



**ADRIATICA**

Women's Health

**OB/GYN**

Your Guide to  
*Pregnancy*

[www.adriaticawomenshealth.com](http://www.adriaticawomenshealth.com)

972.542.8884

# Congratulations on Your Pregnancy!

We at Adriatica Women's Health 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.adriaticawomenshealth.com](http://www.adriaticawomenshealth.com) for valuable information.

## Your Providers



Tracey A. Banks, MD



Lori D. Halderman, MD



Christi A. Kidd, MD



Dani Steininger, MD



Michon A. McCloud, MD



Labeena Wajahat, MD

## Our Nurse Practitioners



Angela D. Judson, CNM, NP



Jennifer Nuspel, FNP-BC



Laura Kennedy, FNP-BC



Jennifer Barbosa, WHNP-BC

## Our Midwives



Liz Marley, CNM



Holly Costello, CNM



Breona Black, CNM



Josie Roberts, CNM

At Adriatica Women's Health we are proud to offer Midwife services. Our team of experienced midwives focuses on the specific needs of each patient and together they bring decades of combined experience caring for hundreds of unique women. Our midwives practice evidence based care while respecting and honoring each patient's wishes. They have expertise in normal fertility, pregnancy and birth, and gynecological and contraception services for all ages, spanning from teens to post-menopause. Midwifery care is uniquely nurturing; allowing focus on both the physical, psychological, and social well-being of the birthing parent throughout the childbearing cycle. All births are done in a safe hospital environment, with the option of natural childbirth, water labor, and a unique personalized delivery plan. While our Midwives mainly care for low-risk pregnancies, they also work closely with our physician team to be able to offer midwifery care to patients with certain high-risk conditions, VBAC (vaginal birth after cesarean delivery), and even cesarean sections.

**"I believe midwifery is about empowerment and advocacy for women. Women should be given options for birth and the resources and power to have the experience that they desire." — Liz Marley, CNM**



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43219-3034 USA

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# Office Information

## Office hours and hospital affiliations

**Phone Hours:** Monday-Thursday 9:00am-1:00pm and 2:15pm-5:00pm, Friday 8:30am-12:30pm

**McKinney Location:**

Clinic hours: Monday- Thursday 7:30am-5:00pm and Friday 8:30am-12:30pm  
6609 Virginia Parkway, McKinney, Texas, 75071

**Prosper Location:**

2200 E. Prosper Trail. Ste 10, Prosper, TX 75078  
Clinic hours: Monday-Thursday 8:00am-3:00pm.  
Closed Friday

**Baylor Scott & White Medical Center:**

5252 W. University Dr., McKinney, TX 75071  
(469) 764-1000, [www.baylorhealth.com](http://www.baylorhealth.com)

**Medical City McKinney:**

4500 Medical Center Dr., McKinney, TX 75069  
(972) 547-8000, [www.medicalcenterofmckinney.com](http://www.medicalcenterofmckinney.com)

## How to contact our office

You can call our main number 24 hours a day. Business hours are Monday through Thursday 9 am – 5 pm and Friday 8:30 am – 12:30 pm for both emergency and non-emergency questions or concerns. If you need to contact the office on weekends or after business hours, you may call the same number. Our answering service will give an on-call provider your message to return your call.

Like many OB/GYN practices, Adriatica Women's Health is a group practice. Our providers have days they work in the office, days they are on-call for deliveries at the hospital and days they are off. Although our providers make every effort to deliver their own patients, your primary provider may not be on-call on the day you are in labor and delivery. You will have the opportunity to meet all of the providers who may deliver your baby.

## Patient online access (POA)

POA is our patient portal that allows you to receive your confidential results, communicate with your provider, and request appointments or refills electronically. Take advantage of the online services offered by our practice with the assurance that all of your information is encrypted and stored securely. After you create your account, you will receive an e-mail from us that includes your user ID and a link back to our patient portal. You may log in at any time to begin using our services. Please note the turnaround for answers to portal messages are five business days. If you are experiencing a medical emergency, please dial 911 or your local emergency number for immediate assistance.

## 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 (972) 542-8884. 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 or cesarean delivery is six weeks. In some circumstances, longer leaves may be necessary to recover from a complicated delivery or complications requiring bedrest 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.

## Midwife services

Today's nurse-midwives are board certified, highly educated professionals who focus on the specific needs of women, offer a variety of options, and minimize unnecessary interventions. Midwives offer care throughout the pregnancy and deliver in the hospital. They also provide routine gynecologic care for women of all ages. Numerous studies have validated the safety and excellent outcomes nurse-midwives provide for 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.

- We believe in accommodating your needs, whether that means a natural birth or the use of epidurals.
- We will prepare an expectant mother for childbirth by working with her to create a birthing plan for a memorable experience.
- When you are admitted in labor, one of our midwives 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 Baylor Scott & White Medical and Medical Center of McKinney.

# Appointment Schedule

## Your first visit

Once you have completed our OB orientation and come to the office for your first visit, we ask that you bring your medical history forms and other registration materials completed. During this visit, you will have a physical exam including a pap smear if appropriate. There will also be a series of prenatal labs that will test your blood type and blood count, and test for infections (syphilis, hepatitis B and C, HIV and rubella). All of the results will be reviewed with you at your next appointment. You will have an ultrasound if not already done to confirm your dates.

## After your first visit

Between now and 28 weeks, we would like you to schedule a visit every four weeks. Around 30 weeks, your visits will increase to every 2-3 weeks, then once a week after 36 weeks until delivery. We will request to see you more frequently if you are high risk. During each visit, you will have your weight, blood pressure, urine and fetal heartbeat checked. At approximately 22 weeks, the provider will do a fundal height evaluation.

## Virtual house calls (Telemedicine)

To ensure the safety and health of our patients, staff, and the communities we share, virtual house calls are part of your routine obstetrical care during the COVID-19 pandemic. These visits will alternate with your in-office visits based on the needs of your individual care. You will connect with your provider through audio and video on your computer or smart device. There are a few things you will need for this: A doppler (we can loan you a doppler if needed), a blood pressure cuff, and a scale. You can find a detailed list of supplies on our website.

## Testing includes

*Anemia and gestational diabetes screening* – this screening is performed between 24-28 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. You do not need to fast.

*Vaginal culture for group B strep* – this swab of your vaginal area is performed at your 35-37 week appointment. Group B strep is a normal bacteria that is naturally found in the vagina 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 decision 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.

**Cystic Fibrosis screening** – this blood screening test will determine if you are a gene carrier. Further testing is then required if the test is positive to find out if the baby has Cystic Fibrosis.

**Genetic Testing** – These are tests to determine the risk of certain chromosomal abnormalities.

- **Early screen/nuchal translucency** – this ultrasound and blood test is performed between 11-13 weeks. The test determines high or low risk for Down Syndrome, Trisomy 13 and 18.
- **AFP-4 (Quad screen)** – this blood screening test is performed between 15-20 weeks. The test determines high or low risk for Down Syndrome, Trisomy 18 and birth defects of the spinal cord and skull.
- **Non invasive prenatal testing** – There are several tests available that can be performed as early as 10 weeks. These tests can also determine the sex of your baby.
- **Amniocentesis** – this screening is performed after 16 weeks. The test can determine abnormal chromosomes associated with Down Syndrome. A needle is inserted through the mother's abdomen into the baby's sac of fluid, which is removed for genetic testing.
- **CVS (Chorionic Villus Sampling)** – this screening is performed between 10-12 weeks. The test can determine abnormal chromosomes associated with Down Syndrome. A needle is inserted through the mother's abdomen or cervix and placental tissue collected, which is used for genetic testing.

## Ultrasounds

We recommend an ultrasound around 18-22 weeks in the pregnancy 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. If you are over age 35 or have certain medical conditions a Level 2 sonogram may be required 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, which affects about 10% of people. 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 unknown. Fortunately, it can be prevented with a shot called Rhogam which is given at 28 weeks or anytime if vaginal bleeding occurs. 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 pregnant during the flu season receive the flu shot. Also, pregnant women should get one dose of Tdap after 28 weeks. Receiving the vaccine in pregnancy gives your baby extra protection against whooping cough which can be very dangerous for newborns.

## 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.

# Safe Medications for Common Symptoms in Pregnancy

**ALLERGIES:** 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.

**COLDS & SINUS CONGESTION:** Rest, increase fluids, Benadryl, or OTC Chlor-Trimeton, humidify your home or bedroom, saline nasal spray. Avoid decongestants.

**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 to loosen phlegm. Avoid cough suppressants. 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. Safe over-the-counter medications include Imodium and Kaopectate. If not back to normal in 48 hours, call the office.

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

**FEVER:** If temperature is 100.2 (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 100.2 (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 or Pepcid AC.

**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. If you feel that your nausea is out of control, there is a prescription medicine that you can take. Call the office if you feel that you need medicine.

**SEXUAL INTERCOURSE:** Continue as long as comfortable unless you have spotting or your bag of water ruptures.

**SPOTTING:** Go to bed if possible. 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 support panty hose. These may go away after the pregnancy. No thigh high or knee high hose.

# 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.

<p><b>Acne</b> Benzoyl Peroxide Clindamycin Topical Erythromycin Salicylic Acid</p> <p><b>Avoid:</b> Accutane Retin-A Tetracycline Minocycline</p>	<p><b>Antibiotics</b> Ceclor Cephalosporins E-mycins Keflex Macrobid/Macroclantin Penicillin Zithromax</p> <p><b>Avoid:</b> Cipro Tetracycline Minocycline Levaquin</p>	<p><b>Colds/Allergies</b> Benadryl, Claritin, Zyrtec Chlor-Trimeton, Dimetapp Drixoral-Non-Drowsy Regular Mucinex (guaifenesin) Vicks VapoRub Nasal Allergy Sprays (Flonase)</p>
<p><b>Constipation</b> Colace, Miralax, Senokot Dulcolax Suppository Fibercon, Metamucil Perdiem</p>	<p><b>Cough</b> Actifed, Sudafed Cough Drops Phenergan w/Codeine if prescribed Robitussin (plain &amp; DM)</p>	<p><b>Crab/Lice</b> RID</p> <p><b>Avoid:</b> Kwell</p>
<p><b>Gas</b> Gas-X Mylicon Phazyme</p>	<p><b>Headaches</b> Cold Compress Tylenol (regular or extra strength) Acetaminophen</p>	<p><b>Heartburn</b> (Avoid lying down for at least 1 hour after meals) Aciphex, Maalox, Mylanta, Pepcid, Milk of Magnesia Pepcid Complete Prevacid, Prilosec, Roloids Zantac Tums (limit 4/day)</p>
<p><b>Hemorrhoids</b> Anusol/Anusol H.C. (RX: Analapram 2.5%) Hydrocortisone OTC Preparation H, Tucks Vaseline lotion applied to tissue</p>	<p><b>Herpes</b> Acyclovir Famvir Valtrex</p>	<p><b>Leg Cramps</b> Benadryl</p>
<p><b>Nasal Spray</b> Saline Nasal Spray</p>	<p><b>Nausea</b> Vitamin B6 25mg 3 times daily Unisom 1/4 or 1/2 tablet at bedtime Vitamin B6 and Unisom at bedtime Dramamine, Emetrol Ginger Root 250mg 4 times daily High complex carbs @ bedtime Sea Bands - Acupressure</p>	<p><b>Pain</b> Tylenol Lortab**, Percocet** Tramadol**, Tylenol 3** Ultram**, Vicodin** **Narcotic medications should only be used when prescribed for a legitimate medical problem by a doctor for a short period of time.</p>
<p><b>Rash</b> Benadryl 1% Hydrocortisone Cream</p>	<p><b>Sleep Aids</b> Ambien, Benadryl Unisom, Tylenol PM Warm milk-add vanilla/sugar for flavor</p>	<p><b>Throat</b> Cepacol Cepastat Salt Water Gargle w/ warm water Throat Lozenges</p>
<p><b>Tooth Pain</b> Orajel</p>	<p><b>Yeast Infection</b> Gyne-Iotrimin, Monistat-3 Terazol-3 Avoid 1 day creams</p>	<p><b>Prenatal Vitamins</b> Any over the counter prenatal vitamins. DHA – is an optional addition to your prenatal vitamin and can be obtained in a separate pill. DHA can be found in fish oil, some plant based vitamins and Similac Prenatal.</p>

# 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)
Vitamin D (1,000-2,000 IU/daily)	For prevention of fetal skeletal malformations during early bone development, congenital rickets, and newborn fractures	Fortified Milk or Juices, Fortified Cereals, Salmon, Mackerel, Herring, Egg Yolks, Fish Oils
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.

**Deli meats** - Listeriosis can be caused by improperly handled deli meats, smoked fish, pâtés, and hot dogs. Remember, it can survive in the cold. Hot dogs should only be eaten thoroughly cooked. Canned smoked fish and pâtés are acceptable. Use caution or avoid processed deli meats altogether. Deli meats should be placed in the microwave and heated for 2-10 seconds. Any purchased meats that will not be cooked prior to eating should be stored in refrigeration under 40° F and used within 5 days of purchase.

**Fish with mercury** - Avoid fish with high levels of mercury including shark, swordfish, king mackerel and tilefish. For other fish, limit consumption to two servings (12 oz.) per week. Limit tuna to one serving (6 oz.) per week.

**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.

**Soft cheeses** - imported soft cheeses may contain listeria. Soft cheeses made with pasteurized milk are safe.

**Unpasteurized milk and dairy meat** - 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 vegetables** - Wash all 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.)

## Special concerns

### Vegetarian diet

Be sure you are getting enough protein. Examples of high protein foods are beans, peanut butter, eggs, tofu and nuts. You will probably need to take supplements, especially iron, B12 and vitamin D.

### 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 16-25 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 recommended to start counting fetal movements beginning at 28 weeks once daily until you get 10 movements within 2 hours. A good time to do this is 20-30 minutes after breakfast and dinner. If you are concerned about movement, eat or drink something with sugar or caffeine, lie on your side and press your hands on your belly. 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.

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 or whirlpool bath 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.

## 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. Contact our office with any questions about dental care.

## Can I go to the salon for treatments?

Hair coloring and nail care should always be done in large, well-ventilated areas. If possible, avoid treatments in the first trimester.

## 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. Measure your heart rate at times of maximum activity. You should consult your physician if your heart rate is consistently 140 beats per minute or above. 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, chest pain, regular uterine contractions, decreased fetal movement, growth restricted baby, headache, dizziness or general weakness.



# Alcohol and Smoking

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

If you smoke, 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.
- **Placenta previa:** Low-lying placenta that covers part or all of the opening to the uterus. Placenta previa blocks the exit of the baby from the uterus causing the mother to bleed.
- **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.



# When to Call the Doctor

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
- Heavy bleeding
- Fever greater than 101°
- Decreased fetal movement
- Urinary tract infection
- Headache with vision changes
- Painful contractions greater than 6 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 **(972) 542-8884**. **If you have any of these symptoms please call the office and do not send a message via the patient portal or email.**

ILLNESS/SYMPTOM	CALL THE OFFICE IF:	CALL THE DOCTOR IMMEDIATELY IF:	HOME TREATMENT:
<b>Bleeding/Cramping</b> • Some bleeding/spotting may occur after an internal exam	• Bleeding is less than a period with mild cramping; common in 1st trimester	• Bleeding is heavy (using a pad every 2 hours) • 2nd & 3rd trimester cramping or painless heavy bleeding • Cramping is equal or worse than menstrual cramps	• Rest • Avoid heavy lifting (more than 20 pounds)
<b>Vomiting</b> • Common in 1st trimester	• Unable to keep down liquids and solids for more than a 24 hour period • Weight loss of more than 3-5 pounds	• Signs of dehydration occur (e.g. dry mouth, fatigue/lethargy, poor skin turgor) • Abdominal pain accompanied with vomiting	• Vitamin B6 25 mg three times a day • Separate liquids from solids (e.g. dry cereal followed by a glass of milk 1 hour later) • Plain popcorn • Rest • Avoid hot sun
<b>Decreased fetal (baby) movements after 24 weeks</b>	• Baby moves less than 4 times in a 30 minute period while you are resting, during a normally active period of baby	• No fetal movement if accompanied by severe abdominal pain	• Rest • Drink juice or soft drink • Eat a small snack
<b>Labor</b>	• Contractions stronger than Braxton-Hicks (mild, irregular contractions), but may not be regular • If less than 36 weeks, call if contractions are every 15 minutes	• Contractions are every 5 minutes apart for 1 hour • Water breaks; small leak or as a gush • Bleeding is more than a period • Pain or contractions won't go away	• Rest (you'll need energy for real labor) • Increase fluids to 8-12 glasses daily • Dehydration can cause contractions, especially in the summer
<b>Urinary Urgency and/or Pain With Urination</b> • Frequency is common in early and late pregnancy	• Pain with urination • Feeling of urgency to void with little urine produced	• Temperature of 101°F or higher • Pain in upper back • Contractions occur • Blood in urine	• Urinate at regular intervals • Increase fluid intake to 8-12 glasses daily
<b>Swelling</b>	• Recent, noticeable increase in feet and ankles • Swelling of face and hands	• Swelling accompanied with headache or upper abdominal pain • Swelling with decreased fetal movement • Elevated blood pressure if using home monitoring	• Lie on left side and elevate legs • Avoid salty foods (e.g. ham, pizza, chili)
<b>Cold and Flu</b>	• Temperature of 101°F or higher • Green or yellow mucus develops • Persistent cough for more than 5 days	• Breathing is difficult or wheezing occurs	• Tylenol, Actifed, Sudafed, and any Robitussin • Increase fluids • Rest • Use vaporizer
<b>Rupture of membranes</b>		• Water breaks; small leak or as a gush	

# Preparing for Labor and Delivery

## Pre-register with hospital

We are affiliated with Baylor Scott & White Medical Center and Medical Center of McKinney. You will find the address and phone number for these hospitals on page 3 of this booklet. One of our providers is on-call at all times. You will be provided a registration packet for the Hospital. 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.

## Consider a birth plan

If you have a birth plan, please share it with your provider. If desired, there are several options to provide pain relief while you are in labor. We are supportive of whatever you choose.

**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. It feels like a small pinprick.

## Research cord blood banking

Your baby's blood is a valuable source of cells that could be used by your baby or another family member to treat some life-threatening diseases. It can easily and safely be obtained immediately after delivery. Parents can choose to have their baby's blood saved; however the decision must be made before birth. Insurance does not generally cover this. If interested, you can order a kit and bring it with you to delivery. In some cases, cord blood can be donated. Ask your provider for information.

## 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!

## Choose a pediatrician for your baby

You will need to decide on a pediatrician 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.

## 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 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.

## Consider circumcision

A circumcision is the removal of excess foreskin from the penis of baby boys. We can perform this optional procedure for you. It may help reduce infections and the risk of penis cancer. Please let your provider know if you would like more information. We respect your choice if you decide not to.



# Labor and Delivery

## When will I know I'm in labor?

The chart below will help determine if you are in labor. If you have signs of true labor, contact the labor and delivery unit. If your water breaks, notify labor and delivery immediately, day or night.

True Labor	False Labor
Contractions are regular, get closer together and last 40 to 60 seconds.	Contractions are irregular, do not get closer together and last 20 to 40 seconds.
Contractions continue despite movement.	Contractions may stop when you walk or rest or may change with change of position.
Pain/discomfort usually felt in back and moves around to front.	Pain/discomfort often felt in abdomen.
Contractions steadily increase in strength.	Contractions usually are weak and do not get much stronger.
Cervix dilates.	Cervix does not dilate.
Bloody show may be present.	Usually no bloody show is present.

## Overdue Babies/Inductions

Your due date is considered 40 weeks. It is reasonable to anticipate your delivery sometime during the week of your due date. However, 10% of pregnancies will continue 2 weeks past the due date. We recommend additional testing for your baby at 40 weeks. We generally recommend inducing your labor at 40-41 weeks if your cervix is ready. We induce sooner if there are any concerns.

Induction of labor is a process where we give you medication to stimulate contractions. It can sometimes take more than 24 hours or increase your Cesarean section risk especially if it is your first baby.

It is important to allow your baby to fully grow and develop before we schedule a delivery. Babies born more than 1 week early can have complications and are more likely to require oxygen and be admitted to the special care nursery. This could even have long term effects on a child's health. If we recommend delivery before 39 weeks, then it is for a medical reason.

## Cesarean birth and recovery

A Cesarean birth may be planned or unplanned. Nurses, anesthesia staff and your physician will be with you in the operating room. If necessary, a group of neonatal health care providers also will be with you. Your blood pressure and heart rate/rhythm will be monitored, and a nurse will listen to your baby's heart rate. Your baby will be delivered in a short period of time once surgery begins. Once delivered, it will take approximately 45-60 minutes to complete surgery. Your incision will be closed with staples or sutures. You will then be moved to the Recovery Room.

## 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 have 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. VBAC is recommended for those who are a candidate. You will need to discuss this with us.

## Episiotomy/forceps/vacuum

We plan to help you deliver your baby with the least amount of trauma. Episiotomies are not routinely needed and many deliver without the need for any stitches. Sometimes we need to make a small incision at the vaginal opening to help deliver. 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 for a check-up 6 weeks after vaginal delivery. For Cesarean delivery, make an appointment 2 weeks after for an incision check and then at 6 weeks postpartum.
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® for discomfort, and call the office if the problem persists or worsens.
6. Vaginal bleeding may continue for 6-8 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 two Advil and get off your feet. If bleeding is persistently heavy, call the office for further instructions.
7. Avoid lifting anything heavier than your baby until after your post-partum check-up.
8. Exercise – Avoid sit-ups, jumping jacks and aerobics until after your post-partum check-up. You may do simple abdominal tightening exercises, kegal exercises, and walking.
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.
12. Abstain from intercourse for 6 weeks or longer if your stitches are still painful. Contraception options may need to be discussed with your doctor at your check-up or earlier if you have special needs.
13. You may climb stairs 2-3 times a day in the first 2 weeks. Too much activity delays episiotomy and incisional healing.
14. Please call the office if you have a fever of 101°F or greater, swelling, tenderness or redness in the lower leg.
15. If you had a Cesarean delivery, keep your incision clean with soap and water. Bandage with gauze only if instructed. Call the office if the incision is swollen, red or has any unusual drainage. Remove any steristrips after 10 days.
16. Tub bathing and showering are permitted.

## 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 mom is not bonding or enjoying her baby; unable to care for herself 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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