



Maternity Handbook

Table of Contents:

Contact Information	3
Prenatal Appointment Schedule	3
First Prenatal Appointment	4
Things to Remember for General Well-being	4
Diagnostic Testing and Screening	4
Down Syndrome	5
Cystic Fibrosis	6
HIV	7
Diabetes	7
Blood Antibody/Rhogam	8
GBS	8
Common Problems and Solutions	8
Nausea/Vomiting	8
Heartburn/Indigestion	9
Constipation	9
Headaches	9
Other Symptoms and Preventative/Alleviating Measures	10
Diarrhea	10
Fatigue/Insomnia	10
Leg or Joint Pain	10
Burning/Itching/Vaginal Discharge	10
Swelling in Your Ankles, Feet, and Hands	10
Anemia	10
Sexuality	11
Depression	11
Varicose Veins	11

Common Questions Answered	11
Travel	11
Medications	12
Smoking and Alcohol	13
Exercise in Pregnancy	13
Nutrition in Pregnancy	13
Food Born Risks in Pregnancy	14
Mercury in Fish and Shellfish	15
Dental Care	15
Symptoms of Concern/Warning Signals	16
Miscarriage	16
Kick Counts	16
Is This Labor?	17
After Hours Care	18
Form Completion	18
Pediatrician	18
Hospital Pre-Registration	18
Common Hospital Questions	18
Circumcision	19
Childbirth Classes	20
Labor and Delivery Tours	20
Recommended Readings	20
Postpartum	20
Checklist	24

CONTACT INFORMATION

Office address: 23920 Katy Freeway Suite 460 Katy Texas 77494

Office phone: 713-464-1845

Office fax: 281-392-5081

Office email: PinkWomensCenter@yahoo.com

Website: <http://www.PinkWomensCenter.com>

Facebook: <http://www.facebook.com/pinkwomenscenter>

PRENATAL APPOINTMENT SCHEDULE

5-8 weeks	Physical exam, Pap smear, blood work drawn, counseling
12 weeks	Routine obstetrical visit
16 weeks	Routine obstetrical visit, Quad test for chromosomal abnormalities/ neural tube defects if desired
20 weeks	Routine obstetrical visit, ultrasound for fetal anatomy survey
24 weeks	Routine obstetrical visit
28 weeks	Routine obstetrical visit, screening for gestational diabetes and anemia: rhogam injection is given if Rh negative
30 weeks	Routine obstetrical visit
32 weeks	Routine obstetrical visit
34 weeks	Routine obstetrical visit
36 weeks	Routine obstetrical visit, Group B strep screening & cervical exam
37 weeks	Weekly thereafter Routine obstetrical visit with cervical examinations
	Postpartum visit 4-6 weeks after birth

A routine OB visit includes weight, urine dipstick, listening to the baby's heart beat and measuring fundal height, which tells the doctor that your baby is growing. As you see above, many important tests are performed at specific weeks of pregnancy. Attending all of your OB appoin-

ments (even routine) is your part of ensuring a safe pregnancy. Keep in mind that problems or high risk factors may warrant additional visits.

Our clinical staff will contact you with any laboratory results that are abnormal and need attention. Normal results will be discussed at your next visit. If you have any concerns or questions at times other than your routine visits, you may talk with one of our triage assistants.

FIRST PRENATAL VISIT

On your initial prenatal visit, you will usually meet with the nurse first. A full personal and family history will be reviewed. You can expect diagnostic tests, including urinalysis with culture, blood type, Rh, Hepatitis B, HIV, complete blood count, syphilis, rubella and diabetic screening if applicable. You will have a physical exam to assess your health and pregnancy status. This exam may also include a Pap smear and vaginal cultures. The entire visit may take one to two hours to complete.

THINGS TO REMEMBER FOR GENERAL WELL~BEING

- Drink an 8-ounce glass of water at least 6-8 times daily.
- Exercise – walking is great. Dr. Rivera strongly recommends that all pregnant patients get at least 30 minutes of brisk walking or other moderate intensity exercise at least five times per week.
- Get plenty of rest.
- Maintain a well-balanced, low fat diet. Avoid adding extra salt to your diet.
- Do things for yourself to promote a sense of health and well being. Take care of yourself, and allow others to take care of you.
- Most importantly, DO NOT SMOKE, DRINK ALCOHOLIC BEVERAGES OR OTHER DRUGS.

DIAGNOSTIC TESTING AND SCREENING

FIRST & SECOND TRIMESTER

A small percentage of babies will be born with birth defects. Some of these birth defects can be detected before birth, some cannot. There are a number of tests that doctors can use to try to detect birth defects before birth. The use of many of these tests is optional. You are not required to have the tests, but if you want to, they are available. Most are covered by most insurance carriers.

Screening tests for Down syndrome (Trisomy 21) and other chromosomal abnormalities
Down syndrome, also called Trisomy 21, is a condition that causes mental retardation. It is caused by the presence of an extra number 21 chromosome in the fetus, usually due to a defec-

tive egg or sperm or a problem with fertilization of the egg by the sperm. The risk of a couple having a child with Trisomy 21 increases with the age of the mother. A 25 year old woman is at a 1 in 1200 risk of having a baby with Trisomy 21, a 35 year old woman is at 1 in 270 risks, and a 40 year old woman is at a 1 in 80 risk.

If you will be 35 or older at time of delivery, Dr. Rivera recommends that you undergo genetic counseling to discuss your risk for Trisomy 21 and other problems and to discuss your options for testing. Dr. Rivera also recommends that you consider having genetic counseling if there is any family history of birth defects, genetic problems, or mental retardation. Genetic counseling may also be recommended in cases of maternal exposure to X-rays, drugs or the presence of other risk factors.

If you will be less than 35 at time of delivery, or if you are 35 or older and decline genetic counseling, there are several optional tests (called screening tests) that will allow us to more closely estimate your risk of having a baby with Trisomy 21. It is important to understand the difference between screening tests that estimate risk and tests that diagnose (give an accurate, 'yes or no' answer). In general, first you will be offered a screening test to estimate your risk of having Trisomy 21, then if the risk is high; you will be offered a test to diagnose whether Trisomy 21 is actually present. It is important to understand that having a 'high risk' does not mean you have a baby with a problem. In fact, most women at 'high risk' have normal babies (a false positive result). It is also important to understand that a normal result on a screening test does not guarantee a normal baby, only that you are not considered high risk for Trisomy 21.

Your choice for Trisomy 21 (Down syndrome) screening

Your first decision is: Do I want any testing at all? Not all women or couples desire testing. This test will be discussed in more detail at your prenatal visit. A blood test called a "Quad Screen" which is done at 15 to 20 weeks. The quad screen will detect approximately 70%-75% of Trisomy 21 pregnancies, with a false positive rate of approximately 5%. The quad test includes an Alpha-Fetoprotein (AFP) test, which is a screening for spina bifida (open spine).

What happens if one of these tests indicates a high risk of Trisomy 21?

If this test indicates a high risk, you will be referred to a perinatologist for a more detailed ultrasound and discussion about definitive diagnosis. There is a new blood test that checks the maternal blood for the baby having Down Syndrome. Therefore no need for an amniocentesis!!

IMPORTANT POINTS TO REMEMBER:

- All testing is optional; you are not required to do any testing.
- Screening tests give you an estimate of your risk. If you have a positive test, it means that your pregnancy is at higher risk for a problem, not that the baby definitely has a problem.
- If you have a positive screening test, additional diagnostic testing will be required to see if the baby truly has a problem or not.
- No screening test will find all cases of Trisomy 21.
- No screening test will find all birth defects.

Cystic Fibrosis

Cystic Fibrosis is an inherited disease that causes excessively thick secretions throughout the body, often leading to severe breathing and digestive problems. CF is caused when a child inherits two copies of a defective gene, one from each parent. A parent can be normal and not have CF, but carry one copy of the defective gene. If both parents carry the defective gene, then there is a chance any child born to them could have CF.

The risk to carry the CF gene is different depending on your ethnic background. Individuals of Caucasian and Jewish descent are at higher risk for carrying the gene, so if you or the father of the baby are of Caucasian or Jewish descent, Dr. Rivera recommends that you consider having a CF screening test. Individuals of Hispanic descent are at intermediate risk and individuals of African American or Asian descent are at lower risk. CF screening is available should you choose, but Dr. Rivera does not make as strong a recommendation for testing for these individuals.

Other ethnic specific screening (may or may not be covered by insurance)

There are a number of other tests available for genetic diseases that vary in frequency between ethnic groups. For example, individuals of African American and Mediterranean descent may be at higher risk for carrying the gene for Sickle Cell Anemia. Individuals of Jewish descent are at higher risk for Tay Sachs and several other genetic diseases. Your doctor may recommend screening for certain genetic diseases depending on your ethnic background.

Family history

It is important to discuss with your doctor any family history of inherited disease, birth defects, or mental retardation so that we can discuss with you any impact this may have on your pregnancy.

Prenatal HIV testing

House Bill 1345: Prenatal HIV testing was implemented in January 1996 with the intent of decreasing the chance of unborn babies becoming infected with HIV. The law requires that all pregnant women be tested for HIV at their first prenatal visit and/or at delivery. The law specifies that the woman should be verbally informed of this test and of her right to refuse testing. If a woman chooses to decline testing, the health care provider is required to review the option of anonymous testing and refer them to a testing facility that offers that type of testing if the woman chooses to do so. We strongly urge you to be tested, as treatment of HIV positive mothers can dramatically reduce the risk of the baby contracting HIV during pregnancy.

Diabetes screening (Required)

Between your 24th and 28th week of pregnancy, you will be screened for gestational diabetes. This test is called a one-hour glucose tolerance test. In some instances, depending on your history, you may be screened for diabetes earlier in pregnancy. This test consists of drinking a concentrated sugar beverage and having a blood sample drawn one hour after ingestion of the beverage. You are not to eat or drink anything for that hour. Please ask your physician or staff for specific instructions regarding fasting prior to the exam.

A blood glucose value under 140 mg/dl range is considered normal, and no further testing is indicated. If the blood glucose value is above the 140 mg/dl range, however, then you will be

scheduled for a three-hour glucose tolerance test. This test consists of going to the lab in the morning after fasting from midnight the night before. You will then have a blood sample drawn each hour after this for three hours. You will not be allowed to eat or drink during this test. So it is best to come early. If two or more of the 3-hour glucose blood values come back elevated, you will be considered to have gestational diabetes. Your physician will plan your care according to the actual result of your test.

Antibody screen & rhogam injection

Your blood type will be determined with the routine blood work we order early in your pregnancy. If you are Rh negative and the father of your baby is Rh positive, then baby can be Rh positive. In this case, there is a risk that blood cells from a Rh positive baby can enter your system and create an antibody reaction to Rh protein, which then could cause significant problems in a future pregnancy. If you are Rh negative, you will be given a “rhogam” shot at 28 weeks. You can avoid the rhogam shot if you are able to document that the father of the baby is also Rh negative. You also will be given rhogam anytime we think there is a risk of bleeding from baby’s system to yours, and after delivery (if baby is indeed determined to be Rh positive after birth). Rhogam is an injection that contains antibodies to Rh positive blood cells, and will destroy the fetal cells before your system can react to them. In most cases Rhogam will prevent your system from forming an antibody reaction to the Rh positive cells.

THIRD TRIMESTER

Group B strep screening

A vaginal culture for the Group B Strep bacteria will be taken between 35 and 37 weeks of pregnancy. The bacteria are normally harmless to you but can cause infection if passed to the baby during delivery. If you should test positive for the bacteria, you will be treated with antibiotics during labor.

COMMON PROBLEMS AND SOLUTIONS

During pregnancy, your changing body will come with a variety of discomforts. Additionally, you will be limited in the types of medications that are safe to take for common illnesses, such as allergy and gastrointestinal disturbances. Below is a list of common problems and ways to alleviate them, along with a list of medications that can be utilized during pregnancy.

Nausea/vomiting or “morning sickness” can occur at anytime during pregnancy and is the most common complaint, especially in the first twelve weeks. Often this nausea is referred to as “morning sickness”, but as any pregnant woman will attest, it can occur at any time of the day. The cause of this nausea is human chorionic gonadotropin (HCG), a hormone released by the placenta. The HCG level is at its highest during the first twelve weeks of pregnancy and then begins to drop and level off for the rest of the pregnancy.

Prevention and treatment:

- Take small bites and eat slowly.
- Eat frequent, light meals throughout the day.

- Avoid fried, greasy, and highly seasoned foods, as well as sweets and caffeine, which tend to aggravate the stomach and worsen the nausea.
- Increase your intake of foods high in vitamin C, such as fresh fruits, vegetables, and juices.
- Take a 25mg vitamin B6 supplement every day.
- Have unsalted unbuttered toast and crackers in the morning.
- Engage in some light exercise, like walking, after eating to help digestion.
- If vomiting occurs, drink plenty of clear liquids such as Gatorade, ginger ale, 7-up, broth, or Jell-O. If you are unable to tolerate clear liquids for over 12-24 hours, notify the office.
- Sip on room temperature/warm liquids, such as broth, tea or chicken noodle/rice soup. Ginger ale, Sprite or Gatorade may settle easier in your stomach. Try Jell-O, toast, popsicles, bananas, rice, applesauce or plain baked potatoes when you're feeling better.

Heartburn/Indigestion is, unfortunately, another very common complaint of pregnant women. During pregnancy, your body and the placenta will secrete progesterone. This hormone relaxes the esophageal sphincter, allowing the stomach contents to reflux up the esophagus, thus creating heartburn.

Prevention and treatment:

- Take small bites, eat slowly, and chew food completely.
- Avoid greasy and highly seasoned foods.
- Increase your vitamin B intake.
- Do not mix fats and sweets in the same meal.
- Antacids such as Tums

Constipation is also caused by elevated progesterone levels. It causes relaxation of the intestines and slows digestion.

Prevention and treatment:

- Drink an 8-ounce glass of water at least 6-8 times daily.
- Maintain a high fiber diet, including prunes
- Exercise daily
- Do not use artificial laxatives, as they inhibit the absorption of nutrients from the intestine.
- Stool softener – see list under Medications

Headaches can also be caused by the hormonal changes in pregnancy, most commonly during the first eighteen weeks of pregnancy. Stress and tension can also cause headaches.

Prevention and treatment:

- Eat regularly and get plenty of rest
- Avoid crowded and noisy places
- Avoid poorly ventilated or smoke filled rooms
- Acetaminophen (Tylenol) can be taken for headaches according to the package directions. If this, along with rest, does not help your headache, you should notify the office.

OTHER SYMPTOMS AND PREVENTATIVE/ALLEVIATING MEASURES

Diarrhea

- Avoid dairy, caffeine, juice and raw fruits and vegetables
- Drink clear liquids – (i.e. Sprite, Ginger ale, Apple/Grape juice)
- Brat diet (Bananas, rice, applesauce, tea, toast)
- Immodium is OK to use as long as you do not have blood in your stools

Fatigue and Insomnia

- Increase vitamin B intake
- Exercise
- Take relaxation breaks
- Increase calcium intake
- Take warm tub bath
- Massage

Leg or Joint Pain

- Rest
- Increase calcium and vitamin B intake
- Exercise
- Maintain good posture
- Use a heating pad on a low to moderate setting
- If you have calf pain that persists then call office

Burning, Itching, and Vaginal Discharge

- Eat yogurt and buttermilk to keep bacterial balance in the vagina and body.
- Wear white, all cotton under garments.
- Notify the office if symptoms persist
- Do not douche, as this only worsens the problem.

Swelling in you ankles, feets, and hands is common during pregnancy and is caused, in part, by the increased blood volume caused by pregnancy. Swelling is also caused by the body's inability to transport the extra volume without displacing extra fluid in dependent areas of the body, such as feet and ankles.

- Elevate your feet and lie on your left side as much as possible. Lying on your left side allows for unrestricted return of blood from the limbs to the heart through the vena cava, a major vein on the right side of your body.
- Avoid adding salt to your diet. Be aware of foods high in sodium and avoid them.

Anemia can occur during pregnancy. The developing baby often takes from the mother's iron stores and if they are not replaced by adequate iron intake anemia will occur.

- Increase dietary iron intake by increasing consumption of foods such as red and organ meats (three times per week), dark green leafy vegetables such as greens and spinach (at least once or twice a day), raisins, prunes, and sunflower seeds.

- Take your prenatal vitamins.
- Your physician will add an iron supplement if indicated.

Sexuality- some women have an increased need for physical contact and closeness, while experiencing a decrease in libido (sex drive). This is normal during pregnancy, but it is sometimes confusing and upsetting. If you experience this change, discuss and express your needs to your partner.

Depression occasionally can result from hormonal changes during and after pregnancy.

- Don't be afraid to voice your concerns and to talk things out.
- Do things that you enjoy. Get out of the house. Take care of yourself.
- If you have severe symptoms and are unable to sleep, eat, or participate in daily activities, please notify the office.

Varicose veins

- Increase intake of vitamins E and C.
- Elevate feet.
- Do not cross legs at the knee.
- Do not wear tight clothing or garters around your legs.
- Do wear support hose.
- Walk daily.
- If you note severe pain or redness, notify the office.

COMMON QUESTIONS ANSWERED

- Hair coloring and perms are safe after the 1st trimester.
- Painting should be done in a well-ventilated area and only if necessary.
- Ventilate your home well before returning after exterminations.
- Full, tender breasts are normal.
- Urgent dental work is okay at any time. See the paragraph later in this booklet about dental care.
- Caffeine intake should be limited to 1-2 servings per day.

TRAVEL

Travel by any route is okay during the first and second trimesters, unless you have had any complications with your pregnancy. Dr. Rivera should examine you prior to any travel in the third trimester. Be sure to consult Dr. Rivera before you make plans to travel out of town during your last trimester of pregnancy. If your pregnancy is considered high risk or if you have had any complications, consult Dr. Rivera prior to any travel during the course of your pregnancy, regardless of trimester.

Probably the three greatest dangers to travel are automobile accidents, kidney infections and blood clots in the legs.

- Always wear your seat belts

- Drink plenty of fluids while traveling, enough that you need to urinate every two hours. This will help prevent bladder and kidney infections.
- Blood clots in the legs are especially dangerous, and pregnancy is a time where you are most prone to blood clots. While traveling, move your feet and legs frequently, flexing your calf muscles. Get up and walk for a few minutes every hour or two, especially on long airplane flights. You may want to discuss with Dr. Lee the use of support hose or “TED” hose if you are planning a long car or airplane trip. The advice above about fluid intake is especially important on airplane flights.

MEDICATIONS

Every medication carries with it risks and benefits. It is important to discuss with your doctor all prescriptions and non-prescription medications you are or may consider taking. This includes vitamin supplements, herbal and “natural” supplements. We would prefer that it not be necessary for you to take any medications during your pregnancy, however we do realize that this is not possible for many patients.

DO NOT discontinue any medications prescribed for significant medical problems unless you have first spoken with the physician who prescribed the medication for you and with your obstetrician. It is often far more dangerous for you and for the baby to suffer the effects of a disease than it is to take the medication used to treat the disease. If you are prescribed a medication during pregnancy, please take the entire course of the prescription. Listed below are common conditions and medications that are thought to be safe to use on an occasional basis for these conditions. If you find that you need one of these medications frequently, please discuss with Dr. Rivera or his nurse.

Allergies.....Benadryl, Claritin
 Cough/Cold..... Robitussin (plain), Tylenol
 Congestion.....Benadryl (diphenhydramine hydrochloride)
 Constipation.....Metamucil, Surfak, Colace, Fibercon, Milk of Magnesia, Miralax
 DiarrheaImmodium
 Gas/Flatus.....Mylanta, Simethicone (gas-x)
 Headache/Fever.....Acetaminophen (Tylenol)
 Heartburn/Indigestion...Mylanta, Riopan, Tums (avoid Alka-Seltzer), Zantac
 Hemorrhoids.....Anusol cream or suppositories, Tucks
 Herpes.....Don Burrows soaks, and notify office immediately
 Nausea.....Vitamin B6, Unisom, Benadryl
 Sore Throat.....Cepacol lozenges, warm salt-water gargles
 Skin Irritation.....Calamine, Caladryl, Corticaine, Lanacort, and Neosporin

AVOID ANY NON-STEROIDAL, ANTI-INFLAMMATORY
 SUCH AS ASPRIN, IBUPROFEN, ADVIL, ALEVE, OR MOTRIN
 UNLESS PRESCRIBED BY YOUR PHYSICIAN

AVOID ANY MEGADOSE VITAMINS, ESPECIALLY

THOSE CONTAINING HIGH DOSES OF VITAMIN A

DISCUSS WITH YOUR DOCTOR ANY AND ALL OVER THE COUNTER MEDICATIONS, VITAMINS AND HERBS YOU MAY BE TAKING

SMOKING AND ALCOHOL

DO NOT SMOKE OR CONSUME ALCOHOLIC BEVERAGES. This is probably the single most important thing you can do for your baby!! If you smoke, even a small amount, please discuss with Dr. Rivera ways you can quit. Smoking not only causes prematurity, low birth weight and decreased intelligence in babies, it can create lifelong problems for your baby. It is also important that you not be exposed to “second hand” smoke. No one should smoke around you. Take this opportunity to encourage everyone in the family to quit smoking. Alcohol can cause birth defects and poor fetal growth, and should be avoided. If you are in the habit of having even an occasional drink, please discuss with Dr. Rivera

EXERCISE IN PREGNANCY

Most patients are encouraged to exercise on a regular basis during their pregnancy. For those individuals who have NOT been exercising on a regular basis prior to pregnancy, gradually working your way up to a regimen of brisk walking for 30 minutes per day is recommended. Swimming is an ideal exercise for pregnant women due to its weightless condition, reduced forces on weight bearing joints, provides for dissipation of heat, especially in our hot weather!

Pregnancy is not the time to begin an aggressive weight training program, but if you have been training with weight prior to conception, it is fine to continue, but with lower weights and higher reps. Avoid any maneuver that would cause you to valsava or “bear down.” Abdominal “crunches” are not recommended. Working with a trainer familiar with training pregnant women would be very helpful.

Other exercises that are recommended in pregnancy are: stationary bike, Stairmaster or low impact aerobics specifically designed for pregnancy. You should avoid any type of exercise that you could fall and hit your abdomen such as road bike riding, snow skiing, waterskiing, and jumping on trampoline and horseback riding. Scuba diving is also contraindicated in pregnancy. If you have been a runner prior to conception, it is fine to continue running, but you will probably need to slow your pace down, and ultimately back down on your distance. The best rule to follow regardless of what exercise you chooses to do: LISTEN TO YOUR BODY...if it uncomfortable, then “back off”...do not try to push through the discomfort. In addition, it is very important to stay well hydrated and avoid “overheating.”

NUTRITION IN PREGNANCY

Your nutrition before, during and after pregnancy is an important part of insuring a healthy baby as well as maintaining your health. Pregnancy offers a unique opportunity to focus attention to your dietary habits and make healthy choices. An increase of approximately 300 cal/day is recommended during pregnancy. Because of the increase in blood volume, increased iron consump-

tion either through dietary sources or supplements of approximately 15 mg/day is required. Most prenatal vitamins will cover this need. Approximately 1200mg of calcium per day is recommended for pregnant or lactating women. Prenatal vitamins typically only have approximately 200 mg, so 3-4 servings of dairy products per day are needed, or you may choose to use additional calcium supplements. Folate (folic acid) supplementation has been shown to decrease spinal defects and other birth defects in newborns. It is recommended that folate be started prior to conception for maximum benefit, but should be continued throughout pregnancy. Mega dose vitamins are to be avoided as some vitamins and minerals can be toxic in large doses (e.g. iron, selenium, vitamins A&D). Again, please do not take any over the counter vitamin supplements or herbal products unless you have discussed them with Dr. Rivera.

A prudent diet, whether pregnant or not, should include fresh fruit and vegetables, whole grains and other foods high in fiber and should avoid saturated fats and trans fatty acids, but this becomes especially important while pregnant. Caffeine consumption should be minimized and you should avoid undercooked meats and unpasteurized dairy products. Fish and shellfish are an important part of a healthy diet but due to mercury contamination precautions should be taken to avoid fish that may contain high levels of mercury. Read below for more information.

The following graph can help you determine your body mass index (BMI).

Weight gain during pregnancy should be dependent upon your BMI.

- BMI <18.5 kg/m² (underweight) — weight gain 28 to 40 lbs
- BMI 18.5 to 24.9 kg/m² (normal weight) — weight gain 25 to 35 lbs
- BMI 25.0 to 29.9 kg/m² (overweight) — weight gain 15 to 25 lbs
- BMI ≥30.0 kg/m² (obese) — weight gain 11 to 20 lbs
- BMI Calculator: <http://www.nhlbissupport.com/bmi/bminojs.htm>

Limiting your weight gain during pregnancy will allow a return to a normal healthy weight after pregnancy. Discuss with Dr. Rivera on ways to meet your target weight gain.

FOOD BORN RISKS IN PREGNANCY

Certain soft cheeses, ready-to-eat meats (including packaged luncheon meats and deli meats) and unpasteurized milk (and products made from it) can cause a form of food poisoning called listeriosis. Listeriosis is caused by a bacterium and can be especially dangerous during pregnancy. Pregnant women should follow these guidelines from the FDA:

- Do not eat hot dogs or luncheon meats (including deli meats such as ham, turkey, salami, and bologna) unless they are reheated until steaming hot.
- Avoid soft cheeses such as feta, brie, Camembert, Roquefort, blue-veined, queso blanco, queso fresco or Panela unless it is labeled as made with pasteurized milk. Hard cheeses, processed cheeses, cream and cottage cheeses are safe.
- Do not eat refrigerated pates or meat spreads. (Listeria thrives at refrigerator temperatures.)
- Canned and shelf-stable versions are safe.
- Avoid refrigerated smoked seafood unless it has been cooked (as in a casserole). Canned and shelf-stable versions can be eaten safely.
- Do not consume unpasteurized juices, milk, or foods made from it.
- A pregnant woman who eats liver regularly may consume enough vitamin A to pose a risk to

her baby. Though it is not proven that eating liver cause's birth defects, the safest approach is for pregnant women to minimize their consumption of liver.

- Always wash vegetables and fruits before eating and refrigerate unused cooked foods promptly.

Advice on Mercury in Fish & Shellfish (FDA & EPA)

Fish and shellfish contain high-quality protein and other essential nutrients, are low in saturated fat, and contain omega-3 fatty acids. A well-balanced diet that includes a variety of fish and shellfish can contribute to heart health and children's proper growth and development. Yet, some fish and shellfish contain higher levels of mercury that may harm an unborn baby or young child's developing nervous system.

The risks from mercury in fish and shellfish depend on the amount of fish and shellfish eaten and the levels of mercury in the fish and shellfish. By following these recommendations for selecting and eating fish or shellfish, women and young children will receive the benefits of eating fish and shellfish and be confident that they have reduced their exposure to the harmful effects of mercury.

- DO NOT eat Shark/Swordfish/King Mackerel/Tilefish because they contain high levels of mercury.
- DO eat up to 12 ounces (2 average meals) a week of a variety of fish & shellfish that are lower in mercury.
- Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock & catfish.
- Another commonly eaten fish, albacore ("white") tuna, has more mercury than canned light tuna. So, when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of albacore tuna per week.
- Check local advisories about the safety of fish caught by family and friends in your local lakes, rivers & coastal areas. If no advice is available, eat up to 6 ounces (one average meal) per week of fish you catch from local waters, but don't consume any other fish during that week.
- Follow these same recommendations when feeding fish and shellfish to your young child, but serve smaller portions.
- For more information, toll-free at 1-888-SAFEFOOD or www.cfsan.fda.gov/seafood1.html

Dental Care in Pregnancy

There are many normal changes that the gums go through during the course of a normal pregnancy. However, recent studies have indicated that gum disease may contribute to premature births. Many dental professionals are now recommending more frequent cleaning and gum evaluation during pregnancy to distinguish these normal changes from more serious problems. If you have any questions about dental care, please contact your dentist for further information. We are happy to consult with your dentist should any advanced procedures like extractions or root canals need to be performed during pregnancy. It is much more dangerous to ignore dental problems than it is to have them taken care of during pregnancy.

SYMPTOMS OF CONCERN / WARNING SIGNALS

- Note: When calling your physician, please have a pharmacy phone number available.
- It is extremely important to notify the office or the on-call physician for any of the following symptoms:
- Temperature of 101° OR ABOVE.
- Vaginal bleeding, more than a one-time spotting.
- Leaking or gush of fluid from the vagina, rupture of the “bag of water”.
- Irritating or persistent abdominal pain and/or firmness.
- Sudden and severe swelling of hands, feet, ankles, or face.
- Urgency, difficulty, pain, or burning when urinating, or inability to urinate.
- Persistent vomiting or diarrhea, or inability to tolerate any intake for over 24 hours.
- Sudden or continuous headaches not relieved by acetaminophen or rest.
- Blurred vision or other visual disturbances.
- Sudden or persistent upper abdominal pain, epigastric pain.
- Fainting.
- A decrease or drastic change in the usual movement of your baby.

If you have been involved in a serious fall, motor vehicle accident, or any trauma to your abdomen, call your physician immediately and be prepared to go to the nearest Emergency Room to be evaluated.

MISCARRIAGE

Light bleeding or spotting occurs relatively frequently in the first few months of pregnancy. Pelvic heaviness or cramping is also relatively common. Fortunately, most patients who have early bleeding or cramping do not miscarry and their pregnancy continues to full term. Approximately 20% of pregnancies will miscarry, however. This is almost always due to problems occurring very early in pregnancy or at conception that the parents have no control over.

Miscarriage is almost always a sign that there was a problem with the way the pregnancy was forming and has nothing to do with anything the mother did or could have done. If you have spotting or light bleeding in the first few months of pregnancy, call our office during office hours and discuss this with the nurse or the doctor. If you have heavy bleeding (more than a period), heavy cramps, or significant abdominal pain, inform the office immediately, or talk to the doctor or call if it is after office hours.

KICK COUNTS

Many medical authorities today suggest that fetal activity levels say a lot about your baby's well being. Beginning around the 28th week of pregnancy you may be asked to record your baby's

kick counts. This is a helpful way to keep us informed of your baby's health. Babies have sleep and wake cycles lasting from 20 minutes to 2 hours. Movement is usually more noticeable during mid pregnancy than later pregnancy. Certain authorities feel that fewer than 10 movements in a 12-hour period are cause for concern and further evaluation. Some feel that fewer than 4 movements in one hour are worrisome. Unfortunately, there is no consensus on a critical level of fetal movement. However, it is certain that fetal activity is generally reassuring and that fetal inactivity does need further evaluation.

Please let us know if you feel that your baby's activity has diminished from his/her usual pattern. Most babies have a rhythm that is typical for him/her, and each mother has a different ability to recognize her baby's movements. You can start this chart at any time during the day, and once you have reached 10 movements, you can stop. Keep your baby's sleep and wake patterns in mind when counting movements.

If you feel a decrease in activity, have a glass of juice or soda, lie down on your left side, and count your baby's movements for an hour. If you do not feel your baby moving at least 4 times in an hour or 10 times in two hours, you should notify the office or the physician on call.

IS THIS LABOR?

The following symptoms may indicate that you are going into labor:

SYMPTOM	DESCRIPTION	ACTION
Show	Blood tinged mucous discharge, could indicate that the cervix is beginning to thin and open in preparation for labor.	No action necessary unless you are less than 38 weeks and the bleeding is like a menstrual period.
Backache	Backache can be common during pregnancy, but if intermittent, it may be early labor, particularly if associated with cramping or increased pelvic pressure.	No action unless you are less than 37 weeks.
Contractions	Tightening of the uterus (womb), usually begin irregularly and far apart.	Time contractions and notify the office once contractions are regular and at least 5min apart. Immediate notification is necessary if you are less than 37 weeks pregnant.
Breaking of the bag of water	Fluid leaks, gushes from the vagina.	Call the office or on-call physician immediately regardless of gestational age and/or proceed directly to

labor and delivery, note the time, amount, and if you have any contractions.

AFTER HOURS CARE

Please limit routine calls to regular office hours, as our physician on call is frequently performing deliveries and attending to gynecological emergencies after hours. If you have a **MEDICAL CONCERN/EMERGENCY** that should not wait until business hours, please do not hesitate to contact us by calling the office and they will connect you to the physician on call. Be sure to keep your phone line open and have a pharmacy number available when calling. If your phone does not accept calls from anonymous callers, please disable that feature when paging a physician to call you. It is extremely important that you speak to a doctor or office staff **before** going directly to the hospital.

FORM COMPLETION

We request that you give our clinical staff at least 10 working days to complete any form related to your pregnancy. Please have the form and where you would like it sent available when you present the form to our front staff or fax it to our office. Make sure that you give us a phone number where we may reach you if we have any questions. There will be a charge for any form that needs to be completed, this is the standard charge amongst all physician offices.

PEDIATRICIANS

We recommend you choose your pediatrician by the last month of your pregnancy. You will need to discuss with your pediatrician whether they have privileges at Memorial Hermann Katy. If your pediatrician does not have privileges, there is a group of pediatricians that will see all babies that don't have an assigned pediatrician. Then you will need to schedule the first outpatient visit with your pediatrician who usually wants to see the baby in the first 1-2 weeks of life. There is a separate charge for your pediatrician's services and you will need to contact your insurance company to see if they are providers for your insurance. Please inform us of your pediatrician choice.

HOSPITAL PRE-REGISTRATION

It is recommended to pre-register for your delivery with Memorial Hermann Katy or Memorial Hermann Memorial City. You can go to the registration desk that is located just through the emergency room entry. This can be done at any time during pregnancy but often is done between 28-34 weeks.

COMMON HOSPITAL QUESTIONS

Videotaping:

The hospital's policy is no videotaping during the birth. In an effort to maintain a safe environment for your special occasion they permit NO videotaping in the delivery suites until your physician and nurse have deemed it safe for you to do so. This usually occurs very soon after delivery, when the new mother is beginning her recovery phase in the delivery suite.

Visitors present during birth:

The number of visitors present for a birth will remain dependent upon space constraints in the delivery suites in conjunction with the condition of the expectant mother and her undelivered newborn. Your physician will discuss particulars with you upon your admission to the birthing suites. Every situation is different but you will be able to have usually 2 supporting family/friends present and sometimes more if feasible.

NEWBORN SCREENING

What is a newborn screen?

The Texas newborn screening program tests for five disorders which, if not treated very early in life, can cause severe mental retardation, illness or death.

These tests are:

- (1) phenylketonuria
- (2) galactosemia
- (3) sickling hemoglobinopathies, including sickle cell disease
- (4) congenital adrenal hyperplasia
- (5) hypothyroidism

The two inborn errors of metabolism, phenylketonuria (PKU) and galactosemia, are treated by diet; congenital hypothyroidism and congenital adrenal hyperplasia (CAH), are treated by medication; and sickle cell disease complications may be prevented through a program of medical supervision and prophylactic antibiotics administered at an early age.

CIRCUMCISION

Circumcision is the removal of the foreskin or ring of tissue that covers the head of the penis. Dr. Rivera does perform circumcisions. The circumcision is usually performed the day after the delivery or sometimes the day of discharge. Please notify Dr. Rivera while on labor and delivery floor if you want your son circumcised. He will go over the procedure with you at that time and answer any questions.

The purpose of the foreskin is to protect the glands against urine, feces and other types of irritation. The foreskin may also serve a sexual function by protecting the sensitivity of the glands. The decision to circumcise your infant son is a complex one, requiring thought regarding cultural, religious, medical and personal preferences.

Benefits include reduction in the rates of urinary tract infection, penile cancer, some sexually transmitted infections, penile dermatoses, and penile inflammation, as well as easier hygiene. Female partners also benefit by reduction in cervical cancer and acquisition of some sexually transmitted infections. These benefits, which extend over a lifetime, need to be weighed against the potential risks of the circumcision procedure, which are often short-term, and in the context of the low incidence of urinary tract infections and penile cancer in uncircumcised men.

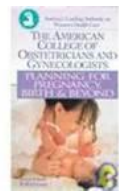
Like any surgical procedure, circumcision may cause complication (less than 1%). These might include infection, bleeding, scarring and various injuries to the penis. The procedure causes some pain that can be minimized by using a local anesthetic to block the nerves of the foreskin. You may have to pay the cost of the procedure if it is considered an elective procedure with your insurance.

The decision to circumcise is for the parent to decide as the risks and benefits are too small to make it a medical decision. Some parents take into consideration if the father is circumcised or not when making this decision.

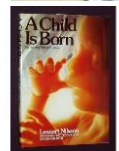
CHILDBIRTH CLASSES

The Birthing Center at Memorial Hermann Katy offers a childbirth class that is on a regular basis. Call to find out when the next class is being offered. These classes are usually free and are encouraged, especially if this is your first pregnancy. Register for the class by 24 weeks of pregnancy to be taken between 28-34 weeks.

LABOR & DELIVERY TOURS



The Birthing Center at Memorial Hermann Katy offers tours of Labor and Delivery and Postpartum areas. Tours are best arranged for a Saturday or Sunday viewing but if you have the need for a weekday viewing then they will do their best to see if they have the ability to do so. Please call labor and deliver to schedule a tour.



RECOMMENDED READINGS

Planning for Pregnancy, Birth and Beyond (American College of Obstetrics and Gynecology)

A Child is Born (Lennart Nilson)

POSTPARTUM

Call your pediatrician/family physician with infant care questions!

You need to be seen in our office for your postpartum visit 4 - 6 weeks after delivery.

Call our office if you have any of the following symptoms:

1. Red area on breast associated with pain, firmness. It is normal to have fullness and pressure with slight warmth for a couple days when your milk comes in.
2. Temperature greater than 100.4
3. Heavy vaginal bleeding requiring changing pads every hour or clots the size of a lemon.
4. Foul smelling vaginal discharge.
5. Severe abdominal pain unrelieved by pain medication.
6. Urinary tract infection symptoms: increased frequency with painful urination. Redness, swelling, yellow or green discharge from any stitches you have
7. Pain in the calves of your legs
8. Depression or crying spells that last more than 3 days.

Expect to have bleeding like a heavy menstrual period for 3 to 5 days, whether you deliver vaginally or by cesarean section. You will notice that when you are on your feet more and have increased activity, you may bleed more (this is normal). It is also common to have a large clot the first time you urinate in the morning as the clot forms during the night in the vaginal vault and then is pushed out when you go to the restroom. Also you may stop bleeding for a few days and then restart. This flow will taper off and become dark brown and then pink to clear in color. The discharge may continue for six weeks with intermittent spotting. Use only pads, no tampons. If the bleeding increases you need to rest more. Your first menstrual cycle after delivery is often heavier than usual.

When you breastfeed you may not have a period for several months, however, do not consider this as your birth control method. If you do not breastfeed, you should have a period within 6 to 10 weeks after delivery. Use only pads for 4 -6 weeks after delivery, the cervix needs time to heal – no tampons, douching, swimming or tub baths. No vaginal intercourse until you come for your postpartum visit, sexual pleasure is fine as long as nothing enters the vagina. After urination continue to use squirt bottle from hospital to cleanse the perineum. Clean the rectal area after a bowel movement, always wiping from the front to the back.

If you have stitches in the perineum, they will dissolve within a few weeks. For comfort you can try an ice pack on the area, use a spray anesthetic or tucks pads.

Cesarean section requires a little extra attention. Keep your incision dry and call our office if you have symptoms of infections: fever, tenderness, redness and discharge from the incision. Be very careful not to lift anything heavier than the baby.

Expect to have uterine cramping for several days after delivery. If you experience severe cramping that is unrelieved by the medication prescribed by your doctor, please call the office.

Breast-feeding is encouraged and supported in our office. It is the best nutrition for your baby and has other benefits as well. It is not always as natural as you might expect and requires commitment and support from family members. If you experience difficulty in the first couple of weeks, please get help from a lactation consultant or call our office. If your breasts become engorged you can use warm packs for comfort and Tylenol prior to clinical. If you have reddened

areas of the breast that are hot to touch and sore with a temperature greater than 100.4 you may have **mastitis or breast infection**. Call the office to discuss these symptoms and possible treatment. You can continue to breast feed the baby with mastitis.

If your **nipples crack or are very tender** it may be a problem with the baby latching on correctly or thrush. You may wash with water only or use lanolin or gel shields designed to heal this sensitive area. It is advisable to continue taking your prenatal vitamins while breast feeding. It is very important to be sure over the counter and prescription medications are safe, check with your pediatrician. To maintain an adequate milk supply you need to get plenty of rest, drink 10 glasses of fluids and increase your calorie intake about 300 calories daily. Do not smoke while breastfeeding.

Bottle feeding may be the best option for some women. If you choose to bottle feed, remember this is a very important time for bonding with your baby and give them your full attention. DO NOT prop a bottle for an infant until they can sit up and hold it on their own. Wear a tight fitting bra. Use an ice pack for comfort if you experience tenderness or engorgement, this will pass in a few days. There is no safe medication to “dry up your milk.” Do not express the breast milk, this will increase your discomfort and stimulate more production. You may use Tylenol or other pain relievers.

Activity needs to be modified when you go home from the hospital and you should have additional help and support from your partner, family or friends. You may drive yourself in 1-2 weeks, depending on narcotic pain use. You may shower anytime but no baths until you have been evaluated by a physician. Walking for exercise is ok immediately and will be encouraged in the hospital. If you have a vaginal delivery you may begin other exercise after 3 weeks, start slowly and work up. If you have a cesarean section, you should wait 6 weeks or after your postpartum visit. You may be able to travel in 2 weeks with approval from your pediatrician. Strenuous activity and heavy lifting may delay your recovery, do not lift anything heavier than 10 pounds. Avoid standing or sitting in one position for prolonged periods. You may notice swelling in your feet, hands and legs the first few days you are home; this is a result of IV fluids and changes in your body. Call the office if you have headache and visual changes associated with swelling. Take naps during the day and **learn to say YES to offers of help**.

Intimacy, intercourse and birth control are important topics to discuss with your partner. Some women feel desire sooner than others and the average time frame is 6-8 weeks after delivery. If you are breast feeding, you may experience vaginal dryness that can be relieved by using a water based lubricant. Be patient with each other. **It is important to choose your method of birth control before you need it. You can get pregnant before your first period.** Breast feeding is not a good method of birth control. If you breast or bottle feed you have many choices to choose from. Birth control pills, IUD, diaphragm, condoms, and Depo Provera injections are available for breast feeding moms. If you are bottle feeding, you have these same choices as well as the patch or the ring. If you are certain you do not desire to have any more children, you may choose permanent sterilization-either vasectomy or bilateral tubal-ligation.

Constipation and hemorrhoids are a frequent problem after delivery due to pressure on the rectum during pregnancy, pushing and delivery. Drink plenty of liquids and avoid caffeine. Eat fresh

fruits and raw vegetables as well as high fiber foods. You may use a stool softener for 2-3 weeks. Sitz baths, Tucks pads and Anusol are used to provide comfort for hemorrhoids and stitches.

Postpartum blues and depression are two separate issues. Having a baby and starting or expanding your family is a special and very emotional time for you. You may not experience either of these situations, but it is important to recognize the symptoms and what can be done to alleviate them.

The baby blues is relatively common within the first few days after you deliver. Feeling a little sad or depressed is temporary and is due to sudden demands of motherhood and hormone changes. You may feel fine and then be crying for no apparent reason. Sometimes it is helpful to have a good cry and let it out. Then find some time for yourself, a massage or lunch with a friend. Remember to keep your relationship with your partner as a top priority and go out on a date without the baby. Seek advice from family and friends who have had children, they can tell you what it is really like becoming a mom. Share your feelings!!

Postpartum depression tends to occur after the first couple of weeks and is more prevalent than you realize. It may be difficult for women to discuss their feelings due to embarrassment, shame and uncertainty of how their partner will respond. You are not alone. It is a real illness that affects 20-30% of all postpartum women. The important thing to remember is that it is treatable and Dr. Rivera wants to be of assistance. Know that you can feel good again, do not let denial, misinformation, finances or anything get in the way of your getting the help you need.

Some symptoms include:

- Irritability and sudden mood changes, snapping at your family, crying easily
- Trouble sleeping, feeling exhausted all the time
- Worrying over things that did not bother you in the past
- Wondering if you will ever have time for yourself again
- Thoughts that your children would be better off without you
- Have decreased appetite or difficulty concentrating
- Loss of interest, no longer enjoy things you used to enjoy
- Feelings of guilt or that you are not a good mother
- Isolating yourself from friends and family
- Fear of leaving the house or being alone
- Have unexplained anger or anxiety attacks
- Think something is wrong with you and will never get better

(If you answered yes to 3 or more, you should seek advice from your physician. Talk to your partner and take the first step to get help and feel better.)

FOR HELP OR MORE INFORMATION PLEASE CONTACT:

Resources

2-1-1 Texas: Dial 211. This service helps you to find resources in your area.

From your cell phone, you can reach 2-1-1 services by dialing 1-877-541-7905

PPD Moms: 1-800-PPD-MOMs or 1-800-773-6667

DSHS Pregnancy, Parenting and Depression Resource List:

<http://www.dshs.state.tx.us/mch/depression.shtm>

Postpartum Support International (PSI): <http://www.postpartum.net>

Parent Anonymous: <http://www.parentanonymous.org/paIndex10.html>

CHECKLIST

- Register for childbirth classes by 24 weeks
- Take a tour of the hospital
- Decide about circumcision if you have a boy
- Learn about options for pain management
- Pre-register at hospital by 34 weeks
- Choose a baby doctor by 36 weeks
- Choose a car seat
- Pack a bag for labor and delivery by 37 weeks