

# **COLUMBUS METROPOLITAN OB-GYN, Inc.**

## **CONGRATULATIONS AND WELCOME TO OUR OFFICE**

Congratulations on your pregnancy! We are delighted that you have chosen Columbus Metropolitan OB-Gyn (Drs. Bokor, Marger, Birkenholz and Holly Holt, CNP) to help you plan and prepare for the birth of your child. Pregnancy is a wonderful time of excitement, preparation, anticipation and at times can be quite overwhelming. Our goal is to provide information, support, and medical expertise to ensure a healthy pregnancy and safe delivery. Our staff welcomes any concerns that you may have, and we encourage you to call us with any questions that arise. Keep this information as a reference for helpful information on questions most frequently asked by women during their pregnancies.

### **ACCESSIBILITY:**

For problems or questions, always call our office: **(614) 759-6200**. During office hours, our assistants will help answer your questions and provide our recommendations. After office hours, follow the prompts to reach the on call physician who can provide further assistance. As a reminder, if you think you may require a prescription to be called in, please try to call during office hours and have the contact information for your preferred pharmacy readily available. And of course, in an emergency, go to the closest hospital.

We value the relationships that we develop with our patients during this very exciting time. We strive to be a part of all aspects of your pregnancy and delivery and hope to maintain continuity as much as possible. As a group, we provide 24hr on call coverage for our practice. We are excited to be able to offer care at three local hospitals. Please remember that in the evenings and on the weekends, only one physician is on call and we strongly encourage you to always call the on-call physician prior to going to the hospital so that we can ensure we are providing quality, safe care to all of our patients.

### **APPOINTMENTS:**

Prenatal care is a very valuable entity in optimizing your and your baby's health. We encourage you to keep your regularly scheduled appointments. If you cannot make your appointment, please call and reschedule ahead of time. Your support person is welcome to join you for your prenatal visits and encouraged to play an active role in your labor and delivery experience.

### **BILLING:**

Insurance plans and coverage can be very overwhelming and complicated. We will assist you through this process and can answer questions as they arise. There are many unpredictable variables for you and your family over the next few months, we do not want this to be a source of confusion, stress or surprise for you. From the beginning, we will inform you on what to expect financially over the next few months.

### **ADDITIONAL OFFICE SERVICES PROVIDED:**

Outside of the prenatal care you will be receiving, we offer additional testing including ultrasound and non-stress tests in our office. Most normal pregnancies will have two

ultrasounds, one very early to confirm your due date and another around 18-20 weeks to assess the baby's growth and development. If you would like to know the gender of your baby, we will try to evaluate this at your ultrasound at 18-20 weeks. We do not have a lab in our office but are fortunate to have access to a lab in our building and others nearby. We have a professional relationship with these labs but remember they are a separate entity from our office and billing will be handled directly through them.

**HOSPITAL OPTIONS:**

Our group offers care at:

***Grant Medical Center  
(OhioHealth)***

111 South Grant Ave  
Columbus, Ohio 43215  
(614)566-9000  
[www.ohiohealth.com](http://www.ohiohealth.com)

***Mount Carmel East  
Hospital***

6001 East Broad  
Columbus, Ohio 43213  
(614) 234-6000  
[www.mountcarmelhealth.com](http://www.mountcarmelhealth.com)

***Mount Carmel St. Ann's  
Hospital***

500 South Cleveland  
Westerville, Ohio 43081  
(614) 989-4000  
[www.mountcarmelhealth.com](http://www.mountcarmelhealth.com)

## **CMOG's GUIDE TO A HEALTHY PREGNANCY**

### **WHAT TO EXPECT: PRENATAL CARE**

#### **Appointments:**

*Normal pregnancies:* Most women who have normal, healthy pregnancies are seen monthly for the first seven months (28-30 weeks) of the pregnancy. During the last trimester, your appointments become more frequent, every one to two weeks to ensure the health of you and your baby.

*Complicated pregnancies:* Some women experience medical or obstetrical complications during pregnancy or may have a pre-existing medical condition. In the event of a high risk

pregnancy, we may need to see you more often to ensure a safe, healthy delivery. We may even refer you to a high risk specialist to help co-manage your pregnancy and those appointments would be separate from your routine care.

### **Routine Lab work:**

We recommend obtaining routine prenatal labs and cultures at your first appointment to screen for anemia, infectious diseases and immunity status. We may suggest additional screening for Sickle Cell, Cystic Fibrosis or other diseases at this initial appointment. Around 26-28 weeks, we will recommend screening for diabetes in pregnancy with a “sugar test.” You will need to plan to be at the lab for at least 1hr for that test to be completed. You may also qualify for a medicine called RhoGAM depending on your personal blood type and will be discussed by your physician if necessary. Additional follow up lab work may be obtained at that time as well.

### **Routine Testing:**

- *Routine Appointments* – please drink plenty of water ahead of time and plan on having your urine, blood pressure, weight, baby’s heart rate and growth assessed at every appointment.
- *Ultrasounds* – routine pregnancies will have an ultrasound early in the 1<sup>st</sup> Trimester to confirm your due date and another around 18-20 weeks to assess the growth and development of your baby. Additional ultrasounds may be recommended by your physician as the pregnancy progresses if medically indicated.
- *Fetal Kick Counts* – all women will be advised to monitor for their baby’s movements. It is not unusual to feel inconsistent movements prior to 28 weeks but after that, your baby should be large and active enough to perceive regular movements. It is not necessary to count every hour but in times of noticeable changes or decreased movement, we would encourage you to eat a snack, rest on your left side and without distractions, monitor movements within an hour. You should expect to feel 5-10 “movements” in an hour. If you do not feel what you would expect to feel, we encourage you to contact our office immediately for further evaluation.
- *Group B Beta Streptococcus (GBBS)* -- you will be screened for GBBS at the end of your pregnancy (35-36 weeks). It is a bacteria that 25% of women happen to carry. It can be part of your normal bacteria and not something that you have acquired or will give to anyone else. Women are typically asymptomatic but exposed infants can become very sick. A culture will be taken from the vagina the last month of pregnancy and will determine if you need antibiotics in labor to minimize exposure of your newborn.

### **Specialized Testing:**

There are many options for prenatal testing including genetic testing and screening for chromosomal and anatomic abnormalities. Your doctor will review these screening options but may include:

- *Specialized Genetic Testing* – specific screening for genetic diseases that may be more prevalent in certain populations. Tests include screening for Cystic Fibrosis, Sickle Cell, Thalassemia’s, Tay Sachs, Canavan’s Disease, Fragile X, Spinal Muscular Atrophy etc.

- *1<sup>st</sup> Trimester screen* – often times performed by High Risk specialists. Includes an ultrasound to measure the thickness on the back of the baby’s neck (nuchal translucency) as well as blood work. This is offered as an early screening option for chromosomal abnormalities like Down’s syndrome.
- *QUAD Screen/AFP testing* – offered to all pregnant patients to screen for both chromosomal and anatomical abnormalities including Spina Bifida. Mom’s blood work is drawn and a risk score is assigned based on certain hormone levels in her blood during this pregnancy. This is not a diagnostic test and is offered for screening purposes only. Abnormal results would require further testing.
- *Non-invasive Prenatal Testing (fetal DNA)* – testing was originally designed for high risk patients who may be considered to have an elevated risk of having a baby with a chromosomal abnormality (maternal age >35, previous infant with chromosomal abnormality, abnormal findings on ultrasound or previous screening tests). It is now available for all women, low and high risk. Mom’s blood work is drawn and fetal DNA can be identified in the mom’s blood as soon as 10 weeks into the pregnancy. Available tests: Matern21, Panorama, InformaSeq \*\*
- *Invasive Prenatal Testing* -- tests include Amniocentesis and Chorionic Villi Sampling and are used less frequently due to advances in other non-invasive options. These tests are generally reserved as confirmation to other abnormal testing and are performed by high risk specialists.
- *Non-Stress Tests* – a non-invasive monitoring test that is available in our office to assess the baby’s well-being. It is indicated in complicated pregnancies but also pregnancies that progress past their due date or with women who are not experiencing adequate fetal movement. An external monitor is applied to assess the baby’s heart rate and you will be monitored for at least 20 minutes. It is advisable to eat and drink prior to the testing and avoid smoking at least 1hr prior to the appointment as these can affect the baby’s activity and responses.
- *Biophysical Profile* – an alternative non-invasive option for assessing a baby’s health and well-being. An ultrasound is performed and a score is assigned based on specific evaluations including movement and amniotic fluid assessment within a 30min period.

\*\* Billing for these options is often handled by the individual lab or specialist. Insurance does not always fully cover advanced testing especially in low risk women and these charges may be separate from our office. There may be an out of pocket expense for you but you may contact the lab for more details on expected expense and payment options.

### **Vaccines:**

Pregnancy is a time when women can be extremely susceptible to serious illnesses including Influenza (Flu). We strongly recommend that all pregnant patients receive the Flu vaccine during Flu season. We encourage you to avoid the intranasal Flu-mist and can request thimerosal-free options at your local pharmacy if you desire.

There has been a recent national resurgence of Pertussis (Whooping Cough), which is a disease that will not typically harm a pregnancy but can be devastating to a vulnerable newborn. We are now recommending that all pregnant patients (and close contacts including significant others and family members) receive the Tdap vaccine during EACH pregnancy in the third

trimester. The hopes is that protective immunity will be passed to the infant during those first few critical months until they are old enough to be vaccinated.

If necessary, it is ok to have Tuberculosis testing during pregnancy. Specifically, please avoid MMR, Gardasil, Varicella and Zoster vaccinations during pregnancy. Don't hesitate to ask about any other specific vaccines that you may need in special circumstances during your pregnancy.

## **WHAT TO EXPECT: COMMON DISCOMFORTS**

**Nausea and Vomiting:** although very common, can be very bothersome and sometimes worrisome. Often times called "morning sickness" but can occur at any time of the day and is related to hormonal changes in your body associated with the pregnancy

- Treatment: an empty or too full stomach can illicit nausea and a vicious cycle of not wanting to eat, which can often times make symptoms worse. Remember to eat small frequent meals, especially in the first trimester and that staying hydrated is the most important part. Try bland, dry foods like cereal, toast or crackers, especially first thing in the morning. You can also add Vitamin B6 (25mg twice a day) or Pepcid (20mg daily) to help ease your stomach. There are additional prescription medications that you may discuss with your physician if necessary. Know that symptoms typically improve after the first trimester.
- When to worry: if you are unable to keep any food or liquid down for >24-48hrs, we worry about dehydration and associated electrolyte changes.

**Fatigue:** your body is requiring a lot of energy to sustain major changes and due to the hormonal changes, you may feel excessively tired. Again, it usually improves after the first trimester.

- Treatment: rest, hydration and proper nutrition. Give yourself a break, you're going through a lot!
- When to worry: excessive fatigue, feeling tearful or unmotivated to do what normally excites you, please discuss with your physician.

**Frequent Urination:** this is due to one of the many physiologic changes that is occurring in your body. You may notice an increased sensation to urinate early on due to the hormonal effects on your kidneys and later in pregnancy due to increased pressure on your bladder.

- Treatment: don't fight it, continue to drink lots of water and stay well hydrated
- When to worry: if you are experiencing burning or itching with urination, please notify your physician as you could have an infection that requires treatment.

**Heartburn:** as a result of the hormonal changes, food can sit in your stomach longer, the normal protective mechanisms to prevent reflux may be blunted and then a large uterus can compress on the stomach, causing many women to experience a burning sensation in the upper middle portion of their stomach.

- Treatment: eat small frequent meals, remember to always eat at least 60 minutes prior to lying down. Avoid greasy, spicy meals. You may use Tums, Rolaids, Maalox or

Mylanta if you experience occasional discomfort. If you are having regular symptoms, try Pepcid and speak with your physician.

- When to worry: if you experience persistent pain, difficulty breathing or pain radiating to other areas of your body

**Constipation:** hormonal fluctuations can cause slowing of your GI tract and constipation can be very common, especially in the first trimester and with breastfeeding.

- Treatment: HYDRATION. Try adding fruits and vegetables, including dried fruits such as apricots, raisins and prunes. You want to be careful about adding too much fiber too quickly (ie Metamucil) as it can initially make bloating symptoms worse. You may take as stool softener daily (ie Colace) and Miralax as needed. If you have not had a bowel movement in a few days, try Ex-Lax, Milk of Magnesia or even a Fleets enema.
- When to worry: if you experience nausea or vomiting with constipation or have not had a bowel movement in 3-5days.

**Hemorrhoids:** you will notice swelling in many parts of your body, especially the “lowest” points due to compression from your growing uterus. Hemorrhoids are enlarged, engorged veins near the rectum that can be painful, itchy or sometimes bleed

- Treatment: avoid constipation or straining. You may use Tucks pads or Preparation-H. You may also notice that they are worse at the end of the day after standing/sitting all day and that laying on your left side can help alleviate some of the pressure.
- When to worry: if they become very painful, hard or protrude from your rectum.

**Headaches:** very common, especially in the first trimester

- Treatment: Tylenol (acetaminophen), caffeine (small amounts) and rest. It is not uncommon for expecting moms that cut caffeine from their lives to experience a “withdraw” headache. Remember, small amounts have been proven to be safe so having a small pop/soda, iced tea or coffee can help with these annoying headaches.
- When to worry: persistent or new onset of headaches later in pregnancy or associated visual changes or weakness

**Insomnia:** the rapid physical and mental changes can be a recipe for poor sleep during pregnancy.

- Treatment: creating a relaxation routine and avoiding meals or caffeine prior to bedtime can be helpful. You may use a body pillow for comfort or try Benadryl/Unisom as needed to help you rest. Remember, some of these medications can leave you a bit drowsy the next day, so try for the first time over the weekend and make sure you have someone else at home if you have small children.
- When to worry: if you are unable to sleep or rest for multiple days or are having difficulty staying awake during routine activities like driving your car.

**Spotting:** your cervix will go through many changes and can become friable and more easily irritated. It can be very common to notice spotting associated with intercourse or cervical exams.

- Treatment: none, put on a pad to monitor for severity.

- When to worry: bleeding like a period or associated pain/abdominal tightening is not normal and should prompt an immediate phone call.

**“Round Ligament Pain:”** as the uterus rapidly grows and stretches, so do attached ligaments. There is a ligament attached to the top, front of the uterus that travels through the inguinal canal (common site of hernias especially in men) then ultimately attaches to the vagina. It is very common to experience occasional sharp, stabbing pains on one side or another, starting around 20 weeks. Typically the pains resolve after only a few moments and are not uncommon to experience with movement or in the middle of the night as you roll over.

- Treatment: try lying on your side and bringing your knees to your chest. You may try Tylenol or a low setting heating pad but know they will typically improve on their own over time.
- When to worry: severe pain, especially associated with bleeding, increased discharge or leaking of fluid

**Fever, Coughs, Colds and Allergies:** the hormonal fluctuations can also affect the immune system as well as cause swelling of the lining of your mouth, nose and throat during pregnancy. It is not uncommon to notice more stuffiness, drainage and possibly even snoring.

- Treatment: staying hydrated. You may try sleeping with a humidifier, using Vicks VapoRub or saline nasal rinses (Ocean or Ayr) as first line treatments to alleviate symptoms. Depending on which symptom is most bothersome, it is ok to use Claritin/Zyrtec/Benadryl (loratadine, cetirizine, diphenhydramine) for drainage or allergy symptoms, Sudafed (pseudoephedrine) for severe congestion, Robitussin (guaifenesin) for coughs and Tylenol (acetaminophen) for aches/pains/fevers.
- When to call: persistent symptoms, fever over 101° or flu like symptoms. We will often times prescribe a specialized anti-viral medication to minimize the effects of the flu if we are concerned you have been exposed during pregnancy.

## **WHAT TO EXPECT: MAINTAINING YOUR REGULAR ACTIVITIES**

**Rest:** Although it may be difficult to rest due to other life demands or discomfort, it is important to allow ample time every day to rest. Try to rest on your left side, use body pillows to provide additional support and avoid lying flat on your back if able.

**Work:** Most women experiencing a healthy pregnancy can successfully work until delivery, as long as their work is not extremely strenuous and does not involve exposure to toxic chemicals. If you experience complications with your pregnancy, modifications may be recommended. It may be helpful to wear compression stockings if you have prolonged periods of sitting or standing, to improve blood flow from your legs, maximize energy levels and minimize leg swelling.

**Travel:** You may travel during pregnancy up until 36 weeks, when we generally recommend staying close to home. If your pregnancy is considered to be high risk, please check with your physician for their traveling recommendations. Remember to wear a safety belt with a shoulder

harness and lap belt, fastening the belt on your lap under your baby. Try to stop every 1-2 hours to stretch, walk and empty your bladder. Pregnancy can increase your risk for blood clots and prolonged travel can increase that risk further. Periodically moving around or pumping your legs/feet can decrease that risk.

**Exercise:** We are big advocates of exercise during pregnancy and the many physical and mental benefits that it can provide. In general, pace yourself and you will likely be able to continue your current exercise program. Remember, you are breathing and pumping for two. Avoid strenuous activities, heavy lifting or any sports that are at high risk for falls or trauma to your abdomen (ie soccer, skiing, boxing and horseback riding). Physically, it can optimize a healthy pregnancy weight, alleviate some of the musculoskeletal aches and pains, minimize the risks of pregnancy related diseases such as pre-eclampsia and gestational diabetes as well as help tolerance of labor and expedite recovery afterwards. Exercise can also be a wonderful mental release and can help with feelings of anxiety, stress or depression as well.

**Sexual Activity:** With most routine pregnancies, it is ok to continue to have sexual intercourse. You may need to adjust and experiment with positioning as the pregnancy progresses to ensure comfort. Due to the many physiologic and anatomic changes that occur, you may experience associated spotting and cramping. Heavy bleeding, like a period, is not typical and you should contact your physician immediately. There may be times when your physician will discourage intercourse such as pregnancies that are at an increased risk for preterm labor or concerns for abnormal vaginal bleeding. Remember to continue to protect yourself from sexually transmitted diseases as they may be passed to your baby.

**Dental Care:** It is fine to have routine cleaning, maintenance and necessary procedures. Novocain is routinely used during dental work and is considered safe during pregnancy. Try to avoid elective x-rays if possible, if they are necessary, please wear the protective apron.

**Personal Care:** Due to the hormonal fluctuations, you may notice an increase in perspiration as well as vaginal discharge. Avoid taking extremely hot showers or baths as the hot temperature may make you feel lightheaded and dizzy and can potentially be harmful to your baby. Use mild soaps without perfumes and dyes as your skin may be more sensitive during the pregnancy. Avoid douching and fragrant soaps as these can actually increase discharge and lead to other infections. There are very limited studies that document safety of many common beauty practices including the use of hair dyes, manicures/pedicures, facials and massages. They are generally considered safe but caution is advised to ensure they are being performed in well ventilated, clean environments. You may choose to avoid all of these luxuries in the first trimester. When having your hair dyed, consider highlights versus overall color as this will minimize contact of the chemicals and dyes with your scalp. When enjoying a massage, choose a masseuse who specializes in prenatal massages and will optimize safe positioning. Please avoid any skin care products that contain Retinoic Acid, as there is concern for harmful effects to your baby due to the high levels of Vitamin A. In regards to sunscreen and sunbathing, remember that your skin will be much more sensitive to the sun and more likely to burn. We recommend wearing sunscreen to avoid UVB rays and avoid skin damage. Our biggest concern

with sunbathing is becoming dehydrated and overheated, remember to drink plenty of water and rest in the shade if possible.

## **WHAT TO EXPECT: HEALTHY WEIGHT GAIN AND NUTRITION**

A well balanced diet, appropriate nutrition and exercise can help you maintain a healthy weight and optimize not only the health of you and your baby but also the outcome of your delivery. The average weight gain for a woman of normal weight is 25-35 pounds. We recommend underweight women gain slightly more (28-40lbs) and overweight women gain slightly less (11-25lbs). Try not to focus on the numbers, it is often times difficult for women to watch their bodies change at such rapid rates. Focus on health and optimizing your pregnancy and know it is a temporary change. Also remember that you really only need an extra 300 calories a day to support a full term pregnancy. Excessive weight gain during a pregnancy can increase the risk for developing complications such as gestational diabetes, elevated blood pressure, large infants and ultimately increase the risk for cesarean delivery. Every pregnancy gains weight at different times but typical weight gain is 0.5-1lb per week the last trimester. During a typical full term pregnancy, weight gain is distributed as follows: 7-8lbs for the baby, 6-8lbs of fat stores, 3-4lbs of increased blood volume, 2-3lbs of water weight, 2lbs of amniotic fluid, 1-3lbs due to breast enlargement, 2lbs due to uterine enlargement and 1-2lbs related to the placenta.

In general, try to eat a well-balanced diet full of fruits, vegetables, proteins, dairy and healthy grains. If you experience unusual cravings, please notify your physician.

**Vitamins:** We encourage that you are taking a prenatal vitamin with at least 400mg of folic acid, ideally beginning prior to pregnancy though the postpartum period. There are many options for vitamins and bottom line, the best prenatal vitamin is the one you remember to take. Over the counter vitamins will supply all the appropriate nutrients although prescription vitamins are also available upon request. You will also notice that many prenatal vitamins offer additional DHA. DHA is an omega fatty acid (fish oil) that is proposed to be beneficial for brain and eye development. It is not uncommon to become slightly anemic during pregnancy and supplemental iron may be recommended. Be cautious with iron as it can worsen constipation so always remember to take with a stool softener.

**Hydration:** Pregnancy increases your metabolic demands and fluid requirements and it is extremely important to stay well hydrated during pregnancy. Try to drink at least 8-10 glasses of water a day. Dehydration is the most common cause of cramping and can lead to many annoyances such as swelling and dizziness.

**Caffeine:** It is not necessary to completely eliminate caffeine but we do recommend that you decrease your intake to less than 300mg per day. Excessive caffeine has been associated with

an increased risk of miscarriage, preterm labor and small infants. As a reference, a typical cup of coffee (home brewed) contains 80-100mg, latte 60-150mg, iced tea 40-50mg and soda/pop 40-50mg. Starbucks coffee contains nearly 300mg!!

**Alcohol:** We recommend avoidance of alcohol during pregnancy as it has been directly linked to fetal malformations, growth restrictions and mental retardation. There has never been a documented safe amount.

**Smoking:** Cigarette smoking has been associated with many complications of pregnancy including miscarriage, preterm labor, small infants, placental abnormalities and ultimately stillbirth. We strongly recommend minimizing and ideally avoiding all tobacco use during pregnancy.

**Seafood:** You should be cautious about eating large fish that typically dwell in the deep ocean waters and are associated with higher levels of methylmercury. Mercury is a metal that can be harmful to your baby. You should avoid fishes such as swordfish, shark, mackerel or tilefish. You may eat up to 12oz of seafood a week that is associated with lower mercury content such as shrimp, canned tuna, salmon and catfish. Be cautious about Ahi or Yellowfin Tuna as those large fish unfortunately have higher mercury levels. Also be cautious about sushi with raw fish. We generally recommend choosing options with cooked foods such as shrimp, crabmeat or vegetables.

**Foods associated with Listeria:** Listeria is bacteria that can cause a flu like illness from consumption of contaminated food. Illness from this bacteria is 13x more common during pregnancy and can be very harmful to your baby. It is recommended that pregnant women avoid foods associated with higher risk of contamination such as cold deli meat, hotdogs, unpasteurized cheeses (soft cheeses such as brie, feta, gorgonzola, blue cheese and queso) and unwashed raw fruits and vegetables. Fortunately listeria is very sensitive to heat and typically transmission can be minimized by heating food to a “steam.” Please contact your physician if you have concerns for exposure. In general, it is recommended that you be very cautious about washing your hands and preparation spaces, thoroughly cook meat, wash fruits and vegetables prior to consuming, avoid raw sprouts and unpasteurized dairy products.

## **WHAT TO EXPECT: PREPARING FOR DELIVERY**

**Birth Plans:** Our birth plan for you: “Have a healthy pregnancy with a healthy mom and a healthy baby.” In general, how you want to experience your pregnancy and delivery is up to you as long as we can ensure everyone is healthy. If you have particular wishes regarding your delivery, please write down your requests and we can review and agree upon your desires ahead of time.

**Preparation Classes:** Local hospitals offer many classes that will help you prepare for this new, exciting phase in your life including: childbirth, basics of baby care, breastfeeding and big brother/big sister classes. We strongly recommend that you take advantage of a hospital provided tour of the maternity and nursery units so that you may familiarize yourselves with what to expect and where to go when the big day comes!

**Pediatrician:** You should plan on finding a pediatrician for your newborn prior to delivery although it is not necessary that they come to the hospital. Once you choose your pediatrician, please call their office and ensure they are taking new patients. They will place you on a waiting list until your baby is born. It is important that you have follow up care established so your baby can be seen within the first week after birth. While in the hospital, neonatologists will be available to provide care for both the well-babies in the nursery as well as newborns requiring special care in the NSCU. All of the local hospital's NSCUs are run by Nationwide Children's Hospital and are Level III units.

**Circumcision:** Circumcision is offered to male infants soon after delivery, usually within the first 24-48hrs after birth. It is performed by the Neonatologists at the hospital. Ultimately, this often times comes down to patient's preferences and is an elective procedure. There are many potential benefits including reduced risk of urinary tract infections, some cancers including penile cancer and cervical cancers in their partners and infections including HIV and sexually transmitted diseases. This can be discussed in greater detail with your pediatrician.

**Pain control options:** During labor, there are many options for pain control including natural modalities such as ambulation, birthing balls and warm showers. You may also elect for medical options such as IV pain medicine (nubain) or regional anesthetic such as an Epidural or Spinal anesthesia. You do not have to make a decision ahead of time and can elect for which ever pain modality is right for you when that time comes.

**Packing your bag:** You do not need anything to have a baby, we will provide everything you will need to ensure a healthy delivery. You may want to consider bringing music or other forms of distraction, as labor can sometimes be a long process. While packing for after the delivery, you may want to bring items that will make you feel comfortable and at home. Consider packing your own toiletries, pajamas etc. Your baby will need a car seat to go home in and possibly a cute "travel" outfit.

**Induction vs Spontaneous Labor:** In uncomplicated pregnancies, spontaneous labor typically is the best option. It is usually a faster, less painful labor with a higher chance for a vaginal delivery. With that being said, the placenta has a life span and prolonging a pregnancy until spontaneous labor is not always the best option. We typically encourage spontaneous labor but do offer elective inductions in appropriately selected patients. Induction may be recommended in complicated pregnancies well before your due date to ensure the health and well-being of all involved but this will be discussed by your physician in detail on an individual

basis.

**When to call:** When you have questions! If you begin to experience:

- vaginal bleeding
- leaking of fluid
- regular painful contractions
- decreased fetal movement
- persistent headache or blurred/changes in vision
- extreme swelling of face or extremities
- exposure to chicken pox (varicella) or fifth's disease (parvovirus)
- fever >101 degrees
- severe nausea or vomiting, unable to tolerate food or liquids for >24hrs

Please call the office **(614-759-6200)** for further recommendations. If you feel your symptoms are an emergency, immediately call 911 or go directly to the closest hospital if you are able. Labor ensues when you have contractions that are both in a regular frequency and strong enough to cause your cervix to dilate. If you begin to experience discomfort/tightening, first drink a large glass of water and rest. Labor will not slow with hydration and rest. If the contractions continue to progress, please call.

## **WHAT TO EXPECT: AFTER DELIVERY**

**Breastfeeding:** The person that tells you that breastfeeding was “easy” was likely not telling you the entire story. The truth is, this is a wonderful process but it is hard work. Breastfeeding has many documented benefits for your infant including decreased rates of chronic illness (diabetes, obesity, etc), allergies and provides important immunity and protection to your newborn. There are also many maternal benefits including decreased rates of breast and ovarian cancer and not to mention, expedited postpartum weight loss. Most women find that after the first week or two, they feel comfortable with breastfeeding and genuinely begin to enjoy it. Every infant is different and there are many supportive options available for you if needed, including immediate lactation support while in the hospital. We are more than willing to assist in any way necessary.

**Bleeding:** It is common to experience intermittent vaginal bleeding for up to six weeks postpartum. You may notice an increase in bleeding associated with breastfeeding and more activity. Please refrain from using tampons until you have your first normal period after delivery. If you are having bleeding past six weeks or filling a pad in one hour, please call our office for further evaluation.

**Postpartum Blues vs Depression:** Among the many changes that you will experience in a short period of time including alterations in your sleep schedule and learning how to care for a newborn, your hormones will also abruptly drop. It is very common for women to experience temporary postpartum blues within the first few days after delivery. If you are having difficulty sleeping, feel extremely tearful/sad/guilty/overwhelmed or have thoughts of harming yourself or others, please contact the office immediately for assistance. Up to 15% of women will experience depression associated with pregnancy. Medical and therapeutic treatments have proven to be very helpful for many women and can be discussed in more detail with your physician if necessary.

**Birth Control:** There are many options for postpartum contraception including pills, silicone rings, injections, IUDs and implants. Some options can be used immediately after delivery and others we recommend waiting till you're at least 6 weeks postpartum. Exclusive breastfeeding is typically a form of contraception however is not perfect and some options may be safe to use in conjunction for maximal protection. These options will be reviewed at your follow up appointment

**Follow up Appointments:** We typically like to see postpartum patients 6 weeks after a vaginal delivery and 4 weeks after a cesarean delivery. Please call the office after you are discharged from the hospital to schedule your follow up appointment.

### **QUICK GUIDE: Pregnancy DO's and DONT's**

- No heavy lifting (over 25 pounds)
- No smoking tobacco, drinking alcohol or using illicit drugs
- Do not change cat litter box
- No douching or tampons
- No elective x-rays. It is ok to have necessary dental work or fillings done with Novocain
- No hot tubs, saunas, or whirlpools

**Foods-** avoid raw eggs and be sure meat is cooked well. Be cautious of foods that have an increased association with Listeria such as cold deli meat, unpasteurized/soft cheeses and

unwashed fruits/vegetables.

**Caffeine**- it is encouraged to minimize caffeine intake but not necessary to completely eliminate caffeine from your life. We recommend keeping consumption to less than 300mg per day.

**Exercise**- continuation of pre-pregnancy regimen probably OK-ask first please. Walking, jogging, elliptical, swimming, stationary bikes are generally safe. Stay hydrated and pace yourself.

**Hair Dyes**-most hair dyes do not make direct contact with the scalp thus absorption is minimal.

**Painting**- be sure area is well ventilated. Be cautious with squatting, bending over and standing quickly, you may feel dizzy and lightheaded easily. Pace yourself.

**Medications** – most over the counter meds are safe in pregnancy. PLEASE AVOID IBUPROFEN or ALEVE. For specific ailments, these medications are considered safe and ok to use:

- **Aches and pain:** Tylenol (acetaminophen)
- **Allergies/Congestion:** Claritin/Zyrtec, Flonase, Mucinex, Sudafed or Benadryl
- **Antibiotics:** Ampicillin/Amoxicillin, Keflex/Omnicef, Macrobid
- **Acid Reflux:** Tums, Roloids, Mylanta, Maalox, Pepcid
- **Nausea:** Vitamin B6, Unisom, Pepcid, Sea-Bands, Ginger
- **Diarrhea:** Imodium, Kaopectate
- **Constipation:** Colace, Metamucil, Miralax, Dulcolax, Milk of Magnesia or Fleets Enema
- **Hemorrhoids:** Tucks pads, Preparation-H, Anusol
- **Prescription Drugs:** will be reviewed and individually discussed by your physician

## RESOURCES

- **Columbus Metropolitan Obstetrics and Gynecology**
  - o (614)759-6200
  - o Fax: (614) 759-6443
  - o [columbusmetroobgyn.com](http://columbusmetroobgyn.com)

- **Grant Medical Center**
  - (614) 566-9000
- [www.ohiohealth.com/grantmaternity](http://www.ohiohealth.com/grantmaternity)
  - Pre-Registration and Admission: (614) 566-9311
  - Classes and Tours: (614) 4-HEALTH (443-2584)
  - Lactation Consultation: (614) 566-9008
- **Mount Carmel East Hospital**
  - (614) 234-6000
- [www.mountcarmelhealth.com/maternity-programs](http://www.mountcarmelhealth.com/maternity-programs)
  - Classes and Tours: (614) 898-MOMS (6667)
  - Lactation Consultation: (614) 234-MILK (6455)
- **Mount Carmel St. Ann's Hospital**
  - (614) 898-4000
- [www.mountcarmelhealth.com/maternity-programs](http://www.mountcarmelhealth.com/maternity-programs)
  - Classes and Tours: (614) 898-MOMS (6667)
  - Lactation Consultation: (614) 234-MILK (6455)
- **W.I.C. Program:** (614) 724-0590
- **Help Me Grow:** (614) 227-9860
- **La Leche League:** [www.llloho.org](http://www.llloho.org)
- **CHOICES for Victims of Domestic Violence:** (614) 224-7200;  
[www.choicescolumbus.org](http://www.choicescolumbus.org)