

# Welcome to Capital Women's Care

We are pleased that you have chosen us at Capital Women's Care to care for you during this most important and exciting time in your life. This material has been gathered for you to help you become familiar with our practice and to provide you with information that we hope will answer some of your questions. If you have questions that are not answered here, please write them down to ask at your next visit. If your question or concern is urgent, please call the office to speak with the triage nurses who will be glad to help. Please do not send portal messages with OB concerns. If you misplace this packet of information, you can obtain this information on our website at [www.cwchowardcounty.com](http://www.cwchowardcounty.com)

Our OB team consists of Dr. Baras, Dr. Hundley, Dr. Noveau, Dr. Malik (hospitalist), Dr. Cappuccino and Laura Burnham, a Certified Nurse Practitioner. We also have two OB nurses, Afshan and Yesley who are experienced and knowledgeable about OB care. We cannot wait to work together to give you an outstanding OB experience!

## Prenatal Care

### What to expect during your prenatal care visits

We ask you to set aside one to two hours for your first visit. Since we will set up a permanent record with a family medical history, we encourage you to bring the baby's father or ask him for his input. If you have been seeing another care provider for this pregnancy or have significant past or ongoing medical issues, please bring your records with you or arrange to have your records transferred to us. We also encourage you to write down all your questions before your visit so that we can review all of your concerns.

During your new OB visit, we will complete an ultrasound for setting your due date and will discuss your past and present health, as well as nutrition, exercise, and your family and/or support system. One of the physicians or nurse practitioners will then do a complete physical exam. We will order appropriate laboratory tests and formulate a plan of care for your pregnancy. We allow extra time for the first visit so that we can get to know you and answer all of your questions.

Return visits are scheduled monthly. At these visits you are weighed, your blood pressure is measured, and during your third trimester a sample of your urine is screened for infection and preeclampsia. Your doctor or nurse practitioner will answer any questions or concerns you have. The physical examination at these visits includes an examination of your abdomen and listening to the baby's heartbeat with a handheld doppler device. Usually, we can hear the baby's heartbeat 12 weeks from your last period, which is most often at your second visit.

The most important part of prenatal care is the job *you* do. By attending all visits, eating well, living a healthy lifestyle, exercising appropriately, reading, asking questions, choosing a pediatrician, and attending childbirth education classes with your partner, you enhance your pregnancy and feel prepared for your birth. By working together with your clinician and taking care of yourself you can achieve the best possible pregnancy and outcome.

## Number of Visits

Your visits are scheduled every 4 weeks until you reach 28 weeks of gestation. Then you will come in for your appointments every 2 weeks. In the last month of the pregnancy, you will see a nurse practitioner or doctor every week.

## Tests

We strongly encourage you to register for our Patient Portal since that is the way we will communicate with you about test results. Our reception desk staff will be happy to give you the registration information required to register.

**New OB Labs:** This is a set of laboratory tests that are done at the beginning of every pregnancy. Some are required by law and most are recommended by the American College of Obstetrics and Gynecology. These tests include a blood type, blood count, HIV, urine culture, etc.

**Genetic carrier screening:** Some individuals carry a gene that, under certain circumstances, can cause a medical condition in her or his child. In most cases, it takes two parents who BOTH have the gene for the child to be affected so the likelihood of the child having the condition is low. There are tests available to determine carrier status for many genetic conditions. Insurance coverage varies with the insurance plan.

**NIPT:** Screening for the more common chromosomal abnormalities (trisomies 13, 18 and 21) is optional and is offered to all pregnant women regardless of age. Screening tests do not diagnose these conditions, but they can indicate to whom further testing should be offered. It is important to remember that these tests can have both false positive and false negative results.

**AFP:** At 16-22 weeks, the maternal serum AFP test is offered, which screens for birth defects including spina bifida, omphalocele, down syndrome, etc.

**28wk labs:** Routine bloodwork will be checked during the third trimester and includes gestational diabetes, HIV, syphilis, and anemia screening.

**GBS screening:** At approximately 36 weeks of gestation your examination may include vaginal/rectal swab to screen for group B strep, which if carried can lead to maternal and newborn infections. If you are positive, we will plan to treat you with antibiotics when you are admitted to labor and delivery for your birth.

**Non-Stress Test (NST):** During the course of some pregnancies, it is important to do this test that helps us to assess the well-being of the baby. It is usually done in our office and consists of monitoring the baby's heartbeat over a period of 20 to 30 minutes.

**Ultrasounds:** Ultrasounds are ordered during the pregnancy if your baby's well-being requires it. Most insurance policies allow one "routine" second trimester ultrasound study during a normal, low risk pregnancy. The best time for this is between 19 and 20 weeks of pregnancy and is known as the Anatomy Screen. Other ultrasound studies will be ordered on an individual basis when the need arises and may check on your baby's growth, fluid level, and movements.

## Documents

There are a number of forms we will ask you to complete. The first is one that documents your medical history. It is important to be thorough and include *all* of your history even if you do not think it is relevant. Your information is confidential and some details could affect your care. You will also receive a Howard County General Hospital Pre-admission form. We ask that you fill this in and give it back to our front desk staff. If your address, phone number or insurance information changes before delivery, you must inform our office and you should fill in another pre-admission form for the hospital.

We are happy to complete the forms you may need for disability during or after your pregnancy. Please submit them to the front desk on check-in. There is a fee for completing these forms or preparing a letter.

## Common Questions and Concerns of Pregnancy

### Abdominal Pain

#### Possible Causes:

There are numerous causes for abdominal pain in pregnancy. In general, isolated abdominal pain that does not persist or worsen is not a cause for concern. Remember there is a baby rapidly growing in your uterus and your body will shift and move to make room! Normal causes of abdominal pain usually do not need to be reported and can include:

- ◆ Round Ligament Pain: Sharp, pulling pains low on either side down toward the groin. They usually increase with movement such as when you move quickly or turn over.
  - Prop a pillow under your belly when you lay on your side
  - Take a warm (not hot) bath
  - Keep yourself well hydrated (8-10 glasses of water a day)
  - Wear a pregnancy abdominal support belt
  - If needed, you may take Tylenol
  - Change positions slowly, especially from lying to sitting to standing

- ◆ Braxton Hicks Contractions: Mild, irregular tightening of your uterus that does not increase in intensity or frequency, and disappears spontaneously. It may be more intense after intercourse or when you are dehydrated.
  - Accept them as normal. Keep yourself hydrated, with 8-10 glasses of water a day
  - Take calcium supplements to decrease uterine irritability
  - Take rest breaks during the day
- ◆ Constipation: See bowel problems below

The following conditions may also cause abdominal pain in pregnancy, and **do** need to be reported to the nurse practitioner or physician:

- ◆ Urinary Tract Infection: See bladder problems
- ◆ Preterm Labor: See preterm labor section
- ◆ Appendicitis: Severe usually right sided abdominal pain which may be accompanied by nausea or vomiting and fever
- ◆ Gallbladder or Liver Problems: Severe right upper abdominal pain. Gallbladder disease may also be accompanied by nausea or vomiting and/or fever

## Back Pain

### Possible Causes:

- ◆ Stress on back muscles from the extra weight in the abdomen
- ◆ Kidney infection or kidney stone: Pain above the waist and toward one side or the other, possibly with a fever.
- ◆ Preterm labor i.e. before 37 weeks: Pain that comes and goes and is accompanied by tightening of the uterus. There may also be an increase in the amount of vaginal discharge compared to that you have noticed in the earlier part of pregnancy. (see also Preterm Labor section)

### Prevention and treatment of back pain:

- ◆ Massage Therapy (call our office for information)
- ◆ Yoga (best if specific for pregnancy)
- ◆ Good posture
- ◆ Proper body mechanics when changing position or lifting
- ◆ Pelvic rock exercises
- ◆ Firm mattress
- ◆ Extra rest
- ◆ Warm (not hot) bath or heating pad on low setting (be careful to avoid burns)
- ◆ Tylenol up to 1000 mg every 8 hours

## Bladder Problems/Urinary Tract Infection (UTI)

### Cause:

UTIs are caused by bacteria growing in a part of the urinary tract. The urinary tract includes the kidneys, ureters (pipes that lead from the kidneys to the bladder), bladder, and urethra (the pipe that leads from the bladder to the outside). Pregnant women are at an increased risk for urinary tract infections and it is important to treat them so that they don't cause complications to the pregnancy.

### Signs and Symptoms:

- ◆ Frequency, having to urinate more than usual
- ◆ Burning when you urinate
- ◆ Not able to urinate when you try
- ◆ Lower abdominal pressure and/or tenderness
- ◆ Blood in your urine
- ◆ Fever
- ◆ Back pain, over one or both kidneys (mid back, each side)

### Prevention:

- ◆ Drink a lot of water. Do not restrict fluids hoping you won't have to urinate as much. You will actually spend a lot more time in the bathroom and have more pain.
- ◆ Urinate frequently, do not hold it
- ◆ Wear loose, cotton clothes
- ◆ Use white, non-perfumed toilet paper
- ◆ Wash before and after sex – a good idea for your partner, too
- ◆ Urinate immediately after intercourse.

### What If I Develop a UTI?

- ◆ Contact our office (8:30am-4:30pm) as soon as possible.
- ◆ We will arrange for you to do a urine culture for testing.
- ◆ Depending on your symptoms, we will either start you on an antibiotic as soon as you've done the laboratory test, or wait until we have results.
- ◆ Take all of your antibiotic, even if you no longer have signs and symptoms
- ◆ After your medication is finished, you should may another urine culture done to be sure the infection is gone. This can be done at your next visit.

## Incontinence

### Cause:

Pregnant women often need to urinate more frequently due to pressure on the bladder from the growing uterus. This is worse in the beginning and at the end of the pregnancy. The more babies

you have had and the older you get, the more problems you may have with incontinence (leaking of urine).

### **What can I do for incontinence (bladder leaking)?**

- ◆ Kegel exercises. A description of Kegel exercises can be found easily on the internet, for example at [mayoclinic.org](http://mayoclinic.org), or you can get information from our office. Do at least 20 repetitions, and hold each to the count of ten. Do these several times a day.
- ◆ Wear a pad and change it frequently
- ◆ Try to have your bladder empty, or cross your legs before coughing or sneezing

Remember that you are not alone; many pregnant women have this problem.

## **Bleeding (Vaginal)**

### **Possible causes:**

- ◆ Small amounts of spotting may be normal in pregnancy. This may occur after a Pap smear, vaginal exam, intercourse, or when the embryo implants into your uterine wall (about the time you miss your first period). Light spotting that is not associated with cramping or abdominal pain does not increase your chance of miscarriage and most often resolves spontaneously.
- ◆ Cervical polyps
- ◆ More serious causes may be a possible miscarriage, ectopic pregnancy, placenta previa, or placental separation called an abruption.

**Any spotting in pregnancy should be reported to your physician or nurse practitioner.**

## **Bowel Problems**

### **Possible Causes:**

- ◆ Constipation: Iron or calcium supplements or dietary deficiencies (not enough fiber or water)
- ◆ Hemorrhoids: Constipation or impaired circulation due to weight of the uterus on major veins. These are really varicose veins of the rectum.

### **Prevention and Treatment:**

- ◆ Eat a diet high in fiber (fruits, vegetables, whole grains)
- ◆ Drink lots of water
- ◆ Have regular bowel movements
- ◆ Exercise daily
- ◆ Avoid sitting for long periods of time
- ◆ Use stool softeners – Docusate Sodium – such as *Colace*. Fiber supplements, such as *Metamucil*, are also helpful but fluid intake must be increased with them.

- ◆ Rectal medications (*Preparation H, Anusol*) are available to help and may be used during pregnancy.

## Colds, Upper Respiratory Infections

### Possible Causes:

- ◆ Some nasal congestion may be normal in pregnancy due to the increase in blood volume and swelling of nasal blood vessels. You also may be more likely to get colds during pregnancy, especially if you have small children at home. Colds are mostly caused by viruses and cannot be treated with antibiotics. If a cold lingers or you develop a fever over 100.4°F (38°C), you may be developing a secondary bacterial infection that may need to be treated with an antibiotic.

### Treatment:

- ◆ Take the lowest dose possible and only when needed. Vitamin C, 500mg, 2-3 times per day may help to shorten the duration of symptoms. Also remember to rest, eat well, and drink lots of fluids.
- ◆ **Fever:** A high fever (101°F or higher) does not maintain the healthiest environment for developing babies, especially in early pregnancy. Therefore, they should be treated. You can take up to 1000mg of acetaminophen (2 extra strength *Tylenol*) every 8 hours, but call your physician or nurse practitioner to let us know you have a fever. Do not take *Aspirin* (acetylsalicylic acid or ASA) or ibuprofen for a fever.
- ◆ **Cough/Sore Throat:** Cough drops are safe, but they have lots of sugar. *Robitussin* is an expectorant cough syrup that can help to loosen congestion. Drinking more fluids and eating a teaspoon of honey can do the same thing.
- ◆ **Nasal Congestion:** The decongestant pseudoephedrine (brand name example *Sudafed*) may be the best choice for cold symptoms. Antihistamines, for example *Zyrtec* or *Benadryl* may be better for seasonal allergies. Nasal saline spray or drops, a cool mist humidifier, and lots of oral fluids will also help to loosen congestion. Try sleeping with your head elevated on several pillows. Mentholatum or Vicks VapoRub placed on the outside of your nose may also help you to feel the air moving through, and reduce your subjective sensation of stuffiness.

***The best principle is to use medications only when you really need to. They may help you sleep, and rest is a very important thing in pregnancy. Remember, these medications do not make a virus go away. Only time, rest, and drinking plenty of fluids will do that. These medications just help you feel better while you are waiting.***

## Dizziness/Faintness

### Possible Causes:

- ◆ A drop in blood pressure when changing position from lying down to sitting or from sitting to standing can be the cause of dizziness. Pregnancy hormones cause blood vessels to relax which contributes to this phenomenon.
- ◆ Low blood sugar

Let your physician or nurse practitioner know if you actually lose consciousness or fall when light-headed.

### Prevention and Treatment:

- ◆ Move slowly, especially when rising
- ◆ Drink plenty of fluids
- ◆ Wear support hose to prevent pooling of blood in legs
- ◆ Eat well-balanced meals and nourishing snacks

## Fatigue

### Possible Causes:

- ◆ Hormones of pregnancy, mostly in the 1st trimester
- ◆ Later in the pregnancy, carrying extra weight and lack of sleep due to urinary frequency and/or general discomfort.

### Prevention and Treatment:

- ◆ Extra rest, nap when possible, go to bed earlier
- ◆ Adequate calories and most fluids by 7 pm
- ◆ Regular exercise, but do not overdo it, stay fit
- ◆ Decrease or avoid caffeine
- ◆ Experiment with extra pillows to sleep more comfortably. For example: Tuck one under your tummy and another between your knees.
- ◆ Acupuncture and Clinical Herbalism

## Headaches

### Possible Causes:

- ◆ Sinus pressure from increased fluid volume.
- ◆ Eye strain from vision changes.
- ◆ Allergies, colds, or flu
- ◆ Headaches can be a symptom of high blood pressure.

Call your physician or nurse practitioner if Tylenol and a nap do not relieve the headache or if you have blurred vision.

### **Prevention and Treatment:**

- ◆ Extra rest
- ◆ Acetaminophen (i.e. *Tylenol*) up to 1000mg every 8 hours
- ◆ A decongestant for a cold or an antihistamine if you have allergies
- ◆ Acupuncture and Herbs (check for safety) can be very effective
- ◆ Call us right away if your vision changes

## **Heartburn and Indigestion**

### **Possible Causes:**

- ◆ Increased stomach acid reflux into your esophagus
- ◆ Slowed digestion in pregnancy

### **Prevention and Treatment:**

- ◆ Eat small, frequent meals.
- ◆ Do not drink fluids with meals, drink them in between meals
- ◆ Minimize acidic or greasy foods.
- ◆ Antacids, preferably antacids that have both magnesium and aluminum and are low in sodium (i.e. *Mylanta*). Magnesium antacids by themselves can cause diarrhea. Aluminum antacids by themselves can cause constipation. *Tums* contain only calcium and are good for extra calcium, but don't relieve heartburn for very long. *Roloids* contain both calcium and magnesium, but not aluminum and are a good choice if you need calcium and have heartburn. Most patients find *Pepcid* works well.

## **Nausea and Vomiting (Morning Sickness)**

### **Possible Causes:**

- ◆ It is not known what causes morning sickness. There are a number of different theories, but it seems to have a relationship with the amount of pregnancy hormone in the blood and it usually peaks around 9-10 weeks of pregnancy. Although some women have some queasiness until delivery, it usually has improved significantly or is gone by 14 to 16 weeks.
- ◆ The popular name is “morning sickness” but it can be all day or it can be worst at another time of the day.

### **Prevention and Treatment:**

- ◆ Strive mainly to drink fluids and avoid food if you are vomiting.
- ◆ Eating small snacks like crackers can help prevent nausea.
- ◆ Eat small, frequent meals.
- ◆ Do not drink liquids with meals, drink them in between.

- ◆ Eat a bedtime snack, preferably of protein.
- ◆ Eat foods that appeal to you and those that do not have strong odors.
- ◆ Structure your life so you can rest at the time you usually feel worst, and do more and eat more at times you usually feel better.
- ◆ Keep yourself well hydrated. You may only tolerate small sips of fluid or ice chips at a time.
- ◆ Take vitamin B6 up to 200mg per day. Take half in the morning and half in the evening.
- ◆ Drink mint and/or raspberry teas.
- ◆ Wear sea bands or acupressure bracelets that put pressure on the Nei guan point of the wrist (two thumbs up from the hand on the inside of the wrist, and about 1cm deep)
- ◆ Sip on flat cola, but do not overdo the caffeine and sugar, apple or grape juice can be substituted.
- ◆ Acupuncture and Clinical Herbalism can be very effective in treatment

Call if you cannot keep **any** liquids down for 24 hours.

You can also get the regular stomach flu when you are pregnant. If you can't keep anything down, try the following:

Do not eat or drink anything for 4-5 hours. Then slowly start sipping water and flat cola. If tolerated, slowly increase the amount of liquid you take, and slowly introduce solids. Bland solids to start with are bananas, rice, apple sauce and toast (the "b.r.a.t." diet). The pace at which you add solids back can vary from 24 hours to several days.

## Leg Cramps

### Possible Causes:

- ◆ Impaired circulation in the legs
- ◆ Electrolyte (or mineral) imbalance

### Prevention and Treatment:

- ◆ See also sections on swelling and varicose veins
- ◆ Do not point toes
- ◆ Extra rest
- ◆ Take Magnesium supplements at bedtime
- ◆ Try a glass of milk before bedtime
- ◆ To relieve cramps, stretch leg out and bend ankle with toes toward your head, (Point your heels!). Hold this position until the muscle relaxes. It may feel bruised for a few hours afterwards.

## Shortness of Breath

### Possible Causes:

- ◆ Normal changes in your balance of oxygen and carbon dioxide make you feel as though you are short of breath. This is often worst in the first two-thirds of your pregnancy.
- ◆ Increasing pressure against your diaphragm by your growing uterus may also make you feel short of breath. You are actually able to pull in more air than when you were not pregnant because your chest has expanded. This is a subjective feeling of shortness of breath.

### Prevention and Treatment:

- ◆ Relax and consciously slow and deepen your breathing.
- ◆ Stretch your arms up, to further expand your chest.
- ◆ Sleep with your head and chest elevated.
- ◆ Listen to your body; rest when needed and do not overexert yourself.
- ◆ Make sure to buy larger bras, not just cup size but also measurement.

## Skin Changes (Stretch Marks, Excessive Pigmentation)

### Possible Causes:

- ◆ Pregnancy hormones cause changes in pigmentation such as darkening of the breast nipple area and the line down the middle of the abdomen (called linea nigra).
- ◆ Stretch marks are caused by the rapidly enlarging uterus, sometimes hips and breasts too. Genetics and skin elasticity also play a part in whether or not a person gets stretch marks.
- ◆ Other skin changes such as rashes or itching may occur. Call your physician or nurse practitioner if it is severe. Call if the itching is on the palms of your hands or soles of your feet.

### Prevention and Treatment:

- ◆ Generally, stretch marks and pigment changes are not preventable.
- ◆ Lotions, creams, or ointments may relieve dryness and discomfort.
- ◆ Stretch marks will fade, to some extent, and increased pigment will resolve after delivery, but it takes several months for these to happen.
- ◆ Avoid excess weight gain to keep stretch marks from becoming extreme.

## Swelling

### Possible Causes:

- ◆ Swelling of the feet is common in late pregnancy due to increased blood volume and increased abdominal pressure that traps fluid in the legs.
- ◆ Another more serious cause includes preeclampsia. This usually involves rapid weight gain, rapidly developing swelling of feet, hands and/or face, along with elevated blood pressure and protein in the urine. These symptoms may also be accompanied by a persistent headache, upper abdominal pain, and/or visual disturbances described as spots in front of the eyes or flashing lights. Any of these symptoms need to be reported **immediately** to your physician or nurse practitioner.

### Prevention and Treatment:

(for simple swelling without the other symptoms listed above)

- ◆ Elevate feet for a period of time each day
- ◆ Do not sit or stand for long periods of time. Get up and walk around.
- ◆ Avoid tight, restrictive clothing or knee socks
- ◆ Wear support hose
- ◆ Drink lots of fluid, at least 8-10 glasses per day
- ◆ Swimming

## Vaginal Discharge

### Possible Causes:

- ◆ Pregnancy hormones cause increased vaginal secretions (leukorrhea).
- ◆ Infections
- ◆ Leaking of amniotic fluid.

Call your physician or nurse practitioner if the discharge is itchy, irritating, foul smelling, or very watery.

### Prevention and Treatment:

- ◆ Do not douche
- ◆ Wear cotton underwear (not just cotton crotch)
- ◆ Avoid constrictive clothing
- ◆ Go without underwear while sleeping and at home during the day whenever possible
- ◆ Sanitary pads should be used only when absolutely necessary and changed frequently.

## Varicose Veins

### Possible Causes:

- ◆ Increased blood volume

- ◆ Increased abdominal pressure that traps fluid in your legs
- ◆ Relaxation of blood vessel walls

#### **Prevention and Treatment:**

- ◆ Follow all of the suggestions for swelling in pregnancy
- ◆ If commercial maternity support hose do not give adequate relief, prescription support hose are available

There is also an increased risk of developing blood clots when you are pregnant and for 6-8 weeks postpartum. This is a different condition to varicose veins. The following signs and symptoms of deep vein thrombosis or blood clots should be reported **immediately** to your physician or nurse practitioner. If you have these symptoms *do not massage the leg*.

- ◆ Abrupt onset of severe leg pain
- ◆ Swelling of one leg, one side more than the other
- ◆ Localized pain, warmth or redness of leg

### **Nose Bleeds**

#### **Possible Causes:**

- ◆ The hormones of pregnancy cause increased fragility of the tissues lining the nose
- ◆ Dry air

#### **Prevention and Treatment:**

- ◆ Use a cool mist humidifier or vaporizer
- ◆ Apply pressure on the affected side of the nose, as you would treat any nose bleed
- ◆ Call if the bleeding is prolonged

## **Exercise During Pregnancy**

It is beneficial for you to be in good health. By maintaining physical fitness in pregnancy, you can reduce common discomforts of pregnancy, improve your baby's health, and shorten your recovery time after delivery.

In general, you can keep up with your exercise routine that you had prior to your pregnancy. If you didn't exercise before, now is good time to start. Start slowly and don't expect as much of yourself as you might have before pregnancy. You can start with walking 20 minutes a day or join a prenatal Yoga class.

The only exercises or activities to avoid are:

- ◆ Those in which there is a danger of getting hit in the abdomen
- ◆ Those in which there is risk of falling

- ◆ Those in which you are required to lie flat on your back for more than a couple of minutes (this pertains to after 20 weeks gestation)

## Medications

Extensive information has been gathered on certain medications that have been used frequently in pregnancy. The following is a list of medications for which risk is low to moderate use in pregnancy. Where possible, we have listed the generic name or drug name and sample brand names in italics underneath.

Headache/Pain/Fever.....	Acetaminophen  Tylenol (regular or extra strength)
Cough.....	Dextromethorphan  Robitussin
Sore Throat.....	any spray or lozenges  Sucrets, Cepacol
Cold/ Congestion.....	Pseudoephedrine (in 2 <sup>nd</sup> or 3 <sup>rd</sup> trimesters and only if no hypertension), Chlorpheniramine  Sudafed, Chlortrimeton
Heartburn/Gas.....	Pepcid, Maalox, Mylanta, Tums, Roloids
Laxative.....	fiber or mild laxatives  Senokot, Metamucil
Stool Softener.....	Docusate Sodium  Colace
Hemorrhoids .....	Preparation H, Anusol HC 1%, Tucks Pads

Diarrhea.....	Attapulgate, Loperamide Kaopectate, Immodium
Rashes/ Bug Bites.....	0.5% Hydrocortisone Cream, Diphenhydramine Cortaid, Lanacort, Benadryl (cream or tablets), Calamine Lotion
Yeast Infections.....	Miconazole, Clotrimazole Monistat, Gyne-Lotrimin

## Travel During Pregnancy

Travel in pregnancy is generally safe if your pregnancy is low risk and has been uneventful up to the point of traveling. It is best to restrict travel to locations where you can get good health care if needed if you deliver preterm or have other complications. There are a few things to keep in mind when planning travel and during your trip:

- ◆ Exercise your legs periodically during prolonged sitting. If unable to get up, as in air travel, move your ankles around and bend and straighten your knees.
- ◆ Check with the airline with which you plan to travel to see if they require a letter from your provider. Most airlines will not let you travel if you are 36wks or more.
- ◆ Most major cruise lines prohibit passengers from sailing at 24wks or more of pregnancy. Please ask for a letter of medical clearance to travel before you leave as you will need this to board your cruise.
- ◆ Be cautious about what you eat and drink; use bottled water, even to brush your teeth, in areas known to have water that can cause gastrointestinal upset.
- ◆ Check online at [www.cdc.gov](http://www.cdc.gov) for suggested immunizations if you are traveling overseas.
- ◆ It is your responsibility to check and see if your insurance carrier has any restrictions on travel. Some policies will not pay costs of care for pregnancy if you travel after a certain gestation or will not cover care in a foreign country.

## Sex During Pregnancy

Enjoyment of sex during pregnancy is a healthy, satisfying part of a couple's total relationship. Female orgasm during late pregnancy will cause contractions of the uterus which are harmless to the baby and which will not cause premature labor. Different positions for intercourse will need to be used as the woman's abdomen enlarges. Any position that is comfortable is safe. An increase or decrease in sexual desire experienced by the woman are both normal during pregnancy and the postpartum period.

**Under the following conditions, intercourse should be avoided:**

- ◆ After the membranes (bag of water) has ruptured, there is danger of infection. (Also tub baths, swimming and douches are dangerous at this time.)
- ◆ When bleeding or premature contractions occur.
- ◆ If you are known to have placenta previa (the placenta covers the cervix).

The only sexual activity that has been documented as dangerous is blowing air into the vagina of a pregnant woman. This can detach the placenta from the uterine wall and cause an air embolism.

If you have questions about sex, please feel free to discuss them with your physician or nurse practitioner.

## Premature Labor

A full-term pregnancy lasts 38 to 42 weeks. Your due date is the average of this range, 40 weeks. Babies born before 37 weeks are considered premature; they may have problems with breathing, feeding, keeping warm, and may have medical problems.

### Definition

Premature labor is defined as regular, strong contractions accompanied by dilation of the cervix occurring between the 20th and the 37th weeks of pregnancy. It could result in the birth of a premature baby. It may be possible to prevent a premature birth by being aware of the warning signs of premature labor and seeking care early if these signs should occur. There are some effective treatments available.

### Warning Signs and Symptoms

Call your physician or nurse practitioner if you have any of these symptoms before 37 weeks:

- ◆ Uterine contractions that occur every 10 minutes or less, with or without any other warning signs. You may notice a contraction because of pain but before term, contractions that are concerning may not be painful. If you notice a tightening of your uterus, feel it with your hand. During a contraction the surface of your belly over your uterus will be as hard as your forehead. Also, check different areas of your uterus, since a portion of your uterus may feel hard when the baby is directly under it. During a contraction, the whole uterus will feel hard.
- ◆ Menstrual-like cramps felt in lower abdomen and/or back
- ◆ Low, dull backache felt below waistline, which may come and go or be constant
- ◆ Pelvic pressure that comes and goes with tightening of the uterus
- ◆ Abdominal cramping with or without diarrhea
- ◆ Increase in vaginal discharge. Most women notice an increase in vaginal discharge in pregnancy in general, but if there is more than you have noticed so far in the pregnancy, especially if accompanied by uterine tightening or if bloody, please call.

### Instructions If You Notice These Symptoms

- ◆ Empty your bladder. A full bladder may put pressure on the uterus, causing it to contract.
- ◆ Drink 2-3 glasses of fluid. If the body is not well hydrated, that can cause muscle contractions.
- ◆ Lay down for 1 hour. Lying on your left side is preferred as doing so increases blood supply to the uterus. Resting may, by itself, stop contractions.
- ◆ Feel for contractions. Remember, contractions do not always cause pain or discomfort. Count how many contractions occur in 1 hour.

If contractions stop, *slowly* return to your normal activity.

If contractions continue, call your physician or nurse practitioner if you have more than 6 contractions in 1 hour.

## When To Call Your Physician Or Nurse Practitioner

Throughout this packet, there has been information that led to instructions on when to call. In addition, the following are some other occurrences to report:

### Vaginal bleeding

It is not uncommon to see a small amount of blood-streaked mucous after intercourse. If it is heavier bleeding, persists more than a few hours after intercourse, or is unrelated to the timing of intercourse, call.

## Burning with urination

## Decreased fetal movement

After 24 to 26 weeks you should expect periods of fetal activity every day. Some movements are more intense than others and some babies are generally more active than others. It is **not** true that babies stop moving before you go into labor. If you are concerned that your baby is not moving enough, drink some fluid, lie on your left side and concentrate only on the baby's movements; don't read or watch television at the same time. If you cannot count ten movements in the next hour, call and let us know.

## Fever over 101° Fahrenheit

It is advisable to treat a fever with acetaminophen (i.e. *Tylenol*). It may be necessary, depending on your other symptoms, to discover why you have a high fever. You may consider taking a COVID or STREP test, which can be purchased at any local drugstore.

## Persistent headache

In the event of a headache, try rest, Benadryl, and acetaminophen. If these do not relieve the pain, call.

## Rupture of membranes

When the water breaks it can cause a big gush of fluid coming from the vagina but sometimes it is no more than a trickle. It is not always easy to distinguish rupture of membranes from vaginal discharge or leakage of urine. Amniotic fluid (the fluid in the sac around the baby) is very watery, not like mucous. It is usually a pale yellow but can be green or can be nearly colorless. If you notice wetness, dry off and change your underwear. If very shortly thereafter you notice you are wet again, you may be leaking amniotic fluid. In that case, please call for an evaluation.

# Signs and Symptoms of Labor

If you think you are in labor, drink clear liquids – ideally something with sugar (7-Up, ginger ale, tea, Jell-o, frozen fruit juice bars, etc.) In early labor, light solids (toast, fruit, clear soup, crackers) may be eaten.

After 37 weeks gestation (three weeks before your due date) these are the guidelines to use to decide when to call:

- ◆ When contractions are five minutes apart, regular, and have been with you at least an hour. Call when contractions are intense with any regularity if you have had a very short labor in the past.
- ◆ When your bag of water breaks or begins to leak, regardless of contractions.

- ◆ If you begin to bleed.
- ◆ If you are unsure about what you are feeling and have questions.

When the time is right, you should call day or night. You will be able to speak to either a triage nurse or the answering service where you will be asked a few questions. The physician will call you back as soon as possible. This is usually within a few minutes but it is possible that there may be a delay if, for example, another patient is delivering her baby at that time. Call a second time 20 minutes after your first call if you do not get a timely response.

**Please keep your line open and ensure that any call-blocking features are disabled so that we may reach you when we call.** Please be patient if you can, but if you cannot wait, proceed to Howard County Medical Center, 2<sup>nd</sup> Floor, Labor and Delivery.

## What To Take Along To The Hospital

Make sure you have identification, for example a driver's license, and your insurance card. There is very little that you NEED to take to the hospital so don't panic if you labor early and haven't yet prepared a bag. Here are some suggestions of things to take that are nice to have, if you get the chance:

- ◆ Nightgown or pajamas (You can get nightgowns designed to accommodate breastfeeding)
- ◆ Toothbrush and paste. The hospital will supply these to you if you don't have these, but often people prefer one they're used to
- ◆ Nursing bras
- ◆ Music
- ◆ Playing cards or simple games to play in case you're in for a long labor
- ◆ A focal point; a picture, stuffed animal, or any small item with meaning to you that will help you focus during labor
- ◆ Toiletry items for your showers postpartum
- ◆ Slippers and robe
- ◆ Clothing to go home, for you and the baby
- ◆ **The one thing that you will NEED in order to leave the hospital with your baby is an approved infant car seat.**

## Postpartum Care

We have information that answers many questions about the postpartum period. It is distributed when you leave the hospital and can be seen online in your EPIC chart. Its contents can also be

found on our website, [www.cwchowardcounty.com](http://www.cwchowardcounty.com) in the Obstetric Care/Postpartum Care section. If you have questions that are not answered in the pamphlet or on our web site, call the office and speak to one of our nurses.

Congratulations again from your team at Capital Women's Care Howard County. We wish you a healthy and safe pregnancy and cannot wait to celebrate the arrival of your new baby!