



the group

*Obstetrics & Gynecology
Specialists, P.C.*

Your Guide to
Pregnancy

www.obgyngroup.com
563.355.1853

Congratulations on Your Pregnancy!

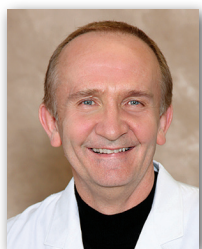
We at The Group want to congratulate you on your new pregnancy. Thank you for choosing us as your healthcare provider. We will do our best to make this experience an enjoyable one and provide you with excellent care as you bring your little one into the world.

We know this is a very exciting time as you prepare for your new arrival. This booklet is provided to you to help answer common questions you may experience along the way. We encourage you to keep it nearby as a resource throughout your pregnancy. You can also visit our website at www.obgyngroup.com for valuable information.

Thank You for placing your trust in our care.

Your Providers

Our Physicians



Kenneth L. Naylor, MD



Briana R. Barclay, MD



Lyndsey J. Day, MD



Jen Steines, MD



Jana Van Rybroek, DO



Ashley Kaiser, MD



Shirley Hinshaw, MD



Zoe Beck, MD

Our Midwives



Beth N. Carlson, CNM



Lydia Swailes, CNM



Trisha Nelson, CNM



Amelia Hobbs, CNM



Aundria Heims, CNM

Office Information

Intro to Prenatal Care – Informational Videos

As your healthcare provider, we promise to provide you with excellent care as you bring your little one into the world. Please scan this QR Code (or visit www.obgyngroup.com/obstetrics/prenatal-care) to view videos highlighting the following: **Intro to Prenatal Care, Your Guide to Pregnancy Booklet, Genetic Screening, and Group Prenatal Care (GPC).**



Office hours and locations

Our office hours are Monday through Friday 8 am – 4:30 pm. Visit our website for details.

How to contact our office

You may call our main number at (563) 355-1853 for both emergency and non-emergency questions or concerns. If you need to contact the office on weekends or after business hours, our answering service will give an on-call provider your message to return your call.

Patient Portal

Please register for our Patient Portal!

If you do not have a patient portal account, scan this QR code (or visit www.obgyngroup.com/contact) to request your login information. Once registered, you can pay bills online, message your care team, view upcoming appointments, review and share records, and request prescription refills.



Billing for prenatal care

We understand that maternity benefits can be confusing. Our billing staff is available during normal office hours to discuss any questions you may have. Their phone number is (563) 355-1853. You will also have a visit with our billing staff to review your insurance coverage and your financial responsibility at your 1st OB appointment.

FMLA or short term disability

A typical time period for leave after recovery from routine vaginal delivery is six weeks and for a c-section eight weeks. In some circumstances, longer leaves may be necessary to recover from a complicated delivery or complications requiring modifications in your pregnancy prior to delivery. Your employer is not required to pay you for this leave and may require you to use sick leave or vacation if you want to be paid during this time. Please check with your employer early in your pregnancy to acquire all the necessary information and paperwork that may be needed. It is

important for you to understand that routine pregnancy is not considered a disability by most insurance companies and it is medically safe and encouraged for you to continue to work up until your delivery date. There is a fee for completion of FMLA paperwork, which we will collect at the time of request. We require 7-10 business days to complete.

Physicians

The Group has the most experienced physicians in the Quad Cities and has been in practice since 1978. We are a group of physicians who work together to provide the most up-to-date and comprehensive care during your pregnancy. All of the physicians are board certified or board eligible and have completed 4 years of medical school with an additional 4 years of residency training. Whether you have medical problems that may make your pregnancy more complicated (i.e. diabetes, high blood pressure, chronic medical conditions, history of multiple cesarean sections), or if your pregnancy is uncomplicated, you will receive excellent, compassionate, and comprehensive care with our physicians.

Midwife services

Our nurse-midwives are board certified, highly educated professionals who focus on the specific needs of women. Midwives offer care throughout the pregnancy and deliver in the hospital. They also provide routine gynecologic care for women. Numerous studies have validated the safety and excellent outcomes nurse-midwives provide for low risk mothers and their babies. Making sound decisions is the key to good health care, and we want you to take an active role in making the right decisions for you and your family. We see our patients as an active partner in their care.

Our Group Philosophy for Pregnancy & Delivery

- We believe in accommodating your needs, whether that means an unmedicated birth or the use of epidurals or other pain management.
- When you are admitted in labor, one of our providers will be present to deliver your baby as well as provide supportive care during the labor process.
- We support a mother's right to choose a vaginal birth and do accept VBAC clients. We also care for women who have had a previous cesarean section and elect to have another cesarean section with future births.
- All births are done at the hospital. We offer care at MercyOne Genesis Medical Center.

Appointment Schedule

Your next visit

Your next visit with us is called the New OB Exam. At this visit, you will meet with a CNM or Physician for a complete physical exam and review of any health concerns or current medications which may affect your pregnancy. At this time, you will decide whether you prefer to see doctors, midwives, or participate in Group Prenatal Care (GPC). *NOTE: We may recommend physician care if you have significant risk factors.* We will schedule a follow-up appointment approximately 2-4 weeks following the confirmation of pregnancy visit.

After my new OB exam

Between the first OB visit and 28 weeks, we would usually like you to schedule a visit about every four weeks. Starting around 28 weeks, your visits will increase to every 2 weeks, and then to weekly visits from 35-36 weeks until delivery. If you have risk factors in your pregnancy, you may have more frequent visits.

What happens at each OB visit

During each visit, you will have your weight, blood pressure, and fetal heartbeat checked. At approximately 20-24 weeks, your provider will begin fundal height evaluation. Several additional tests are done at scheduled times throughout your pregnancy.

These include:

Anemia and gestational diabetes screening – This screening is performed between 26-28 weeks. You will be given a sugar drink and instructions for how/when to drink it. One hour after you finish the sugar drink, your blood will be drawn.

Vaginal culture for group B strep – This vaginal rectal swab is performed at your 35-37 week appointment. Group B strep is a normal bacteria that is naturally found in the vagina in 10-30% of women and is not harmful to women or a developing fetus. However, it can be harmful to your infant if exposed at time of delivery. If you test positive for this bacteria, you will receive antibiotics during labor and delivery.

Optional testing

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

* Amniocentesis and CVS are performed at another office if indicated or desired.

Ultrasounds

We recommend an ultrasound early in pregnancy to confirm due date and to evaluate fetal anatomy. Additional ultrasounds will be performed based on the medical need. Insurance will only cover this service if there is a medical need. Ultrasounds are usually performed in our office. We

also offer 3D/4D ultrasounds with Hello Baby at The Group: www.hellobabyatthegroup.com. If you are over age 35 or have certain medical conditions a Level 2 sonogram may be recommended with a perinatologist, which is done at another office.

The Rh factor

We will test your blood for the Rh factor. If your blood type is Rh negative, then you may be at risk for Rh disease. Rh disease is a pregnancy complication in which your immune system attacks the baby's blood and can result in a life threatening situation for the baby if left undiagnosed or untreated. Fortunately, it can be prevented with an injection of Rhogam which is given at 28 weeks or anytime if vaginal bleeding occurs after 20 weeks. If you are Rh negative, contact our office immediately if you develop bleeding or trauma to your belly.

Vaccinations

The Centers for Disease Control (CDC) recommends that women who are pregnant during flu season, receive the flu shot. Also, pregnant women should get one dose of Tdap after 28 weeks. Receiving the Tdap vaccine in pregnancy gives your baby extra protection against whooping cough, which can be very dangerous for newborns. It is also recommended that pregnant women receive the RSV vaccine from Sept 1 through Jan 31, if they are between 32 and 36 weeks of pregnancy during that time. The COVID vaccine is recommended each fall for women either before they conceive or during pregnancy, to protect the woman and the baby from complications due to the COVID-19 virus.

Prenatal vitamins

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

Group Prenatal Care

Group Prenatal Care (GPC) moves appointments from the exam room into a group space where 6-10 women with similar due dates meet together to participate in a facilitated discussion and develop a support network!



Each group meets together for approximately 1 - 1 1/2 hours for seven sessions throughout pregnancy. At every meeting, there is one-on-one time to meet with the provider for an individual assessment, so no need to schedule prenatal appointments outside of GPC (unless otherwise directed). This individual time with the provider allows for any concerns to be addressed in private before attending the group session.

Group Prenatal Care provides an atmosphere for learning and sharing. We will also schedule an ultrasound for you at around 20 weeks! Through this care, the group discusses various topics including nutrition, exercise, common discomforts, breastfeeding, labor, and more!

Common Symptoms and Relief Measures in Pregnancy*

ALLERGIES: Over-the-counter (OTC) Claritin or Benadryl. Avoid decongestants.

BACKACHE: Rest and warm (NOT hot) baths. Use correct posture and try to avoid heavy lifting. May also use a maternity belt. Heating pad on back is ok and an icepack can be beneficial, too.

COLDS & SINUS CONGESTION: Rest, increase fluids, Benadryl, or (OTC) Chlor-Trimeton, humidify your home or bedroom, saline nasal spray. Avoid decongestants if you have high blood pressure.

CONSTIPATION: Increase fresh fruits and juices, bran and water (6-8 glasses above normal intake). (OTC) stool softener (if not in prenatal vitamin). 4 oz. prune juice at night until normal. Can add more fiber like Metamucil.

COUGH & SORE THROAT: Gargle with warm salt water 4 X a day & at bedtime. Run humidifier at night. Throat lozenges, hot tea, & cough drops. If cough is productive, can take (OTC) expectorant (like Robitussin or Robitussin DM) to loosen phlegm. Tylenol for pain or fever.

DIARRHEA: If accompanied by vomiting and/or fever, stick to a clear diet like chicken or beef broth, jello, 7-Up, ginger ale, or Gatorade for 24 hours. Then can add bananas, plain toast or crackers, rice or plain applesauce. If not back to normal in 48 hours, call the office.

DIZZINESS, FAINTING & LIGHTEADEDNESS: Avoid sudden changes in posture. After lying down, get up slowly, rolling to side, then pushing to sitting.

FEVER: If temperature is 101° (Fahrenheit) or higher, call the office, take plain Tylenol and increase fluids.

FLU & MINOR ACHES & PAINS: Rest, increase fluids, plain Tylenol or plain Extra Strength Tylenol. Call office if temperature is higher than 101° (F).

GROIN PAIN: Round ligament pain is sharp, sudden pain in the groin area caused by the uterus growing to accommodate the baby. Move carefully and avoid sudden movements. Turn over carefully when you are in bed or getting up. Get off of your feet.

HEADACHE: Can take Tylenol or Extra Strength Tylenol. If vision changes accompanying headache, or no relief, call the office.

HEMORRHOIDS: Sit in soothing tub of warm (NOT hot) water. Use (OTC) medicated wipes like Tucks. Avoid constipation (see above).

INDIGESTION & HEARTBURN: Avoid spicy foods and large meals. Avoid reclining after meals. Try (OTC) Tums, Pepcid AC, or Prilosec.

LEG CRAMPS: Wear support pantyhose and low-heeled shoes. Elevating feet and warm (NOT hot) baths may help. Increase milk intake.

NAUSEA: Try eating something dry upon awakening such as toast or crackers. Instead of eating three large meals, try eating six smaller meals spaced evenly throughout your day. Eat your meals dry and wait 45 minutes before drinking fluids. You may try over-the-counter vitamin B6 50mg twice a day along with Unisom 1 tab at bedtime daily. If you feel that your nausea is out of control, call the office.

SPOTTING: Avoid intercourse, tampons or douching. Observe for cramping or bleeding and call office if occurs.

SWELLING (Edema): This is a problem that most pregnant women have at some time during their pregnancy. Support panty hose, elevating feet and resting on your left side may offer some relief. Don't wear rings if your hands are swollen! "Water pills" are not recommended during pregnancy. Drink fluids – especially water- and lower salt intake.

VAGINAL DISCHARGE: You will normally have more discharge when you are pregnant, but if signs of infection occur, such as itching or foul odor, call the office. Do not douche.

VARICOSE OR "SPIDER" VEINS: Elevate feet as often as possible and wear compression socks/stockings. These may go away after the pregnancy.

*Please refer to our website at www.obgyngroup.com

Safe Medications

During pregnancy, women can be more susceptible to ailments like cold and flu and other conditions. Only certain medications are safe during pregnancy. The following are considered safe. Follow the labels for dosage and directions. Contact the office with questions.

Allergies

Zyrtec
Claritin D
Benadryl
Benadryl Cream
Calamine Lotion
Any saline nasal spray
Eye drops (Tears Naturale)

Cold

Actifed or Actifed Plus
Robitussin or Robitussin DM
Sudafed or Sudafed Plus
Saline nasal spray
Throat lozenges (any kind)
Tylenol/Acetaminophen (Plus, Sinus, or Extra Strength)
Vicks VapoRub
Warm saltwater gargles (1 tsp salt in 8 oz warm water)
Vitamin C 500-1000mg daily

Constipation

Any over-the-counter fiber
Citrucel
Dialose
Doxidan
Dulcolax suppository
Duphalac liquid
FiberCon
Fleet enema
Metamucil
Milk of Magnesia (powdered drink or flavored wafers)
Peri-Colace
Mineral oil (1/4 cup mineral oil; mix with applesauce; may need to start with every 12 hours and then reduce to daily. Taper off as stools improve)

Diarrhea

Kaopectate
Imodium or Imodium A-D

Fever or Pain

Tylenol/Acetaminophen

Headache

Tylenol/Acetaminophen
Extra Strength Tylenol

NO ASPIRIN OR IBUPROFEN

Baby aspirin is safe if prescribed

Heartburn

Amphojel
Gaviscon
Gelusil
Maalox
Mylanta
Riopan/Magaldrate
Rolaids
Tums
Pepcid
Tagamet
Prilosec

DO NOT USE BAKING SODA

Hemorrhoids

Preparation H cream or suppository
Tucks
Dermoplast spray

Nutrition and Pregnancy

Recommendation for weight gain

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

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

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

Underweight women (BMI less than 20): 30-40 lb

Normal weight women (BMI 20-25): 25-35 lb

Overweight women (BMI 26-29): 15-25 lb

Obese women (BMI >29): up to 15 lb

Healthy diet

The first step toward healthy eating is to look at your daily diet. Having healthy snacks that you eat during the day is a good way to get the nutrients and extra calories that you need. Pregnant women need to eat an additional 100-300 calories per day, which is equivalent to a small snack such as half of a peanut butter and jelly sandwich and a glass of low fat milk.



Key nutrients during pregnancy

Nutrient	Reason for Importance	Sources
Calcium (1000 mg)	Helps build strong bones and teeth	Milk, Cheese, Yogurt, Sardines
Iron (27 mg)	Helps create the red blood cells that deliver oxygen to the baby and also prevents fatigue	Lean Red Meat, Dried Beans and Peas, Iron-Fortified Cereals
Vitamin A (770 mcg)	Forms healthy skin, helps eyesight, helps with bone growth	Carrots, Dark Leafy Greens, Sweet Potatoes
Vitamin C (85 mg)	Promotes healthy gums, teeth, and bones. Helps your body absorb iron.	Oranges, Melon and Strawberries
Vitamin B6	Helps form red blood cells, helps body use protein, fat and carbohydrates	Beef, Liver, Pork, Ham, Whole Grain Cereals, Bananas
Vitamin B12 (2.6 mcg)	Maintains nervous system, needed to form red blood cells	Liver, Meat, Fish, Poultry, Milk (only found in animal foods, vegetarians should take a supplement)
Folate (600 mcg)	Needed to produce blood and protein, helps some enzymes	Green Leafy Vegetables, Liver, Orange Juice, Legumes and Nuts

Foods to avoid in pregnancy

Raw meat - Avoid uncooked seafood and undercooked beef or poultry due to risk of bacterial contamination, toxoplasmosis and salmonella. Cook your ground meats to 165°-185°.

Deli meat - Deli meats and lunch meat should be heated until steaming.

Fish with mercury - Avoid fish with high levels of mercury including shark, swordfish, king mackerel and tilefish. For other fish, limit consumption to two 6 oz. servings per week. Limit tuna to one serving (6 oz.) per week. Refer to handout for more detail.

Smoked seafood - Refrigerated, smoked seafood should be avoided due to risks of listeria contamination.

Raw shellfish - including clams, oysters, and mussels can cause bacterial infections. Cooked shrimp is safe.

Raw eggs - Raw eggs or any foods containing raw eggs can be contaminated with salmonella. This includes some homemade ceasar dressings, mayonnaise, and homemade ice cream. Cook eggs thoroughly, until the yolk is firm.

Unpasteurized cheeses - Make sure all cheeses are made with pasteurized milk. Do not eat soft cheese such as feta, queso blanco, queso fresco, brie, Camembert, blue-veined or panela unless it is labeled "Made with Pasteurized Milk."

Unpasteurized milk and dairy - May contain listeria which can lead to miscarriage.

Pate - Refrigerated pate or meat spreads should be avoided due to risks of listeria.

Caffeine - Limit caffeine intake to the equivalent of 1 cup of coffee a day or less. Excess caffeine may be associated with miscarriage, premature birth, low birth weight, and withdrawal symptoms in infants.

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

Avoid spilling fluids from raw meat and hotdog packages on other foods, utensils, and food preparation surfaces. In addition, wash hands after handling hot dogs, luncheon meats, delicatessen meats, and raw meat (such as, chicken, turkey or seafood or their juices.) All meats should be thoroughly cooked and beef hot dogs are recommended.

Special concerns

Vegetarian diet

Be sure you are getting enough protein. You may take additional supplements if necessary.

Lactose intolerance

During pregnancy, symptoms of lactose intolerance often improve. If you are still having problems after eating or drinking dairy products, talk with us.

We may prescribe calcium supplements if you cannot get enough calcium from other foods. Remember, calcium can also be found in cheese, yogurt, sardines, certain types of salmon, spinach, and fortified orange juice.

Artificial sweeteners

These are OK to use but we would recommend limiting it to 1-2 servings per day. If you have diabetes, the artificial sweeteners are better than sugar to help control your blood sugars.



Common Questions

When will I feel my baby move?

Sometime between 16-22 weeks of pregnancy, mothers will begin to feel movement. Initially, movements will be infrequent and may feel like butterfly flutters. As your baby grows, you will feel movement more often. It is common for the nature of movements to change in the last month (rolling rather than kicking). It is recommended to start counting fetal movements beginning at 28 weeks once daily until you get 10 movements within 2 hours. Do this 20-30 minutes after breakfast or dinner. If you have concerns about feeling baby movements or notice a decrease in movements, contact the office.

Why am I so tired? What's the best sleep position?

It's normal to feel more tired. You may also notice you need more sleep than usual. Try to get at least 8-10 hours per night. Listen to your body.

After 20 weeks try to sleep on your side to allow for maximum blood flow to your baby. Lying on your back can cause your blood pressure to drop. You may also find it helpful to put a pillow behind your back and between your knees to improve comfort. As your pregnancy progresses, use more pillows and frequent position changes to stay comfortable.

Can I use a Jacuzzi?

Using a Jacuzzi is not recommended during the first trimester and should be limited to 15 minutes or less in the second and third trimester with the water temperature not exceeding 100 degrees.

Can I travel?

Traveling is safe during pregnancy for uncomplicated pregnancies. After 36 weeks, we recommend staying close to home. When you do travel, be sure to take breaks to stand up/walk around at least every two hours. If traveling by vehicle, wear a seat belt, positioning it under your abdomen as your baby grows. If you are involved in a car accident, please call the office immediately. You may need to be monitored. Please call if you are traveling outside of the U.S. or in Zika states. Please check CDC website for updated travel restrictions.

Can I care for my pets?

If you have cats, please let us know. Avoid changing the litter box or use gloves to change it. Toxoplasmosis is a rare infection that you can get from cat feces.

What do I need to know about dental care?

Your teeth and gums may experience sensitivity throughout the pregnancy. Inform the dentist of your pregnancy and shield your abdomen if x-rays are necessary. Use of local anesthetics is safe during pregnancy. Contact our office with any questions about dental care.

Can I go to the salon for treatments?

Hair coloring and nail care are safe during pregnancy.

Can I exercise?

30 minutes of exercise is recommended daily in uncomplicated pregnancies. This could include walking, jogging, biking, aerobic class, yoga, swimming, etc. Weight training is acceptable. Listen to your body during exercise and drink plenty of fluids. After 20 weeks, avoid lying flat on your back and avoid activities with a high risk of falling or trauma to your belly (i.e. snow skiing, kickboxing, horseback riding).

Can I have sex?

You can have sex unless you are having complications or sex becomes too uncomfortable.

There are times when exercise and sex should be avoided. This includes vaginal bleeding, leaking amniotic fluid, preterm labor, or certain placental conditions.

Can I use tanning beds?

We advise against it.

What can I take for a cold?

Please refer to Safe Medication Section on page 6.

Should I do cord banking?

This is an elective option some parents choose to pursue. This decision must be made before birth. For more information please visit: <https://www.acog.org/womens-health/faqs/cord-blood-banking>



Alcohol and Smoking

There is no safe amount of alcohol so we recommend avoiding all alcohol during pregnancy. Drinking alcohol can cause birth defects, developmental delays and abnormal brain development.

If you smoke cigarettes, marijuana or e-cigarettes, so does your baby. This is a very important fact of pregnancy. Here are some known complications from smoking during pregnancy:

- **Low birth weight baby:** Low birth weight can be caused by prematurity (birth less than 37 weeks), poor growth, or a combination of both. Prematurity is increased in pregnant smokers and is the number one cause of neonatal death and chronic illness in babies. Problems such as cerebral palsy, life-long lung, kidney, or other organ problems, mental retardation and learning disabilities are much more common in premature and low birth weight babies.
- **Placental abruption:** The placenta tears away from the uterus causing the mother to bleed.
- **Preterm premature rupture of membranes:** The water breaks before 37 weeks of pregnancy, which is associated with an increase of preterm and low birth weight births.
- **Stillbirth:** The fetus has died in the uterus.

Please see our website for additional questions.



When to Call the Office

If you experience any of the following, please contact us immediately as these are considered emergencies:

- Continuous leaking of fluid (water broken)
- Abdominal trauma or car accident
- Vaginal bleeding
- Fever greater than 101°
- Decreased fetal movement
- Suspected urinary tract infection
- Headache with vision changes
- Painful contractions greater than 4 times an hour if less than 36 weeks

Please use this chart to determine how you should treat certain illnesses or symptoms throughout your pregnancy. If in doubt, call the office at **(563) 355-1853**. If you have any of these symptoms please call the office and do not send a message via the patient portal or email.

Symptoms You May Experience - Call the Provider

Bleeding/Cramping

Some bleeding/spotting may occur after an internal exam and intercourse. This does commonly occur in 1st trimester.

Call the Provider Immediately

- Bleeding is spotting with mild cramping
- Bleeding is heavy (using a pad every 2 hours)
- 2nd & 3rd trimester cramping or bleeding
- Cramping is equal or worse than menstrual cramps

Cold and Flu

Call the office

- Temperature of 101°F or higher
- Green or yellow mucus develops
- Persistent cough for more than 7-10 days

Call the Provider Immediately

- Breathing is difficult or wheezing occurs

Decreased fetal (baby) movements after 28 weeks

Call the Provider Immediately

- No fetal movement especially if accompanied by severe abdominal pain
- Baby moves less than 10 times in 2 hours

Labor

Call the office

- If less than 36 weeks, call if contractions are every 15 minutes (4 per hour)

Call the Provider Immediately

- If 37 weeks or more and contractions are every 5 minutes apart, lasting 1 minute, for 1 hour
- Water breaks; small leak or as a gush
- Bleeding is more than a period

Rupture of Membranes

Call the Provider Immediately

- Water breaks; small leak or as a gush

Swelling

Call the office

- Recent, noticeable increase in feet and ankles
- Swelling of face and hands

Call the Provider Immediately

- Swelling accompanied with headache or upper abdominal pain
- Swelling with decreased fetal movement
- Elevated blood pressure (>140/90) if using home monitoring

Urinary Urgency and/or Pain with Urination

Frequency is common in early and late pregnancy

Call the office

- Pain with urination
- Feeling of urgency to void with little urine produced

Call the Provider Immediately

- Temperature of 101°F or higher
- Pain in upper back
- Contractions occur
- Blood in urine

Vaginal Discharge

Common during pregnancy

Call the office

- Itching, burning, foul odor

Vomiting

Common in 1st trimester

Call the office

- Unable to keep down liquids and solids for more than a 24 hour period
- Weight loss of more than 3-5 pounds

Call the Provider Immediately

- Signs of dehydration occur (e.g. dry mouth, fatigue/lethargy, poor skin turgor)
- Abdominal pain accompanied with vomiting

Preparing for Labor and Delivery

Pre-register with hospital

We deliver our patients at MercyOne Genesis Medical Center, located at 1227 E Rusholme St., Davenport, IA 52803, www.genesishealth.com/registration. One of our doctors and midwives is on call at all times. You will be provided with a registration packet. Please register before you are in labor, as this will make admitting you to the hospital smoother. You may schedule a tour of the birthing suites at your convenience by contacting MercyOne Genesis BirthCenter - Davenport at 563-421-7794 or visiting the Classes & Events page at genesishealth.com.

Pain Options During Labor

Nitrous Oxide – This is a gas that is self administered to help ease the pain of contractions.

IV Narcotic – This narcotic is given through injection or IV and helps take the edge off strong contractions. It can make you sleepy if given early in labor. We avoid giving this near delivery time.

Epidural – This safe and popular option is administered by an anesthetist and requires a fine, thin catheter or tube to be placed in your back during active labor. Medicine slowly drips through the tubing to provide pain relief throughout labor. It is removed after delivery.

Local – Many patients deliver without pain medication. Sometimes we need to give a small injection of numbing medicine for stitches called lidocaine.

Attend educational courses

There are educational courses on labor and delivery, breastfeeding, infant CPR, and baby care available. Consider these classes especially if you are a first-time parent! Visit the Classes & Events page at www.mercyone.org/events-search for details.

Choose a doctor for your baby

You will need to decide on a doctor for your baby by the time you deliver. The hospital will send your baby's information and test results to your chosen doctor. Your baby is commonly seen within 1 week after birth. You will need to contact the doctor's office prior to delivery and make sure they are accepting your insurance and are taking new patients. We can provide you with a list of doctors if you have trouble locating one.

Obtain and install a car seat

You must have a car seat installed in your vehicle before taking baby home. By law, children must be in a federally approved, properly installed, crash-tested car seat for every trip in the car, beginning with the trip home from the hospital. Bring the car seat up to the birthing floor at the hospital to do a fit check with your baby.

Learn more about breastfeeding

Human milk is perfectly designed nutrition for babies. Babies who are breastfed get fewer infections and are hospitalized less. Mothers that breastfeed burn 500 calories a day, which can help them lose extra weight and reduce a woman's risk of developing breast cancer. After delivery, the nurses and a lactation specialist are there to help you learn the art of breastfeeding. There are breastfeeding classes you might want to consider - visit the Classes & Events page at genesishealth.com for details.

Circumcision

A circumcision is the elective removal of excess foreskin from the penis of baby boys. We can perform this optional procedure for you. It may help reduce infections and penile cancer (cancer of the penis). If you decide to have this performed, it is typically done the day after your baby is born. We do our best to make sure your baby is comfortable.



Labor and Delivery

True Labor	False Labor
Contractions are regular, get closer together and become increasingly stronger.	Contractions are irregular, do not get closer together and remain mild.
Contractions continue despite rest or hydration.	Contractions may stop with rest or hydration.
Bloody show may be present. Large gush of clear fluid (water breaking).	Usually no bloody show is present.

Induction

Your due date is considered to be at 40 weeks of gestation. The majority of women will labor spontaneously and deliver within a week of this date, although 37 weeks (three weeks before), until 42 weeks (two weeks after) your due date is considered 'term'. It is very common to go a week past your due date. We usually recommend additional testing and delivery if you are not delivered by 40 weeks. Earlier induction is recommended if there are pregnancy complications or other concerns. Induction is a process where labor is started medically. If it is your first pregnancy the process can be quite lengthy and can often take more than 24 hours. Sometimes women need their cervix medically "ripened" with medication, or with a balloon to help soften and thin the cervix prior to starting contractions with Pitocin. Elective inductions cannot be scheduled prior to 39 weeks gestation, as it is important to allow your baby to fully grow and develop.

Cesarean birth and recovery

A Cesarean birth may be planned or unplanned. Nurses, anesthesia staff, physician and either a midwife or a second physician will be with you in the operating room. If necessary, a group of neonatal health care providers will also be in attendance. During the cesarean section anesthesia will use a spinal or an epidural to make sure you are numb and to control your pain. Your heart vital signs will be monitored throughout the procedure. The baby will be born shortly after the surgery begins. The baby will be taken to a warmer by a nursery nurse and examined. During the cesarean our doctors will try to perform a "gentle cesarean" if the patient desires. A "gentle cesarean" includes lowering the drape during the delivery of your infant, delaying cord clamping, and skin to skin contact in the OR after the infant is removed from the sterile surgical area. These things are possible if the infant is healthy, but may not be possible if your infant is in distress or in need of additional care. Once the baby is born the remainder of the surgery will take 45-60 minutes to complete. Dissolvable staples will be used to close your incision and a dressing will be placed. Your doctor will tell you how long to leave the dressing in place. Once the surgery is completed, you will be taken to a recovery room in the Birth Center.

Initial recovery after Cesarean birth

The immediate recovery period is similar to the recovery period of a vaginal birth. Rest to conserve your strength. You, your baby and your support partner will remain in the Labor and Delivery Recovery Room for approximately two hours. During this time you and your baby will be monitored closely.

Vaginal birth after cesarean (VBAC)

If you had a cesarean delivery in a previous pregnancy and are now preparing for the birth of another child, you may consider delivering your baby vaginally. Whether or not you are a good candidate for a trial of labor depends on many factors, including the reason for your initial cesarean section as well as the type of cesarean incision that was made with your initial surgery. We will discuss with you during your prenatal care factors that may or may not allow you to attempt this. There is a risk with VBAC of uterine rupture, which is a serious condition that could affect your baby's health.

Episiotomy/forceps/vacuum

We plan to help you deliver your baby with the least amount of trauma. Episiotomies (a small incision at the opening of the vagina) are not routinely needed and many deliver without the need for any stitches. Sometimes there can be tearing at the vaginal opening during delivery. We make sure you are numb if you don't have an epidural, and will stitch the area after delivery. The stitches dissolve over time and do not need to be removed. We provide you with medicine to keep you comfortable after delivery.

We are highly skilled in the use of vacuum and forceps for deliveries. We will recommend using them only if medically indicated. Our goal is to deliver your baby in the safest manner. There are definitely times when this is the safest way to help your baby into this world.

Postpartum instructions

1. Make an appointment to see the doctor or midwife 6 weeks after delivery, regardless if you had a vaginal birth or a cesarean section. If you had medical complications during your pregnancy such as elevated blood pressure we may request an earlier check.
2. Refrain from douching, tampons and swimming until after your post-partum check-up.
3. You may ride in a car but no driving for about 2 weeks after a cesarean section.
4. If breastfeeding, continue your prenatal vitamins daily, eat a well balanced diet, and increase your fluid intake to 10-12 glasses of water per day. With any signs or symptoms of a breast infection (fever, flu-like symptoms, pain or redness in the breast) call the office for further instructions.
5. If not breastfeeding, continue to wear a good supportive bra, bind if necessary, use ice packs, take Tylenol® or NSAIDs (Ibuprofen, Motrin, Aleve, Advil, etc.) for discomfort, and call the office if the problem persists or worsens.
6. Vaginal bleeding may continue for 4-6 weeks while the uterus is involuting back to pre-pregnancy state. You may have spotting and/or menstrual-like flow. Increased activity increases the flow. If bleeding or cramping increases to greater than a period, take NSAIDs at recommended doses and get off your feet. If bleeding is persistently heavy, call the office for further instructions.
7. Cesarean section patients should avoid lifting anything over 20 lbs for 4 weeks.
8. Exercise – Listen to your body and if you feel well then the amount of physical activity is probably fine. What you can tolerate after delivery is dependent on your degree of pre-pregnancy fitness.
9. Constipation is very common. Drink 6-8 glasses of liquids every day. Citrucel, Metamucil, and stool softeners (Colace) may be used. Include food like bran cereal, fresh fruits and vegetables in your diet. Stool softeners are recommended while taking Percocet or Vicodin.
10. Hemorrhoids usually are more symptomatic after delivery. If they are a problem for you, we can prescribe medication to relieve symptoms.
11. Post-partum blues – Sadness, crying and blues are normal responses to hormonal changes in your body after the baby is born. Please let us know if you need additional assistance or if you are concerned that the blues have turned into depression. See below.
12. Abstain from intercourse for 6 weeks, or longer if your stitches are still painful. Contraception options will be discussed with you in the hospital, and reviewed again at the time of your postpartum visit.
13. Please call the office if you have a fever of 101°F or greater or develop a headache which is not relieved with Tylenol and/or NSAIDs.
14. If you had a cesarean delivery, keep your incision clean in the shower. Simply letting clean water course over the incision is sufficient, and you will not need to wash it with a wash cloth. Pat it dry with a towel and use a hair dryer on a cool setting to dry any remaining moisture. Call the office if the incision is swollen, red, or has any unusual drainage. Remove any remaining steristrips after 7 days.
15. Tub bathing and showering are permitted after vaginal births.

Postpartum depression

40-80% of women experience mood changes after their delivery. This most commonly starts 2-3 days after delivery and usually goes away by 2 weeks. It is important to eat properly, get adequate sleep and reduce stress during this time to help with the symptoms. Sometimes the symptoms require treatment especially if you are not bonding or enjoying your baby, unable to care for yourself or the baby, feeling excessive sadness, depression or anxiety. Please schedule an appointment if you feel a problem is occurring. We are known for our compassionate care and have effective treatments for postpartum depression.

Notes

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