Antepartum</i>	<i>The period of pregnancy from conception until birth; also know as the prenatal period</i>
<i>Anterior Lip</i>	<i>Small "lip" or edge of the cervix remaining to dilate</i>
<i>Anus</i>	<i>Muscular outlet of the rectum, directly behind the vagina</i>
<i>Apgar Score</i>	<i>Rating scale used to determine the condition of the newborn at one minute and again at 5 minutes after birth - evaluates heart rate, respiratory effort, muscle tone, reflex irritability, and color</i>
<i>Areola</i>	<i>The pigmented area surrounding the nipple of the breast which darkens during pregnancy</i>
<i>"Baby Blues"</i>	<i>Short period of mild depression after childbirth</i>
<i>"Bag of Waters"</i>	<i>Membrane or sac which surrounds the fetus and contains amniotic fluid</i>

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<i>Bilirubin</i>	<i>A yellow chemical produced by the breakdown of red blood cells; can cause jaundice</i>
<i>Birth Canal</i>	<i>Includes pelvic inlet, pelvic outlet and vaginal canal extending from dilated cervix out to vaginal opening</i>
<i>“Bloody Show”</i>	<i>Vaginal discharge of blood tinged mucus which sometimes precipitates the onset of labor or is gradually discharged during labor – it represents the sloughing of the protective mucus plug which seals off the cervix during pregnancy</i>
<i>Bonding</i>	<i>The attachment which a mother and father develop towards their new baby; gradually develops over time</i>
<i>Braxton Hicks</i>	<i>Intermittent mild contractions/tightening of the uterus; present throughout pregnancy and become increasingly noticeable in the last trimester</i>
<i>Breech</i>	<i>Position of the baby for birth in which the buttocks, knees, or feet are nearest the cervix</i>
<i>Bulging</i>	<i>The pushing out and swelling of the vulva, perineum and rectum as the baby descends through the birth canal</i>
<i>Catheterization</i>	<i>Emptying the bladder by manually inserting a small tube (catheter) through the urethra</i>
<i>Centimeters</i>	<i>The unit of measurement used to describe the progress of cervical dilatation (2.5 cm = 1 inch)</i>
<i>Cephalic</i>	<i>Position of the baby in the uterus with the head downward</i>
<i>Cephalopelvic Disproportion</i>	<i>A condition in which the baby’s head will not fit through the pelvic opening, usually an indication for a cesarean delivery</i>
<i>Cervix</i>	<i>The neck or lower part of the uterus which dilates (opens) and effaces (thins) during labor to allow passage of the baby</i>
<i>Cesarean delivery</i>	<i>Delivery of the baby through an incision into the abdomen and the uterus; also called cesarean section or section</i>
<i>Circumcision</i>	<i>Surgical removal of the foreskin of the penis</i>
<i>Coccyx</i>	<i>The smallest bone at the end of the spinal column; tailbone</i>
<i>Colostrum</i>	<i>Yellowish fluid secreted by the mother’s breast during pregnancy and first few days after baby’s birth; it is rich in protein and contains antibodies protect the baby</i>

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<i>Complete</i>	<i>A reference to dilatation, short for completely dilated or 10 cm</i>
<i>Contraceptive</i>	<i>Any device used to prevent pregnancy</i>
<i>Contraction</i>	<i>The involuntary, intermittent and progressive tightening and shortening of the uterine muscles during labor causing effacement (thinning) and dilatation of the cervix and downward and outward descent of the baby</i>
<i>Crowning</i>	<i>Appearance of the presenting part of the baby at the vaginal opening</i>
<i>Delivery</i>	<i>Birth; passage of the baby from the uterus through the vaginal canal into the external world</i>
<i>Dilatation</i>	<i>Gradual opening and drawing up of the cervix to permit passage of the baby; progress is expressed in centimeters and indicates the diameter of the cervical confinement</i>
<i>Due Date</i>	<i>Estimated date of birth, also called EDD – estimated date of delivery or EDC – estimated date of confinement. Found by adding seven days to the first day of the last menstrual cycle and subtracting three months</i>
<i>Early Labor</i>	<i>The first phase of the first stage of labor, cervix dilates from 0 to 4 cm</i>
<i>Eclampsia</i>	<i>A major complication of pregnancy - it is associated with high blood pressure, protein in the urine, decreased urine output, and results in convulsions and possibly coma – the cause is unknown. Pre-eclampsia is the condition precipitating eclampsia. Close care is taken in women with elevated blood pressure to prevent the occurrence of eclampsia</i>
<i>Edema</i>	<i>Condition of body tissue containing abnormally elevated amounts of fluid – a certain amount of edema is normal during pregnancy</i>
<i>Effacement</i>	<i>Thinning and shortening of the cervix – measured in percentages with 100% being totally effaced</i>
<i>Engagement</i>	<i>Presenting part of the baby has fitted itself between the bones which form the upper pelvic opening in preparation for birth</i>
<i>Episiotomy</i>	<i>Surgical incision into the pelvic floor from vaginal opening toward the anus prior to delivery for the purpose of easing the baby's passage by widening the opening</i>
<i>Expulsion</i>	<i>The actual movement of the baby through and out of the birth canal</i>
<i>Fertilization</i>	<i>The union of the sperm and the egg – usually occurs in the Fallopian tube</i>

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<i>Fetal Distress</i>	<i>A term describing a condition where the oxygen supply of the fetus is threatened, detected by a change in fetal heart rate pattern as seen on the fetal monitor and /or meconium-stained amniotic fluid</i>
<i>Fetal Heart Tones</i>	<i>The sound of the baby's heart beating – heard through a fetal stethoscope called a Doppler or seen on the fetal monitor. Abbreviated as "FHT"</i>
<i>Fetal Monitor</i>	<i>An electronic machine that is used to detect and record the baby's heartbeat in relation to contractions of the uterus; records sound waves</i>
<i>Fetus</i>	<i>Unborn baby developing inside the uterus</i>
<i>First Stage of Labor</i>	<i>The part of labor during which the cervix dilates to 10 cm – includes early labor, active labor, and transition</i>
<i>Fontanel</i>	<i>Membrane covered openings between the bones of the baby's skull which permit molding of the fetal head to facilitate its passage through the birth canal</i>
<i>Forceps</i>	<i>Instrument used to grasp the presenting part of the baby and assist in delivery</i>
<i>Fourth Stage of Labor</i>	<i>The first hours after birth; initial recovery and monitoring period</i>
<i>Fundus</i>	<i>Uppermost portion of the uterus, a point of measurement during routine obstetrical visits</i>
<i>General Anesthesia</i>	<i>Inhalation of gas or intravenous injection to produce loss of consciousness for purposes of cesarean delivery</i>
<i>Genitals</i>	<i>The external reproductive organs</i>
<i>Gestation</i>	<i>Condition or period of carrying a baby in the uterus; approximately 40 wks long</i>
<i>Gravida</i>	<i>Pregnant woman; term used to express the number of pregnancies. Primagravida = first pregnancy; Multigravida = second or subsequent pregnancies</i>
<i>Heartburn</i>	<i>A burning sensation in the esophagus caused by gastric juices from the stomach</i>
<i>Hemorrhoids</i>	<i>Varicose veins of the anus, usually temporary in pregnancy – resulting from constipation, straining, and increase of pressure from the baby on the lower extremities</i>
<i>Hypertension</i>	<i>Elevated blood pressure</i>

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<i>Hyperventilation</i>	<i>Decreased level of carbon dioxide caused by too deep and slow or too rapid and shallow breathing for a prolonged time. Symptoms include: light-headedness, shortness of breath, numbness or tingling of toes, fingers or around mouth, and/or visual disturbances</i>
<i>Hypotension</i>	<i>Blood pressure that is lower than normal, may result in dizziness or lightheadedness, especially with position changes</i>
<i>Induction</i>	<i>Artificially beginning labor, commonly induced with the medication Pitocin</i>
<i>Intrauterine</i>	<i>A term indicated “within the uterus”</i>
<i>Intravenous infusion</i>	<i>Fluid introduced into the body through a tube or catheter usually contains water with added sugar and salt. Abbreviated as “IV”</i>
<i>Involution</i>	<i>Return of the reproductive organs to their non-pregnant state, takes approximately six weeks</i>
<i>Labia</i>	<i>The lips at the opening of the vagina</i>
<i>Labor</i>	<i>Productive uterine contractions which produce dilatation (opening) and effacement (thinning) of the cervix and ultimately descent of the baby resulting in delivery</i>
<i>Labor Contractions</i>	<i>The involuntary, intermittent and progressive tightening and shortening of the uterine muscles during labor causing effacement (thinning) and dilatation of the cervix and downward and outward descent of the baby</i>
<i>Lactation</i>	<i>Formation and secretion of milk by the breasts</i>
<i>Lanugo</i>	<i>Fine, downy hair on the body of the fetus after the fourth month, usually not apparent at birth</i>
<i>Lightening</i>	<i>Moving of the presenting fetal part, usually the head, downward into the pelvic cavity – may be recognized by the mother by the sense of breathing more easily; baby is said to have “dropped”</i>
<i>Linea Nigra</i>	<i>Dark pigmented vertical line which appears on the abdomen during pregnancy</i>
<i>Local Anesthesia</i>	<i>An injection of anesthetic into the perineal tissue (pelvic floor) to numb the perineum for episiotomy repair</i>
<i>Lochia</i>	<i>Vaginal discharge of blood, mucus, and tissue from the uterus after delivery - continues for several weeks and varies in amount and color progressing from bright red to pink to brown/tan and then to pale yellow</i>

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<i>Meconium</i>	<i>The baby's normal green-black, thick, sticky and tar-like bowel movement – lasts for one to two days after birth – gradually changes to a yellow color as milk fills the intestines</i>
<i>Membranes</i>	<i>Sac which surrounds the fetus and contains amniotic fluid; also known as the "bag of waters"</i>
<i>Milia</i>	<i>Tiny white bumps which sometimes appear on the newborn's face; unopened oil glands which disappear spontaneously within a few weeks</i>
<i>Molding</i>	<i>Temporary shaping of the baby's head to adjust to fit the size and shape of the birth canal, resulting from pressure during labor</i>
<i>Mongolian Spots</i>	<i>Temporary purplish- brown discoloration sometimes found of the backs of dark-skinned babies</i>
<i>Mucus Plug</i>	<i>Accumulation of mucus in the cervix during pregnancy which is usually lost close to the beginning of labor</i>
<i>Multigravida</i>	<i>A woman who has experienced two or more pregnancies</i>
<i>Multipara</i>	<i>A woman who has had one or more deliveries</i>
<i>Navel</i>	<i>Umbilicus, the site where the umbilical cord was attached to the baby</i>
<i>Neonate</i>	<i>A term referring to the newborn</i>
<i>Obstetrics</i>	<i>The branch of medicine covering the care of women in pregnancy, childbirth and postpartum (after delivery)</i>
<i>Occiput</i>	<i>The back part of the baby's neck</i>
<i>Oxytocin (Pitocin)</i>	<i>Hormone which causes the uterus to contract and is responsible for the "let down" or milk-releasing reflex; Pitocin may be used to induce or augment labor</i>
<i>Parity (Para)</i>	<i>Refers to the number of births; Primipara = one birth; Multipara = more than one birth</i>
<i>Pelvic floor</i>	<i>The muscles and ligaments of the perineum or area surrounding the entrance of the vagina – these muscles and ligaments will stretch to allow the baby to pass through</i>
<i>Pelvis</i>	<i>The bony ring which joins the spin and legs. In the female its central opening encases the walls of the birth canal</i>
<i>Pitocin</i>	<i>An oxytocic hormone used to induce or augment uterine contractions</i>

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<i>Placenta</i>	<i>The vascular structure developed in pregnancy through which nutrition, excretion, and respiration take place between mother and baby; after delivery is expelled and called the “afterbirth”</i>
<i>Position</i>	<i>The way the fetus is situated in the pelvis of the mother</i>
<i>Posterior</i>	<i>The position in which the fetus is lying in the uterus with face up toward the abdomen and the back of the head down toward the tailbone</i>
<i>Postpartum Depression</i>	<i>A period of extreme sadness or “blues” that some women experience after childbirth</i>
<i>Precipitate Delivery</i>	<i>A sudden and unexpected birth, usually following a very short labor</i>
<i>Pre-Eclampsia</i>	<i>Pre-eclampsia is characterized by elevated blood pressure, protein in the urine and can be associated with headaches, visual changes, epigastric pain and extreme swelling. Usual treatment is bed rest, relaxation, high protein diet. If not treated may lead to eclampsia which is characterized by convulsions.</i>
<i>Preliminary Labor</i>	<i>Contractions of the uterus which are strong enough to be interpreted as true labor, but are not efficient enough to effect changes on the cervix – also called prodromal labor</i>
<i>Premature</i>	<i>Any infant weighing less than 2500 grams (5 pounds, 8 ounces) at birth or born before 37 weeks gestation</i>
<i>Prenatal</i>	<i>The period of pregnancy from conception until birth; also know as the antepartum period</i>
<i>Presentation</i>	<i>Manner in which the baby is positioned for birth</i>
<i>Primigravida</i>	<i>A woman who is pregnant for the first time</i>
<i>Primipara</i>	<i>A woman who has given birth for the first time</i>
<i>Pubic Bones</i>	<i>The front bones that join the two hip bones to form the pelvic girdle – the pubic bones are connected by a joint that softens during pregnancy causing less overall pelvic support sometimes resulting in a widening of postural stance or “waddling”</i>
<i>Quickening</i>	<i>The first active movements of the fetus perceived by the mother</i>
<i>Rh Factor</i>	<i>A blood factor found in the red blood cells which is present in 85% of the population. When it is negative, a person is “Rh negative”</i>

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<i>Ripening</i>	<i>A word used to describe the softening of the cervix that occurs when it is ready for the onset of labor</i>
<i>Rooming-In</i>	<i>A situation where the baby and mother stay in the mother's room for more extended periods, rather than just for feedings and returning to the hospital nursery</i>
<i>Rooting Reflex</i>	<i>The instinctive movements of the baby's head and mouth toward a touch on the cheek or mouth</i>
<i>Sacrum</i>	<i>The triangular bone that is situated below the last spinal vertebra and above the coccyx</i>
<i>Second Stage of Labor</i>	<i>The time period from complete dilation until the birth of the baby</i>
<i>Sibling</i>	<i>One of two or more offspring of the same parents</i>
<i>Show</i>	<i>Also referred to as "bloody show". Vaginal discharge of blood tinged mucus which sometimes precipitates the onset of labor or is gradually discharged during labor – it represents the sloughing of the protective mucus plug which seals off the cervix during pregnancy</i>
<i>Sphincter</i>	<i>A ring-like muscle which closes a natural opening, (e.g. anus, urethra, esophagus)</i>
<i>Station</i>	<i>Term used to denote position of the fetus relative to the mother's pelvis. At "-3", the baby is floating freely in the pelvis, at "0" station, the baby's head is "engaged" at the pelvic inlet, at "+3", the baby's head is causing the perineum to bulge and birth is close</i>
<i>Striate</i>	<i>Pink or purplish streaks on abdomen and/or breasts due to stretching during pregnancy</i>
<i>Term</i>	<i>Full gestation or length of pregnancy – 40 weeks</i>
<i>Third Stage of Labor</i>	<i>The time period from the birth of the baby until the placenta is delivered</i>
<i>Toxemia</i>	<i>Also known as pre-eclampsia. Pre-eclampsia is characterized by elevated blood pressure, protein in the urine and can be associated with headaches, visual changes, epigastric pain and extreme swelling. Usual treatment is bed rest, relaxation, high protein diet. If not treated may lead to eclampsia, which is characterized by convulsions.</i>
<i>Transition</i>	<i>The last phase of the first stage of labor, from 8 to 10 cm dilatation</i>
<i>Trimester</i>	<i>A period of three months, pregnancy is divided into three trimesters</i>

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<i>Ultrasound</i>	<i>Use of high frequency sound waves for diagnostic purposes; sonogram, B-scan. Commonly used to estimate due date, evaluate fetus for potential defects, abnormal growth, activity level and determine the amount of amniotic fluid surrounding the fetus</i>
<i>Umbilicus</i>	<i>The navel or belly button, site where the umbilical cord was attached to the baby</i>
<i>Umbilical Cord</i>	<i>Cord of blood vessels and connective tissue which connects the baby to your placenta and uterus; this is clamped off and cut at birth. This is the structure through which nutrients and oxygen from the mother are exchanged for waste products from the fetus</i>
<i>Urethra</i>	<i>The tube which carries urine from the bladder to the outside of the body</i>
<i>Uterus</i>	<i>Muscular organ of birth, sometimes called the womb. Its parts include the funds or top, corpus or middle, and cervix, which is the bottom section that dilates at birth and serves as the opening to the uterus</i>
<i>Vagina</i>	<i>Opening from the outside of the body to the cervix, also called the “birth canal”</i>
<i>Varicose Veins</i>	<i>Unnaturally distended veins, commonly found during pregnancy in legs, vulva, and anus</i>
<i>Vernix Caseosa</i>	<i>Layer of white, cheesy, fatty material covering the fetus and is apparent on the infant at birth</i>
<i>Vertex</i>	<i>The top or “crown” of the baby’s head</i>
<i>Vital Signs</i>	<i>Measurement of blood pressure, heart rate, breathing/respiration, and body temperature used to check the mother’s condition during and after labor and delivery and to check the newborn after delivery</i>
<i>Vulva</i>	<i>The external female reproductive organs, consisting of the clitoris and the lips or folds (labia) on either side of the vaginal opening</i>