

# Prenatal Instructions

***Congratulations on your pregnancy!*** We are excited you are coming to us for your prenatal care and hope to help make this a wonderful experience. If you have any questions, concerns, or even complaints along the way, please let us know so that we can help you, and make improvements that will help others in the future. This is just a small listing of topics that you can use as a ready reference. You will also receive others like it during your pregnancy. Please feel free to ask any questions along the way. You will also receive a book entitled, “Your Pregnancy and Birth”, which we would strongly encourage you to read.

## **Nutrition and Nausea**

Eating a well balanced diet is one of the best things you can do for your baby. Prenatal Vitamins and folic acid help before you know you are pregnant, and may give you some extra boost during your pregnancy. If they add to your nausea don't worry about taking them until after the first trimester (12 weeks pregnant).

Eating small meals, snacks, all the time will help with nausea. Vitamin B6 (50mg three times a day), ginger (1 gram a day), peppermint, and Unisom (whole tablet at night, and if needed, a 1/2 tablet every 8 hours during the day) will help. Please call if your nausea persists. A healthy weight gain is very important. Do not try to “eat for 2”. You really only need about 300 more calories a day pregnant than non pregnant.

## **Drugs**

Typically you should avoid medicines during the 1<sup>st</sup> trimester however, most over-the-counter drugs are okay, particularly after 12 weeks. Cold medicines, sore throat lozenges, allergy medicines, etc. are fine. We prefer that you use Tylenol for aches and pains, but an occasional ibuprofen before 28 weeks is okay. Tums, Zantac, Pepcid and Prilosec are also considered safe. Stool softeners and over-the-counter treatments for a yeast infection are safe as needed. Herbal remedies are unstudied and we cannot give you a recommendation as to what is safe to use in pregnancy. You can also call 801-328-2229 for specific medications you can take in pregnancy.

Smoking can lead to many problems in pregnancy including low-birth weight and early labor. Alcohol can lead to birth defects and should be avoided as well. Street drugs or “social” drugs are dangerous and should not be used. Caffeine is fine in low doses. One-two glasses of cola or coffee may be helpful if you have a migraine.

## **Activities**

Travel is fine but you're at risk for blood clots so you need to stretch every hour or so. Wear your seatbelt under your belly. Intercourse is fine throughout pregnancy, unless you're told otherwise. If you have bleeding after intercourse let us know. Mild to moderate exercise several days a week is great. Be cautious of activities where you can fall and injure the baby such as skiing, basketball, horseback riding, etc. Remember your sense of balance is off when you're pregnant. Hot tubs are okay for brief periods and if you're not getting too hot, but make sure the temperature is less than 102 degrees. Stay hydrated and don't allow yourself to get dizzy or lightheaded from the heat.

## **What to expect**

Your first visit may include an exam, pap smear, lab work, and questioning to determine your risks as well as to establish your due date. Determining the due date can be a little tricky sometimes and the earlier we do this, the more accurate this is. An ultrasound may be done or scheduled for a later date. Your following visits will be to check on your baby and answer questions that you may have. Try to write down your questions during the month so you don't forget to ask when you come in. You will have monthly visits until 30 weeks, then every 2 weeks until 36 weeks, and then weekly until you deliver.

Your due date is at 40 weeks but labor can start +/- 2 weeks from that. We're not opposed to inductions but you need to have a “favorable cervix” (starting to dilate) and

the hospital policy is that you are at least 39 weeks along. We prefer spontaneous labor with your first baby. First time moms cannot be induced until 41 weeks, unless there is a problem. Please be patient if this occurs.

Occasionally we will be running behind due to deliveries or emergencies, please be patient. You may reschedule or if you have a cell phone and want to leave for awhile we can call you 15 minutes before you need to return. Make sure we have your number and be sure your phone is on. You may also have the option of seeing one of our highly trained nurse practitioner in our absence.

### **Testing**

At your **first visit** a pap smear if needed and lab tests for blood type, rubella, HIV, hepatitis, syphilis, Varicella, Gonorrhea and Chlamydia will be done as well as a urine test.

At **11-13 weeks** you can elect to have early testing for Downs-this will require seeing the high risk doctors from McKay-Dee.

At **16-20 weeks** you can elect to do an AFP test for Down Syndrome and Spina Bifida. This is not a “yes” or “no” test and has several implications that we will discuss in more detail at your next visit before having it drawn.

At **20-22 weeks** we’ll do a screening ultrasound for abnormalities. This is also when you can see the sex of the baby. After this point, we will measure your uterus each visit.

At **24-30 weeks** we’ll check for anemia as well as diabetes by having a glucose drink and getting your blood drawn an hour afterward.

At **28-30 weeks** you’ll need a rhogam shot if you have a negative blood type. The CDC also recommends all pregnant women get the immunization Tdap.

At **35-37 weeks** we will do your culture for group B strep and discuss this more at the time.

After 24 weeks if there are any concerns about your baby we may do additional tests such as an NST – (putting you on a monitor to trace the baby’s heart rate and watch your contractions), a biophysical profile (an ultrasound of the baby to evaluate how the baby is doing), or a fetal fibronectin (a vaginal test to evaluate your risk of preterm labor).

### **Our Providers**

We have six well trained, board certified OB/GYN’s in our group. We all try very hard to deliver our own patients, but there are times when we are not available and you may be delivered by one of our partners. We all have a “family day” and we don’t work every weekend. Furthermore, the prenatal care you receive each visit is just as vital as the actual delivery. We appreciate your understanding if we are not available for your delivery.

We also have very well trained nurse practitioners and a midwife. They will be assisting us in your care and you will most likely see one of them during your pregnancy. We fully trust their medical expertise and we are always available to answer questions they may have. Our midwife is available on Saturdays for appointments as well. Their availability allows us to be more available for you at the time of delivery. They are a great asset to our practice and we know you will love them.

### **Doctor On Call**

There is always an OB/GYN physician on call on nights and weekends and even for your regular doctor’s day off. Please try to call the office (716-1920) between 9:00 – 5:00 and call the hospital operator (716-1000) for after hour emergencies. After 20 weeks, if you are concerned on nights or weekends, please go to Labor and Delivery for evaluation.