

Congratulations on your pregnancy and welcome to OBGYN North.

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Contacting OBGYN North

Our office hours are 7-4:30, Monday through Friday.

After Hours: For emergencies or labor after business hours, please call our main office number at (512) 425-3825. Our answering service will contact us and we will usually call you back within 15 minutes. If you have not heard back, please call again.

Patient Portal: On the left side of our website, obgynnorth.com you will see "Patient Portal". This allows access to email us for non-urgent issues and allows you to view your own lab results.

When to call for Labor

(512) 425-3825

Please call our office if:

You suspect your bag of water may be broken. Sometimes the bag can leak small amounts of clear amniotic fluid or it may come in a gush that wets the bed or soaks your clothes. Put nothing in your vagina after you are leaking (no tampons, no intercourse, etc). Only 10% of women start their labor with the water breaking. If you are Group B Strep negative, you may wait at home for up to 18 hours. However, we want to talk with you as soon as your water breaks to review your symptoms and create a plan together.

You have contractions that are regularly spaced, and getting longer, stronger and closer together. Call us if the contractions are 5 minutes apart, last for one minute and have been that way for an hour or more. If it is *not your first labor* call when the contractions are regular and strong, lasting for a full minute at regular intervals. Be guided by your body rather than the clock as subsequent labors tend to be shorter.

Some women prefer to labor at home for as long as they feel safe. Please follow the guidelines above and inform us that your water has broken or that active labor has started. We will not require that you come to the hospital, but we still want to be involved so we can be prepared.

Prenatal Genetic Testing

If knowing the health status of your baby in early pregnancy would change the course of your plans or provide peace of mind, you might consider prenatal genetic testing. Fortunately, 98-99% of babies are born without major birth defects.

The two types of prenatal testing used to detect potential fetal abnormalities are “diagnostic” or “screening”. It is important to understand the difference.

Diagnostic testing indicates that an abnormality is either present or absent.

Screening tests are not as definitive but tell us whether the chance of the abnormality is higher or lower than otherwise expected.

Before you agree to any prenatal genetic testing, consider the follow questions.

- Would a firm diagnosis affect how you handle the pregnancy or prepare for the baby?
- How important is the reassurance of a normal screening test?
- If the result of a screening test is worrisome, would you choose a more invasive or expensive diagnostic test to confirm?
- If you decline diagnostic testing, how will you handle the uncertainty about your baby's health?

Tests are available to determine if a baby has or is at risk for the following **chromosomal abnormalities**. These defects occur randomly (not inherited) and the chance of having a child with these conditions increases as a woman gets older.

Trisomy 21 (Down syndrome) is the most common single cause of human birth defects, resulting in physical and mental limitations. The level of mental retardation varies but is usually moderate. Frequency increases with maternal age, occurring in approximately 1 per 1,500 live births in women in their early 20's, 1 per 350 births at age 35 and 1 per 85 at age 40.

Trisomy 18 (Edwards syndrome) causes serious medical and developmental problems and half of infants with this condition do not survive beyond the first week of life. It is difficult to determine the frequency of Trisomy 18 because many pregnancies affected end in an early miscarriage.

Trisomy 13 (Patau syndrome) occurs in about 1 out of every 16,000 newborns. Like Trisomy 18, a pregnancy affected by Trisomy 13 will often end in miscarriage or stillbirth. Due to the presence of several life-threatening medical problems, most infants born with Trisomy 13 die within their first week of life.

The following tests help detect or determine the risk for Trisomy 21, 18 and 13.

Accept Decline

First Screen/Nuchal Translucency is a *screening* test done between 11-13 wks. A combination of blood tests drawn from the mother's finger and an ultrasound to measure the thickness of the baby's neck help determine if your baby is at risk for chromosomal disorders. The screening will identify 90% of fetuses with Down syndrome. Results take approximately 10 days.

or

QUAD Screen (MSAFP) are *screening* blood tests drawn on the mother between 15-20 weeks to look for certain "markers" for Down syndrome and **open neural tube defects (spina bifida)**. The test will detect 75% of fetuses with Down syndrome and 75-90% of those with a spina bifida. A positive screening does not indicate the baby actually *has* a birth defect, it just identifies an increased risk so additional testing is usually suggested. Results are usually available in one to two weeks.

or

First Screen (see above) and the "**AFP**" *portion* of the QUAD. This combination of screening tests eliminates repeating of chromosomal testing while allowing for screening for spina bifida.

The tests below are usually offered to women 35 years or older or high risk pregnancies.

Maternity 21 is a *screening* test available anytime after 11 week but is only available to mothers over 35, those with a positive *screening* test or other high risk conditions. Blood is drawn from the mother so there is no risk to the baby and this test is 99% accurate in identifying Down syndrome. Results take two weeks.

Amniocentesis is a *diagnostic* procedure usually offered between 15-18 weeks gestation. Under ultrasound guidance a fine needle is inserted through the mother's abdomen and into the uterus. A small amount of amniotic fluid is removed and tested to detect certain types of birth defects including Down syndrome and spina bifida. Because amniocentesis presents a small risk for both the mother and baby this test is generally offered to women 35 years or older and those who have a significant risk for genetic diseases. Results are available in two to three weeks.

Chorionic Villi Sampling (CVS) is a *diagnostic* test for chromosomal abnormalities and can be performed at 10 to 12 weeks gestation. CVS is the removal of a small piece of placenta tissue (chorionic villi) from the uterus, through the mother's abdomen or cervix. CVS poses risk of miscarriage and infection so its use is generally reserved for those over 35 year old. Results take about 2 weeks.

Patient Name _____

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Inherited Diseases: A woman only needs to be screened once in her life to determine if she is a carrier for some inherited diseases. A positive test would indicate that her child is at risk of inheriting the gene and additional testing would be suggested. These tests can be collected before a woman becomes pregnant or any time during a pregnancy. The test is also available for men and a blood sample can be collected in our office.

Accept Decline

Counsyl Universal Genetic Test is a blood test to determine if a person is a carrier for inherited certain diseases. It is available for men and women of *all* ethnic backgrounds prior to or during a pregnancy. This blood test determines with 99.9% accuracy if a person carries the gene for over 100 inherited diseases, including Cystic Fibrosis, Spinal Muscular Atrophy, Fragile X, Tay-Sachs and Sickle Cell Disease.

This test is generally covered by insurance with a maximum co-pay of \$99.00. Results are available in 2-3 weeks.

A complete list of diseases included in the Counsyl Universal Genetic Test is available upon request. Some of the more common diseases are listed below:

Cystic Fibrosis (CF) affects the mucus and sweat glands and can cause serious lung and digestive problems. It is most common in those of European descent and both parents would need to be carriers for the baby to inherit the disease. An estimated 1 in 29 Caucasian Americans has the CF gene.

Spinal Muscular Atrophy are a group of inherited diseases that cause muscle damage and weakness, getting worse over time and potentially lead to death. Most of the time, a child must get the defective gene from both parents. About 4 out of every 100,000 people have the condition.

Fragile X is a genetic condition involving changes in part of the X chromosome. It is the most common form of inherited mental retardation in boys. Boys and girls can both be affected, but because boys have only one X chromosome, a single fragile X is likely to affect them more severely.

Sickle Cell Disease results in damage to red blood cells. It can occur in any ethnicity but is most common among African Americans. The disease reduces life expectancy by thirty years, with most patients dying before they reach middle age. Approximately 10% of African Americans are silent carriers of sickle cell disease.

Tay-Sachs and **Canavan** diseases are most prevalent among Jewish families but can occur in any ethnicity. These progressive conditions result in the gradual loss of movement and mental function and are often fatal early in childhood.

Patient Name

Signature

Date

Pregnancy Calendar

Your **estimated** due date is calculated 40 weeks (280 days) from the last menstrual period, or 38 weeks from conception. Although we calculate a due *date*, your baby actually has a due *month*, with arrival occurring anytime between 38-42 weeks gestation. We honor your body's natural schedule and do not do inductions for non-medical reasons. However, certain medical issues including high blood pressure or diabetes or can weaken the placenta and early delivery is often beneficial. The following schedule can be used as a *guide* but individual circumstances may warrant deviations.

8 weeks (from last period)

Prenatal Care: Your first visit includes a health history and counseling, examination, ultrasound and lab tests. This appointment usually lasts 1 hour.

Testing: Prenatal lab work (blood type, complete blood count, rubella immunity, HIV, hepatitis B, syphilis, antibody screen, urine culture)

Pap Smear (if due) and tests for sexually transmitted infections

Baby's Development: Conception usually occurs 14 days after the last menstrual period with implantation into the uterus 10 days later. The placenta forms by 4 weeks and heart begins to beat by 6 weeks. By 10 weeks your baby is fully formed, with a tiny face, arms and legs.

12 weeks

Optional Testing/Screening: If you elect to do the First Screen Genetic testing you will be seen during your 12th week of pregnancy for a blood test and ultrasound.

14-16 weeks

Prenatal Care: Your baby's heartbeat can be heard with a hand held doppler.

Optional Testing/Screening: Some genetic testing is offered during this time. See Genetic Testing hand out for details.

Baby's Development: Placenta has formed and is fully functioning by 12 weeks. Arms, hands, legs, feet and internal organs are fully formed.

20 weeks

Prenatal Care: An ultrasound is done in our office to examine the baby's anatomy and the location of the placenta. If your baby cooperates, you can likely learn the gender of your baby during this ultrasound if you choose. This visit generally lasts one hour.

Optional testing /screening: Blood screening for neural tube defects and Down syndrome if desired.

Baby's Development: You usually feel your baby's movements consistently now. Your baby is 8-10 inches long and weighs approximately one pound. The baby begins to hear sound at about 20 weeks and vernix begins to cover and protect the baby's delicate skin, which is covered in fine hair.

24 weeks:

Prenatal care: If you are expecting your first child, please sign up for childbirth classes. We believe the classes are so beneficial for emotional preparation that we do *require* them for first time parents. Select the method and location of your choice. Experienced parents may take a refresher class if desired but it is not required.

At each visit a doctor or midwife will now begin to assess the growth of the uterus (fundal height) with a tape measure, and the baby's heart beat will be heard with a doppler.

Baby's Development: A 24 week baby generally weigh nearly 2 pounds and fingernails and toenails are present. Hiccups begin around this time and your baby's eyes can open. Your baby begins to put on weight and its size is now determined by genetics and maternal diet, rather than just gestational age.

28 weeks

Prenatal Care: As your baby grows, we may be able to determine your baby's position simply by feeling your abdomen with our hands. The baby may already be head down but it is another two months or more before it will be important to be positioned for birth.

Testing/Screening: Blood tests to screen for gestational diabetes (see "1 Hour Glucose Tolerance Test"), anemia and HIV are drawn in our office. Expectant mothers with an Rh negative blood type will receive additional screening and an injection of Rhogam will likely be given.

Baby's Development: Begin noticing the baby's active times of day. Most babies have 3-4 active times each day.

31 weeks

Prenatal Care: Plenty of time will be allowed to discuss your birth plans to help create realistic expectations and support your vision of labor and birth.

Baby's Development: Taste buds are formed and your baby is forming layers of healthy body fat.

33 weeks

Prenatal Care: We are carefully assessing your blood pressure and baby's growth at each visit. It is normal at this point in pregnancy to have more aches, pains and pressure as your body expands and posture changes to accommodate your growing baby.

36 weeks

Prenatal Care: If you have written a birth plan after finishing your birthing classes this is a good time to review it with one of our doctors or midwives.

Testing/screening: We screen all pregnant women for Group Beta Strep or "GBS". Approximately 1/3 of women carry this bacteria that does not cause an infection to the mother, but can have serious consequences to her baby during labor or shortly after birth. The exam is done by sliding a sterile swab in the vagina and anus and results take three days. If the bacteria is present you will receive antibiotics during labor to protect your baby.

Baby's Development: The last month of pregnancy is a time of rapid growth. Most babies weigh approximately five pounds, have developed a suck reflex and are putting on fat to stabilize their body temperature and blood sugar after birth.

38 weeks

Prenatal Care: We will listen to your baby's heartbeat and discuss when and how to contact us for labor.

Baby's Development: Your baby is now term and ready for delivery any time in the next month. Most babies will have strong lungs and a coordinated suck and swallow for efficient feeding by 38 weeks.

40 weeks

This is only the estimated due date, which is really a due *month* and many healthy babies are born 7 to 10 days after the estimated date.

41 weeks

Prenatal Care: You will likely be seen twice a week and your provider will discuss holistic means of encouraging labor. We generally like to examine your cervix for dilation to help make recommendations.

Testing/screening: You will have two tests in our office to help determine if it is safe to continue waiting for labor to start on its own. A non-stress test (NST) is performed by monitoring the baby's heart beat for 20-30 mins while you relax in a recliner. An ultrasound is done to measure the amniotic fluid volume, a test we refer to as an Amniotic Fluid Index (AFI). If both are normal, we usually recommend

repeating the tests in 3-4 days if labor has not started. If either test is not normal, an induction of labor may be recommended.

Baby's development: Ripe, plump, and ready for birth! Vernix is nearly gone and the baby's skin may begin to peel.

41 ½ weeks

Your cervix will likely be examined, an NST and AFI will be done and a plan to induce at 42 weeks will be created *with* you. Most women start labor on their own so induction is not a common occurrence at OBGYN North. However, an important part of our job is to be prepared and protect the safety of you and your baby. There are increased risks to the baby if pregnancy continues beyond 42 weeks gestation, so we generally recommend natural means of encouraging labor at this time.

42 weeks

It is time for the baby to be born (if it has not already). Different means of medical inductions will be discussed with you if natural means have not brought on contractions.

SCREENING FOR GESTATIONAL DIABETES

1 hour Glucose Tolerance Test

- Drink the entire bottle of orange glucose in TEN MINUTES or less.
- Your blood draw will be **DUE ONE HOUR** from the time you begin drinking the glucose.
- Example: if your first sip is at 1:04 you need your blood draw at 2:04.
- The glucose drinks tastes better cold so you may want to refrigerate it before drinking. **DO NOT POUR OVER ICE.**
- **STOP EATING FOUR HOURS BEFORE YOU START THE DRINK AND AVOID SUGAR/SWEET FOODS.**
- If you are unable to fast for four hours due to nausea, etc, **PLEASE EAT ONLY PROTEIN (EGGS, CHEESE).**
- You should fast after finishing your glucose drink until your blood draw. This means NO GUM, CANDY, COFFEE, TEA OR FOOD OF ANY KIND. You may eat after your blood has been drawn
- You may use the bathroom if needed. It does not affect the test.
- If you have an appointment the same day as your blood is being drawn, let the receptionist know at the front desk what time you started drinking the drink.
- If you are **RH NEGATIVE** please let the Medical Assistant know before drawing your blood so we can have the nurses prepare your Rhogam shot.
- Your test results will be ready within 1-2 business days.

Prenatal Nutrition

The amount of weight gained during pregnancy varies but averages approximately 25-35 lbs. Balanced nutrition and exercise and steady growth of the baby are more important than the reading on the scale.

Avoid substances that may be harmful to your baby including alcohol, illegal drugs and smoking. Limit your intake of caffeinated drinks. It is generally considered safe to drink one cup of coffee per day. Hydration is important and water is always preferred over soda, sports drinks, juice and tea.

In pregnancy, it is necessary to increase calories from high quality foods such as whole grains, fruits, vegetables, protein foods and food high in calcium and iron.

Taking a prenatal vitamin with 400-1000 mcg (.4mg-1 gm) of folic acid daily reduces the incidence of certain birth defects. If prenatal vitamins worsen nausea, replace them with a 400 mcg folic acid supplement, which is usually well tolerated. Once the nausea subsides, the folic acid can be replaced with a prenatal vitamin.

Protein Foods: Think of protein in pregnancy as the hub of the meal and have a serving of protein food at least three times per day. These foods include

(Approximate serving size)

- | | |
|------------------------|-------------------------------|
| • Meats, poultry, fish | size of the palm of your hand |
| • Eggs | 1-2 eggs |
| • Beans and Peas | 1 cup |
| • Nuts and Seeds | ¼ cup |
| • Nutritional Yeast | 2-4 tablespoons |
| • Cheese | ¼ cup |
| • Yogurt | 1 cup |
| • Tofu or tempeh | size of the palm of your hand |

Food Precautions

- Do not eat raw or undercooked meat, fish, shellfish, or eggs (sometimes raw eggs are in homemade mayonnaise or Caesar salad dressing).
- To prevent listeria infection, heat all luncheon meat, pate' and hotdogs (even if the label says precooked) until hot. Microwave cooking can be patchy and may not completely kill listeria unless steaming hot throughout.
- Avoid fish that concentrate mercury: swordfish, tilefish, king mackerel, albacore tuna, and shark.
- Eat other seafood such as shrimp, salmon, catfish, oysters, and dark tuna only 2-3 times per week (no more than 12 ounces per week).
- To prevent listeria infection cook all soft/cultured cheese such as Feta, Brie, Blue, and *Camembert* thoroughly. Do not eat these cheeses unless cooked.

Iron: Iron needs increase significantly while pregnant, due in part to a 40% to 60% expansion in blood volume that occurs primarily in the second trimester. Iron is needed to produce hemoglobin, the protein in your red blood cells that transports oxygen to other cells. A test for anemia is usually performed near the beginning of pregnancy and again around 28 weeks.

Increasing iron and iron absorption:

1. Foods rich in iron:
 - Green leafy vegetables (spinach, broccoli, kale, sea weeds)
 - Red meats, oysters, clams
 - Dried fruits like apricots, peaches, prunes and raisins
 - Beans
 - Egg yolks
 - Blackstrap molasses
 - Whole grains
 - Alfalfa
2. Cast Iron: Cooking with cast iron can increase the iron content by 50%
3. Vitamin C containing foods increase iron absorption: Oranges, tomatoes, red bell peppers, strawberries, broccoli, mango, guava, and papaya.
4. Avoid caffeinated drinks, dairy, and calcium supplements when taking iron or the prenatal vitamin because they decrease iron absorption.

Folic Acid: Folic acid (Vitamin B 9) gets its name from foliage and is concentrated in leafy greens. Folic acid is essential to your baby's development because it helps in the formation of the developing brain and spinal cord. A healthy diet will provide adequate folic acid and a supplement of 400 mcgs/ day (included in prenatal vitamins) is recommended. Dietary sources of folic acid include:

- Lentils, beans, peas, chickpeas
- Green leafy vegetables, broccoli
- Papaya
- Strawberries

Calcium: Calcium is an essential mineral for normal muscle and nerve function and for building and maintaining bones and teeth. Eat four servings of calcium rich foods per day.

1. Foods rich in calcium
 - Hard cheeses, yogurt and milk
 - Leafy green vegetables, sea vegetables
 - Nuts and seeds
 - Canned fish with soft bones such as sardines, mackerel and salmon
 - Blackstrap molasses
2. Supplements
 - Need to be balanced with phosphorus and magnesium which occur naturally in most foods. If you take a calcium supplement, it is best to take one that contains these minerals as well.
 - Avoid taking calcium supplements at the same time as iron supplements
3. Herbal sources of calcium

- Alfalfa
- Red Raspberry
- Nettles
- Dandelion

Herbs: Please check with us before using herbal supplements while you are pregnant or breast feeding. A general guideline is listed below.

1. Safe

- Herbs generally used for cooking such as basil, oregano, rosemary etc. in cooking doses only (do not take capsules)
- Red Raspberry Leaf
- Pregnancy Tea in moderation

2. Avoid

- Abgelica
- Black Cohosh
- Blue Cohosh
- Dong quai
- Licorice
- Siberian ginseng
- Uva ursi
- Yarrow

Remedies and Medications

Over the counter medications that are safe in pregnancy:

Symptom	Medication Options
Headache	Acetaminophen (Tylenol) extra strength, 1 gram (two tabs) every 6 hrs
Sinus Congestion	Pseudoephedrine (Sudafed) 60 mgs, 2 tablets every 4 hrs Phenylephrine (Sudafed PE) 10 mg every 4 hrs
Allergies	Diphenhydramine (Benadryl) 50 mgs (2tabs) every 4 hrs Loratadine (Claritin) 10 mgs (1 tab) daily Chlorpheniramine (Chlor-Trimeton) 4 mgs (1 tab) every 4 hrs Clemastine(Tavist-1)1.34 mgs every 12 hrs
Cough	Dextomethorphen (Robitussin) 20 mgs every 4 hrs Guaifenisin (Mucinex) 400 mgs every 4 hrs
Sore Throat	Cepacol lozenges warm salt water gargles
Nausea/Vomiting	Doxylamine (Unisom) 12.5 mgs every 12 hrs Dimenhydranate (Dramamine) 100 mgs every 4 hrs
Heartburn	Tums 1000-3000 mgs every 2 hrs Ranitidine (Zantac) 150 mgs every 12 hrs Cimetidine (Tagamet) 300 mgs every 6 hrs Famotidine (Pepcid) 20 mgs every 12 hrs
Upset stomach	Maalox, 4 tabs as needed Mylanta, 4 tabs as needed
Diarrhea	Loperamide (Imodium) 4 mgs initially, then 2 mgs after each unformed stool
Constipation	Docusate (Colace) 250 mgs every 12 hrs Methylcellulose (Citrucel) 1 TBSP in 8 oz water every 8 hrs Polycarbophil (FiberCon) 1 mg every 6 hrs Magnesium hydroxide (Milk of Mag) 60 mls daily Magnesium Citrate 150 mgs every 12 hrs
Hemorrhoids	Pramoxine (ProctoFoam) Starch (Anusol Suppository) Witch Hazel (Tucks pads)
Yeast Infections	Clotrimazole (GyneLotrimin) 1 applicator for 3 nights Miconazole (Monistat) 1 applicator for 3 nights
Insomnia (difficulty sleeping)	Diphenhydramine (Benadryl) 50 mgs (2tabs) at bedtime Doxylamine (Unisom) 25 mgs at bedtime
Skin rashes	Hydrocortisone (Cortaid) up to 4 times daily Diphenhydramine (Benadryl) spray or cream, several times daily

If symptoms do not resolve in 48 hours please call our office during business hours.

Exercise

Exercise should be continued during pregnancy. It enhances mood and helps stabilize blood sugar. Once the nausea and vomiting of early pregnancy subsides, most women can continue their normal exercise routine. Once your “baby bump” begins to show, avoid abdominal exercises such as sit-ups or crunches. As pregnancy progresses, sometime around 24 weeks you will want to start avoiding running due to the repetitive jarring motion. You will not harm your baby but it puts undue stress on your loose joints and pelvic floor and bladder. Walking, stationary bike, elliptical, swimming and yoga are wonderful forms of exercise that can be done throughout pregnancy. If it feels good, you can work out hard and break a sweat, but avoid the sensation of being winded. Drink plenty of water during and after your workouts.

Dental Care

Good dental hygiene should be continued throughout pregnancy. Dental cleanings, fillings, root canals and even x-rays can be done while you are pregnant. It is normal for your gums to become more engorged with blood and bleed easily while you are pregnant. This is a normal change and not associated with gum disease. If you are having extensive dental work done, your dentist may request a letter from us prior to beginning your dental work.

Travel

Traveling during your pregnancy is generally considered safe during the first and second trimester for women with uncomplicated pregnancies. We generally do not recommend traveling more than a few hours away after 35 weeks gestation. If you are planning to travel, please let us know so we can make proper assessments and recommendations. Drink plenty of water to help avoid bladder infections and walk around for a few minutes at least every 2-3 hours to help prevent blood clots. If you are flying, please be aware that the change in barometric pressure with landing can cause contractions that occur intermittently for a couple of hours. These are not usually labor contractions, but stay hydrated, allow others to haul your luggage and rest when you get to your destination. If the cramps or contractions do not go away after a few hours rest, please call us.

Warning Signs

Most pregnancies are healthy and uncomplicated. The following are symptoms that require attention and a call to our office:

1. Temperature above 101 degrees that has not be relieved with hydration and Tylenol
2. Vomiting or diarrhea that persists longer than 24 hours
3. Fainting on more than one occasion
4. Leaking amniotic fluid
5. Contractions or rhythmic cramping more frequent than every 10 mins prior to 36 weeks gestation. First hydrate and rest and if cramping persists longer than two hours, please call us.
6. Vaginal bleeding. Spotting lightly (requiring panty liner or less) is normal after intercourse, a cervical exam or as labor begins. If it is not related to these events, or is heavy, please notify us.
7. Signs of pre eclampsia:

- Sudden or severe swelling of hands, lower legs and/or face
 - Sudden or severe headache, unrelieved with rest, hydration and Tylenol (acetaminophen).
 - Blurred vision or other visual disturbances
 - Persistent and sudden upper right abdominal pain unrelated to the baby's movements
 - Generally feeling sick or "toxic"
8. Lack of fetal movement during the baby's *active* time
- By 28 weeks most babies have established fairly predictable periods of rest and activity. Most babies are awake at their mother's bedtime and sleep quietly for stretches of several hours at a time.
 - If your baby has not been active for most of the day (after 28 weeks), rest and pay attention to the movements. Please call us if your baby is not moving (flutters, rolls and gentle movements count) at least 10 times in 2 hours at his/her usual active time.

Preparing for Delivery

1. **Childbirth Classes:** Labor can be one of the most powerful experiences you will ever encounter. It can be empowering or overwhelming. To help make it a positive event, we require all first time parents to take a prepared childbirth class. There is no single best method to prepare you for to labor but knowledge is power. Removing the mystery and feeling confident about this normal process can create a better birth experience. Select a method of teaching that best suites your philosophy and schedule. We recommend that you start investigating options around twenty weeks (5 months) and plan to complete a series around 36 weeks. Sign up early (many classes are full two months before they start) but don't attend classes too early in your pregnancy. You may consider the following types of classes.

1. **Lamaze:** The mission of Lamaze International is to “promote, support and protect natural, safe and healthy birth through education and advocacy through the dedicated efforts of professional childbirth educators, providers and parents.” Lamaze holds to six Healthy Birth Practices:

- Let labor begin on its own,
- Walk, move around and change positions throughout labor,
- Bring a loved one, friend, or doula for continual support,
- Avoid interventions that are not medically necessary,
- Avoid giving birth on your back and follow your body's urge to push,
- Keep mother and baby together – It's best for mother, baby and breastfeeding

Lamaze class are offered at St. David's North Austin Medical Center for \$80 and include a tour of The Women's Center. Additional hospital based classes include breastfeeding, newborn care and infant CPR . To register call (512) 263-5588.

Free Lamaze classes are offered at **Any Baby Can**, 1121 East 7th Street, Austin, Texas. www.abcaus.org or (512) 454-3743. Any Baby Can also offers free classes for baby care, breastfeeding, safety and child development.

2. **Advanced Comfort Strategies for Labor:** This 2.5 hour hands-on workshop at St. David's Medical Center on 38th street, is designed for the expectant families who want to build on their natural pain management skills. Thought by a certified doula and childbirth educator, couples will learn tried and true strategies to manage pain including:

- Reviewing basic relaxation and breathing strategies
- Using visualization, meditation, vocalization and mantras
- Creating a peaceful environment for labor and birth
- Practicing positions that promote comfort and progress in labor
- Using massage, touch and acupressure
- Managing “back labor” and other challenges in labor
- Helping your support person feel confident and prepared

For schedule and registration call (512) 544-4226 or visit www.stdavids.com/sdmcclasses

3. **Bradley** (www.bradleybirth.com): The Bradley Method is a system of natural labor techniques in which a woman and her coach play an active part. It is a method of increasing self-awareness, teaching a woman how to deal with the stress of labor by tuning in to her own body. The Bradley Method encourages mothers to trust their bodies using natural breathing, relaxation, nutrition, exercise, and education. The basic goals of the Bradley Method are:
- Natural childbirth.
 - Active participation by the husband as coach.
 - Excellent nutrition (the foundation of a healthy pregnancy and baby).
 - Avoidance of drugs during pregnancy, birth, and breastfeeding, unless absolutely necessary.
 - Relaxation and NATURAL breathing - can be effective pain management techniques with training according to the National Institutes of Health.
 - "Tuning-in" to your own body and trusting the natural process.
 - Immediate and continuous contact with your new baby.
 - Breastfeeding, beginning at birth provides immunities and nutrition.
4. **Hypnobirthing** (www.hypnobirthing.com): The HypnoBirthing® method of childbirth education is as much a philosophy as it is a technique. It is a rewarding, relaxing, and stress-free method of birthing that teaches a mother, along with her birthing companion, the art and joy of experiencing birth in an easier, more comfortable, and often pain-free manner that most nearly mirrors nature. HypnoBirthing proponents subscribe to the belief that when a woman is given the proper preparation for childbirth, she and her birthing companion can experience a safe, serene, and satisfying birthing, free of the fear that causes tension and pain. When mind and body are in harmony, nature is free to function in the same well-designed manner that it does with all other creatures.
5. **Birthing From Within** (www.birthingfromwithin.com): This method of preparation offers a soulful and holistic approach to birth preparation that integrates intuitive and acquired knowledge. The primary principles are:
- Childbirth is a profound rite of passage, not a medical event, even when medical care is part of the birth.
 - The essence of childbirth preparation is self-discovery, not assimilating obstetric information.
 - Parents' individual needs and differences determine class content.
 - Active, creative self-expression is critical to childbirth preparation.
 - The purpose of childbirth preparation is to prepare mothers to give birth-in-awareness, not to achieve a specific birth outcome.
 - Pregnancy and birth outcome are influenced by a variety of factors, but can't be controlled by planning.
 - In order to help parents mobilize their coping resources, it is critical for childbirth classes to acknowledge that unexpected, unwelcome events may happen during labor.
 - Parents deserve support for any birth option which might be right for them (whether it be drugs, cesarean, home birth, or bottle-feeding).
 - Pain is an inevitable part of childbirth, yet much can be done to ease suffering.
 - Pain-coping practices work best when integrated into daily life, rather than "dusted off" for labor.

- Fathers and birth partners help best as birth guardians or loving partners, not as coaches; they also need support.
2. **Pediatrician:** Please select a pediatrician by the last month of your pregnancy. The best resources can be your friends whose parenting styles you respect. The pediatrician you select does not need to come to North Austin Medical Center. There is team of wonderful doctors who will help take care of your newborn during your hospital stay. Most pediatric offices offer an opportunity to meet their staff prior to your baby being born. Do not assume they are accepting new clients. Call *before* your baby is born to establish a relationship.
 3. **Preregistration:** Expectant mothers can save time and preregister at St David's North Austin Medical Center by visiting StDavids.com/register. A link is also provided via our website, obgynnorth.com. Preregistration is ideally done anytime from 20-36 weeks gestation.
 4. **Hospital Tour:** Taking a tour of the Women's Center at North Austin Medical Center is highly recommended if this will be your first birth there. Being familiar with the environment can help alleviate anxiety and finding your way around *before* labor starts makes the check-in process less stressful. Tours last approximately 40mins and are offered every Saturday at 10:00 a.m., 12:00 p.m. and 2:00pm. To register for a tour, please call (512) 901-6264.
 5. **Doula:** You have the option of hiring a doula for additional labor support. A doula is a trained labor support person (not a medical professional) who provides continuous physical, emotional and informational support during labor. A doula does not replace the labor partner but provides experienced guidance and an additional set of hands. Post partum doulas are available to provide support at home in the early weeks after your baby arrives. A list of over 50 local doulas can be found at www.centexdoulas.org.
 6. **Circumcision:** If you are having a son, you will need to decide if you want him circumcised. Some of the physicians at OBGYN North offer this service and your son may be circumcised before you leave the hospital or in our office in the early weeks after his birth.
 7. **Cord Blood Banking:** If you are considering donating or saving your baby's stem cells or tissue from the umbilical cord, arrangements need to be made before labor begins. Screening and registration can take a few weeks so we recommend contacting the company of your choice prior to 35 weeks gestation.

Cord blood stem cells have been used to treat some metabolic disorders, cancer and blood disorders. Promising research suggests stem cells may be used to treat immune disorders, brain injury, hearing loss, juvenile diabetes and spinal cord injuries. State law requires information be available to expectant parents. Their brochure is available

on line at: <http://www.dshs.state.tx.us/mch/#Umbilical2>. We are happy to provide a published version upon request. The State suggest the following resources:

National Marrow Donor Program-**Lists of hospitals that accept cord blood donations.**

Phone: 1-800-627-7692

Web Address: www.marrow.org

Parent's Guide to Cord Blood Banks-**Information** for parents on cord blood banking, and lists private and public cord blood banks.

Web Address: www.ParentsGuideCordBlood.com

South Texas Blood & Tissue Center-Information on the process and benefits of cord **blood banking and donation.**

Phone: 1-800-292-5534

Web Address: www.bloodntissue.org/texascordbloodbank

We do not recommend any one company and encourage you to explore your options. This may not be an all-inclusive list. Please visit their websites for information, pricing and current discounts.

- Cord Blood Registry (CBR)
- Cryo-Cell International
- ViaCord
- StemCyte
- CorCell
- Lifebank USA
- Family Cord Blood Services
- Stembanc

8. See our website additional information including herbs and methods for **cervical ripening**, methods of **inducing labor** and a **sample birth plan**.

www.obgynorth.com. On the left side, click "Patient Education", then "Childbirth Preparation".

Labor at the hospital and birth

At the hospital...

1. After you speak to us on the phone, WE will call the hospital and notify the nursing staff that you will be arriving. We will meet you in Labor and Delivery.
2. The nurses will monitor the baby's heart for 30 minutes and ask you questions about your health history and labor.
3. We will likely examine your cervix to assess labor progress. Once it is confirmed that labor is well under way, a saline lock (base of an IV) will be placed and your blood will be drawn.
4. We will likely encourage you to be out of bed, walking, showering, sitting on the birth ball etc. We generally do intermittent monitoring of the baby's heart beat for 5 minutes out of every 30 minutes. You are encouraged to bring a birth ball, music, essential oils or your own gown/clothes for comfort. Your own pillow may also provide great comfort.
5. We want you to drink liberally because you will not likely have IV hydration. You may bring whatever drinks you enjoy including both those with and without sugar to provide energy. Many women prefer not to eat during labor because they are either not hungry or are nauseated. If you are hungry during early labor, we encourage you to eat foods that are easily digested and not spicy or acidic.
6. We will likely not check your cervix again until you or your baby show signs of labor progression. We try to avoid exams after your water is broken due to risk of infection.
7. A nurse will assist you during labor and we will be in to check on you frequently (at least every two hours). We are available when you need us.
8. When you are ready to push, you will be free to try multiple positions to determine what works best for you. We are comfortable assisting mothers standing, squatting (squat bars available), hands-knees or side-lying. We will usually be with you the entire time you are pushing.
9. We can use warm compresses and olive oil to assist the stretching of your tissue to help decrease tearing. Episiotomies are rare and we allow time for your perineum to stretch. Occasionally an episiotomy is beneficial in an emergency.

When you give birth...

1. At each birth there are usually three healthcare professionals. A doctor or midwife from OBGYN North will be there with you. There will be two registered nurses; a nurse to take care of you as well as a nurse to care for your baby. You may have as many support people with you as you wish, but we encourage you to include only those who are supportive of your birth preferences and will offer encouragement, not bring stress. If you want to have a young child in the room, you need to have a specified support person for the child so they can leave the room together if the child finds the birth too intense.
2. Immediately after delivery your baby will be placed on your abdomen and dried off. We prefer to leave the umbilical cord attached until it stops pulsating, usually one to five minutes after delivery. If you are collecting your baby's stem cells for banking,

we need to cut the cord while it is still pulsing to obtain an adequate volume of cord blood.

3. Your baby will be assessed while resting on your chest or abdomen unless intervention is needed to help your baby make the transition to breathing for himself.
4. We assess your individual situation to determine if Pitocin would be beneficial after delivery to assist with decreasing vaginal bleeding.

After delivery...

1. You and your baby will remain in your labor room for 1-2 hours for recovery and evaluation. The nurse will check your vital signs and bleeding frequently. The baby will be quickly weighed in the room and the nurse will help you with breastfeeding.
2. When you are ready to go to the postpartum room, your partner and baby usually go to the nursery for a full physical exam and bath. You may accompany your partner if you choose. Most women settle in their postpartum room and entrust their partner with these responsibilities. The vitamin K injection and erythromycin eye ointment are hospital and state standards respectively and must be given in the first two hours of life. You may decline both if you are strongly opposed. Hepatitis B vaccination is optional for your newborn during the hospital stay. It can be declined or delayed.
3. Because your placenta is an organ, Texas law requires the hospital to properly dispose of it. If you want to keep it, you must get a court order before labor starts. Please see our website for a detailed description of how this is accomplished.
4. The standard hospital stay is two days after delivery. If you prefer to leave sooner than 36 hours, you should make arrangements with your pediatrician in advance as it is the baby's discharge that generally causes the delay.
5. Following birth, we see you in the office six weeks after your delivery.

Postpartum Care

One of our providers will see you each day you are in the hospital. We ask you to return to our office six weeks after your baby is born, or sooner for certain circumstances. At this time we will discuss contraceptive options for those who desire it.

If you have a son and it is your desire to have him circumcised, it may be done by one of our doctors while you are in the hospital, or in our office during the following weeks.

Two to Six Weeks Postpartum

1. **Exercise:** You may start gentle walking for exercise at two weeks postpartum. Take the baby in a sling or stroller and enjoy some fresh air. Wait until 6 weeks post partum to start an exercise program such as running, biking, weights, swimming, or yoga. Pilates is excellent for restoring the vaginal tone and preventing incontinence.
2. **Intercourse:** We recommend waiting until after your 6 week postpartum visit to resume intercourse. We will make sure your body is healed and discuss contraception with you. When breastfeeding, it may help you to feel more lubricated to use a nice oil for your skin like coconut oil or a lubricant such as Astroglide or KY Liquid.
3. **Read the section on Post Partum Depression.** Isolation and sleep deprivation can increase the likelihood of depression. Seek out other parents with children to socialize with, look for playgroups, postpartum exercise/yoga classes, or La Leche League meetings. Austin has a lot of parents eager to network in person or email groups. Call our office if depression becomes an issue.
4. **Sleep deprivation can be fatiguing over weeks.** Breastfeeding moms usually need a daily naps for several months. Recharge yourself with rest, having your partner and family/friends care for the baby at times in the early weeks of motherhood.

Postpartum Depression

Having a new baby is a major event. Although it is often a joyful period, there may be times when it is not. These are some tips to help you understand feelings of sadness and when you should ask for help.

Maternity Blues/Baby Blues

Most women will have short periods of mood swings, tearfulness, or irritability during the first weeks after birth, which can be worse when you are tired or anxious. This is a normal adjustment to new parenthood. If you are not sleeping, or you are becoming increasingly upset, you should call our office.

Postpartum Depression

About 1 of every 10 women will develop serious depression during the first year after birth, more often in the first few months. Having any of the symptoms below doesn't mean that a woman is weak or a failure as a mother. Mothering is a learning process with each child. If you have several of these symptoms that persist or recur, please call our office.

- Feelings of panic
- Loss of appetite
- Fear that you will hurt yourself or your baby
- Feeling guilty
- Feelings of anxiousness and insecurity
- Feeling overwhelmed
- Crying daily
- Feeling like you are not normal or real anymore
- Difficulty sleeping—you can't sleep, even when the baby is sleeping
- Angry; feeling like you might explode
- Feeling lonely
- Can't make decisions
- Inability to concentrate or focus
- Thinking the baby might be better off without you

Postpartum Psychosis

A small number of women will experience a more severe postpartum reaction in which they lose touch with reality. Women who develop postpartum psychosis may hear or see things that are not there, or exhibit strange and sometimes dangerous behavior. **This is a true emergency and requires immediate help.**

Who Will Become Depressed After Childbirth?

Postpartum depression affects women from all walks of life. The cause is probably a combination of factors, including hormone changes that occur after birth, which can affect how the brain functions. Women with a history of depression, even times of just "feeling low," a family history of depression, or stressful life events are more likely to develop postpartum depression. Childbirth is a major life event, and it can trigger reactions to past trauma. If you think that any of these risks apply to you, talk with your healthcare providers *before* your labor and birth.

More Information

- We are here to help. Please call our office if you are experiencing postpartum depression. (512) 425-3825.
- Pregnancy and Postpartum Healthy Alliance of Texas is accessible 24 hours a day and connects women with healthcare providers who can assist them.
Info@PPHATX.org.
- Depression After Delivery, Inc. 91 East Somerset Street Raritan, NJ 08869 1-800-944-4773 (4PPD) www.depressionafterdelivery.com
- Postpartum Support International 927 N. Kellogg Ave. Santa Barbara, CA 93111
CALL: (805)967-7636 FAX: (805)967-0608 www.postpartum.net
- American College of Nurse-Midwives www.midwife.org/focus

SAMPLE BIRTH PLAN

It is our desire to have a natural, non-medicated, intervention-free childbirth .

It is our desire to have epidural anesthesia.

We understand the need to be flexible. Our goal is to have a safe, healthy birth. Thank you for informing us of all changes in mother or baby's condition that would warrant any intervention or cause a change in our plans. We desire to be as involved in the decision-making process as possible.

We request that we be notified of any visitor prior to allowing them into the labor room.

I prefer to walk, change positions, have access to my birthing ball and shower as desired.

I prefer to remain in bed to rest and conserve my energy.

I prefer a saline lock, take oral fluids, and only have an IV if necessary.

I prefer to have an IV for hydration.

I prefer intermittent fetal monitoring, only continuous monitoring if necessary.

I prefer continuous fetal monitoring, hearing the baby's heartbeat is comforting.

I prefer not to be questioned regarding the pain scale. If I feel the need for drugs, I will ask.

I would like a mirror available if I choose to view the birth.

I would like to be given the option of touching my baby's head as s/he crowns.

My partner would like the option of cutting the baby's cord after pulsating stops.

My partner would like the option of helping with the baby's birth, if possible.

We plan to bank our cord blood, we will bring the kit. plan to donate cord blood

I prefer to avoid an episiotomy: warm compresses, olive oil, and slow delivery if possible.

After the birth, if possible, I prefer:

Baby placed skin-to-skin Clean baby prior to placing in my arms

Breastfeed as soon as possible I need time to recover, breastfeed later

I decline Pacifier, formula or sugar water for baby

Yes No Hepatitis B injection. Yes No If baby is a boy, plan circumcision