



Welcome to Pregnancy...

& Independence
WOMEN'S CLINIC

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***Congratulations and
Welcome to Pregnancy!***



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Congratulations and Welcome to Pregnancy!

Whether this is your first, second, or third baby, each pregnancy is always a brand new experience. With each baby you become a new parent.

Pregnancy can be an exciting, fulfilling, delightful time. It can also be a time of uncertainty and change. Everything seems to be changing. As a team, we will work together to make your pregnancy as healthy and as enjoyable as possible.

This handbook was developed to offer you information, answers, and to be a resource for you so you will know what to expect throughout your pregnancy. We hope that you will take the time to read this handbook.

We want to thank you for choosing Independence Women's Clinic for your obstetrical care. With six compassionate physicians and two nurse practitioners, our practice is committed to providing the highest quality of women's health care with the special personal attention we know is so important to you.



Provider Profiles

Rick Gutknecht, M.D., F.A.C.O.G. received his medical degree from the University of New Mexico and completed an internship and Ob-Gyn residency at Truman Medical Center in Kansas City, MO. He is certified by the American Board of Ob-Gyn and has been with Independence Women's Clinic since 1978.

Tim Hall, M.D., F.A.C.O.G. received his medical degree from the University of Missouri-Columbia and completed his Ob-Gyn residency at Truman Medical Center/St. Luke's Hospital in Kansas City, MO. He is certified by the American Board of Ob-Gyn and has been with Independence Women's Clinic since 1995.

Robert Caffrey, M.D., F.A.C.O.G. received his medical degree from the University of Missouri-Kansas City and completed his Ob-Gyn residency at Truman Medical Center/St. Luke's Hospital in Kansas City, MO. He is certified by the American Board of Ob-Gyn and has been with Independence Women's Clinic since 1996.

Michelle Lemberger, M.D., F.A.C.O.G. received her medical degree from the University of Missouri-Kansas City and completed her Ob-Gyn residency at Truman Medical Center/St. Luke's Hospital in Kansas City, MO. She is certified by the American Board of Ob-Gyn and has been with Independence Women's Clinic since 1998.

Amy Trout, M.D., F.A.C.O.G. received her medical degree from the University of Missouri-Kansas City and completed her Ob-Gyn residency at Providence Hospital in Michigan. She is certified by the American Board of Ob-Gyn and has been with Independence Women's Clinic since 2000.

Alisa Ash, M.D., F.A.C.O.G. received her medical degree from the University of Missouri-Columbia and completed her Ob-Gyn residency at St. Mary's Health Center in St. Louis, Missouri. She is certified by the American Board of Ob-Gyn and has been with Independence Women's Clinic since 2009.

Debra Sims, WHNP-BC received her BSN from Rockhurst College and her Master of Science in Nursing from the University of Missouri-Kansas City School of Nursing in 1998. Debra is licensed in the state of Missouri and is certified as a women's health nurse practitioner by the National Certification Corporation. Debra has been with Independence Women's Clinic since 1999.

Lindsay Hartley, WHNP-BC received her BSN from Avila College and her Master of Science in Nursing from the University of Missouri-Kansas City School of Nursing in 2013. Lindsay is licensed in the state of Missouri and is certified as a women's health nurse practitioner by the National Certification Corporation. Lindsay has been with Independence Women's Clinic since 2014.



*Office
Operations*

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Office Operations

Appointments

To schedule appointments, you may either call our office or make subsequent appointments while checking out after your office visits.

Our physicians are very dedicated to their patients, therefore, we ask for your understanding if we are not able to see you at your scheduled appointment time. Many deliveries and surgical emergencies can arise during office hours. One of the other providers may be able to see you or we will attempt to notify you in advance when possible to reschedule your appointment.

Telephone Calls

If, between visits, you have questions, please do not hesitate to call the office. Our nurses are experts at handling many gynecological and obstetric problems. Occasionally, you may need to leave a message. Please be patient and remember we will always return your call the same day if we can reach you.

We request that you limit your after hour calls except for true emergencies. If you need to contact us after hours the answering service will notify us to call you. If you ever have problems reaching the answering service, please call labor and delivery at the Centerpoint Medical Center (816) 698-7370 and they will forward your call to us.

Billing, Insurance, Pre-Certification, Self-Pay

Our charge for a normal vaginal delivery includes the care of the mother during the months of pregnancy, delivery and subsequent hospital care, including a six-week postpartum examination. If you should require a C-section there would be an additional fee for the assistant surgeon. Blood work, ultrasounds, non-stress tests and any other special examinations, if necessary, are not included in this fee.

Please keep in mind that you will receive separate billings from the hospital, anesthesia, laboratory, etc.

We make every effort to work with you and your insurance company. Early in your pregnancy you will meet with our financial counselor who will discuss your benefits as provided by your insurance company. Any deductibles, copays, or coinsurance is the patient's responsibility. Our counselor will help you with a payment plan.

Precertification involves notifying the insurance company of your pregnancy and future hospitalization. It is NOT a guarantee of benefits.

If you do not have insurance, you will be placed on a "Self Pay" status. A deposit will be required at your first OB visit with monthly payments to be made and the entire balance paid by your seventh month of pregnancy.

Reminder: Most insurance companies allow 30 days from the date of birth to add a baby to your insurance policy.



*Prenatal
Care*

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Prenatal Care

First Visit

Your first OB visit is very important. We will obtain a thorough medical history on you and the father-to-be. Your weight and blood pressure will be taken. A urinalysis will be performed and you will be given samples of prenatal vitamins.

We will calculate your due date. This date becomes a “*monitoring progress*” date. Your pregnancy is measured in weeks and an average term pregnancy is 280 days or 40 weeks from the first day of your last menstrual period. It is important to remember that only one in twenty babies are delivered exactly on the calculated day, although most are born within two weeks of the expected day.

Due Date = Last Period (1st Day) minus 3 months plus 1 week
(Example: Last Period 10-12 = Due Date 7-19)

You will be given an order to have your blood drawn for prenatal laboratory work. These routine-screening labs will check for hepatitis B (a virus transmitted by bodily secretions), HIV, reactive plasma reagent (screens for syphilis), immunity to rubella (German measles), blood type and screen, and complete blood count.

Subsequent Visits

On follow-up visits, your weight and blood pressure will be checked. You will be asked to provide a urine specimen on every visit. Urine is tested for protein, which could lead to a condition known as preeclampsia and glucose, which is an indication of gestational diabetes. Your hands and feet will be checked for swelling.

A doppler will be used to hear the baby’s heart tones. Fetal activity and the size and growth of the baby will be checked.

At twenty weeks a routine ultrasound is scheduled. Ultrasounds are done in our office. An ultrasound uses sound waves to make a picture of the baby moving inside your uterus. Ultrasound tests are used to determine if the baby is developing properly, check the baby’s heart rate, and confirm the baby’s position and size.

At twenty-six to twenty-eight weeks you will be screened for gestational diabetes. Diabetes occurs when there is a problem with the way the body uses insulin. When insulin is not used properly, the level of glucose (sugar) in the blood becomes too high. Because the hormones of pregnancy increase the body’s resistance to insulin, approximately 3% of pregnant women will develop diabetes during pregnancy. This condition usually subsides after pregnancy, but women who have had gestational diabetes are more likely to develop diabetes later in life.

Subsequent Visits continued...

A one-hour glucose tolerance test involves drinking a sugary drink and having your blood drawn one hour later. This will measure your blood sugar level. If the test reveals a high level of glucose in your blood, a more extensive three-hour glucose test will be conducted. Your blood will also be drawn again to check for anemia.

If you are Rh negative, you will receive a Rh injection in your hip after 28 weeks. Only 15% of women are Rh negative. This means if your baby is Rh positive, you may form antibodies that fight against your baby's blood. The injection can prevent sensitization for up to twelve weeks. You will have this injection again after delivery if your baby is Rh positive.

You will be monitored for preterm labor. This is labor that starts when you are less than thirty-seven weeks pregnant.

Warning Signs of Preterm Labor includes an increase or change in vaginal discharge especially with bleeding, pelvic or low abdominal pressure, abdominal cramps with or without diarrhea and regular contractions that do not subside with rest.

High blood pressure, also known as toxemia or preeclampsia develops in fewer than 10% of pregnant women. The cause of this potentially serious condition is unknown.

Warning Signs of Preeclampsia are rising blood pressure, right upper quadrant pain, blurred vision, persistent headaches, and significant swelling of hands, feet, and face.

The internet can be a source of excellent pregnancy related information. When reviewing information on your computer, do consider the source. Try to avoid unknown sites, and sites trying to sell you products.

Websites that you may find useful include: www.cdc.gov, www.marchofdimes.com, www.mayoclinic.com, and www.acog.org and click on ACOG patient page.

Books: Your pregnancy and childbirth, month to month.
The American College of Obstetricians and Gynecologists.





*Genetic
Testing
(optional)*

Genetic Testing

Genetic testing is offered to every patient and can be general screening offered to all patients, or more specific testing based on a patient's personal, or family history.

Down's Syndrome screening is offered to all pregnant patients and comes in several forms. Early screening consists of an ultrasound to measure the thickness of the skin on a baby's neck and several blood tests. This testing is usually performed at about 8 to 10 weeks of pregnancy. Currently, this testing approaches 95% predictive value. This testing is referred to high-risk pregnancy specialists due to the nature of the ultrasound.

Quad testing is a set of blood tests performed between 15-20 weeks to assess a baby's risk for Down Syndrome as well as certain spinal cord defects. This testing will identify 95% of babies with spinal cord defects and 85% of babies with Down Syndrome. If the testing is abnormal, patients are often referred to a high-risk specialist for further testing.

Amniocentesis is a procedure in which a needle is introduced into the uterus through the skin under ultrasound guidance. This is done to obtain amniotic fluid for testing. Women over 35 years old are offered this routinely because of their increased risk for a baby with Down Syndrome. Other genetic diseases can also be evaluated using this technique.

Cystic Fibrosis is a genetic condition that affects the respiratory and digestive system. 1 in 29 Caucasians, 1 in 45 Hispanics and 1 in 65 African-Americans carry a gene for this disease. Parents can be tested for this condition at any time with a blood test.

Sickle Cell Anemia is common in the African-American population and can be tested for with a blood test.

Other genetic testing would be recommended based upon family history and could include genetic counseling, ultrasound or amniocentesis.

*Staying
Healthy*

Staying Healthy

Nutrition

The average non-pregnant woman consumes about 2200 calories a day. A pregnant woman needs an extra 300 calories a day. The American College of Obstetricians and Gynecologists (ACOG) suggest the following food guideline:

	Number of Servings
Milk (or at least 1000 mg calcium supplement)	4
Protein	3-4
Meat, Poultry, Fish	2-3
Legumes/Nuts	1-2
Fruits And Vegetables	5
Vitamin C	2
Vitamin A	2
Other	1
Whole Grain Products	4
Others	2

Weight

Ideal weight gain in pregnancy for an average weight woman is 25-35 pounds. That gain usually means 2-4 pounds the first trimester and a pound a week the second and third trimesters.

For the healthiest baby, an underweight woman should gain more weight and an overweight woman should gain less, maybe only 15 pounds. Excessive weight gain increases the chances of a large infant (macrosomia). Excessive weight gain also increases the chance of cesarean section even if the baby is not large, and may increase the chance of birth injury to the baby.

Weight Distribution

The average baby weighs	7 1/2 pounds
The placenta	1 1/2 pounds
Increased fluid volume	4 pounds
Increased weight of uterus	2 pounds
Increased weight of breast tissue	2 pounds
Increased blood volume	4 pounds
Maternal stores of nutrients	7 pounds
Amniotic fluids	2 pounds
Total	30 pounds

Alcohol

Whatever goes into your body affects your baby, too. Avoid alcohol while you're pregnant. Babies affected with fetal alcohol syndrome have mental and physical problems, including slow growth and development, small heads, abnormal eye features, and mental retardation.

Coloring Hair/Permanents

It is safe to color your hair. You may also perm your hair but sometimes hair responds differently during pregnancy.

Dental Care

Caring for your teeth during pregnancy is very important and routine dental examination and treatment is encouraged. Due to hormonal changes, you are more susceptible to cavities, bleeding gums, and gum infections. Tell your dentist that you are pregnant. Local anesthesia injections are safe, but avoid general anesthesia/nitrous oxide. Use a lead apron if x-rays are necessary. Teeth whitening is also safe.

Exercise

If your pregnancy is uncomplicated and you are in good health, you should be active and exercise. Common sense should guide you. When an activity, especially in late pregnancy, is associated with significant discomfort, it should be discontinued. Your heart rate should remain below 140 beats per minute. If you are not used to exercise, increase your level gradually. Crunches are a good exercise to help prevent low back pain.

Hot tubs/Saunas/Whirlpools

Please avoid these due to the risk of overheating. However, warm baths are safe during pregnancy.

Lead Screening

Lead is a shiny silver-colored metal found naturally in the earth's crust. Lead has been used in paint, gasoline, and some vinyl products, such as mini-blinds. Lead is harmful to a pregnant woman and her fetus. If a pregnant woman breathes in or swallows lead, the lead can be passed to the fetus through the placenta. The lead can get into the bones, brain, and organs of the fetus. Children exposed to lead before birth may have learning and behavior problems. Lead can also increase the risk of a premature birth, a low birth weight baby, or a miscarriage. You will be given a lead-screening questionnaire to determine whether you are at risk for lead poisoning.

Nails

You may paint or have your nails done professionally.

Painting/Cleaning

We recommend that you use only latex paint and that you avoid paint strippers. Keep the area well ventilated where you are cleaning or painting.

Seafood

Seafood is a great source of DHA, which helps build your baby's brain and eyes. You should limit yourself to 2-3 servings of seafood each week. The only fish to avoid are shark, swordfish, king mackerel and tilefish.

Sexual Relations

For healthy pregnant women without complications, sex is safe up to delivery.

Smoking

Please DO NOT smoke during pregnancy. Tobacco smoke is a major source of carbon monoxide, which can interfere with the oxygen supply to the fetus. Your baby will have twice the level of carbon monoxide that you have. Smoking increases the risk of premature delivery, stillborn infants and miscarriages. Smoking even results in a ten times increased risk for SIDS (Sudden Infant Death Syndrome).

Swimming

Swimming is fine, and may be helpful for sore muscles, back pain, and swelling. Sunburn can make you feel terrible during pregnancy. Use sunscreen. Swimming in a lake, ocean, or pool is all safe.

Tanning

Tanning beds are not healthy for you anytime, but should be avoided in pregnancy.

Toxoplasmosis

You should avoid cleaning cat litter boxes and eating undercooked meat due to the risk of exposure to toxoplasmosis. This is a potentially harmful infection, which could cause your unborn baby to suffer permanent eye and neurological damage.

Travel

Travel during pregnancy is not considered harmful for a normal pregnancy, but long, tiresome trips should be avoided. We recommend that you do not fly after 34 weeks of pregnancy. When you travel by car, wear your seatbelt low over your hips. Stay within an hour of the hospital during your last month.

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*Discomforts and
Illnesses During
Pregnancy*

Discomforts and Illnesses During Pregnancy

Backache

Apply heat to your lower back, back massage, and the use of a firm mattress may offer relief. Avoid lifting and bending. Wear a supportive bra, try stretching, pelvic rocking, wearing an external abdominal binder, Tylenol or crutches. Wear supportive shoes with low heels.

Bleeding gums

Practice good oral hygiene. Use a soft toothbrush and floss regularly. Try warm saline mouthwashes.

Braxton-Hicks contractions

Rest on your left side and relax. Empty your bladder frequently. Drink at least three glasses of fluids for possible dehydration. Call the office if they are regular and/or intense.

Breast pain

Perform a breast exam, avoid caffeine, and try Vitamin E 800 IU. Wear a supportive bra constantly.

Carpal Tunnel Syndrome

Increase your water intake and decrease your salt intake. Wear a wrist splint while sleeping. This usually disappears post-partum.

Chickenpox

Chickenpox is caused by a virus called varicella-zoster and it can be transmitted across the placenta to the fetus. If you have had chickenpox, you don't have to worry about being exposed as you have life-long immunity. Women who contract chickenpox between the second and fourth months of their pregnancies, have been known to have a higher incidence of miscarriage or to deliver babies with congenital malformations. If you have not had chickenpox, avoid contact with anyone who has chickenpox or shingles. If you become infected, there is a drug called varicella-zoster immunoglobulin that can be given and may help prevent you from developing a severe form of the disease if it is given within 96 hours of exposure. It may not however, protect the fetus from infection.

Colds/Sinus Infections

No medications will cure a cold, so take medications to help symptoms if you want. Antibiotics are drugs that fight bacteria, but colds are caused by viruses. A decongestant (Sudafed, Afrin Nasal Spray) can help you breathe if your nose is blocked. Nose sprays are more effective but shouldn't be used more than a week. A steam vaporizer may make you feel better. An expectorant (plain Robitussin) can help your cough and your chest congestion. Lots of water helps loosen secretions. Tylenol can help aches, sore throat, and feverish feelings. Throat spray and lozenges can soothe your throat. So can frequent sips of warm liquids and salt water gargles. You can take an antihistamine if you need something to help you sleep, but otherwise they are for allergies. There is no good medicine to stop a runny nose – that's your immune system trying to flush out the virus. Over the counter cold medications are combinations of the medications mentioned above. It's usually better to take something for the symptoms you have rather than taking a shotgun approach.

Constipation

Drink at least eight glasses of water daily. Eating more roughage (fresh fruits and vegetables) and whole grain foods may help prevent constipation. Maintain a regular exercise program. Try Colace 50-200mg or Metamucil twice a day.

Diarrhea

Drink liquids to avoid dehydration. Avoid dairy products. Try rice, bananas, toast, or Kaopectate. Call our office if it is severe.

Difficulty breathing

Avoid restrictive clothing. Use pillows to elevate your back and rest.

Dizzy spells

Avoid rapid breathing. Get up slowly – sit first. Lie on your side. Eat small frequent meals. Try calf raises. Squeeze your leg muscles to prevent blood from pooling in your legs.

Fatigue

Take frequent rest periods. Avoid exercise and caffeine before bed. Try warm milk and relaxation.

Fifth Disease

Parvovirus B19 causes a common childhood disease that in rare cases could cause miscarriage. If you have been exposed (the risk is highest from your own children), a blood test can determine whether you are protected because you already had the disease. A later blood test can determine whether you developed the disease during pregnancy, since symptoms are minimal. If you have been infected, we may need to follow your baby with ultrasound examinations.

Flatulence

Avoid gas-forming foods and straws. Try taking Mylicon liquids 40-80mg.

Flu vaccine

Yes, pregnant women should have the flu vaccine.

Head Lice or Scabies

Nix is ok to use. Wash all sheets and clothes in hot water.

Headaches

Rest in a dark room and drink fluids, try relaxation techniques, massage, and or hot/cold compresses. Try Tylenol 325-650mg every four to six hours or Excedrin without aspirin.

Heartburn

Eat small frequent meals and less at a time. Limit beverages with meals. Do not eat before bed. Raise the head of your bed. Don't smoke. Try Maalox, Pepcid or Zantac.

Hemorrhoids

Eat a high fiber diet. Try cold compresses or warm baths. Take Metamucil. Try Tucks or proctofoam.

Itching

Try an Aveeno bath, moisturizing lotion, and drink fluids. Try Benadryl cream, Caladryl, Calamine lotion or Aveeno anti-itch cream.

Leg cramps

Wear comfortable flat-heeled shoes. Avoid crossing your legs and elevate them whenever possible. If you experience a leg cramp, flex your foot back and pull your toes toward your head. Take extra calcium. Soak your legs in a warm tub before bed.

Listeriosis

Listeriosis is an infectious disease caused by bacteria that is transmitted by some foods. Symptoms include sudden onset of fever, headache, muscle cramps, abdominal pain, nausea, diarrhea, and vomiting. The listeria bacteria can infect the fetus during pregnancy, causing a spontaneous abortion, stillbirth, or an infected newborn. Avoid Mexican style or goat cheese, Brie, Camembert, and blue-veined cheeses. Samples from your vagina, cervix, and blood can be checked for the listeria bacteria and if found, can be treated with antibiotics.

Nasal congestion

Some increased stuffiness is usual with pregnancy. Use a humidifier, drink fluids, try saline nasal drops or spray and gargle with salt water. Sudafed may help. Afrin nasal spray should not be used for more than a week, so it is best reserved for colds.

Nose bleeds

Also common in pregnancy because veins are larger. Treat with finger pressure on the side of the nose that is bleeding. Avoid overheated air, excessive exertion and medicated nasal sprays. Blow your nose gently. Saline spray and Vaseline or Mentholatum are fine.

Rubella (German Measles)

This disease can cause birth defects, but you would have to have it during pregnancy for your baby to have any risk. If you have had rubella, you are immune. We test for immunity routinely with your first lab tests in pregnancy. If your immunity is low, we suggest you receive the vaccine just after delivery. If you are not immune and you have been exposed, you should talk with your doctor. Fever, rash, and swollen glands would not show up for two weeks or more if you did get sick. The risk is higher to your baby if you develop the disease in the first trimester.

Stretch marks

Apply moisturizers daily. They are not preventable but usually will fade.

Swollen hands/feet

Avoid restrictive clothes and long periods of standing. Elevate your legs throughout the day. Wear support hose. Walk for ten minutes every one to two hours. Drink at least eight glasses of water daily. Limit sodium intake.

TB test

TB testing is fine anytime in pregnancy.

Tetanus Vaccine

The Td shot is safe in pregnancy.

Vaginal discharge

Cervical mucous increases as pregnancy progresses. Wear cotton underwear and pantliners. Avoid tight pants or jeans. Call the office if you have an odor or itch, change in color or consistency

Varicosities

Avoid long periods of standing and crossing legs. Wear support hose. Elevate legs. Walk. Take rest periods.

Tips to Help Prevent Nausea During Pregnancy

- Before getting out of bed in the morning, eat a few crackers, a handful of dry cereal, or a piece of toast or dry bread. Put these within reach of your bed the night before.
- Get up slowly in the morning and sit on the side of the bed for a few moments before standing up.
- Avoid any sudden movements.
- Eat six to eight small meals during the day. Never go for long periods of time without food.
- Eat foods that are high in long acting proteins such as milk, yogurt, cheese, peanut butter, and nuts.
- Drink fluids, including soups, between rather than with meals.
- Avoid greasy, highly seasoned, and fried foods. These include butter, margarine, bacon, gravies, piecrust, pastries, fried meats, and french fries.
- Avoid unpleasant smells. When you cook, open windows or use the exhaust fan to get rid of odors. After cooking, wait for a short period of time before eating.
- Always eat a snack high in protein before bedtime.
- Be sure to have plenty of fresh air/good ventilation in the bedroom while sleeping.
- If the nausea is severe, avoid drinking citrus juice, coffee, and tea.
- Try eating popsicles if you are having difficulty keeping down liquids.
- Doxylamine 25 mg tablet (Unisom tablet, not the gel or melt) one at bedtime combined with vitamin B6 25 to 50 mg twice a day (available as a sucker or candy also). This combination works best as a preventive, so take it routinely. You may add ½ tablet in the morning and ½ tablet in the afternoon if needed.

Disability During Pregnancy

Your pregnancy may easily affect your work. These comments were written to prevent the misunderstanding that may occur between a pregnant woman, her physician, and employer.

The usual pregnancy discomforts, e.g., nausea, tiredness, back and low abdominal pain, do not qualify as an illness requiring disability. A complication of pregnancy or illness unrelated to your pregnancy does not qualify.

If you are unable to carry out certain tasks necessary for your work, first speak to your employer. Your physician may authorize physical restrictions on your work after they have received a complete and specific job description from your employer.

If the restrictions written for your employment prevent you from performing your job, it is then the responsibility of your employer either to find you a less demanding position, or, if no such position is possible, to give you disability. If you become too uncomfortable to work, you may want to discuss a leave of absence with your employer.

Please do not ask your physician for disability unless he has restricted you from ALL work.

Most employers will give disability two weeks prior to your due date through six weeks after your delivery. We will happily furnish a letter with those dates. The decision to grant medical disability any earlier in pregnancy will be made honestly, carefully, and only with proper justification. Disability will be granted only for medical illnesses that may jeopardize a mother's ability to safely nurture, protect and promote the development of her unborn child. Disability will not be granted for symptomatic complaints that stem from the normal physical or emotional changes of pregnancy.

Independence Women's Clinic will require a payment of \$20.00 for the completion of each set of short-term disability forms, leave of absence and/or Family Medical Leave Act (FMLA) forms. This includes FMLA forms following a normal pregnancy and delivery (vaginal or cesarean).

Please allow 5 working days for the completion of these forms.

Safe Medications in Pregnancy

Our first recommendation is to try non-drug treatments first, such as prune juice for constipation. If you do not get relief though, please use the following guidelines.

Aches/Fever/Pains - Tylenol

Allergies - Tylenol Allergy/Sinus, Benadryl, Claritin, Zyrtec

Cold/Sinuses - Tylenol Cold, Sudafed, Saline Nasal Spray, Afrin Nasal Spray

Constipation - Colace, Metamucil, Milk of Magnesia, Miralax

Cough - Robitussin Plain

Diarrhea - Kaopectate, Imodium AD

Headache - Tylenol, Aspirin-free Excedrin

Heartburn - Mylanta, Maalox, Riopan, Zantac, Pepcid, Prilosec, Prevacid

Hemorrhoids - Preparation H, Nupercainal, Anusol, Proctofoam, Tucks

Indigestion - Tums/Roloids, Mylanta, Gas-X, Simethicone

Insomnia - Tylenol PM, Benadryl, Unisom

Nausea - Vitamin B6, Emetrol, Unisom

Doxylamine - 25 mg tablet (Unisom tablet, not the gel or melt) One at bedtime combined with vitamin B6 25 to 50 mg twice a day (available as a sucker or candy also). This combination works best as a preservative, so take it routinely. You may add 1/2 tablet in the morning and 1/2 tablet in the afternoon if needed.

Sore Throat - Hall drops, Cepacol, Sucrets, Chloraseptic Spray and Lozenges, Tylenol

Yeast Infections - Monistat 7 and Gyne-Lotrimin



*Development
of the Baby*

Development Of The Baby

A baby starts out as a fertilized egg no bigger than the period at the end of this sentence. The baby will change and grow every single day. It will take 280 days or 40 weeks before the baby is fully developed. Pregnancy is often divided into three periods called trimesters. Each is about three months long.

First Trimester (0 to 13 weeks)

By the end of the first month the baby will be one-half inch in length and weigh less than one ounce. Organs such as the heart, brain, and lungs are beginning to form. The placenta and umbilical cord are developing. The umbilical cord carries nourishment to and waste away from the baby.

By the end of the second month the baby will be one and one-eighth inch in length and weigh less than one ounce. The arms and legs are starting to form. The head is large in proportion to the rest of the body because the brain is developing rapidly. Facial features become more pronounced.

By the end of the third month the baby will be four inches in length and weigh one ounce. The baby is called a fetus and teeth and lips begin to develop. The kidneys produce urine and tooth buds appear.

Second Trimester (13-28 weeks)

By the end of the fourth month the baby will be seven inches in length and weigh five ounces. Eyelashes, fingernails, and toenails are forming. The baby has vocal cords and taste buds and can suck its thumb.

By the end of the fifth month the baby will be eight to twelve inches in length and weigh about one-half to one pound. Hair begins to grow and a protective coating of vernix (a white, greasy substance) covers the baby.

By the end of the sixth month the baby will be eleven to fourteen inches in length and weigh about one to one and one-half pounds. The baby can open and close its eyes and cough and hiccup.

Third Trimester (29-40 weeks)

By the end of the seventh month the baby will be fifteen inches in length and weigh about two and one-half to three pounds. The baby's skin is red and wrinkled because there is practically no fat under it and the baby can respond to stimuli (pain, light, and sound).

By the end of the eighth month the baby will be sixteen and one-half to eighteen inches in length and weigh four and one-half to six pounds. The bones continue to harden as the baby develops and the baby can hear sounds outside your body.

By the end of the ninth month the baby will be twenty to twenty-two inches in length and weigh six to eight pounds. The baby will have smooth skin and the bones of the head will be soft and flexible for delivery.



*Labor and
Delivery*

Labor and Delivery

Bloody Show

- * Discharge increases late in pregnancy, and sometimes mucous is mixed with blood. The show may happen as contractions start or may happen many days earlier as the cervix starts to thin.

False Labor

- * There is no bloody show.
- * Contractions are irregular and not progressively closer together. Walking, changing activity or positions may relieve or stop the contractions.
- * There is no change in cervix.

When to Go to the Hospital (don't call, only checking your cervix will tell us if labor is starting)

- * If this is your first pregnancy, wait until your contractions have been five minutes apart for an hour. Labor lasts an average of 12 hours. If you have already delivered a child, go to the hospital when contractions are regular (equally spaced) and less than ten minutes apart.

If Your Water Breaks

- * Go to the hospital to be checked. Not later, not after contractions start, NOW! Don't call, just go.

Actual Labor

- * A "bloody show" may be the first sign. It is usually associated with cramp-like pains.
- * Contractions get stronger, occur more frequently and last longer.
- * Walking, changing activity or position doesn't affect intensity or frequency of contractions.
- * Cervix dilates.

Labor with the first baby varies with different patients, but on average lasts 12-14 hours. After the first baby, labor averages 5-6 hours.

Pain Relief Options

- * Natural - no use of medications during labor. Used in conjunction with relaxation and breathing techniques.
- * Medication
- * Epidural - anesthetic injected through a catheter in the lower back producing numbness of the lower abdomen, legs, and birth canal.
- * IV Narcotics - pain medications that are given through your IV.

The birthing process generally includes three methods – vaginal birth, cesarean birth or vaginal birth after cesarean (VBAC).

Vaginal Birth

The first stage of labor starts with the onset of labor and is completed when the cervix is completely dilated to 10 centimeters. The first stage of labor can take quite a long time, especially with a first baby. This stage of labor could last twelve to fourteen hours.

The second stage of labor starts with the cervix becoming fully dilated and is completed with the delivery of the infant. The second stage of labor is much shorter than the first stage. The contractions are now very close together and the baby is being pushed out.

The third stage of labor begins after the delivery of the infant and is completed with the delivery of the placenta or afterbirth – that material which was developed to create the baby’s incubator inside of you. This stage lasts only a few minutes and minimal pushing is needed.

Cesarean Birth (C-Section)

Cesarean birth involves removal of the baby through the mother’s abdominal wall. There are numerous reasons for cesarean deliveries. Some are known prior to labor, but many aren’t identified until after labor begins and progresses. Any one or a combination of the following conditions can lead to a cesarean birth.

- * ***Abnormal Presentations*** - The baby’s position prevents a normal head-first delivery. The passage of a baby’s legs or buttocks (breech birth), or arm or side (transverse-lie birth) creates a great risk to the baby’s well being.
- * ***Cephalopelvic Disproportion*** - The baby’s head or body is too large to pass through the birth canal.
- * ***Fetal Distress*** - The baby’s heartbeat may appear abnormal during labor, indicating possible trouble for the baby.
- * ***Maternal Bleeding*** - The placenta can separate from the uterus prematurely and disturb the oxygen supply to the baby. Additionally, the placenta can become positioned over the cervix and prevent passage of the baby.
- * ***Maternal Medical Condition*** - Toxemia, genital herpes, diabetes, heart disease and certain other medical conditions in the mother can lead to a Cesarean birth in some situations.
- * ***Previous Cesarean Birth*** - The previous scar in the uterus may be weak and allow rupture of the uterus during labor. A trial of labor may be allowed.
- * ***Prolapsed Cord*** - The baby’s umbilical cord drops out of the vagina ahead of the baby and can endanger it by cutting off its oxygen supply.

Vaginal Birth After Cesarean (VBAC)

Today, an effort is being made to allow certain women to deliver vaginally after a previous cesarean birth. This option is obviously not for everyone, but can be accomplished in more than 60% of the instances where it is attempted.

The advantages of a vaginal birth after cesarean are a less costly and shorter hospital stay. It also allows for a quicker recovery and resumption of normal activities.



*Post
Partum*

Post Partum

Most women spend about 2 days in the hospital after a vaginal birth. If you have had a cesarean birth or any complications, you will probably stay three days. You will be monitored for bleeding and fever.

Post Partum Discomforts

- * ***Afterbirth pains/Cramping*** - These are due to the uterus contracting as it returns to normal size. These may be increased with breastfeeding. They usually only last a few days. We recommend changing your position often, emptying your bladder frequently, using a heating pad, and/or taking ibuprofen.
- * ***Bleeding*** - Called “lochia,” it occurs in 3 stages. The first stage is bright red, lasting for about 3 days. The second is medium red, lasting 1-3 weeks, and the third is brownish lasting invariably.
- * ***Constipation*** - The pressure exerted during labor can cause the rectum to become numb and the muscles that push the bowel movements are sluggish. Try increasing your fluid intake, fiber, or using stool softeners such as Metamucil twice a day and Colace two or three times a day.
- * ***Emotional Changes*** - It is normal to feel exhausted, overwhelmed, and sleep deprived. Your lifestyle has changed and fluctuating hormones might cause anxiety and feelings of helplessness. These “baby blues” are common, so expect them. Usually, though, postpartum depression doesn’t last longer than a few days. If you find yourself unable to function, you have no interest in your baby, or can’t sleep or eat please call the office.
- * ***Episiotomy*** - Try using cold packs immediately, then dry heat, sitz baths, or a rubber ring. A Sitz bath is a clear, comfortably hot bath over your waist that promotes healing and comfort.
- * ***Loss of bladder function or leakage of urine*** - This is often from decreased perineal muscle tone. Try doing Kegel’s exercises. In Kegel exercises, you tighten the pelvic floor muscles the way you would to stop the flow of urine or feces in midstream. The muscles will pull in together in the form of a figure 8, and the pelvic floor will lift slightly. You should hold these muscles tightly for two or three seconds and then release them. Repeat for several minutes twice a day.
- * ***Swollen Breasts*** - If you are not breastfeeding, try ice packs, wearing a tight-fitting bra 24 hours a day and avoid stimulation.

Signs and Symptoms to Report After Delivery

- * Fever over 100.4F
- * Bleeding heavier than a menstrual period.
- * Swelling and tenderness in your legs
- * Chest pain and/or cough
- * Nausea and vomiting
- * Burning, pain, urgency (frequent, strong desire to void) on urination
- * Painful hot and tender breasts
- * Perineal pain and tenderness that does not subside.

Post Partum Check - At your six-week post partum visit your uterus will be evaluated to assure that it has returned to normal size, any vaginal stitches have dissolved, and the cervix has healed. This is the time you may want to discuss contraceptive options with your provider.





Breastfeeding

Breastfeeding

Whether to breastfeed your baby or not is a very personal choice and is your decision to make. Mother Nature, though, has provided you with the best food to feed your baby. Human milk is a unique combination of fats, sugars, mineral proteins, vitamins and enzymes, custom-made to promote brain and body growth.

Colostrum, also called first milk, is a milky or yellowish fluid secreted by the mammary glands a few days before and after birth. Colostrum provides unmatched immunity against bacteria and viruses. Colostrum also acts as a natural laxative to clear the meconium (first bowel movement) from the baby's intestine, thereby, decreasing the chance of jaundice.

There are several breastfeeding advantages such as breast fed babies have fewer ear and diarrhea infections, decreased vomiting and acute respiratory illnesses, a lower risk for diabetes, lymphomas and Crohn's disease and breast fed babies tend to have higher IQ's than bottle fed babies.

For additional support, you may call 816-276-3145 to schedule a breastfeeding class or receive information from the Breastfeeding Support Service.

Breastfeeding Options for Working Mothers

Full time Nursing means you can nurse the baby during the workday OR you want to express milk often enough (at least every 3-4 hours) to be able to provide all the milk your baby needs while separated from you. Formula will be used in only rare instances when you don't have quite enough breast milk.

About seven to fourteen days prior to returning to work begin practicing with expressing milk by hand or with a pump to become familiar with the technique. It will take about 3 to 4 times before you become proficient.

Most women find they have more success expressing milk in the morning. Try this about one hour after the baby nurses. Just express for 10 to 15 minutes at the most and do it consistently each day. Expressing more than 1-2 times per day is not recommended.

Milk can be stored in baby bottles, a pitcher or any clean container in the refrigerator. Don't worry if you only get a small amount when you begin. Fresh milk can be added to the milk you already have in the refrigerator as long as the new milk is chilled first. Milk can be kept in the refrigerator for 5 days. After 5 days it should be frozen or discarded. Breast milk, when removed from the refrigerator or freezer, may appear discolored (yellow tinged, bluish green, even a little brown). This does not mean the breast milk is bad. Always check breast milk to be certain it does not smell sour or taste bad. Because breast milk does not look like cow's milk when stored, taste and smell, not color, should determine if the refrigerated breast milk is good.

Remember that you only need enough milk for your first day back to work. What you express each day at work is what is used the next day.

Occasional bottle-feeding should begin at about 4-6 weeks after delivery even if you are not planning on returning to work until your baby is several months old. Introduce the baby to the bottle 1-3 times per week by letting dad or someone else feed some of your expressed milk by bottle. It doesn't need to be a "full" feeding; the intent is for the baby to get used to how to drink milk from a rubber nipple and bottle.

When you are at work express milk every 2-4 hours. You do not have to express at the same time every day but express milk often enough to prevent engorgement.

You should nurse as soon as you can when you get home and as exclusively as you can. If you find that your breast milk supply has dropped, try expressing milk before bedtime to help stimulate the supply a little.

Part time Nursing involves the ability to nurse the baby or express milk occasionally during the workday. You do not expect to be able to feed or express milk often enough to maintain a full milk supply and meet all of your baby's needs with your breast milk. Formula will be used frequently to provide all or most of the milk your baby needs while you are at work.

This option works better when babies are older and mothers do not have long workdays and long commutes. Mothers with babies less than 3-4 months old risk losing more of their milk supply than they planned on if they are not able to express milk at all during the day. "Comfort Expressing" (removing just enough milk to avoid discomfort from overly full breasts) can help you meet this goal better. Another variation of this option is expressing milk (even on a limited basis) at work until the baby reaches 3-4 months of age and then discontinuing it and using formula while you are working and continued frequent breastfeeding when you are at home.

About seven to fourteen days prior to returning to work eliminate one or two feedings that you will miss while you are at work. Replace breastfeeding at those feedings with a bottle of formula or breast milk. If your breasts are uncomfortable place some ice on your chest or express just enough for comfort. This will reduce the amount of stimulation your breasts receive and thereby, decrease the milk supply a little.

Try to express your milk while at work if you can, even if it is not every day or the same time every day. Nurse as much as you can when you are home.

Sore Nipple Management

Breastfeeding is meant to be a comfortable, pleasant experience. However, many new mothers still find their nipples tender for the first few days when the baby starts nursing. This usually disappears by 1-2 weeks.

To help prevent nipple tenderness, start with the correct positioning and latch on.

Cradle Position

- * Place a pillow or two in your lap to support your baby.
- * Place your baby's head on the crook of your arm
- * Make sure your baby is turned toward you chest to chest at breast level
 - a. Support your breast with your hand in an "L" or "C" position, thumb on top of your breast, fingers below, away from areola.
 - b. Tickle your baby's lower lip until he opens WIDE, and then quickly pull him onto your breast. Be patient. This may take a minute.
 - c. Make sure your baby's lips are behind the nipple, encircling the areola.
 - d. The tip of your baby's nose should be touching the breast.

Football/Clutch Position

- * Put a pillow or two at your side to help support your arm and your baby.
- * Support your baby's neck and the lower back of his head in your hand, with your forearm supporting his upper body against your side.
- * Follow steps a, b, c, and d under the Cradle position.

Lying down Position

- * Lie on your side with pillows supporting your back and your top leg, which is bent forward.
- * Place your baby on his side facing you.
- * Follow steps a, b, c, and d under the Cradle position.

Vary nursing positions for the first week.

Breastfeed frequently, about every one and one-half to three hours. Keeping your baby on an artificially longer schedule may make him frantically hungry and increase the likelihood of vigorous nursing and tender nipples.

Release the suction before you remove your baby from the breast. Do this by placing a clean finger in the side of your baby's mouth between his jaws. Don't take him away until you feel the suction break.

After nursing your baby, express a little breast milk and massage it into your nipples and areola, then air dry. Leave them open to the air as much as possible. Never use soap, alcohol or breast creams on your breasts or nipples. Water is all that is needed to clean your breasts when you shower or bathe.

If your nipples do become sore, try these suggestions:

- * Use deep breathing, soft music or other relaxation techniques before and during breastfeeding.
- * Limit the nursing time on the sore nipple.
- * Express a little milk first to stimulate let down.
- * Massage your breasts while nursing. This helps stimulate the milk to flow.
- * Use non-plastic lined bras and/or bra pads. Change the pads frequently to keep the nipple dry.
- * If your nipples become dry or cracked, use a little USP Modified Lanolin on them. This forms a moisture barrier so they stay dry.

Suggested Books on Breast Feeding

- “The Womanly Art of Breast Feeding” by: LaLeche League International
- “Breast Feeding your baby” by: Sheila Kitzinger
- “Best feeding: Getting Breast feeding right for you by: Mary Renfew, Chloe Fisher, Suzanne Arms
- “The Nursing Mothers Companion” by: Kathleen Huggins.



Special Memories

The first time I felt the baby move:

About labor and delivery:

How I felt when I saw my baby for the first time:

Baby's homecoming:



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