



Congratulations!

The staff at Woman's Health Centers would like to welcome you to our practice. We are honored that you have chosen us to participate in this exciting time in your life. We plan to provide you with competent and compassionate obstetrical care.

We are here for you.

We are committed to maintaining open communication and empowering our patients with the knowledge necessary to promote health and well-being.

Welcome!

At Woman's Health Centers, we feel that pregnancy is a normal, natural part of a woman's life. Most women go through pregnancy with minimal problems or discomforts, although there are no guarantees of comfort level! This booklet has been created for you to use as a guide and reference during your pregnancy. We hope that it will provide information and reassurance for typical questions, needs or concerns. Please spend a few minutes familiarizing yourself with its contents.



Our Practice:

Woman's Health Centers is a physician and midwife collaborative practice. What this means is that all of our providers work together to provide you with the best care possible.

A nurse midwife is a registered nurse who has a masters degree in nursing and specialized training in obstetrics and gynecology. For obstetrical patients, nurse midwives provide prenatal care and deliver babies. The physicians are always available for consultation or in case of emergencies.

You may choose to see a particular provider for your office visits, however, we do have a rotating delivery schedule. Your time of delivery may require that a provider other than your usual provider deliver your baby, and this provider will usually be a nurse midwife. However, if you develop complications during your pregnancy your care will be managed either by the physician only, or by the midwife in consultation with the physician. High risk obstetrical patients will be managed and delivered by the physician in most instances.

Finally, we welcome the involvement and participation of your significant others, family members or friends. We know this is a special time in your life that should be shared.

Pregnancy definitions:

First trimester	0-12 weeks
Second trimester	12-28 weeks
Third trimester	28-40 weeks
Term pregnancy	37-42 weeks
Due Date	the beginning of the 40th week

Schedule of prenatal visits:

- After the first visit, every 4 weeks until 28 weeks gestation
- From 28-36 weeks gestation, every 2 weeks
- From 36 weeks gestation until delivery, every week
- If you develop complications you may be seen more often

What testing to expect during visits:

FIRST PRENATAL VISIT

- Routine OB blood work including blood type and Rh factor, blood count, rubella immunity, hepatitis B status and HIV and syphilis screening; pap smear, gonorrhea and chlamydia screening, urine culture, optional cystic fibrosis carrier testing.

15-20 WEEKS

- Optional multiple marker screening to determine risk of specific chromosomal and neural tube defects

18-21 WEEKS

- Ultrasound for fetal anatomy

26-28 WEEKS

- Gestational diabetes and anemia screening, additionally, antibody screening and Rhogam injection if your blood type is negative

35-37 WEEKS

- Group Beta Strep testing



What to expect during routine visits:

- Weight measurements, blood pressure check and urine screening for glucose and protein.
- Uterine growth measurement by external palpation in earlier pregnancy and by tape in mid to late pregnancy.
- Fetal position by external palpation in late pregnancy.
- Fetal heart rate detection by external Doppler device
- Discussion of any questions or concerns from you, your significant others, or your provider

Types of appointments:

ROUTINE OB VISITS:

Your initial and routine OB visits should be scheduled with the provider of your choice. If your provider is unavailable, you may be asked to see another provider. Also, because of the nature of the call delivery schedule, you may want to schedule occasional visits to meet other providers.

PROBLEM VISITS:

Problem visits will be scheduled with your provider when possible, but may need to be scheduled with another provider depending on availability and urgency of the problem.

LAB VISITS:

Typically you will have necessary labs drawn at scheduled visits, however, occasionally you may need to make a separate visits.

NSTs:

An NST is a non-stress test used to monitor fetal well being in the third trimester, if necessary. This is typically done if you develop hypertension or diabetes, or have underlying health issues that require fetal monitoring, or if there is a decrease in your baby's normal activity pattern.

Common physical issues:

BLEEDING/SPOTTING:

- Before 12 weeks of pregnancy, bleeding or spotting can be normal in up to half of pregnancies. However, you should call during business hours to see if you need to be seen. If bleeding is heavy or associated with pain after hours, you should call the on call provider for guidance. Unfortunately, an expensive trip to the emergency room is not going to save a miscarrying pregnancy. Please call for advice before going to the hospital.
- After 12 weeks of pregnancy, spotting can be associated with recent intercourse or vaginal exam. However, if heavy, any bleeding should be called to the office or on call provider if after hours.

"MORNING" SICKNESS:

- For the first 12 weeks of pregnancy, some women experience problems with nausea and vomiting. Self helps include small, frequent meals with light snacks in between; peppermint or ginger candy; saltine crackers even prior to arising from bed in the morning; avoiding spicy, heavy or strong-smelling foods, and sticking with foods that seem to alleviate the nausea. For these women some weight loss during this time period is normal. Over the counter medicines include Vitamin B6 (not to exceed 150 mg daily) in divided doses, Emetrol, and Unisom. You will need to call if symptoms persist or you are unable to keep any food or liquids down.

CRAMPING:

- Mild menstrual cramping may occur normally in the first trimester of pregnancy due to uterine growth. This is not concerning unless associated with bleeding or severe pain.
- In the late second and early third trimester persistent cramping can be a sign of preterm labor or urinary tract or vaginal infection and should be reported to your provider.

VOMITING/DIARRHEA:

- Pregnant women can become ill with vomiting and/or diarrhea just like anyone. When experiencing these symptoms, avoid ingestion of food if it comes right back up. When feeling better start out with soft, bland foods such as bananas, rice, applesauce or toast. Treat diarrhea with Kaopectate or Immodium AD. Try to stay hydrated in either instance. Sip small amounts of water or lemon-lime soda, or suck on ice chips or popsicles. Call if symptoms persist despite avoidance of food and treatment for diarrhea, if symptoms persist for 24 hours, or if fever is present.

COLD/FLU:

- Try to stay hydrated with plenty of clear fluids and rest when possible. Try Chlor-Trimeton for nasal congesting and plain Robitussin or guaifenesin for coughs. Use Tylenol or acetaminophen for fever, aches, pains and sore throats. A humidifier or vaporizer may be helpful at night. Call if fever persists at greater than 101.0 despite treatment.

CONSTIPATION:

- Increase roughage with whole grain and bran cereals, fresh and dried fruits (including prunes) and vegetables. Drink at least 8 glasses of water daily.
- Exercise daily - brisk walking is excellent. You may use a stool softener such as Colace, Citrucel, Metamucil, Fiber-Con, Milk of Magnesia, or Miralax.

HEMORRHOIDS:

- Preventing constipation is the key! Avoid straining. You may try warm soaks but if needed, can use hemorrhoid creams and suppositories. Tucks pads may be soothing. Try to replace hemorrhoids back into rectum when able.

HEARTBURN/INDIGESTION:

- Try to identify triggers that lead to heartburn or indigestion and avoid them. Do not lie flat within one hour after a meal. Eat small, frequent meals. Treat with peppermint candy, or medications such as Maalox, Tums, Roloids, Prilosec, Tagament or Zantac.

SWELLING IN FEET AND ANKLES:

- Swelling in the lower extremities is very common in pregnancy. Make sure you are drinking at least 8 glasses of water daily and decrease your consumption of salt and processed foods such as chips, lunch meats and canned/boxed foods. Exercise such as brisk walking can help. If you are on your feet a lot, resting with feet elevated can help, and if you sit a lot, walking around a bit can help. Lie on your left side when resting to increase circulation to the legs.
- TIP: Don't stand if you can sit, don't sit when you can lie on your left side. In later pregnancy, if swelling is associated with headache, heartburn, or decreased urine output, call the office immediately.

BACKACHE:

- Self helps for backache include gentle stretching, warm baths or showers and hot packs or a heating pad. Exercise and maintaining good posture are also helpful. Tylenol can be used if needed.

GROIN OR LOW ABDOMINAL PAIN:

- Round ligament pain most commonly occurs during 16-24 weeks of pregnancy. It is caused by stretching of the round ligaments as the uterus grows. This may cause a sharp pain in your lower abdomen, usually on one side or the other, or it may be more of a dull ache. To prevent or decrease these pains, avoid quick position changes. When you do feel pain, bend toward it to relieve it. It may also help to rest or change positions. If abdominal pain is persistent or becomes more severe, call the office.

VARICOSE VEINS:

- Varicose veins typically occur in the legs, however, some women will experience them also in the vulvar area. They may cause a feeling of heaviness or burning, or general discomfort. A maternity belt or maternity support hose may help ease symptoms or lower extremity or vulvar viscosities; wearing a maxi pad in your underwear may also provide some relief of vulvar discomfort. Warm tub soaks and elevating legs when possible may also help.

Common concerns:

PHYSICAL FITNESS:

- It is ok to continue with your current exercise program unless otherwise indicated by your provider. It is however, important to listen to your body. For example in the first trimester you may be extremely tired – wait until you have more energy to get back to your program. And as your pregnancy progresses you may find that you have to adjust your routine. If you are new to exercising, walking and low impact aerobics are the place to start. Again, listen to your body.

HOT TUBS / WHIRLPOOLS / BATHS:

- Do not use hot tubs, whirlpools or saunas because the temperatures are too hot for pregnancy. You may use a home jacuzzi at warm bath water temperature but it is advised to soak no longer than 20 minutes. Warm home baths are fine.

DENTAL VISITS:

- It is recommended that you continue with routine teeth cleaning during pregnancy. If you need dental work, most procedures are safe during pregnancy. Local anesthetic is fine, however, nitrous oxide gas or IV sedation is not advisable. X-rays are okay if the abdomen is shielded by a lead apron. Most antibiotics and pain medicine that may be prescribed for dental procedures are safe, but if you have questions let us know.

WORK DURING PREGNANCY:

- It is okay, and preferable, for you to continue working throughout your pregnancy unless your provider has identified a medical risk or complication. Most women have only a short amount of time after delivery, typically 6 weeks, to stay at home with their infant. Taking time off before delivery typically takes time away from after delivery, so working until you deliver allows you the maximum time with your new baby before returning to work.

PERSONAL HYGIENE AND BEAUTY:

- **Perms, hair coloring, and artificial nails:** All of these treatments are safe during pregnancy. Be sure all treatments are performed in a well-ventilated area.
- **Sun tanning and tanning beds:** Tanning is not recommended during pregnancy.
- **Sunscreen and Bug Repellents:** Minimal amounts of these products are okay to use on exposed skin areas.

TRAVEL:

- During long car rides, take a break to stretch your legs every hour in order to aid circulation. If riding in a plane, it is also recommended to stretch your legs often. Any travel should be completed by 36 weeks of pregnancy in order to be close to your hospital of delivery if you were to go into labor early. If special circumstances arise after 36 weeks or you have a high risk pregnancy, check with your provider for advice on travel. Do not forget to wear restraints with either car or air travel.

CATS AND FERRETS:

- You do not have to abandon your cat or ferret, however, you do need to follow special precautions. Cat and ferret feces can be contaminated with toxoplasmosis, which can be dangerous to a developing fetus. Most people who have been around cats and ferrets will already have developed an immunity to toxoplasmosis, however, you should still use caution. Avoid contact with feces and have your partner or friend scoop the litter box daily as this decreases the presence of toxoplasmosis. If you must scoop litter, wear gloves, avoid inhalation of litter dust, and wash your hands after.

PAINTING, CLEANING OR DECORATING:

- Use all products in a well-ventilated area- open windows and use fans. Do not use ladders or step-stools, as your balance may be unstable during pregnancy. Avoid the use of paint thinner or mineral spirits. Avoid sanding old lead paint.

Things to avoid in pregnancy:

SMOKING:

- Smoking cigarettes during pregnancy can contribute to many adverse fetal consequences. The placenta, which provides for nutrient and oxygen transport to the developing fetus, may be small in mothers who smoke. This in turn could potentially lead to a small baby which may have difficulty transitioning immediately after birth, and could potentially lead to fetal distress during labor as oxygen transport to the baby is not optimal from such a placenta.
- Smoking also increases the chance for a placental abruption (the tearing away from the wall of the uterus) which could cause irreparable harm or even death to a fetus. Finally, babies of mothers who smoke are more likely to die of SIDS (sudden infant death syndrome) than those of non-smokers, and babies who live around second hand smoke also have a higher incidence of SIDS, allergies and asthma. Even if you are unable to completely stop smoking, it best to cut down as much as possible.

ALCOHOL CONSUMPTION:

- Drinking alcohol during pregnancy can lead to Fetal Alcohol Syndrome (FAS). FAS is evidenced by distinct physical abnormalities and mental retardation. While this devastating syndrome is usually found in babies of women who abuse alcohol during pregnancy, it is unknown exactly how much alcohol would be necessary to adversely affect a developing fetus. As such, any amount of alcohol consumption during pregnancy is generally discouraged. Many women worry because they consumed alcohol in early pregnancy before they knew that they were pregnant. This should not be concerning, however, future alcohol consumption should be avoided.

ILLEGAL DRUGS OR LEGAL DRUGS USED INAPPROPRIATELY:

- Drug use during pregnancy is highly discouraged. We do not intend to describe every consequence to a developing fetus of illegal drug use. Suffice it to say that a baby growing inside of you depends on you to provide the healthiest atmosphere for growth and development that you can. Ingestion of illegal drugs or use of legal drugs in an inappropriate manner could potentially cause devastating complications that could affect your baby's life both before (i.e. intrauterine growth deformities or restriction, or even death) and after (i.e. mental or physical disabilities) birth. Furthermore, a mother who is abusing drugs is not likely to provide a stable and healthy environment for a child after birth. Finally, a mother who tests positive for drugs after delivery may very well have her baby taken away from her. Never forget that YOU are your baby's lifeline both before and after birth. If you feel that you need help because of drug use or abuse, please let us know.

CAFFEINE:

- Although most studies show that moderate caffeine in-take is ok, there are others that show an increased rate of mis-carriage (first trimester) with intake of 3 or more caffeinated items (coffee, tea, soda pop) per day. Some research has also shown that large amounts of caffeine intake are associated with miscarriage, premature birth, low birth weight infants, and withdrawal symptoms in newborns. As a general rule, pregnant women should probably drink no more than one 4-12 oz caffeinated beverage daily, and preferably less than that.

RAW EGGS, MEATS, FISH; SOFT CHEESES; DELI MEATS:

- Raw eggs, rare or undercooked meats, and raw fish may contain harmful bacteria and should be avoided during pregnancy. Soft cheeses also could potentially carry bacteria and should also be avoided- *these include Brie, Camembert, Roquefort, Feta, Gorgonzola and Mexican style cheeses such as Queso Blanco and Queso Fresco.* Any cheese, however, that clearly states it is made from pasteurized milk, even if a soft cheese, is safe to eat.

DELI MEATS:

- Although rare, there is concern that some deli meats may be contaminated with a bacteria called Listeria. Listeria could potentially be life-threatening to a developing fetus. Some women choose to avoid deli meats during pregnancy, although reheating the meat to the point of steaming has been shown to significantly increase the safety of consumption.

CERTAIN FISH:

- Fish that contain high levels of mercury should be avoided during pregnancy as mercury consumption has been linked to developmental delays and brain damage in children. Fortunately, most fish that contain high levels of mercury are not fish that are commonly eaten very often. These include: shark, swordfish, king mackerel and tilefish. Canned, chunk light tuna is generally safe, although should be eaten in moderation. Avoid canned albacore tuna (typically more expensive) as it has been found to contain higher levels of mercury than common chunk light tuna.
- Fish from local lakes and streams could be contaminated with industrial pollutants. Such fish include: bluefish, striped bass, salmon, pike, trout and walleye. If you typically consume fish from lakes or streams, contact your local health department or the Environmental Protection Agency for help in determining which fish may be safe to eat in your area.



Diet and nutrition:

If there is one word to remember when you think of diet and pregnancy, it is HEALTHY. Remember that everything you eat, you are feeding your baby. No one can be perfect. But would you feed your baby a Twinkie every day? Probably not; but you might feed your baby a Twinkie once a month .. .

So the next word to remember is moderation.

The recommended weight gain during pregnancy is 25-35 lbs; 15-20 lbs for women who are overweight. But actual weight gain is somewhat arbitrary - *the key is nutrition*. Some women actually lose weight during pregnancy because they are eating more healthfully than they ever have. If you are losing weight but the baby appears to be growing well, there is nothing to be concerned about.

This little booklet cannot provide a complete bible on eating during pregnancy. However, we hope to provide simple guidance on healthful eating habits that will hopefully encourage you to make healthy choices for you and your baby.

We advise you to consider the following suggestions:

- Eat 3 regular meals or 6 small meals daily.
- Prepare most meals at home using fresh ingredients rather than boxed, canned or processed foods.
- Eat lots of fresh fruits and vegetables daily.
- Choose healthy snacks such as nuts (i.e. almonds, pecans, walnuts, pistachios, peanuts); dried fruits (i.e. apricots, raisins, prunes, peaches, bananas, cranberries); fruits or vegetables; whole grain crackers or crisp breads; or yogurt-rather than chips, cookies or other processed or fast foods.
- Eat high fiber foods such as beans and whole grain products.

- Choose lean cuts of meat when possible, but a variety of beef, chicken and pork selections provide needed protein (being vegetarian is fine, but make sure you are getting protein from sources such as beans, eggs, tofu, etc.)
- Make homemade breads, muffins and cookies using whole wheat flour, instead of white flour- *add milled flax seed*.
- Avoid high fat or bad fat products such as margarine, using butter or canola or olive oils instead
- Drink water almost exclusively - *a glass of juice daily is ok, but more than that is fattening*; soda pop (even caffeine-free or diet) is unhealthy
- Get needed calcium for baby's bone development from milk, cheese, cottage cheese and yogurt - *choosing low fat options provide the same amount of calcium but less fat*. Green leafy vegetables, broccoli, sardines, and some nuts also provide calcium. Soda pop consumption inhibits calcium absorption.
- Get needed iron from meat, dark green leafy vegetables, prunes, egg yolks and enriched cereals and breads. Consuming orange juice with iron-rich foods or an iron supplement enhances your body's absorption of iron.
- Remember that no one is perfect - an occasional splurge on a piece of cake; a soda pop; a cup of coffee; a large, greasy chicken fried steak and gravy; a burrito covered in cheese sauce - you know what we mean - is completely acceptable! But the key is moderation!

By the way, none of this applies in the first trimester of pregnancy. IF you are having difficulties with nausea and vomiting - by all means, eat what helps and avoid what hurts! Once you feel better, however, you should then remember to follow the rules of healthy eating.

Medications you may use during pregnancy:

The following provides over the counter options for common discomforts. PLEASE LET YOUR PROVIDER KNOW WHEN YOU ARE TAKING ANY PRESCRIBED MEDICATIONS AND ANY DOSAGE CHANGES THAT MAY OCCUR DURING PREGNANCY.

HEARTBURN, GAS/BLOATING. UPSET STOMACH

- Antacids such as Maalox, Mylanta, Roloids, Turns; if these no longer are helpful you may advance to Pepcid, Zantac, or any other over the counter antacids
- Simethicone for gas pain (i.e. Gas - X, Mylanta Gas, Mylicon)

PAIN RELIEF, HEADACHE, FEVER

- Acetaminophen (i.e. Tylenol)
- Ibuprofen (i.e. Advil) may only be used if acetaminophen does not relieve symptoms, and only up until the 32nd week of pregnancy

CONSTIPATION, HEMORRHOIDS. DIARRHEA

- Psyllium (Metamucil, Perdiem); Polycarbophil (Fiber-Lax, Equalactin); Polyethylene Glycol (Mira lax)
- Other laxatives and stool softeners such as Col ace, Dulcolax, Milk of Magnesia, Maltsupex
- Hemorrhoid creams such as Anusol, Preparation H, Tucks
- Loperamide and anti-diarrheal medication such as Imodium, Kaopectate, Maalox anti-diarrheal

COUGH, COLD, ALLERGY

- Guaifenesin, an expectorant, such as Mucinex or Robitussin
- Dextromethorphan, a cough suppressant, such as Robitussin Maximum Strength Cough, Vicks 44 Cough Relief
- Cough drops
- Vicks Vapor Rub
- Chlorpheniramine, an antihistamine, such as Chlor-Trimeton
- Loratadine, an antihistamine, such as Alavert, Claritin, Tavist ND, Triaminic Allerchews
- Diphenhydramine (Benadryl)

**Avoid cold remedies that contain pseudoephedrine and phenylephrine, which can temporarily affect blood flow to the placenta.*

INSOMNIA

- Diphenhydramine (Benadryl, Nytol, Sominex, Maximum Strength Unisom Sleep Gels)
- Doxylamine succinate (Unisom)

YEAST INFECTIONS OR OTHER FUNGAL INFECTIONS

- Clotrimazole (Gyne-Lotrimin 3, Lotrimin AF)
- Miconazole (Micatin, Desenex, Monistat 3)
- Terbinafine (Lamisil AT)
- Ticonazole (Monistat 1, Vagistat 1)
- Butenafine (Lotrimin Ultra)
- Tolnaftate (Tinactin, Genaspor, Absorbine)

Fetal Movements in the Third Trimester:

Every baby has its own pattern of activity. Some babies are more active than other babies, so what is normal for your baby may not be normal for your friend's baby. In the last several weeks of pregnancy you will begin to notice what your baby's activity pattern is, and when your baby is most active. You should reassure yourself daily that you are comfortable with your baby's movements. Some women prefer to practice what are called kick counts.

If you are ever concerned about your babies movements, or wish to practice kick counts review the following:

1. Eat a well balanced meal or snack and drink at least 12-16 ounces of water or juice.
2. After eating and drinking, rest on your left side. Place your hands on your abdomen and count how many times your baby moves within an hour.
3. The goal is to have a minimum of 5 kicks within an hour to be considered normal.
4. If your baby has moved 5 times before the hour is complete your baby is healthy and you may stop the testing episode

If your baby does not move the minimum of 5 times within the hour, eat and drink fluids once more and then repeat the test. If your baby still does not respond the countable kicks, call the office (or on call provider after hours) for further guidance.

Symptoms of Pre-Term Labor:

PRE-TERM LABOR is labor that occurs between about 24 and 36 weeks. The birth of a pre-term infant may result in severe problems or even death for the baby due to immature development. Early identification of pre-term labor is essential to allow time for intervention and possible prevention of pre-term delivery.

Pre-term contractions may mimic pre-term labor. However, pre-term contractions are actually regular contractions that do not lead to cervical change (labor). Contractions are the tightening of the uterus. They may or may not be painful at first, but generally the whole abdomen will feel tight or hard when the uterus contracts.

Mild, irregular contractions may be normal - *they are sometimes referred to as Braxton-Hicks contractions*. However, if you notice that you are having more frequent contractions then you need to pay attention and time them. If you discover that you are having contractions every 10 minutes for about 1 hour then you need to do the following:

1. Empty your bladder
2. Drink about 16 ounces of water
3. Get off your feet.

A full bladder, dehydration or being on your feet too long, all can lead to pre-term contractions, so if you follow the above suggestions and your contractions begin to space out or go away altogether, then you have solved the problem. However, if despite following these suggestions above your contractions continue to occur every 10 minutes or are even closer together, then you need to call the office or the on call provider for further guidance.

Sometimes there can be subtle symptoms of preterm labor. These symptoms can also be normal, however if you feel that you are experiencing one or more of them suddenly or are occurring more frequently or with more intensity then you should call the office or on call provider.

These symptoms include the following:

- **Menstrual-like cramps:** Rhythmic, like contractions, or constant cramping.
- **Pressure:** An increase in pressure or fullness in the pelvic area, vagina, back or thighs.
- **Intestinal cramps:** An increase in frequency or intensity of abdominal pains; may feel similar to intense gas pains; may occur with or without diarrhea.
- **Low, dull backache:** May radiate to the sides or front; may be rhythmic or constant, and is not relieved by changing position or resting
- **Change in vaginal discharge:** A change in color, amount, consistency.

Again, some of these symptoms may be completely normal or benign, such as a change in vaginal discharge because of hormones or a yeast infection; or a backache because your employment duties require long periods of standing or sitting. We do not want you to panic, we just want you to be aware of your body and both the normal and abnormal changes that may accompany pregnancy.

Signs of labor and when to call:

If this is your first baby, most likely you will labor somewhere between 12 and 24 hours. Some women will have longer labors than this and some will have shorter labors than this.

- The early stage of labor is when your cervix changes from closed or slightly dilated, to about 4-5 centimeters. Sometimes this early stage can actually last several days - *we refer to this as prodromal labor*. Once your body enters into the active stage of labor you are about 4-5 centimeters dilated and thereafter you continue to dilate about 1 centimeter an hour (maybe a little less, maybe a little more).
- When you reach 10 centimeters of dilation we call this complete and you may be ready to push. It may take you up to 2 hours to push out your baby, and sometimes it may even take up to 3 hours to push out your baby if you have an epidural.
- Because of the length of labor for a first-time mom, it is best for you to be in the comforts of your own home during early labor. However, you should also be aware of your baby's movements during early labor and if you are ever concerned, please call.
- Typically early labor begins with irregular, and mostly painless contractions. If it is truly labor, over time those contractions will become closer together and more painful.
- When you are in good active labor (remember this is 4-5 cm of dilation) you will be contracting every 2-3 minutes. And since you still have about 5 hours or so before you are complete, that is a lot of time contracting every 2-3 minutes!

Therefore, when you think you are in labor, review the following:

- Stay home during early labor
- Eat and drink as you feel the need
- Take a bath or shower to ease pain
- Change positions every 30 minutes or per your comfort level - *this will help ease pain and facilitate the baby's proper positioning for delivery.*

And finally, call the office or the on call provider when or if:

1. Your contractions are as close as about every 4 minutes and have been for at least 1 hour, and are painful (if they do not seem all that painful and you wish to continue to stay home, you may).
2. You are not comfortable that your baby is active enough (your baby will still be moving during labor, but sometimes your pain takes precedence and you do not pay attention- try to pay attention and make sure that your baby continues to be active).
3. You feel that your amniotic sac (or membranes) have ruptured (if you are unsure, remove your panties and put on a robe - if you have a trickling of fluid down your thigh then you should call, however, if you just feel wet around your vaginal opening it is probably just discharge).
4. If you have enough bleeding that you are concerned (some bloody discharge is normal with labor and cervical change).
5. You do NOT need to call if you feel that you have lost the mucous plug.

For women who have had babies before, you will probably want to call when you feel that your contractions are getting closer and more painful - this may mean that you do not wait until they are as close as 4-5 minutes because your labor time will typically be cut at least in half, and pushing is typically 30 minutes or less.



PLEASE REMEMBER TO CALL THE OFFICE OR ON CALL PROVIDER BEFORE GOING TO THE HOSPITAL. THE PROVIDER NEEDS TO KNOW THAT YOU MAY BE IN LABOR AND CAN THEN ALERT THE HOSPITAL STAFF TO YOUR PENDING ARRIVAL.

SOMETIMES THE PROVIDER MAY FEEL THAT IT IS TOO EARLY TO SEND YOU TO THE HOSPITAL. SOMETIMES, HOWEVER, YOU MAY STILL GO TO THE HOSPITAL BUT BE FOUND NOT TO BE IN LABOR. IN THIS CASE YOU MAY BE SENT HOME.

Most women will go into labor on their own, usually sometime between 37 and 42 weeks - *remember this is considered to be term.* For this reason, most women do not have to be induced, or forced, into labor. Some women are induced electively, which means for convenience, and some are induced for the health of either the baby or the mother. If you have not gone into labor on your own you will probably be induced around the 41st week of pregnancy contracting every 2-3 minutes!



Review of contacting our office:

- If you have a medical or obstetrical problem or question during business hours, please call the office.
- If you think you are in labor during business hours, please call the office.
- If you have a medical or obstetrical problem or question after hours or on the weekend that you feel is fairly urgent, please call the office phone number and follow the instructions to be directed to the answering service . You will give the answering service your name, phone number, and problem. The service will then contact the on call provider who will return your call. If you do not hear back by approximately 15 minutes, please call again - *sometimes the provider may be returning another call or may be caring for a patient in the hospital but should be able to get back to you within 15 minutes.*

IF YOU FEEL THAT YOU HAVE A TRUE, LIFE-THREATENING EMERGENCY AND THE PROVIDER HAS NOT RETURNED YOUR CALL YOU MAY GO TO THE NEAREST HOSPITAL OR CALL 911.

- By calling the office or on call provider either for a medical or obstetrical question, you can often save a trip to the hospital as the provider may be able to identify issues that can safely wait until an office appointment.
- Finally, while we do not want to discourage you from calling with questions or concerns, please try to make all non-emergent calls during the office hours rather than at night or on the weekends.
- Please do not present to another hospital unless it is a true emergency; our practice can only treat you at St. Joseph; we do not have privileges at other hospitals .

Additional Questions:

Feel free to contact our offices with additional questions you may have in regards to anything in this helpful OB Guide.

There are a few ways in which you may contact us:

- ❖ Phone: 407-518-1074
- ❖ Appointment Request through our Website
- ❖ Patient Portal - ask questions or request appointments
- ❖ Feedback Form through our Website

Patient Portal

<https://2183-323.portal.athenahealth.com/>