

INITIAL OBSTETRICAL PATIENT HANDOUT

Salida Family Medicine
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Congratulations on your pregnancy! You are beginning one of the most exciting and important times of your life. Your body is going to undergo many great changes; your emotions will also undergo changes. The more you understand about your pregnancy, the more you will be able to enjoy this remarkable experience. It is our privilege to be involved with the birth of your baby.

The purposes of the handouts you have received are to give you our ideas and recommendations throughout the stages of your pregnancy. Each handout will hopefully answer many questions you may have. We ask that you read each carefully and completely prior to your first appointment. Please feel free to call if you have questions – or ask at your next visit if not urgent.

OUR PHILOSOPHY

Pregnancy is a normal, natural occurrence and we like to treat it as such. The suggestions that we may make are to keep you and your baby as healthy as possible. We welcome any and all questions you may have regarding your pregnancy. We want this to be an exciting and happy experience with as little anxiety and nervousness as possible.

PRENATAL CARE

We recommend that you see your provider regularly through your pregnancy for prenatal care. If possible, you may begin prenatal care in your 1st trimester; but regardless, it should be started as soon as possible. The following schedule is our general recommendation for OB visits:

- Once per month until the 28th week (3rd trimester)
- Every two weeks until the 36th week
- Weekly until delivery

You can complete the history questionnaire and OB forms located on our website prior to your first appointment. If this is not possible, you can complete them at your first prenatal visit. Routine blood and urine tests are typically ordered at the first visit as well. It is routine to test all pregnant women for HIV, blood type, Hepatitis B, Syphilis, gonorrhea, Chlamydia, and rubella immunity. We will also discuss opportunities to pursue genetic screening at your first visit.

At subsequent visits, we will closely monitor various indicators of your health and your baby's health, including the baby's growth, position and heartbeat, and maternal factors including weight, blood pressure, and urine. We will help you arrange an ultrasound in your first trimester to confirm your delivery date, as well as an ultrasound between 18-22 weeks to check on the baby's growth and anatomy. Toward the end of your pregnancy, the increased frequency of visits also allows us time to prepare for labor, delivery and beyond. We encourage you to bring your family to these visits.

ON CALL AND COVERAGE SYSTEM

Once you have established care with your OB provider, it is our goal that you are able to see this provider throughout your pregnancy. Your provider will do his or her best to be available when you deliver, but occasionally due to scheduled vacation/out of town trips or illness, this may not be possible. In that instance, one of our partners will take care of you and your baby during delivery.

If you have a question or concern during normal business hours, please call our office at (719) 539-3583. If after business hours, you may still call this number, and the provider on call can help you. Or, you may call the hospital OB dept at (719) 530-2277 and they will direct you to the provider on call.

OUR RECOMMENDATIONS

DIET AND NUTRITION

One general rule: You should eat the right foods in adequate amounts but avoid "junk" foods and food high in calories that can cause you to gain needless weight. Certain foods may cause an upset stomach during pregnancy and this is normal. You may find that it is helpful if you are experiencing nausea early in your pregnancy to eat smaller, more frequent meals.

A balanced diet is recommended, consisting of carbohydrates (bread, rice, pasta), meat/fish/other protein sources (beans, nuts, eggs), fruit, vegetables and dairy (milk, yogurt, cheese).

- Consume only meats, fish and poultry (including eggs) that are fully cooked.
- Avoid processed/deli meats, hot dogs, soft cheeses, smoked seafood, meat spreads, pate, and processed hummus due to the risk of infection associated with them.
- Avoid eating shark, swordfish, king mackerel or tile fish due to high levels of mercury. Two average meals of fish per week is ok.

VITAMINS

A well-balanced diet provides most nutrients that are required during pregnancy and breastfeeding. However, a select few (iron, calcium, and folic acid) are needed in supplement form, and if you have a restrictive diet, this list could be longer. We recommend taking a prenatal vitamin before conception (if possible), or as soon as you learn you are pregnant. This should be continued into the postpartum period while you are breastfeeding. If you choose to purchase your own vitamins, please follow these guidelines:

- 1,000-1,200 mg of calcium per day
- 30 mg of iron per day
- 400-800 mcg of folic acid per day

You may also consider taking omega-3 fatty acids (often in the form of DHA in prenatal vitamins), though definitive benefits have not been discovered yet. Possible benefits include reduced cortisol levels in the mother and baby, positive effects on fetal brain and retina development, and positive effects on language, visual, and motor development by 3 years of age.

WEIGHT GAIN

Gaining weight during pregnancy is of course expected, but the amount of weight gain can depend on your initial weight. The recommended weight gain for someone of average weight is 25 to 35 pounds. If you are underweight at the beginning of your pregnancy, you will probably gain a little more weight. If you are overweight, then you will not gain as much weight. We will advise you individually regarding your weight gain. An important point to remember is that pregnancy is never a good time to lose weight.

On average, women typically gain about 1 to 5 pounds during the first 3 months pregnancy, 5-10 pounds during the 2nd trimester (until 28 weeks), then about 1 pound per week throughout the remainder of pregnancy.

Here is an example of how the weight would be distributed for average weight gain:

- Baby – 7-8 pounds
- Placenta 1-2 pounds
- Uterine hypertrophy 2 pounds
- Fat stores 6-8 pounds
- Amniotic fluid 2 pounds
- Blood volume 3-4 pounds
- Breast enlargement 1-3 pounds
- Body fluid 2-3 pounds

After delivery, most women with proper exercise and diet return to their pre-pregnancy weight within three to six months. If you breastfeed, you may lose weight more quickly.

MEDICATIONS

You should take only those medications and vitamins prescribed or recommended by your provider. This is particularly important during the first twelve weeks of pregnancy in which the baby is undergoing crucial development. If you have any questions about this very important subject, please don't hesitate to ask. See the attached sheet regarding medications we know to be safe during pregnancy. Remember, if you take medications, smoke or use drugs or alcohol, so does the baby.

ALCOHOL

Women who drink alcohol excessively during pregnancy, either continuously or binge drinking, have an increased risk of having babies with fetal alcohol syndrome. These babies often have mental retardation and various abnormalities of facial appearance. We do not know how much alcohol is safe for pregnancy, though we do know that increased amounts are more risky for the baby. The safest approach is to avoid alcohol altogether. Alcohol is the third leading cause of birth defects in our country.

TOBACCO AND MARIJUANA

Tobacco use during pregnancy has been shown to be linked with a number of medical issues in pregnancy, including babies born with a low birth weight and preterm birth. We can help you quit as soon as possible to prevent these negative outcomes.

Studies have shown that cannabis preparation (marijuana, hashish or THC) causes birth defects in animals – but there is no definite information about its effects on human infants. Some studies indicate that marijuana exposure may affect neurological developmental outcome, and may have a negative impact on intellectual development after birth. The drug does cross the placenta to the infant and also is transferred into breast milk. To be safe, you should avoid the use of these drugs during pregnancy.

CAFFEINE

Similar to other drugs, your baby is exposed to caffeine when you are. We know that it can increase a baby's heart rate and blood pressure, and long term changes could lead to health issues with the baby, such as preterm birth. We recommend limiting caffeine to 200-300mg per day at the maximum. Don't forget that caffeine is present in many foods and beverages including chocolate bars, colas, coffee, tea and some over the counter medication. For example, there is 31mg in a Hershey's dark chocolate bar, 40mg in a can of coke and 133mg in a cup of coffee. Decaffeinated varieties of beverages are good alternatives.

DEPRESSION AND STRESS

While many women experience emotional changes in pregnancy, depression is not normal. Unfortunately, depression is frequently undiagnosed, and we are striving to change this. We will screen you for depression periodically during pregnancy, as well postpartum. If you have symptoms that are concerning for depression in the interim, please don't hesitate to reach out to us. Untreated depression has been associated with pregnancy complications, which we can prevent with appropriate treatment.

Additionally, significant stress during pregnancy has been found to lead to preterm birth, low birthweight, and the development of mood disorders. Again, please reach out to us if you need help.

PETS

Cats and some food animals (pigs, sheep and cattle) can harbor an organism that can cause toxoplasmosis which is a mild, usually harmless infection. However, an infected unborn infant risks damage to the brain and eyes. Since a cat's intestinal tract acts as the host site for this parasite, a pregnant woman should not handle the cat's litter box. Wash your hands after touching the cat or its belongings. Cook all meats thoroughly to avoid contracting the parasite through eating contaminated meat. Dog owners need not worry. Dogs are not hosts for this particular parasite.

HERPES AND OTHER STDs

If you have ever had a genital herpes infection, please let us know. An active herpes infection (which could be fairly asymptomatic) during pregnancy or delivery can have very serious consequences for your baby. If we know you are at risk, we can help prevent an active infection during delivery. Also, please let us know if you have ever had other STD's in the past, as this can help us to better monitor your pregnancy.

DENTAL CARE

Good dental care is important during pregnancy as it is more common to develop dental cavities. If able, try to have a dental check-up while you are pregnant. We advise avoiding x-rays if possible; but, if required your dentist will take appropriate precautions during the x-rays.

HOT TUBS/SPRINGS AND SAUNAS

Exposure to relatively high temperatures such as those in hot tubs or saunas is thought to possibly affect the development of your baby and should be avoided; however, warm baths are okay. Remember, if you are significantly overheating, your baby is too.

LAMAZE/BIRTHING CLASSES

We encourage all women, especially first time moms, to participate in a birthing or lamaze class. These can be invaluable in building confidence in the birthing process. A pamphlet of birthing class dates through the hospital (which are not lamaze classes) are included with the OB packet.

COMMON DISCOMFORTS

The first three months and the last few weeks are often the most difficult time of your pregnancy. These are also the times when your body is undergoing the greatest changes. In the first trimester, you may notice tiredness, nausea, vomiting, irritability, tender breasts and a change in your interest in sex. These are common and expected. There are conservative treatment measures that help and we will discuss these with you as they apply to you.

- Urinary frequency – This occurs when the growing uterus presses on the bladder – most noticeable in early and late pregnancy. This is uncomfortable but normal during pregnancy. Do not lower your fluid intake. Report any burning, itching or pain with urination to us as you may have an infection.
- Nausea and Vomiting -“Morning sickness” is not necessarily confined to the morning. Some experience it only at other times of the day. It usually disappears by the end of the 1st trimester, but may last longer. If this bothers you, try eating a few dry crackers, a piece of dry toast or some dry cereal before getting out of bed. Eating small meals four to five times a day is helpful, as keeping something in your stomach throughout the day helps relieve this feeling. Drink fluid between meals along with meals. Fried or spicy foods may make nausea worse. You may also try drinking plain hot tea and eating ginger-based foods (a natural anti-emetic). Be sure to inform us if your nausea and/or vomiting is severe or lasts a long time.
- Fatigue – During the first months of pregnancy, you may feel you can't get enough sleep. This is normal and is due to the added stress pregnancy places on your body and emotional state. Try taking an afternoon nap. If you have other children, rest when they do and pace yourself. Don't try to do too much at once. Do not take a sedative or sleeping pill without consulting us first.

WARNING SIGNS – WHAT TO REPORT TO YOUR PROVIDER

If any of the following symptoms appear, we want you to report these to your provider as soon as they occur – do not wait for your next appointment. In some cases, treatment may be in order to ward off trouble.

1. Any bright red bleeding from the vagina.
2. Continuous severe headache.
3. Persistent severe nausea or vomiting – several times in an hour.
4. Chills and fever over 100 degrees unaccompanied by a cold.
5. Swelling of face or hands or marked swelling of ankles and feet, particularly if it occurs suddenly. Slight swelling of your ankles and feet during the last few months in hot weather or after being on your feet for a long time is typical, but let us know at your next appointment.
6. Severe abdominal pains not relieved by changing position, having a bowel movement, etc.
7. Very frequent, painful or burning urination or blood in your urine.
8. A sudden decrease in the amount of urine passed – i.e. if you don't urinate for a day despite normal fluid intake.
9. Blurring of vision or spots before the eyes.
10. Leakage or gush of fluid from the vagina.
11. Strong, regular contractions more than 3 weeks before your due date.

Thank you for choosing us to be part of this special time in your life!

Dr. James Wigington

Dr. Ashley O'Hara

Dr. Vanna Irving