



## Welcome to Capital Women's Care

We are pleased that you have chosen the providers at Capital Women's Care to care for you during this most important and exciting time in your life. This material has been gathered for you to help you become familiar with our practice and to provide you with information that we hope will answer some of your questions. If you have questions that are not answered here, please write them down to ask at your next visit or, if more urgent, don't hesitate to call the office. Alternately (for non-urgent questions only), you can send a portal message to our staff. Registration for the portal is easy; just ask our front desk staff to assist you with this. If, during the course of your pregnancy, you misplace this packet of information, feel free to call the office for another copy and there is similar information on our website at

**[www.cwchowardcounty.com](http://www.cwchowardcounty.com)**

### Office Information

Hours:	Monday .....8:30 – 4:30
	Tuesday.....8:30 – 8:00 (phones still close at 4:30)
	Wednesday ....8:30 – 4:30
	Thursday.....8:30 – 4:30
	Friday.....8:30 – 3:00
Phone numbers:	Phone.....410-531-7557
	Fax .....410-531-0818



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## Capital Women's Care

*Providing contemporary health for women.*

Capital Women's Care, Howard County, was founded as Contemporary Health for Women by Doctors Marvin P. Davis and Christine P. Richards, both Board Certified Obstetrician-Gynecologists. Together they have over 50 years of practice experience and possess expertise within the field of women's health care. Drs. Davis and Richards now practice only Gynecology but the Obstetrics team is also very experienced. The team consists of Dr. Jean Hundley, Dr. Suzanne Abdelazim, Dr. Dana Baras and by Dr. Lilja Stefansson who are all Board Certified in Obstetrics and Gynecology. Laura Burnham, Linda Follette and Jamie Huppmann are Certified Registered Nurse Practitioners who are also experts in Women's Health.

We welcome the opportunity to show you the difference our care can make in the quality of your life.



## Prenatal Care

### What to expect during your prenatal care visits

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

You will first visit with Stephanie Higgins, RN, BSN, who will discuss your past and present health and such things as nutrition, exercise in pregnancy, your family and/or support system. One of the physicians or nurse practitioners will then do a complete physical examination. We will order appropriate laboratory tests, which include a set of standard tests and may include some that are particular to you, based on your history. Together we will formulate a plan of care for your pregnancy. We allow extra time for the first visit so that we can get to know you and answer all of your questions.

Return visits are scheduled for 15-20 minutes. At these visits you are weighed, your blood pressure is measured, a sample of your urine is tested and your doctor or nurse practitioner will answer any questions or concerns that you have. The physical examination at these visits includes examination of your abdomen and listening to the baby's heartbeat. Usually we can hear the baby's heartbeat 12 weeks from the first day of your last period, which is most often at the second visit. At one visit at approximately 36 weeks gestation your examination will include a vaginal culture (see section on Tests, below) and from 38 weeks until delivery you may have an examination of the cervix to see if your cervix has started to dilate.

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

### Documents

There are a number of forms we will ask you to complete. The first is one that documents your medical history. It is important to be thorough and include



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

We are happy to complete the forms you may need for disability during or after your pregnancy. Please submit them to the front desk on check-in. There is a \$15.00 fee for completing these forms or preparing a letter.

## Number of Visits

Your visits are scheduled every 4 weeks until you reach 28 weeks gestation. Then, as your pregnancy advances, you will come for your appointments every 2 weeks. In the last month of the pregnancy you see your nurse practitioner or doctor every week. There can be additional visits scheduled if the need arises.

## Tests

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

**New OB Labs:** This is a set of laboratory tests that are done at the beginning of every pregnancy. Some are required by law and most are recommended by the American College of Obstetrics and Gynecology.

## Carrier Screening for Genetic Abnormalities

Some individuals carry a gene that, under certain circumstances, can cause a medical condition in her or his child. In most cases, it takes two parents who BOTH have the gene for the child to be affected so the likelihood of the child having the condition is low. There are tests available to determine carrier status for many genetic conditions. Some of these are routinely ordered and some can be ordered on request. We will be happy to discuss this testing further at your visit. Insurance coverage varies with the insurance plan and with level of risk.



## Screening for Down Syndrome and other Chromosomal Abnormalities

Screening for the more common chromosomal abnormalities (trisomies 13, 18 and 21) is **optional** and is offered to all pregnant women regardless of age. *Depending on your risk factors, insurance may or may not cover these tests.*

Screening tests do not diagnose these conditions but they can indicate to whom further testing should be offered. It is important to remember that these tests can have both false positive and false negative results.

- 1. First Trimester Screening:** This test is provided in a Maternal Fetal Medicine facility and performed between 11 and 13 weeks gestation. It uses some blood values and a specific ultrasound measurement to predict the likelihood of a baby having Down Syndrome or Trisomy 13 or 18. It can also sometimes detect other non-chromosomal abnormalities.
- 2. Maternal Serum Screening:** This test is offered between 15 and 19 weeks gestation (this is the ideal range although it can be done up to 22 weeks). It is not mandatory. It involves only a blood draw from the mother. This test also includes a measurement of a protein that, if elevated, can indicate an increased risk of spina bifida (neural tube defects).
- 3. Noninvasive Prenatal Testing (NIPT)** This test involves a maternal blood draw. It is also known as "cell-free DNA test". It can be done at any time in the pregnancy after 10 weeks. It is the most reliable of the screening options but is the least likely to be covered by insurance unless risk factors are present.

**28 Week Labs:** Between 24 and 28 weeks gestation, a group of blood tests is ordered. These include a screening test for Gestational Diabetes (glucose screen) and a hematocrit level, a test that checks for anemia. You will drink a measured quantity of glucose and have the blood drawn one hour later. You must stay in the office during that interval but we generally try to schedule your visit during that intervening time.



**Group B  
Streptococcus:**

This is a vaginal culture done at about 36 weeks gestation. It involves collecting a sample from the lower part of the vagina and rectum using a swab (like a Q-tip). The test is done to see if you carry a certain bacteria. Many women do carry it. The presence of this bacteria does not indicate disease but there is a small risk of the baby being exposed to it and getting sick. If your culture is positive, we can significantly reduce this risk to the baby by treating you during labor with an intravenous antibiotic.

The best way for us to communicate the results of tests with you is via the Patient Portal. Our front desk staff will be happy to provide you with the necessary username, password and instructions to register for the portal.

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

**Ultrasounds/  
Sonograms:**

Ultrasounds are ordered any time during the pregnancy if your baby's well-being requires it. Most insurance policies allow one "routine" ultrasound study during a normal, low risk pregnancy. The best time for this is between 19 and 20 weeks of pregnancy. It is known as the Anatomy Screen. **It is your responsibility to confirm that your policy will allow this ultrasound.** Other ultrasound studies will be ordered on an individual basis when the need arises.



## Childbirth Education and Breastfeeding Classes

We are pleased to provide our own Childbirth Education Classes (CBEd) at Capital Women's Care, taught by Certified Childbirth Educators. The classes are open to our own patients and to those of other practices. We suggest you make arrangements to enroll in CBEd at around 20 weeks. The teaching does not follow a particular method (Lamaze, Bradley, etc.) but selects the best from each and provides a wide range of information.

“KNOWLEDGE IS SUCH A WONDERFUL ASSET”

We also offer a **Breastfeeding Class**. It is led by a Certified Lactation Consultant. She also offers instruction and guidance postpartum, to those who need it.

For more information on these classes, scheduling and costs visit the website call the office, or speak to the receptionist at your next visit.



## Common Questions and Concerns of Pregnancy

### Abdominal Pain

#### Possible Causes:

There are numerous causes for abdominal pain in pregnancy. In general, isolated abdominal pain that does not persist or worsen is not a cause for concern. Remember there is a baby in there and a rapidly growing uterus that is moving other organs around. Normal causes of abdominal pain usually do not need to be reported and can include:

- ◆ Round Ligament Pain: Sharp, pulling pains low on either side down toward the groin. They usually increase with movement such as when you move quickly or turn over.
- ◆ Braxton Hicks Contractions: Mild, irregular tightening of your uterus that does not increase in intensity or frequency, and disappears spontaneously. It may be more intense after intercourse or when you are dehydrated.
- ◆ Constipation: See bowel problems.

#### Prevention and Treatment:

- ◆ Round Ligament Pain:
  - Change positions slowly, especially from lying to sitting to standing.
  - Prop a pillow under your belly when you lay on your side.
  - Take a warm (not hot) bath.
  - Keep yourself well hydrated (8-10 glasses of water a day).
  - Wear a pregnancy abdominal support belt.
  - If needed, you may take Tylenol
- ◆ Braxton Hicks Contractions:
  - Accept them as normal. Keep yourself hydrated, with 8-10 glasses of water a day.
  - Take calcium supplements to decrease uterine irritability.
  - Take rest breaks during the day.

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

- ◆ Urinary Tract Infection: See bladder problems.
- ◆ Preterm Labor: See preterm labor section.



- ◆ Appendicitis: Severe usually right sided abdominal pain which may be accompanied by nausea or vomiting and fever.
- ◆ Gallbladder or Liver Problems: Severe right upper abdominal pain. Gallbladder disease may also be accompanied by nausea or vomiting and/or fever.

## Back Pain

### Possible Causes:

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

**Call if you suspect either of the last two of the problems above.**

### Prevention and treatment:

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

## Bladder Problems Urinary Tract Infection (UTI)

### Cause:

UTIs are caused by bacteria growing in a part of the urinary tract. The urinary tract includes the kidneys, ureters (pipes that lead from the kidneys to the bladder), bladder, and urethra (the pipe that leads from the bladder to the



outside). Pregnant women are at an increased risk for urinary tract infections and it is important to treat them so that they don't cause complications to the pregnancy.

### **Signs and Symptoms:**

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

### **Prevention:**

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

### **What If I Develop a UTI?**

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

## **Incontinence**

### **Cause:**

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



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

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

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

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

## **Bleeding (Vaginal)**

### **Possible causes:**

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

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

## **Bowel Problems**

### **Possible Causes:**

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

### **Prevention and Treatment:**

- ◆ Eat a diet high in fiber (fruits, vegetables, whole grains).

- ◆ Drink lots of water.
- ◆ Have regular bowel habits.
- ◆ Exercise daily.
- ◆ Avoid sitting for long periods of time.
- ◆ Use stool softeners – Docusate Sodium – such as *Colace*. Fiber supplements, such as *Metamucil*, are also helpful but fluid intake must be increased with them.
- ◆ Rectal medications (*Preparation H*, *Anusol*) are available to help and may be used during pregnancy.

## Colds, Upper Respiratory Infections

### Possible Causes:

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

### Treatment:

- ◆ In general, any cold medicine (see Medications section) should contain a single ingredient and no alcohol. Read the labels. Take the lowest dose possible and only when needed. Vitamin C, 500mgs, 2-3 times per day may help to shorten the duration of symptoms. Also remember to rest, eat well, and drink lots of fluids.
- ◆ **Fever:** A high fever (101°F or higher) does not maintain the healthiest environment for developing babies, especially in early pregnancy. Therefore, they should be treated. You can take up to 1000mg of acetaminophen (2 extra strength *Tylenol*) every 8 hours, but call your physician or nurse practitioner to let us know you have a fever. Do not take *Aspirin* (acetylsalicylic acid or ASA) or ibuprofen.
- ◆ **Cough/Sore Throat:** Cough drops are safe, but do not eat them like candy. They have lots of empty calories. *Robitussin* is an expectorant cough syrup that can help to loosen congestion. Drinking more fluids can do the same thing.
- ◆ **Nasal Congestion:** The decongestant pseudoephedrine (brand name example *Sudafed*) may be the best choice for cold symptoms. Antihistamines, for example *Chlortrimeton* or *Benadryl*



may be better for seasonal allergies. Nasal saline spray or drops, a cool mist humidifier, and lots of oral fluids will also help to loosen congestion. Try sleeping with your head elevated on several pillows. Mentholatum or Vicks VapoRub placed on the outside of your nose may also help you to feel the air moving through, and reduce your subjective sensation of stuffiness.

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

## **Dizziness/Faintness**

### **Possible Causes:**

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

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

### **Prevention and Treatment:**

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

## **Fatigue**

### **Possible Causes:**

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

### **Prevention and Treatment:**

- ◆ Extra rest, nap when possible, go to bed earlier
- ◆ Adequate calories and most fluids by 7 pm
- ◆ Regular exercise, but do not overdo it, stay fit.



- ◆ Decrease or avoid caffeine.
- ◆ Experiment with extra pillows to sleep more comfortably. For example: Tuck one under your tummy and another between your knees.
- ◆ Acupuncture and Clinical Herbalism

## Headaches

### Possible Causes:

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

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

### Prevention and Treatment:

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

## Heartburn and Indigestion

### Possible Causes:

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

### Prevention and Treatment:

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

not aluminum and are a good choice if you need calcium and have heartburn.

## Nausea and Vomiting (Morning Sickness)

### Possible Causes:

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

### Prevention and Treatment:

- ◆ Strive mainly to keep fluids in. Do not force yourself to eat solid food if you are vomiting.
- ◆ If you can tolerate some foods, choose foods high in protein.
- ◆ Eat small, frequent meals.
- ◆ Try to keep something in your stomach at all times. An empty stomach can make you more nauseated.
- ◆ Do not drink liquids with meals, drink them in between.
- ◆ Have dry crackers before rising in the morning.
- ◆ Eat a bedtime snack, preferably of protein.
- ◆ Eat foods that appeal to you and those that do not have strong odors.
- ◆ Structure your life so you can rest at the time you usually feel worst, and do more and eat more at times you usually feel better.
- ◆ Keep yourself well hydrated. You may only tolerate small sips of fluid or ice chips at a time.
- ◆ Take vitamin B6 up to 200mg per day. Take half in the morning and half in the evening or when you can keep it down.
- ◆ Drink mint and/or raspberry teas.
- ◆ Wear sea bands or acupressure bracelets that put pressure on the Nei guan point of the wrist (two thumbs up from the hand on the inside of the wrist, and about 1cm deep)
- ◆ Sip on flat cola, but do not overdo the caffeine and sugar, apple or grape juice can be substituted.
- ◆ Acupuncture and Clinical Herbalism can be very effective in treatment
- ◆ Bonjesta® (prescription medication)





Call if you cannot keep **any** liquids down.

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

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

## Leg Cramps

### Possible Causes:

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

### Prevention and Treatment:

- ◆ See also sections on swelling and varicose veins.
- ◆ Do not point toes.
- ◆ Extra rest.
- ◆ Take calcium supplements (add to your diet for a total of 1000-1500 mg per day). Take your supplement or a glass of milk before bedtime.
- ◆ To relieve cramps, stretch leg out and bend ankle with toes toward your head, (Point your heels!). Hold this position until the muscle relaxes. It may feel bruised for a few hours afterwards.

## Shortness of Breath

### Possible Causes:

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



### **Prevention and Treatment:**

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

## **Skin Changes (Stretch Marks, Excessive Pigmentation)**

### **Possible Causes:**

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

### **Prevention and Treatment:**

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

## **Swelling**

### **Possible Causes:**

- ◆ Swelling of the feet is common in late pregnancy due to increased blood volume and increased abdominal pressure that traps fluid in the legs.
- ◆ Other, more serious causes include preeclampsia or pregnancy induced hypertension. This usually involves rapid weight gain, rapidly developing swelling of feet, hands and/or face, along with elevated blood pressure and protein in the urine. These symptoms



may also be accompanied by persistent headache, upper abdominal pain, and/or visual disturbances described as spots in front of the eyes or flashing lights. Any of these symptoms need to be reported **immediately** to your physician or nurse practitioner.

### **Prevention and Treatment:**

(for simple swelling without the other symptoms listed above)

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

## **Vaginal Discharge**

### **Possible Causes:**

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

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

### **Prevention and Treatment:**

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

## **Varicose Veins**

### **Possible Causes:**

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



### **Prevention and Treatment:**

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

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

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

## **Nose Bleeds**

### **Possible Causes:**

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

### **Prevention and Treatment:**

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



## Exercise During Pregnancy

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

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

The only exercises or activities to avoid are:

- ◆ Those in which there is a danger of getting hit in the abdomen
- ◆ Those in which there is risk of falling
- ◆ Those in which you are required to lie flat on your back for more than a couple of minutes (this pertains to after 20 weeks gestation)

## Medications

Good quality studies involving the use of medication in pregnancy are not available. Extensive information has been gathered on certain medications that have been used frequently in pregnancy – either inadvertently or because there was no choice. The following is a list of medications for which risk is considered to be low with moderate use in pregnancy. Where possible, we have listed the generic name or drug name and sample brand names in *italics* underneath.

Headache/Pain/Fever.....	Acetaminophen Tylenol (regular or extra strength)
Cough .....	Dextromethorphan Robitussin
Sore Throat.....	any spray or lozenges Sucrets, Cepacol
Cold/ Congestion .....	Pseudoephedrine (in 2 <sup>nd</sup> or 3 <sup>rd</sup> trimesters and only if no hypertension), Chlorpheniramine Sudafed, Chlortrimeton
Heartburn/Gas.....	Maalox, Mylanta, Tums, Rolaids, Di-Gel
Laxative.....	fiber or mild laxatives Senokot, Metamucil
Stool Softener.....	Docusate Sodium Colace
Hemorrhoids.....	Preparation H, Anusol HC 1%, Tucks Medicated Pads
Diarrhea .....	Attapulgite, Loperamide Kaopectate, Immodium
Rashes/ Bug Bites.....	0.5% Hydrocortisone Cream, Diphenhydramine Cortaid, Lanacort, Benadryl (cream or tablets), Calamine Lotion
Yeast Infections .....	Miconazole, Clotrimazole Monistat, Gyne-Lotrimin

## Travel During Pregnancy

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

- ◆ Exercise your legs periodically during prolonged sitting. If unable to get up, as in air travel, move your ankles around and bend and straighten your knees.
- ◆ Check with the airline with which you plan to travel to see if they require a letter from your provider.
- ◆ Be cautious about what you eat and drink; use bottled water, even to brush your teeth, in areas known to have water that can cause gastrointestinal upset.
- ◆ Check with your primary care provider or a health care provider specializing in Travel Medicine about the need for immunization if you are traveling overseas.
- ◆ It is your responsibility to check and see if your insurance carrier has any restrictions on travel. Some policies will not pay costs of care for pregnancy if you travel after a certain gestation (most often 36 weeks).

## Sex During Pregnancy

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

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

- ◆ After the membranes (bag of water) have ruptured there is danger of infection. (Also tub baths, swimming and douches are dangerous at this time.)
- ◆ When bleeding or premature contractions occur.
- ◆ If you are known to have placenta previa (the placenta covers the cervix).
- ◆ Women who have had repeated miscarriages (more than 2) should avoid intercourse during the time when they have miscarried before.

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

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



## Premature Labor

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

### Definition

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

### Warning Signs and Symptoms

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

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



## Instructions If You Notice These Symptoms

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

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

If contractions continue, call your physician or nurse practitioner if you have more than 5 contractions in 1 hour.

## When To Call Your Physician Or Nurse Practitioner

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

### Vaginal bleeding

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

### Burning with urination

### Decreased fetal movement

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

### Fever over 101° Fahrenheit

It is advisable to treat a fever with acetaminophen (i.e. *Tylenol*). It may be necessary, depending on your other symptoms, to discover why you have a high fever.

### Persistent headache

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

### Rupture of membranes

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



## Signs and Symptoms of Labor

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

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

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

When the time is right, you should call day or night. Call our office number. In the daytime, during regular office hours, the menu on the phone instructs you to press 1 if you are in labor or have an emergency. Our staff will answer this line preferentially. **USE THIS ONLY IN THE EVENT OF LABOR OR AN EMERGENCY.**

Outside of office hours, the menu will instruct you to press 1 if you need to reach the provider on call. This forwards your call to our answering service. The menu also gives you the answering service phone number to call directly, if you prefer.

When you reach the operator at the answering service, he or she will ask you a few questions and then send a message to the provider on call. The physician will call you back as soon as possible. This is usually within a few minutes but it is possible that there may be a delay if, for example, another patient is delivering her baby at that time. Call a second time 20 minutes after your first call if you do not get a timely response. **Please keep your line open and ensure that any call-blocking features are disabled so that we may reach you when we call.** Please be patient if you can, but if you cannot wait, proceed to Howard County General Hospital.



## What To Take Along To The Hospital

Make sure you have identification, for example a driver's license, and your insurance card.

There is very little that you NEED to take to the hospital so don't panic if you labor early and haven't yet prepared a bag. Here are some suggestions of things to take that are nice to have, if you get the chance:

- ◆ Nightgown or pajamas. You can get nightgowns designed to accommodate breastfeeding.
- ◆ Toothbrush and paste. The hospital will supply these to you if you don't have these, but often people prefer one they're used to.
- ◆ Nursing bras.
- ◆ Music. CD players are available in the labor rooms.
- ◆ Playing cards or simple games to play in case you're in for a long labor.
- ◆ A focal point; a picture, stuffed animal, or any small item with meaning to you that will help you focus during labor.
- ◆ Camera and batteries.
- ◆ Toiletry items for your showers postpartum.
- ◆ Slippers and robe.
- ◆ Clothing in which to go home, for you and the baby. These could, of course, be brought in later by a family member or friend in time for your discharge from hospital.
- ◆ Phone numbers of people you'll want to call with your good news!

*The one thing that you will NEED in order to leave the hospital with your baby is an approved infant car seat.*

## Postpartum Care

We have information that answers many questions about the postpartum period. It is distributed when you leave the hospital. Its contents can also be found on our website, [www.cwchowardcounty.com](http://www.cwchowardcounty.com) in the Obstetric Care/Postpartum Care section. If you have questions that are not answered in the pamphlet or on our web site, call the office.