

Guide to Pregnancy

Eastwind Women's Health

Welcome to Pregnancy

Congratulations on your pregnancy! We welcome you to Eastwind Women's Health. We thank you for choosing us as your care provider. Our providers and staff are all dedicated to your health and we look forward to getting to know you over the course of the coming months.

Having a baby is one of the most memorable and important experiences for a delivering person. We will do all we can to ensure your pregnancy experience is safe, healthy and happy.

The online links and information provided to you to help answer common questions you may experience along the way. We encourage you to keep the website (www.eastwindwomenshealth.com) bookmarked as a resource throughout your pregnancy.

Thank you for placing your trust in our care.

Available Information

Office Information

Appointment Schedule

Optional Testing

Your Baby's Growth

Common Symptoms of Pregnancy

Safe Medications & Nutrition

Food to Avoid

Common Questions

Alcohol & Smoking

When to Go to the Hospital

Preparing for Labor & Delivery

Labor & Delivery

Breastfeeding

Postpartum Instructions & Depression

Office Information

Your Providers



Like many OB/GYN practices, Eastwind Women's Health is a group practice. Our providers have days they work in the office, days they are on-call for deliveries at the hospital and days they are off. Your primary provider may not be on-call on the day you are in labor and delivery.

Office Information

Office locations:

We are located at 904 Eastwind Dr., Westerville, OH 43081 and
2000 Newark-Granville Rd., Granville, OH 43023

Office Hours:

9:00 am - 5:00 pm Monday through Thursday both offices

8:00 am - 2:00 pm Fridays at Granville location

7:00 am - 2:00 pm Fridays at Westerville location

How to contact our office

You may call our main number at 614-890-1914 Monday-Thursday 9:00 am to 5:00 pm and Friday 7:00 am to 2:00 pm for both emergency and non-emergency questions or concerns. If you need to contact the office on weekends or after business hours, you may call the same number. Our answering service will give an on-call provider your message to return your call.

Billing for prenatal care

We understand that maternity benefits can be confusing. Our billing staff is available during normal office hours to discuss any questions you may have.

Their phone number is 614-890-1914. Please contact your insurance to determine benefits.

Appointment Schedule

Your first visit

When you come to the office for your first visit, we ask that you bring your medical history forms and other registration materials completed. These can all be found on the website, printed, and filled out prior to appointment to ensure your appointment goes smoothly. During this visit, you will have a physical exam including a pap smear. There will also may be a series of prenatal labs that will test your blood type and blood count for infections (syphilis, hepatitis B and C, HIV, rubella, varicella, and urine drug screen). All of the results will be reviewed with you at your next appointment.

After your first visit

Between now and 28 weeks, we would like you to schedule a visit every four weeks. Around 28 weeks, your visits will increase to every two weeks, then once a week after 36 weeks until delivery. We will request to see you more frequently if you are high risk. During each visit, you will have your weight, blood pressure, urine and fetal heartbeat checked. At approximately 24 weeks, the provider will do a fundal height evaluation. Several additional tests are done at scheduled markers throughout your pregnancy.

These include:

Anemia and gestational diabetes screening – this screening is performed between 24-28 weeks. You will be given a sugar drink and instructions for how/when to drink it. One hour after you finish the sugar drink, your blood will be drawn. You do not need to fast.

Vaginal culture for group B strep – this swab of your vaginal area is performed at your 36 week appointment. Group B strep is a normal bacteria that is naturally found in the vagina and is not harmful to women or a developing fetus. However it can be harmful to your infant if exposed at time of delivery. If you test positive for this bacteria, you will receive antibiotics during labor and delivery.

Optional Testing

You will have the decision to test for the potential of genetic diseases. If you are interested in any optional tests, please check with your insurance plan to see if these tests are covered. Questions you may have regarding these optional tests can be discussed at your first appointment.

Carrier Testing – this blood screening test determines if you and/or the father of the baby are gene carriers for a variety of genetic mutations which include but are not limited to Cystic Fibrosis, Sickle Cell Anemia, Hemoglobinopathies, Spinal Muscular Atrophy, and Fragile X. Being a carrier means that you inherited a normal gene from one parent and a gene with irregularity, also called a mutation, from the other. If both mother and father of baby test positive as gene carriers this can affect your baby.

Cell Free Fetal DNA – this is a non-invasive blood test performed in the office during the pregnancy after 10 weeks to screen for Down Syndrome, Trisomy 18 and Trisomy 13.

AFP Simple – this blood screening test to look at risk for open neural tube defects like spina bifida.

Ultrasounds

We recommend an ultrasound around 18-22 weeks in the pregnancy to evaluate fetal anatomy. Additional ultrasounds will be performed based on the medical need. Insurance will only cover this service if there is a medical need.

The Rh factor

We will test your blood for the Rh factor. If your blood type is Rh negative, then you may be at risk for Rh disease, which affects about 10% of people. Rh disease is a pregnancy complication in which your immune system attacks the baby's blood and can result in a life threatening situation for the baby if left unknown. Fortunately, it can be prevented with a shot called Rhogam which is given at 28 weeks or anytime if vaginal bleeding occurs. If you are Rh negative, contact our office immediately if you develop bleeding or trauma to your belly.

Vaccinations

Flu shot: The Centers for Disease Control (CDC) recommends that women pregnant during the flu season receive the flu shot.

Tdap: All pregnant women who haven't had a dose of Tdap (vaccine to protect mom and baby against tetanus, diphtheria and pertussis), should get one between 28-36 weeks in every pregnancy. Receiving the vaccine in pregnancy gives your baby extra protection against whooping cough which can be very dangerous for newborns.

RSV vaccine: Recommended seasonally by American College of Obstetrics and Gynecology (ACOG) between 32-36 weeks to help protect newborns from RSV or respiratory syncytial virus.

COVID- 19: Recommended by American College of Obstetrics and Gynecology (ACOG)

Prenatal vitamins

We recommend a prenatal vitamin that contains folic acid prior to conception, throughout pregnancy and postpartum while breastfeeding.

Please check with your provider before taking any vitamins, herbs or other supplements as some may be unsafe during pregnancy.

Your Baby's Growth



Week 4
Your baby's body now has three distinct layers from which all of his organs will develop

Week 8
Your baby's tiny fingers and toes start to develop

Week 12
Your baby's facial features continue to become more defined, particularly his nose and chin

Week 16
Your baby's skeletal system and nervous systems start to coordinate movement

Week 20
Your baby's skin thickens and develops layers under the vernix



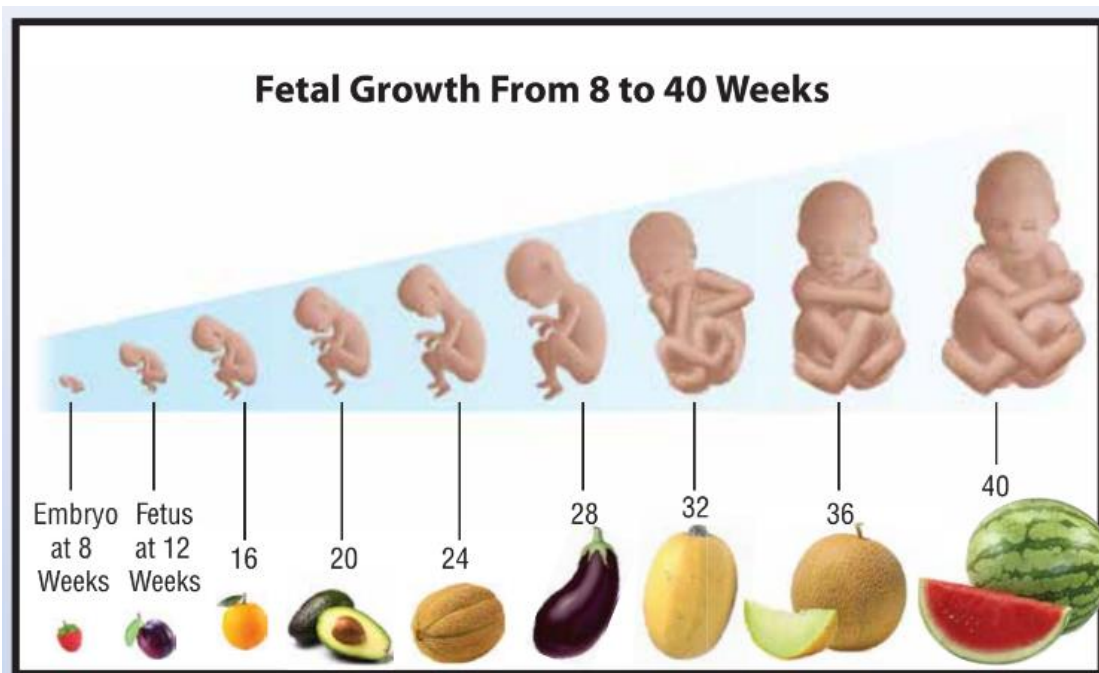
Week 24
Your baby's movements can reveal to your doctor more about your baby's development

Week 28
Your baby is starting to take 20-to 30-minute naps

Week 32
Your baby's movements could start to change

Week 36
Although your baby's bones are hardening, his skull remains soft and flexible for birth

Week 40
A surge of hormones in your baby's body could play a part in initiating labor



[Common Symptoms of Pregnancy](#)

Nausea/Vomiting – feeling nauseous during the first three months of pregnancy is very common. For some women, it can last longer, while others may not experience it at all. Try to eat 5-6 smaller meals a day in order to keep your stomach full at all times. Try bland foods like plain crackers, toast, dry breakfast cereal as well as carbonated drinks like ginger ale or 7-Up. Ginger is a natural treatment for nausea. Peppermint can also be used. Some over-the-counter medications are also safe. If the symptoms become severe or you are unable to keep fluids down without vomiting for more than 12 hours, contact the office.

Vaginal Discharge – an increase in vaginal discharge that is white and milky is common in pregnancy. If the discharge is watery or has a foul odor, call the office.

Spotting – light bleeding can be common, especially in the first 12 weeks of pregnancy. It may occur after intercourse, cervical exams, vaginal ultrasounds or strenuous activity or exercise. If the bleeding is heavy or is accompanied by pain, contact us immediately.

Constipation – is a common complaint which can be related to hormone changes, low fluid intake, increased iron or lack of fiber in your diet. Try to include whole grains, fresh fruit, vegetables and plenty of water. There are also safe over-the-counter medications. If you develop hemorrhoids, try sitz baths three to four times per day for 10-15 minutes each time. If the pain persists, contact the office.

Cramping – experiencing some cramps and contractions are normal. When they occur, empty your bladder, drink 1-2 glasses of water and try to rest. If you are less than 36 weeks pregnant and having more than six contractions in an hour after trying these measures, contact the office.

Leg cramps – cramping in your legs or feet can also be common. Eating bananas, drinking more lowfat/nonfat milk and consuming more calcium-rich foods like dark green vegetables, nuts, grains and beans may help. To relieve the cramp, try to stretch your leg with your foot flexed toward your body. A warm, moist towel or heat pad wrapped on the muscle may also help.

Dizziness – you may feel lightheaded or dizzy at any time during your pregnancy. Try lying down on your left side and drink 1-2 glasses of water. If symptoms persist, contact the office.

Swelling – because of the increased production of blood and body fluids, normal swelling, also called edema, can be experienced in the hands, face, legs, ankles and feet. Elevate your feet, wear comfortable shoes, drink plenty of fluids and limit sodium. Supportive stockings can also help. If the swelling comes on rapidly, or is accompanied by headache or visual changes, contact us immediately.

Heartburn – you may experience heartburn throughout the pregnancy, especially during the latter part of your pregnancy when your baby is larger. Try to eat 5-6 smaller meals a day and avoid laying down immediately after eating. Some over-the-counter medications are also safe for use.

Aches and pains – As your baby grows, backaches are common. You may also feel stretching and pulling pains in the abdomen or pelvic area. These are due to pressure from your baby's head, weight increase and the normal loosening of joints. Practice good posture and try to rest with your feet elevated. You may also treat with heat and Tylenol®.

Safe Medications

During pregnancy, women can be more susceptible to ailments like cold and flu and other conditions. Only certain medications are safe during pregnancy.

The following are considered safe. Follow the labels for dosage and directions. Please contact the office with questions.

Acne

Benzoyl Peroxide
Clindamycin
Topical Erythromycin
Salicylic Acid
Avoid:
Accutane
Retin-A
Tetracycline
Minocycline

Antibiotics

Ceclor
Cephalosporins
E-mycins
Keflex
Macrobid/Macrodantin
Penicillin
Zithromax
Avoid:
Cipro
Tetracycline
Minocycline
Levaquin

Colds/Allergies

Benadryl, Claritin, Zyrtec
Chlor-Trimeton, Dimetapp
Drixoral-Non-Drowsy
Mucinex (guaifenesin)
Tylenol Cold & Sinus**
Vicks Vapor Rub
***AVOID if problems With Blood Pressure*

Constipation

Colace, Miralax, Senokot

Dulcolax Suppository
Fibercon, Metamucil, Perdiem

Cough

Cough Drops
Phenergan w/Codeine if prescribed
Robitussin (plain & DM)

Crab/Lice

RID
Avoid:
Kwell

Gas

Gas-X
Mylicon
Phazyme

Headaches

Cold Compress
Tylenol (regular or extra strength)
Acetaminophen

Heartburn

(Avoid lying down for at least 1 hour after meals)
Aciphex, Maalox, Mylanta, Pepcid,
Milk of Magnesia
Pepcid Complete
Prevacid, Prilosec, Rolaids
Tums (limit 4/day)

Hemorrhoids

Anusol/Anusol H.C.
(RX: Analapram 2.5%)
Hydrocortisone OTC

Preparation H, Tucks
Vaseline

Herpes

Acyclovir
Famvir
Valtrex

Leg Cramps

Benadryl
Magnesium

Nasal Congestion

Saline Nasal Spray

Nausea

Vitamin B6 25mg 3 times daily
Unisom 1/4 or 1/2 tablet at bedtime
Vitamin B6 and Unisom at bedtime
Dramamine, Emetrol
Ginger Root 250mg 4 times daily
High complex carbs at bedtime
Sea Bands – Acupressure

Pain

Tylenol

Prenatal Vitamins

Any over the counter prenatal vitamins.

DHA – is an optional addition to your prenatal vitamin and can be obtained in a separate pill. DHA can be found in fish oil, some plant based vitamins and Similac Prenatal.

Rash

Benadryl (oral or topical)
1% Hydrocortisone Cream

Sleep Aids

Benadryl
Chamomile Tea
Unisom, Tylenol PM
Warm milk-add vanilla/sugar for flavor

Sore Throat

Cepacol
Cepastat
Salt Water Gargle w/ warm water
Throat Lozenges

Tooth Pain

Orajel

Yeast Infection

Gyne-lotrimin, Monistat-3
Terazol-3
Avoid 1 day creams

Nutrition and Pregnancy

Recommendations for weight gain during pregnancy:

Underweight women with a low weight gain during pregnancy appear to have an increased risk of having a low birth weight infant and preterm birth.

On the other hand, obese women have an increased risk for having a large for gestational age infant, post term birth, and other pregnancy complications.

There is an increased risk of small for gestational age births in women who gain less than the recommended weight, based on pre-pregnancy weight.

Women who exceed the weight gain recommendations double their risk of having a very large infant. It may also increase the risks of childhood obesity and makes weight loss more difficult after delivery.

Recommendation for weight gain during a singleton pregnancy are as follows:

- Underweight women (BMI less than 20): 30-40 lbs
- Normal weight women (BMI 20-25): 25-35 lbs
- Overweight women (BMI 26-29): 15-25 lbs
- Obese women (BMI >29): up to 15 lbs

Healthy diet

The first step toward healthy eating is to look at your daily diet. Having healthy snacks that you eat during the day is a good way to get the nutrients and extra calories that you need. Pregnant women need to eat an additional 100-300 calories per day, which is equivalent to a small snack such as half of a peanut butter and jelly sandwich and a glass of low fat milk.

Key nutrients during pregnancy

Nutrient	Reason for Importance	Sources
Calcium (1000 mg)	Helps build strong bones and teeth	Milk, Cheese, Yogurt, Sardines
Iron (27 mg)	Helps create the red blood cells that deliver oxygen to the baby and also prevents fatigue	Lean Red Meat, Dried Beans and Peas, Iron-Fortified Cereals
Vitamin A (770 mcg)	Forms healthy skin, helps eyesight, helps with bone growth	Carrots, Dark Leafy Greens, Sweet Potatoes
Vitamin C (85 mg)	Promotes healthy gums, teeth, and bones. Helps your body absorb iron.	Oranges, Melon and Strawberries
Vitamin B6	Helps form red blood cells, helps body use protein, fat and carbohydrates	Beef, Liver, Pork, Ham, Whole Grain Cereals, Bananas
Vitamin B12 (2.6 mcg)	Maintains nervous system, needed to form red blood cells	Liver, Meat, Fish, Poultry, Milk (only found in animal foods, vegetarians should take a supplement)
Folate (600 mcg)	Needed to produce blood and protein, helps some enzymes	Green Leafy Vegetables, Liver, Orange Juice, Legumes and Nuts

Foods to Avoid in Pregnancy

Raw meat - Avoid uncooked seafood and undercooked beef or poultry due to risk of bacterial contamination, toxoplasmosis and salmonella.

Fish with mercury - Avoid fish with high levels of mercury including shark, swordfish, king mackerel and tilefish. For other fish, limit consumption to two servings per week.

Smoked seafood - Refrigerated, smoked seafood should be avoided due to risks of listeria contamination.

Raw shellfish - including clams, oysters, and mussels can cause bacterial infections. Cooked shrimp is safe.

Raw eggs - Raw eggs or any foods containing raw eggs can be contaminated with salmonella. This includes some homemade caesar dressings, mayonnaise, and homemade ice cream. Cook eggs thoroughly, until the yolk is firm.

Soft cheeses - imported soft cheeses may contain listeria. Soft cheeses made with pasteurized milk are safe.

Unpasteurized milk - May contain listeria which can lead to miscarriage.

Pate - Refrigerated pate or meat spreads should be avoided due to risks of listeria.

Caffeine - Limit caffeine intake to the equivalent of 1 cup of coffee a day or less. Excess caffeine may be associated with miscarriage, premature birth, low birth weight, and withdrawal symptoms in infants.

Unwashed vegetables - Wash all vegetables well to avoid exposure to toxoplasmosis which may contaminate the soil where vegetables are grown.

Avoid spilling fluids from raw meat and hotdog packages on other foods, utensils, and food preparation surfaces. In addition, wash hands after handling hot dogs, luncheon meats, delicatessen meats, and raw meat (such as, chicken, turkey or seafood or their juices.)

Special concerns

Vegetarian diet

Be sure you are getting enough protein. You will probably need to take supplements, especially iron, B12 and vitamin D.

Lactose intolerance

During pregnancy, symptoms of lactose intolerance often improve. If you are still having problems after eating or drinking dairy products, talk with us. We may prescribe calcium supplements if you cannot get enough calcium from other foods. Remember, calcium can also be found in cheese, yogurt, sardines, certain types of salmon, spinach, and fortified orange juice.

Artificial sweeteners

These are OK to use but we would recommend limiting it to 1-2 servings per day. If you have diabetes, the artificial sweeteners are better than sugar to help control your blood sugars.

Common Questions

When will I feel my baby move?

Sometime between 16-25 weeks of pregnancy, mothers will begin to feel movement. Initially, movements will be infrequent and may feel like butterfly flutters. As your baby grows, you will feel movement more often. It is recommended to start counting fetal movements beginning at 28 weeks once daily until you get 10 movements within 2 hours. A good time to do this is 20-30 minutes after breakfast and dinner. If you are concerned about movement, eat or drink something with sugar or caffeine, lie on your side and press your hands on your belly. If you have concerns about feeling baby movements or notice a decrease in movements, contact the office.

Why am I so tired? What's the best sleep position?

It's normal to feel more tired. You may also notice you need more sleep than usual. Try to get at least 8-10 hours per night. Listen to your body.

Try to sleep on your side to allow for maximum blood flow to baby. Lying on your back can cause your blood pressure to drop. You may also find it helpful to put a pillow behind your back and between your knees to improve comfort. As your pregnancy progresses, use more pillows and frequent position changes to stay comfortable.

Can I use a Jacuzzi?

Using a Jacuzzi or whirlpool bath is not recommended during the first trimester and should be limited to 15 minutes or less in the second and third trimester with the water temperature not exceeding 100 degrees.

Can I travel?

Traveling is safe during pregnancy for uncomplicated pregnancies. After 32-36 weeks we recommend staying close to home, please talk to your provider for specific advice for your pregnancy. When you do travel, be sure to take breaks to stand up/walk around at least every two hours. If traveling by vehicle, wear a seat belt, positioning it under your abdomen as your baby grows. If you are involved in a car accident, please call the office immediately. You may need to be monitored.

Can I care for my pets?

If you have cats, please let us know. Avoid changing the litter box or use gloves to change it. Toxoplasmosis is a rare infection that you can get from cat feces.

What do I need to know about dental care?

Your teeth and gums may experience sensitivity throughout the pregnancy. Inform the dentist of your pregnancy and shield your abdomen if x-rays are necessary. Contact our office with any questions about dental care.

Can I go to the salon for treatments?

Hair coloring and nail care should always be done in large, well-ventilated areas. If possible, avoid treatments in the first trimester.

Can I exercise?

Approximately 30 minutes of exercise is recommended daily in uncomplicated pregnancies. This could include walking, jogging, biking, aerobic class, yoga, swimming, etc. Weight training is acceptable. Listen to your body during exercise and drink plenty of fluids. After 20 weeks, avoid lying flat on your back and avoid activities with a high risk of falling or trauma to your belly (i.e. snow skiing, kickboxing, horseback riding).

Can I have sex?

You can have sex unless you are having complications or sex becomes too uncomfortable. There are times when exercise and sex should be avoided. This includes vaginal bleeding, leaking amniotic fluid, preterm labor, chest pain, regular uterine contractions, decreased fetal movement, growth restricted baby, headache, dizziness or general weakness.

Alcohol and Smoking

There is no safe amount of alcohol so we recommend avoiding all alcohol during pregnancy. Drinking alcohol can cause birth defects, IQ deficiencies, and abnormal brain development.

If you smoke, so does your baby. This is a very important fact of pregnancy. Here are some known complications from smoking during pregnancy:

- Low birth weight baby: Low birth weight can be caused by prematurity (birth less than 37 weeks), poor growth, or a combination of both.
- Prematurity is increased in pregnant smokers and is the number one cause of neonatal death and chronic illness in babies. Problems such as cerebral palsy, life-long lung, kidney, or other organ problems, IQ deficiencies, and learning disabilities are much more common in premature and low birth weight babies.
- Placenta previa: Low-lying placenta that covers part or all of the opening to the uterus. Placenta previa blocks the exit of the baby from the uterus causing the mother to bleed. It also necessitates a c-section for delivery.
- Placental abruption: The placenta tears away from the uterus causing the mother to bleed.
- Preterm premature rupture of membranes: The water breaks before 37 weeks of pregnancy, which is associated with an increase of preterm and low birth weight births.
- Stillbirth: The fetus has died in the uterus.

Ways to Quit Smoking

No matter what your approach to quitting, a conversation with us can make the difference between success and failure. Quitting cold turkey is a great way. If you want to try a quitting aid such as a nicotine patch, gum, or the medication Zyban or Wellbutrin, we can help you choose a method right for you.

The March of Dimes recommends women stop smoking prior to becoming pregnant and remain smoke-free throughout pregnancy and once the baby is born. The more a pregnant woman smokes the greater the risk to her baby.

However, if a woman stops smoking by the end of her first trimester (first three months), she is no more likely to have a low birth weight baby than a woman who never smoked. Even if a woman is not able to stop smoking during her first or second trimester, stopping during the third trimester (the last three months) can improve her baby's growth.

The effects smoking has on your baby continue when you take him/her home. Children exposed to smoke in the home have higher levels of lung problems such as asthma, pneumonia, or bronchitis. They also suffer from more ear infections than children not exposed to smoke. Even more troubling is the increased incidence of Sudden Infant Death Syndrome (SIDS) found in children exposed to smoking in the home. A child exposed to smoking in the home during the first few years of life are at an increased risk of developing asthma.

Great Start (1-866-66-START) is a national pregnancy specific smoker's quit line operated by the American Legacy Foundation.

When to Go to the Hospital

If you experience any of the following, please go to the hospital immediately as these are considered emergency:

- Continuous leaking of fluid (water broken)

- Abdominal trauma or car accident
- Heavy bleeding
- Fever greater than 101 degrees
- Decreased fetal movement, or less than 10 movements in 2 hours
- Urinary tract infection
- Headache with vision changes
- Painful contractions greater than 6 times an hour if less than 36 weeks

Please use this chart to determine how you should treat certain illnesses or symptoms throughout your pregnancy. If in doubt, go to the hospital.

Illness/Symptom	Call The Office If:	Call The Doctor Immediately If:	Home Treatment:
Bleeding/Cramping <ul style="list-style-type: none"> Some bleeding/spotting may occur after an internal exam 	<ul style="list-style-type: none"> Bleeding is less than a period with mild cramping; common in 1st trimester 	<ul style="list-style-type: none"> Bleeding is heavy (using a pad every 2 hours) 2nd & 3rd trimester cramping or painless heavy bleeding Cramping is equal or worse than menstrual cramps 	<ul style="list-style-type: none"> Rest Avoid heavy lifting (more than 20 pounds)
Vomiting <ul style="list-style-type: none"> Common in 1st trimester 	<ul style="list-style-type: none"> Unable to keep down liquids and solids for more than a 24 hour period Weight loss of more than 3-5 pounds 	<ul style="list-style-type: none"> Signs of dehydration occur (e.g. dry mouth, fatigue/lethargy, poor skin turgor) Abdominal pain accompanied with vomiting 	<ul style="list-style-type: none"> Vitamin B6 25 mg three times a day Separate liquids from solids (e.g. dry cereal followed by a glass of milk 1 hour later) Plain popcorn Rest Avoid hot sun
Decreased fetal (baby) movements after 24 weeks	<ul style="list-style-type: none"> Baby moves less than 4 times in a 30 minute period while you are resting, during a normally active period of baby 	<ul style="list-style-type: none"> No fetal movement if accompanied by severe abdominal pain 	<ul style="list-style-type: none"> Rest Drink juice or soft drink Eat a small snack
Labor	<ul style="list-style-type: none"> Contractions stronger than Braxton-Hicks (mild, irregular contractions), but may not be regular If less than 36 weeks, call if contractions are every 15 minutes 	<ul style="list-style-type: none"> Contractions are every 5 minutes apart for 1 hour Water breaks; small leak or as a gush Bleeding is more than a period Pain or contractions won't go away 	<ul style="list-style-type: none"> Rest (you'll need energy for real labor) Increase fluids to 8-12 glasses daily Dehydration can cause contractions, especially in the summer

Illness/Symptom	Call The Office If:	Call The Doctor Immediately If:	Home Treatment:
Urinary Urgency and/or Pain With Urination <ul style="list-style-type: none"> • Frequency is common in early and late pregnancy 	<ul style="list-style-type: none"> • Pain with urination • Feeling of urgency to void with little urine produced 	<ul style="list-style-type: none"> • Temperature of 101°F or higher • Pain in upper back • Contractions occur • Blood in urine 	<ul style="list-style-type: none"> • Urinate at regular intervals • Increase fluid intake to 8-12 glasses daily
Swelling	<ul style="list-style-type: none"> • Recent, noticeable increase in feet and ankles • Swelling of face and hands 	<ul style="list-style-type: none"> • Swelling accompanied with headache or upper abdominal pain • Swelling with decreased fetal movement • Elevated blood pressure if using home monitoring 	<ul style="list-style-type: none"> • Lie on left side and elevate legs • Avoid salty foods (e.g. ham, pizza, chili)
Cold and Flu	<ul style="list-style-type: none"> • Temperature of 101°F or higher • Green or yellow mucus develops • Persistent cough for more than 5 days 	<ul style="list-style-type: none"> • Breathing is difficult or wheezing occurs 	<ul style="list-style-type: none"> • Tylenol, Actifed, and any Robitussin • Increase fluids • Rest • Use vaporizer
Rupture of membranes		<ul style="list-style-type: none"> • Water breaks; small leak or as a gush 	

Preparing for Labor and Delivery

Pre-register with hospital

We are affiliated with Riverside and St. Ann's Hospitals. One of our providers, or a provider in a shared call group, is on-call at all times.

You can pre-register online or by calling either

St. Ann's Mt. Carmel: www.mountcarmelhealth.com; 380-898-4000

Or

Riverside Hospital: www.ohiohealth.com/preregistration; 614-566-5217 or 614-566-1515

Please register before you are in labor as this will make admitting you to the hospital smoother.

You may schedule a tour of the birthing suites at your convenience.

To schedule at Riverside: 614 4- Health (443-2584)

- At St. Ann's: please see their maternity website

Consider pain relief options at delivery

If you have a birth plan, please share it with your provider. If desired, there are several options to provide pain relief while you are in labor. We are supportive of whatever you choose.

- Nubaine (Stadol) Fentanyl - This narcotic is given through injection or IV and helps take the edge off strong contractions. It can make you sleepy if given early in labor. We avoid giving this near delivery time.
- Epidural – This safe and popular option is administered by an anesthetist and requires a fine, thin catheter or tube to be placed in your back during active labor. Medicine slowly drips through the tubing to provide pain relief throughout labor. It is removed after delivery.
- Local – Many patients deliver without pain medication. Sometimes we need to give a small injection of numbing medicine for stitches called lidocaine. It feels like a small pinprick.

Research cord blood banking

Your baby's blood is a valuable source of cells that could be used by your baby or another family member to treat some life-threatening diseases. It can easily and safely be obtained immediately after delivery. Parents can choose to have their baby's blood saved; however the decision must be made before birth. Insurance does not generally cover this. If interested, you can order a kit and bring it with you to delivery. Ask your provider for information.

Attend educational courses

There are educational courses on labor and delivery, breastfeeding, infant CPR and baby care available. Consider these classes especially if you are a first time parent! Both Riverside and St. Ann's have birthing classes. Both options can be found on their websites.

Choose a doctor for your baby (Pediatrician)

You will need to decide on a doctor for your baby by the time you deliver. The hospital will send your baby's information and test results to your chosen doctor. Your baby is commonly seen within 1 week after birth. You will need to contact the doctor's office prior to delivery and make sure they are accepting your insurance and are taking new patients.

We can provide you with a list of doctors if you have trouble locating one.

Obtain and install a car seat

You must have a car seat installed in your vehicle before taking baby home. By law, children must be in a federally approved, properly installed, crash- tested car seat for every trip in the car beginning with the trip home from the hospital.

[Learn more about breastfeeding](#)

Human milk is perfectly designed nutrition for babies. Babies who are breastfed get fewer infections and are hospitalized less. Mothers that breastfeed burn 500 calories a day which can help lose extra weight and reduce a woman's risk of developing breast cancer. After delivery, the nurses and a lactation specialist are there to help you learn the art of breastfeeding.

[What to pack](#)

For delivering person consider: toiletries, cosmetics, hair care items, lip balm, nursing bra or supportive bra, nightgowns, lightweight robe, slippers or flip flops, and comfortable and loose fitting clothing for home going.

For partner: camera, sleepwear, toiletries, and snacks

For baby: pediatrician information (name, address, and phone number), properly installed car seat, a couple outfits, and blanket.

[Labor and Delivery](#)

When will I know I'm in labor?

The chart below will help determine if you are in labor. If you have signs of true labor, or if your water breaks, please go to labor and delivery immediately, day or night.

True Labor	False Labor:
Contractions are regular, get closer together and last 40 to 60 seconds.	Contractions are irregular, do not get closer together and last 20 to 40 seconds.
Contractions continue despite movement.	Contractions may stop when you walk or rest or may change with change of position.
Pain/discomfort usually felt in back and moves around to front.	Pain/discomfort often felt in abdomen.
Contractions steadily increase in strength.	Contractions usually are weak and do not get much stronger.
Cervix dilates.	Cervix does not dilate.
Bloody show may be present.	Usually no bloody show is present.

Induction

Your due date is considered 40 weeks. Anticipate delivery sometime the week of your due date. We recommend additional testing for your baby at 40-41 weeks. We induce labor then or sooner if there are concerns. Induction is a process where we give medication to stimulate contractions. It can take more than 24 hours to work and can increase cesarean delivery, especially if your first. It is important to allow your baby to fully grow and develop before we schedule a delivery.

Cesarean birth and recovery

A Cesarean birth may be planned or unplanned. Nurses, anesthesia staff, and your physician will be with you in the operating room. If necessary, a group of neonatal health care providers also will be with you. Your blood pressure and heart rate/rhythm will be monitored, and a nurse will listen to your baby's heart rate. Your baby will be delivered in a short period of time once surgery begins. Once delivered, it will take approximately 45-60 minutes to complete surgery. Your incision will be closed with staples or sutures. You will then be moved to the Recovery Room.

Initial recovery after Cesarean birth

The immediate recovery period is similar to the recovery period of a vaginal birth. Rest to conserve your strength. You, your baby and your support partner will remain in the Labor and Delivery Recovery Room for approximately two hours. During this time you and your baby will be monitored closely.

Episiotomy/forceps/vacuum

We plan to help you deliver your baby with the least amount of trauma. Episiotomies are not routinely needed and many deliver without the need for any stitches. Sometimes we need to make a small incision at the vaginal opening to help deliver. We make sure you are numb if you don't have an epidural, and will stitch the area after delivery. The stitches dissolve over time and do not need to be removed. We provide you with medicine to keep you comfortable after delivery.

We are highly skilled in the use of vacuum and forceps for deliveries. We will recommend using them only if medically indicated. Our goal is to deliver your baby in the safest manner. There are definitely times when this is the safest way to help your baby into this world.

Breastfeeding

Deciding to breastfeed is a personal choice and is up to you. Breastmilk is a dynamic substance with fats, sugars, mineral proteins, vitamins and enzymes that is ever-changing to meet your baby's immunity and nutritional needs.

Both the American Academy of Pediatrics and the World Health Organization recommend exclusive breastfeeding for the first 6 months of life, then adding solids and continuing breastfeeding for at least 1 year. At Eastwind Women's Health, we hope to support you in whatever breastfeeding goals you choose.

Benefits of Breastfeeding

Benefits for moms include lower cost, decreased risk of breast cancer and type 2 diabetes mellitus and benefits for babies include protection against upper respiratory infections and gastrointestinal illness, decreased risk of obesity and lower risk of diabetes.

Getting Started

1. We encourage patients to set up an appointment with a lactation counselor or take a lactation class in their third trimester of pregnancy to discuss questions, concerns and preparation.
2. Get a prescription in your third trimester for a double breast pump, it is likely covered under your insurance plan.
3. Skin to skin time with your baby is the most important way to start off well. This is encouraged as soon as possible after delivery and is helpful to regulate baby's body temperature and blood sugar, calm babies and allow easy observation of feeding cues.
4. Breastfeed early and often in order to establish adequate milk supply and help baby to gain weight.

When to make an appointment with a lactation counselor

(Please call our office for private lactation counseling)

- In the third trimester for preparation before baby arrives
- To observe feedings and offer guidance in the first couple of weeks
- When you have persistent pain with nursing beyond the first week
- Over or undersupply concerns
- Postpartum depression or anxiety
- Questions about returning to work or milk storage
- Concerns about using breast pump or pumping exclusively

Positioning and Latching

Position your baby either across the front of your belly (cross cradle hold) or along the side you will be nursing (football hold). Be sure that your baby's chin, chest, hips and knees face your breast so they are not twisted. Hold baby's head behind their ears. Support your breast, keeping your fingers back from your nipple and surrounding areola, applying gentle pressure to create a sandwich hold for the baby to get a wide latch. Use your nipple to stroke the baby from nose to chin and when baby opens their mouth WIDE bring the baby onto the breast. Your baby's lips should curl out like the lips of a fish with their chin firmly touching your breast. You should hear or see your baby swallowing after every few sucks. After feeding, your nipple may look longer but should not be flattened or creased. Nurse your baby on the first breast until he/she seems done, then burp them and offer the second breast until they show signs of fullness (long time between sucks, falling asleep, releasing latch). Begin your next feeding on the breast you ended with the last feeding.

What to expect

- Babies' stomachs are very small initially and they need to nurse frequently, usually every 1-3 hours (8-12 times every 24 hours). It is common for babies to cluster feed (nurse several times in a few hours) during the first few weeks or during a growth spurt.
- Nursing your baby when you first see hunger cues (see the list below) will help keep your baby more content.
- After feeding, your baby should be relaxed, happy and satisfied if full. If your baby still acts hungry, put them back to your breast.
- Your baby should have stools that change in color from black to lighter yellow by the third day and average 3-4 stools in 24 hours after day 5. By day 6, your baby should have 6 or more wet diapers.
- Your baby should not lose any more weight after day 5 and should be back at birth weight by 2 weeks.

Hunger Cues

- Baby is restless and fussy
- Opening mouth
- Bringing hand to mouth
- Turning head side to side
- Crying (late hunger cue)\

In the event of sore nipples

- Make sure baby has a deep, correct latch each time
- Use your hand to express milk to start let down before latching your baby
- Do not use harsh soaps/chemicals to clean breast, water is sufficient
- After each feeding, express milk and massage onto nipples and areola allowing to air dry
- For dry/cracked nipples apply a small amount of USP Modified Lanolin after each feeding (always use clean hands to prevent infection)
- Make an appointment if you are not improving

Returning to Work

- Make certain you have a double breast pump you are comfortable using.

- You will need to pump a little extra in order to have milk prepared for your baby's first day with a caretaker. One good method is to pump for 10-15 minutes after the first morning feeding starting in week 3 or 4. You can store this milk to start your supply for when you are at work.
- When you are at work, you will need to pump every 3 hours in order to maintain supply.
- Having storage bottles/bags and a cooler/refrigerator at work will help keep milk good until you can get home to place it in the refrigerator or freezer.
- Breastmilk may be stored in the refrigerator for 3 days, in a top compartment freezer for up to 6 months and in a separate deep freezer for 6-12 months.
- About 3-6 weeks after birth, you can introduce occasional bottle feeding to your baby to help prepare them for when you are at work. Remember to pump while the baby is bottle feeding so you do not miss a feeding.
- See www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm for storing and thawing breastmilk appropriately.

Postpartum Instructions

1. Make an appointment to see the doctor for a check-up 4-6 weeks after delivery for postpartum evaluation.
2. Refrain from douching, tampons and swimming until after your post- partum check-up.
3. You may ride in a car but no driving until your are off narcotic medications and can stamp your foot on the floor without pain (to mimic pushing on brake pedal).
4. If breastfeeding, continue your prenatal vitamins daily, eat a well balanced diet, and increase your fluid intake to 10-12 glasses of water per day. With any signs or symptoms of a breast

infection (fever, flu-like symptoms, pain or redness in the breast) call the office for further instructions.

5. If not breastfeeding, continue to wear a good supportive bra, bind if necessary, use ice packs, take Tylenol® for discomfort, and call the office if the problem persists or worsens.

6. Vaginal bleeding may continue for 6-8 weeks while the uterus is involuting back to pre-pregnancy state. You may have spotting and/ or menstrual-like flow. Increased activity increases the flow. If bleeding or cramping increases to greater than a period, take two Advil and get off your feet. If bleeding is persistently heavy, call the office for further instructions.

7. Avoid lifting anything heavier than your baby until after your post-partum check-up.

8. Exercise – Avoid sit-ups, jumping jacks and aerobics until after your post-partum check-up. You may do simple abdominal tightening exercises, kegal exercises, and walking.

9. Constipation is very common. Drink 6-8 glasses of liquids every day. Citrucel, Metamucil, and stool softeners (Colace) may be used. Include food like bran cereal, fresh fruits and vegetables in your diet. Stool softeners are recommended while taking Oxycodone, Percocet, or Vicodin.

10. Hemorrhoids usually are more symptomatic after delivery. If they are a problem for you, we can prescribe medication to relieve symptoms.

11. Post-partum blues – Sadness, crying and blues are normal responses to hormonal changes in your body after the baby is born. Please let us know if you need additional assistance or if you are concerned that the blues have turned into depression.

12. Abstain from intercourse until seen by provider at postpartum appointment. Contraception will be discussed at your check-up or earlier if you have special needs.

13. You may climb stairs 2-3 times a day in the first 2 weeks. Too much activity delays episiotomy and incisional healing.

14. Please call the office if you have a fever of 101F or greater, swelling, tenderness or redness in the lower leg.

15. If you had a Cesarean delivery, keep your incision clean with soap and water. Bandage with gauze only if instructed. Call the office if the incision is swollen, red or has any unusual drainage. Remove any steristrips after 10 days.

16. No tub bathing, but showering is permitted.

Postpartum Depression

About 40-80% of women experience mood changes after their delivery. This most commonly starts 2-3 days after delivery and usually goes away by 2 weeks. It is important to eat properly, get adequate sleep and reduce stress during this time to help with the symptoms. Sometimes the symptoms require treatment especially if mom is not bonding or enjoying her baby; unable to care for herself or the baby; feeling excessive sadness, depression or anxiety. Please schedule an appointment if you feel a problem is occurring.

We are known for our compassionate care and have effective treatments for postpartum depression.

Questions

If you have additional questions, or need information on another topic, please take note and ask the nurse or doctor at your next appointment. We ask that when you call the office or if you have an emergency and need to speak to the doctor on call that you please have a pharmacy number available so that prescriptions can be called in if necessary. It is also important that we speak to you directly if at all possible.