

BEACON OBSTERICS AND GYNECOLOGY

Personalized care for women of all ages



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INTRODUCTION

Congratulations on your pregnancy & Welcome to Beacon Ob/Gyn!

We are delighted that you have chosen us to be a partner in your care. We look forward to supporting and helping you through your pregnancy and the birth of your baby.

As your body changes and your baby develops over the months ahead, you may have many questions. We ask that you read over this booklet which contains answers to many common questions.

Please don't hesitate to bring up any questions or concerns that that you may have during one of your office visits. Urgent concerns may be addressed by calling our office at 423-778-9500. During the day a nurse will call you back as soon as they are able. At night our answering service will pass the message to the doctor on call and they will call you back as soon as they are able, usually within 15 minutes.

Our goal is for you to have an enjoyable and rewarding experience during this amazing journey. We are here to help!

Welcome again to Beacon Ob/Gyn!

As this miraculous process develops within your body there are changes that could concern you. The following are some of the most common pregnancy-related symptoms you could experience and their significance:

Bleeding:

This is the most important problem to address in the first few weeks of pregnancy. Between 15 and 25% of all women who are pregnant may experience some degree of spotting or bleeding in the first few weeks of pregnancy. If an ultrasound has confirmed a fetus with a heartbeat in your uterus, the risk of miscarriage is about 3-5%. Provided bleeding is not heavy, we may ask you to come in for an ultrasound evaluation and possibly obtain blood hormone levels. If bleeding is very heavy we may ask you to go to the emergency room. At night, if there is spotting only and you are not experiencing pain, you may wait until morning to call us. If bleeding is recent, and your blood type requires it, we will administer an injection of Rhogam, a medicine that prevents development of maternal antibodies that could harm this or a future pregnancy.

Pain:

Some cramping during early pregnancy is quite normal. We call this cramping "Growing Pain" or round ligament pain. Cramping without bleeding does not mean you are going to have a miscarriage. Severe cramping and pain, however, should prompt you to contact us.

Fatigue:

Extreme fatigue is one of the most common symptoms you may experience. Nap if you can and try to get adequate amounts of sleep at night. The symptoms usually improve after 14 weeks.

Nausea & Vomiting:

Also, very common but improves or resolves by 14 weeks. Sometimes it may persist longer. Things to try include: eating small snacks throughout the day, eating dry bread or crackers especially first thing in the morning, sipping on ginger ale or other clear sodas and avoiding foods that make the sensation of nausea worse. Motion sickness wristbands (Sea Bands) can also help. We can prescribe medications that are safe in pregnancy to aid with nausea if necessary.

Constipation:

Hormones produced in higher levels in pregnancy may cause the intestines to "relax", slow down and cause bloating and constipation. To combat constipation, drink plenty of fluids, eat foods high in fiber such as fruits, vegetables and bran cereals. Over the counter stool softeners such as Colace can be taken twice daily. Laxatives such as MiraLAX or Milk of Magnesia work as well.

YOUR FIRST VISIT

Your physician or midwife will discuss your pregnancy and answer any specific questions. Your Due date will be determined. You will have a physical exam and usually an initial ultrasound. Prenatal labs will be done to check your blood type, blood count, and for infections such as syphilis, HIV, Rubella, gonorrhea, and chlamydia. Optional testing for genetic disorders will also be discussed. Other lab work includes testing for gestational diabetes and anemia at 28 weeks and for Group B strep at 36 weeks.

Follow-up visits are usually every 4 weeks until 28 weeks, then every 2 weeks until 36 weeks and then weekly until your delivery date. A high-risk pregnancy may require more visits.

PRENATAL VITAMINS

A daily prenatal vitamin is recommended since the daily requirements for certain nutrients increases during pregnancy. A prenatal vitamin can help fill in dietary gaps. While all nutrients are important the following six are key to your baby's growth and development. 1) folic acid, 2) iron, 3)calcium, 4)vitamin D, 5) DHA and 6) iodine. Over the counter or prescription vitamins are fine. If nausea prevents you from taking a prenatal vitamin early in pregnancy, at minimum, take a daily dose of 800 mcg folic acid or you could try taking 2 children's chewable vitamins daily.

ULTRASOUNDS

While your insurance may only cover the anatomy scan performed at 19-20 weeks, we will give you an initial ultrasound early in your pregnancy (usually at your first visit) to confirm your due date. Additional ultrasounds are based on medical necessity.

PERINATOLOGIST

High risk pregnancies are sometimes referred to perinatal physicians for consultation and co-management. You will still be delivered by us.

PRE-REGISTRATION

At your first visit you will be given a packet that includes the Erlanger Registration forms. Fill out the paperwork with your personal and insurance information before turning it in to the Information Desk in the Lobby of Erlanger East. This registers you at both Erlanger East and Erlanger Hospital downtown.

COMMON QUESTIONS

WHO DO I CALL FOR A PROBLEM?

We are always available. Always call the office number 423-778-9500. If you call during the day, a nurse will relay your message to the provider. Calls at night automatically route to the answering service who contacts the provider on call. We ask that you reserve night and weekend calls for emergencies only. We always try to call back within 15 minutes. If we do not, please call again. Always call BEFORE going to the hospital so we can best advise you where to go.

WHERE WILL I DELIVER?

We deliver at Erlanger East and Erlanger Baroness (downtown) Hospitals. We generally let you decide at which hospital you would like to deliver, but ask that you be a little flexible. (A doctor may already be at one location and ask that you come there.) Pregnancies in labor prior to 35 weeks or with certain high-risk complications may need to deliver at Erlanger Hospital Downtown.

WHO WILL DELIVER ME?

We always try to deliver our own patients but if we are not available, it will be one of our partners.

WHAT FOODS SHOULD I AVOID IN PREGNANCY?

NO alcohol

Unpasteurized dairy---milk and soft cheeses---to avoid exposure to the bacteria Listeria that can lead to miscarriages, stillbirth and preterm delivery

Raw or undercooked eggs, meats or seafood (no sushi or smoked seafood)

Do not eat fish with high mercury content: shark, swordfish, king mackerel, marlin, orange roughy, or tilefish. (Safe seafoods low in mercury include, catfish, crab, flounder, halibut, lobster, salmon, scallop, shrimp, tilapia, trout, whitefish)

Limit white (albacore) tuna to 6 ounces a week. You also should check advisories for fish caught in local waters.

Uncooked/Unheated hot dogs, deli/luncheon meats.

Limit caffeine to a maximum of 2-3 beverages per day

Limit artificial sweeteners

WHAT CAN I DO FOR NAUSEA?

Nausea and vomiting affect as many as 70% of pregnant women. Vitamin B6 with or without doxylamine (Unisom sleep tabs) is a first-line therapy. Other remedies include ginger ale or ginger tea since ginger has anti-nausea properties. The sugar and carbonation in sodas like Sprite or colas may also help. Seabands work by acupressure for many pregnant women to reduce their nausea. For most pregnant women the nausea resolves around 12-14 weeks.

HOW MUCH WEIGHT SHOULD I GAIN?

Ideal weight gain during pregnancy depends on one's pre-pregnancy weight. In general, the ideal weight gain is about 25-35 pounds. A woman who is underweight pre-pregnancy may need to gain 35-40 pounds while one who is overweight may need to gain only 15-25 pounds.

An obese patient should try to limit weight gain to 11-20 pounds. During pregnancy you need only an additional 300 calories per day.

CAN I EXERCISE?

You can and should exercise during pregnancy unless your provider tells you otherwise. The benefits include decreased backaches, constipation, bloating, and swelling. It also decreases the risk of gestational diabetes and promotes muscle tone, strength and endurance. Increased energy, mood, posture and sleep are also benefits. If you have not been exercising prior to the pregnancy, start by exercising for 5 minutes and increase by 5 minute intervals every week until you reach 30 minutes. After 20 weeks do not exercise on your back. Safe exercises include aerobics, stationary cycling, walking, jogging, running, swimming and strength training. Limit lifting to 30 pounds. Unsafe exercises include contact sports, gymnastics, horseback riding, racquet sports, scuba diving, and skiing. You should also always be able to speak without gasping while exercising or you need to decrease your level of intensity. Stop exercising and contact us if you experience chest pain, decreased fetal movement, dizziness leakage of fluid from the vagina, uterine contractions or vaginal bleeding.

CAN I SLEEP ON MY BACK?

Yes, until around 20 weeks when the uterus and baby are large enough to press on the vena cava (main vein carrying blood from the lower body back to the heart) and the intestines. This pressure can decrease blood flow to the uterus, thus decreasing oxygen and nutrients to your baby. This pressure can also increase risk for hemorrhoids, poor digestion, and possibly cause low blood pressure and make you dizzy. It won't hurt your baby if you discover yourself on your back once in a while. It is best to try to sleep on your side or with a least a one-inch tilt (such as placing a pillow under one hip)

CAN I COLOR MY HAIR?

Yes. Although it is safest to avoid exposure to unnecessary chemicals during the first 12 weeks of pregnancy, no data has shown fetal problems with use of hair dyes or peroxides.

CAN I USE TANNING LOTIONS OR TANNING BEDS?

Yes, tanning lotions are fine but avoid tanning beds during pregnancy. Always remember to use sunscreen.

DOES SMOKING TOBACCO OR MARIJUANA REALLY HURT MY BABY?

Absolutely! Every puff taken by a pregnant woman can put the pregnancy at risk for miscarriage, bleeding, stillbirth, pre-term delivery and growth restriction. After birth, if someone in the household smokes, you raise the chance your child may develop asthma or sudden infant death syndrome.

Marijuana smoke has some of the same chemicals as in tobacco. So it, too, can lead to developmental problems in the baby. Some research has shown that children exposed to marijuana during pregnancy may have attention or learning difficulties.

CAN I TRAVEL?

Yes, assuming no major complications with your pregnancy. The safest time to travel is during the second trimester (14-28 weeks). You can fly internationally until 28 weeks and domestically until 36 weeks. You may obtain a copy of your prenatal records to carry with you if you travel after 24 weeks. We prefer no long-distance travel after 34 weeks. When traveling by car, take 10-15 minute stretch breaks every 2 hours and ALWAYS wear your seatbelt.

WHAT SHOULD WE DO ABOUT OUR CATS?

Cats that are “hunters” may carry a parasite called *Toxoplasma gondii*. Indoor cats are less like to carry this disease-causing organism. Let someone else change and clean the cat litter box. If you must change it yourself, wear gloves and wash your hands with soap and water afterwards. Changing the box daily can also help since the toxoplasma parasite does not become infectious for 1-5 days. If you garden, you should wear gardening gloves since the dirt could be contaminated by cat feces from strays or neighborhood cats. Wash your hands with soap and water after gardening.

CAN I HAVE SEX DURING PREGNANCY?

Yes, unless we advise you not to, it is safe to have sex throughout pregnancy until labor or your water breaks.

CAN I USE A HOT TUB DURING PREGNANCY?

No. Prolonged exposure to elevated temperatures should be avoided.

CAN I GET A MASSAGE?

Yes. Use someone who works with pregnant clients.

SHOULD I GET VACCINATED FOR THE FLU?

Yes. The influenza vaccine is recommended for all pregnant women during flu season, regardless of their gestational age.

SHOULD I GET VACCINATED FOR WHOOPING COUGH?

Yes, the Tdap vaccine is recommended for pregnant women ideally from 27-36 weeks to provide the highest level of maternal antibodies for the baby. This likely will provide protection against the whooping cough in early life.

CAN I SEE MY DENTIST?

Yes. Dental hygiene is important in pregnancy. Women should continue to brush and floss. Cavities and gum disease may be associated with a risk of preterm delivery. X-rays can be taken with shielding of the abdomen and thyroid. Lidocaine can safely be used in pregnancy should a local anesthetic be needed. We can provide a letter for your dentist detailing safe medications.

MY CERVIX WAS CHECKED AND NOW I'M BLEEDING IS THAT DANGEROUS?

Not usually. When we examine your cervix starting at 36 weeks bleeding may result. Typically it should consist of mainly spotting and not last longer than a day and a half. If the bleeding is heavy like a period or persists longer than expected, please notify us immediately so we can evaluate the source of bleeding.

MEDICATIONS (over the Counter)

| | | |
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| <u>ALLERGIES</u> Actifed Benadryl Claritin Sudafed Zyrtec | <u>FEVER BLISTER</u> Abreva Blister | <u>PAIN</u> Tylenol (any) |
| <u>COLD</u> Coricidin Dimetapp Thera-flu Triaminic | <u>GAS</u> Bean-O Gas-X Mylicon | <u>SORE THROAT</u> Cepacol Chloraseptic |
| <u>CONSTIPATION</u> Stool Softeners: Colace Citrucel Fibercon Metamucil Laxatives: Milk of Magnesia MiraLAX Magnesium Citrate | <u>HEARTBURN</u> Tums Maalox Mylanta Nexium Pepcid Zantac | <u>RASH</u> Aveeno Soothing Bath Treatment (oatmeal) Caladryl Clear Lotion Hydrocortisone 1% (cream or ointment) |
| <u>COUGH</u> Robitussin (any) Vick's (any) | <u>HEMMORRHOIDS</u> Anusol Preparation H Tucks Pads | <u>YEAST</u> Gyne-Lotrimin Monistat Vagistat |
| <u>DIARRHEA</u> Immodium AD Kaopectate | <u>Insomnia</u> Benadryl Tylenol PM Unison | |
| <u>FEVER</u> (Call if > 101° F) Tylenol | <u>NAUSEA</u> Dramamine Emetrol Meclizine Seabands Vitamin B6 + unisom | |

DO NOT TAKE: Aspirin, Advil, Aleve, Ibuprofen, Motrin, or Naproxen during pregnancy unless specifically instructed to do so by your provider.

If any of the above remedies do not help within 2-3 days or if you have concerns about your symptoms, call the office at 423-778-9500.