

Congratulations!

Your pregnancy is an exciting time filled with anticipation, joy, some fears, and a lot of questions. This packet of information was put together to help answer some of your questions throughout your entire pregnancy. This information is to be used as a general guideline as to what will happen during your pregnancy. This probably will not answer all of your questions, however, you may contact the staff at Central Virginia OB-GYN whenever there are any questions that have not been answered.

Our Philosophy

The staff of Central Virginia OB-GYN believe that pregnancy and birth should be a joyous and wonderful experience for all involved. The overall philosophy of care is that of individual respect, compassion, and self-determination.

Pregnancy and birth are natural events occurring normally and without complication in the vast majority of cases. Our purpose is to assist you and your family to experience your pregnancy and birth in the best possible health and atmosphere. We are committed to the promotion of healthy, positive pregnancies and strive to ensure birth options for women and their families. We want your birth environment to be one in which you are completely comfortable and filled with love and support.

We believe that individual responsibility is crucial in order to promote optimum mental and physical health for both you and your baby. We encourage active participation and family centered care throughout your prenatal and childbirth experience. We seek to work together with you and your family to form a mutually acceptable and satisfying relationship. We are always available to you for questions and concerns and are please to share this portion of you life.

Your Doctor and Medical Facilities

Our physicians specialize in obstetrics and gynecology and are members of county, state, and American Medical Associations. Our physicians deliver at Mary Washington Hospital which is well equipped for your needs and the needs of your baby. And all these are available to you 24 hours a day.

Prenatal Visits

A complete medical examination will be done at the time of your first prenatal visit. At this time, a prenatal profile, blood test, urinalysis, and cervical culture will be obtained. Our physicians will want to see you every four weeks until your 28th week of pregnancy. From 28 - 36 weeks, you will have a visit every 3 weeks, then from 36 weeks until the end of your pregnancy, you will be seen once a week. At each of your prenatal visits, you will be asked for a urine sample, have your blood pressure taken, and will be weighed. Between your 15-19th week of pregnancy, you will have an Alpha-fetoprotein (AFP) blood test drawn. At around your 20th week of pregnancy, you will have a sonogram done. During your 28th week of pregnancy, you will have a CBC test, and a 1 hour Glucose test. At 36 weeks, you will have another CBC, STS and a cervical culture. At this time you pre-register at the hospital.

Your baby's date of birth is predicted according to the date of your last menstrual period.

Rh Negative Blood Type

If you have the Rh negative factor in your blood type, our office will monitor you closely with additional blood work throughout your pregnancy. Should the administration of Rhogam be necessary, you will be given more information at that time.

Childbirth Education Classes

Mary Washington Hospital offers excellent childbirth preparation classes. For more information, you may contact the Department of Education at 899-1565.

GENERAL GUIDELINES

MEDICATIONS

Medications, injections, or immunizations should only be taken when approved by your doctor. This include any over-the-counter medication and medication which is prescribed by another physician.

Medications you may take:

Tylenol
Mylanta
Maalox
Gelusil

THESE ARE TO BE TAKEN AS
INSTRUCTED ON THE PACKAGE

If you are having Morning Sickness:

Although there are no medications which stop morning sickness, there are some things which you can do in order to alleviate some of the discomfort:

1. Eat several small meals daily as opposed to 3 big meals.
2. Eat dry crackers with juice before rising from bed in the morning.

If constipation cannot be managed by your diet:

Colace - Dialose (stool softener)
Peri Colace (mild laxative, use only as needed)

** By increasing your fluid intake (i.e. water), most constipation can be alleviated.

If you do not drink milk:

OsCal 500 -- calcium supplement, non-prescription: take one tablet three times daily

Caltrate 600 -- calcium supplement, non-prescription: take one tablet two times daily

If you have a cold:

Sudafed for congestion
Robitussin DM for cough
Tylenol sinus

NUTRITION

The old adage "You are what you eat" is a valuable homily at any point in your life. During pregnancy, however, your diet is not only important for maintaining your health, but is also crucial to the health and development of your baby. Your baby is dependent upon you for all of his/her nutritional needs. During pregnancy, your body will require additional protein, calories, vitamins and minerals to meet the needs of your growing baby and to protect and prepare your body for delivery and lactation. To ensure an adequate nutritional state and minimize the possibility of complications, a diet comprised of foods from the four basic food groups in recommended amounts each day is necessary to supply all the nutrients you need.

We recommend a well-balanced diet to include at least an extra 300 calories per day made up of healthy protein, dairy, fruit and vegetable, and grain sources. We encourage an average total weight gain between 25 and 35 pounds. The idea that a smaller baby necessarily makes an easier delivery overlooks a critical corollary to weight control--nutritional deprivation. In circumstances where mothers have nutritionally deficient diets, the weight that is likely to malfunction during labor. Maternal nutrition affects the size of both placenta and baby, as well as the secure implantation of the placenta of the uterine wall. Please use our guide to nutrition as an excellent resource for your "baby making"

SAMPLE MENU

CALORIES

60

100

70

35

160

80

95

105

80

140

65

100

160

130

230

85

15

35

100

160

220

2325

BREAKFAST

½ cup OJ

¾ cup iron-rich cereal

1 slice toast

1 tsp. margarine

1 cup milk

MORNING SNACK : 1 hard-cooked egg

LUNCH

1 oz bologna

1 oz cheese

1 cup vegetable soup

2 slices bread

2 tsp. margarine

1 med. banana

1 cup milk

AFTERNOON SNACK: ½ cup ice cream

DINNER

1 cup cooked dry beans/or 3 oz hamburger patty

½ cup cooked rice/or mashed potatoes

greens or cabbage

1 tsp. fat

1 square cornbread

1 cup milk

EVENING SNACK: 1 cup milk, graham crackers

Daily Total

Showers and baths

Showers and baths may be taken, However, **YOU MAY NOT BE IN A HOT TUB WHICH IS OVER 100 DEGREES.**

Breast Secretions

Breast secretions are normal during pregnancy. This commonly begins during the fourth month.

Dental Care

Regular dental visits are encouraged. Be sure that the dental staff are aware of the pregnancy so that any necessary precautions can be taken.

Rest

Enough rest is imperative. The increased tiredness during the early part of your pregnancy should subside your twelfth week.

Baby's Arrival

Please call the office if you have:

1. CONTRACTIONS that are timed ten minutes apart for at least an hour.
2. A gush or slow leaking watery fluid from the vagina. This usually indicates that there is a rupture in the membranes of the bag of water surrounding the baby. It is very important to call our office even if this is not accompanied by contractions.
3. Any vaginal bleeding is considered abnormal. Call our office immediately.

EXERCISE

Proper body mechanics and basic exercise is essential for comfort and health throughout your pregnancy. Regular exercise is beneficial and desirable during pregnancy in order to assure good tone for abdominal, pelvic, and thigh muscles during labor. Strenuous exercise such as tennis, dancing, and swimming is not generally harmful when done in moderation and when this has been a part of your previous regular activity. No new strenuous exercise should be initiated during pregnancy. The following activities are basic toning and strengthening exercises.

* Keeping Fit During Pregnancy:

While you are pregnant it is easy to allow muscles that were previously firm and elastic to sag. You are putting on weight, your figure is changing and you may assume that sagging muscles are an inevitable accompaniment to these changes. However, gentle, toning exercises, aimed at firming up your abdominal muscles and avoiding back strain, can do you and your body nothing but good.

1. Pelvic Rocking

Lie on a flat surface, your head and shoulders supported by pillows and your knees bent with the feet flat. Experiment with pressing the small of your back against the floor or bed and then releasing it so that you produce a gentle, rhythmic, rocking movement. Then roll your hips round in a very slow, circular, hula hoop movement.

2. Leg Sliding

Leg sliding is a gentle exercise that allows you to tone up your tummy muscles efficiently without straining them. Do it five or six times at first and gradually build up until you can do it comfortably 10 or 15 times.

1) Keeping that small of our back pressed down, bend your knee so that your feet are flat on the floor.

2) Slowly extend both legs until they are straight.

3. Testing for separation of the rectus muscle

If you are starting to exercises in the last three months of pregnancy, find out whether you have already damaged your rectus muscle. You will need to be careful when doing exercises for toning up your abdomen if this muscle has separated.

1) Lying on your back with your knees bent, slowly raise your head and shoulders about 8 inches stretching your arms out in front of you.

2) Place your hands on your tummy. A small soft bulge like a marshmallow in the middle below your navel means the rectus muscle has probably separated.

Aches and Pains

In late pregnancy you are carrying more weight which, instead of being evenly distributed, is centered in one area and so affects your balance. This extra weight alone can cause aches and pains by straining muscles and causing you to lying can also cause discomfort and occasionally sharp shooting pain when the baby is pressing against a nerve.

Good Exercises discourage varicose veins in the legs by stimulating the blood flow back to the heart. When you are sitting down or having a rest, practice drawing the letters of the alphabet with your feet, one foot at a time, keeping your legs still.

A good way to lift your ribs off your expanding uterus is simply to stretch high with first one arm then the other, until you are comfortable.

Upper backache, which is caused by poor posture or heavy breasts, can be relieved by doing the shoulder roll exercise. Rest your fingertips on your shoulders and rotate your elbows back.

PERINEAL MASSAGE

Your health care providers are committed to the avoidance of episiotomy and serious lacerations, if possible. There are things that you can do to increase the chances of your birthing with an intact perineum. It is important that you maintain an optimal diet with nutritional and vitamin supplements as directed by your midwives.

Kegel exercises will strengthen and tone the perineal muscles and should be done in conjunction with perineal massage beginning at 34 weeks. The doctor will assist you in learning how to contract and release the vaginal muscles. These exercises will be useful before, during, and after the birth, and for the rest of your life.

Perineal massage may be done daily for 5 to 10 minutes during the last six weeks of your pregnancy. You or your partner can do the massage, although you will probably find it easier to relax these muscles if your partner the massage.

Use Vitamin E, wheat germ, or olive oil to lubricate your perineum and a couple of inches into the vagina. You may gently massage the perineum between your thumb in your vagina and your first two fingers in your perineum for five minutes.

COMMON DISCOMFORTS

SYMPTOM/CAUSE	REMEDIES	THINGS TO AVOID
<u>Swollen feet/ankles:</u> weight of uterus and decreased efficiency of veins which return from the legs.	Elevate Feet frequently, exercise, wear loose fitting clothing and shoes, drink fluid, rest on left side 1 hour 2-3 times a day.	Avoid diuretics (Water pills).
<u>Legs Cramps</u> Caused by nerve compression, inadequate calcium, poor circulation.	Increase calcium intake, adequate salt intake, elevate legs, stretch calf, apply heat, or massage.	Avoid too much phosphorus in diet. May need to limit milk intake.
<u>Hemorrhoids</u> Pregnancy hormones relax smooth muscles of veins, causing vasocongestion, may be aggravated by straining over bowel movements.	Elevate feet, relax pelvic floor, drink plenty fluids, eat "roughage" assume knee-chest position, apply cold compresses with witch hazel, try hot bath.	Avoid straining and pushing too hard when having a bowel movement. Avoid developing constipation or diarrhea.
<u>Backache</u> caused by strain of increased uterine weight on back muscle, aggravated by poor posture.	good posture, rest with weight off back, wear flat-heeled shoes, sleep on a firm mattress, try pelvic rock exercise.	Avoid High-heeled shoes, fatigue.
<u>Shortness of Breath</u> caused by pressure of enlarging uterus on diaphragm and lungs.	maintain good posture, sit up straight, sleep with upper body propped up.	Avoid Anemia, stop or decrease smoking, avoid over-exertion.
<u>Heartburn</u> Enlarging uterus presses on stomach, forcing stomach fluids back up into esophagus.	Eat several small meals instead of three large ones, sit up straight, elevate ribcage, sleep with upper body propped up, sip milk or tea.	Avoid antacids; check with health care provider before use. Avoid greasy, spicy food, coffee and alcohol.
Varicose Veins decrease efficiency of venous return from the leg aggravated by enlarging uterus.	elevate legs frequently, use support stockings, walk daily	avoid prolonged standing, avoid sitting with crossed legs, constrictive clothing or garters.
<u>Constipation</u> progesterone relaxes smooth muscles of gut making it less effective; intestines compressed.	increase roughage in diet, daily walk, drink lots of water, eat prunes, raise feet on foot stool and relax pelvic floor when on the toilet.	Avoid laxatives, mineral oil, and enemas.
<u>Nausea</u> may be caused by hormonal changes and or emotional factors.	increase intake of vitamin B6, eat 4-6 small meals a day, drink peppermint teas, munch on dry toast or crackers before getting up in the morning, ginger ale can help but no caffeine contained ones	avoid cigarette smoking, greasy spicy food, avoid either an empty stomach or an over full stomach. Avoid Bendectin, a medication commonly prescribed for morning sickness- may cause birth defects.

<u>Insomnia</u> often hard to sleep in the last months of pregnancy due to difficulty of getting comfortable, frequency of urination, worries and fetal movements.	hot bath, drink hot milk or soothing Herb teas at bedtime, use relaxation techniques, exercise daily, increase vitamin B intakes, use massage, avoid caffeine.	Avoid sleeping pills and tranquilizers. Avoid chamomile tea if you are allergic to ragweed.
<u>Mild Headache</u> may be caused by emotional tension or eye strain. Fluid retention may affect your prescription for eye glasses or contact lenses, causing eye strain. Be sure to report prolonged or severe headaches to your doctor.	use neck roll exercise, relaxation techniques, soothing Herb teas (peppermint, chamomile), alternate hot and cold showers, neck massage.	Avoid aspirin or other medications, avoid coffee, alcohol, and MSG (monosodium glutamate).
<u>Bladder Infections</u> May be caused by a preexisting asymptomatic infection or by catheterization at delivery.	Drink lots of water and acidic fruit juices, esp. cranberry juice. Increase vitamin C. Pay strict attention to hygiene; wear cotton underwear; consult doctor if symptoms persist to avoid development into kidney infection.	Avoid underwear of pants which are too tight or made of synthetic "non breathing" materials. Avoid drinking coffee or black tea. Avoid catheterization, if possible.
<u>Yeast Infections</u> May be more common in pregnancy, altered natural balance of vagina organisms.	use plain yogurt or acidophilus capsules in vagina to restore pH balance.	Avoid excessive sugar or refined flour products in diet. Avoid antibiotics, if possible, which alter balance of bacteria in vagina.

HOW DOES YOUR BABY GROW?

Nobody can tell exactly when your baby was conceived. But fertilization usually occurs about two weeks after the beginning of your last menstrual cycle.

Within a few hours after the egg is penetrated by the sperm in the fallopian tube, the egg begins to divide. In the next three to five days, a cluster of up to 50 cells floats down the fallopian tube to the uterus, where it continues to develop. By the tenth day, the ovum is firmly implanted in the uterine wall. Here it burrows little fingerlike projections called "villi" into the blood supply of the uterine lining from which it will take its nourishment . . . and begins the miraculous growth that will make it a real, live baby.

Second Weeks after Fertilization

As the cluster of cells begins to elongate, a watertight sac forms around it, gradually filling with fluid. This will serve to cushion the growing life from shocks. Next to this, a tiny yolk sac forms, preparing to produce little blood vessels. Now the placenta, the round, flat membrane that will lie inside the uterine wall, begins to develop.

Joined to the umbilical cord, it will take over the job of the more primitive villi, bringing food, water, and minerals from the maternal blood to the fetus, and carrying fetal waste to the maternal blood.

Third Week

The cell cluster is now a hollow structure filled with fluid, measuring only about 1/100 of an inch in diameter (the thickness of a heavy pencil dot). But already there are primitive lung buds, a tube that will be your baby's heart, and a thickening that is the beginning of a central nervous system. The cluster begins to curl up now so that it will fit in its compact home as it grows.

Fourth Week

A primitive face is taking form, with large dark circles where eyes will appear. The mouth, lower jaw and throat are developing. Little tubules foreshadow internal organs such as the gallbladder, liver and stomach. Blood corpuscles are taking shape, and the circulation is beginning. That tiny "heart" tube will be beating 65 times a minutes by the end of this week. The embryo, as it is now called, will be 3/16 of an inch in length by the end of the week. In one month, the single fertilized egg has grown 10,000 times bigger than when it started.

Fifth Week

By the end of this week, ears begin to develop from two folds of tissue, buds emerge that will become arms and legs, and your baby's eye lenses begin taking form. There is a tiny depression where the nose will be and an equally tiny thickening that will be the tongue. Eight to ten vertebrae of the backbone have been laid down. The brain, spinal cord and nervous system are well established. Your baby's primitive blood vessels have begun to function.

Sixth Week

By now the beating heart can be seen with special instruments. It is still outside the baby's body, but its four chambers are beginning to form. The mouth is still closed, but the digestive tract is developing downward from the mouth. By the end of the sixth week, hollows appear where eyes and ears will form; the beginnings of testes or ovaries have appeared; the brain is growing rapidly; and the entire backbone has been laid down. There is even a skeleton, though it is mostly made up of cartilage, not yet real bone. A "tail" extends from the spinal cord; at this stage, the human embryo resembles that of a pig, rabbit or elephant. It is now $\frac{1}{4}$ of an inch in length.

Seventh Week

The embryo has become a fetus. Its heart is now within its chest cavity. The tail has all but disappeared. Nasal openings are breaking through. Eyes can now be perceived through closed lids. Little buds signal the beginning of fingers and toes and delicate little muscle fibers are starting. The fetus is $\frac{1}{2}$ of an inch long and weighs $\frac{1}{1000}$ of an ounce.

Eighth Week

Human facial features, particularly the jaws, are becoming well defined. Teeth are being formed. Fingers and toes are present, and external ears form elevations on either side of the head. In boys the penis begins to appear. The fetus is now $\frac{7}{8}$ of an inch long and weighs $\frac{1}{30}$ of an ounce.

Ninth Week

The baby's face is now completely formed. The clitoris appears in girls. Your baby now resembles a miniature human, slightly more than one inch in length, weighing $\frac{1}{5}$ of an ounce.

Tenth Week

Your baby's eyes have moved from the sides of its head, where they were originally, to the front. In males, the scrotum appears. Major blood vessels have almost reached final form. The heart waves are similar to those of an adult. The baby looks top-heavy, for the head is almost half its entire size.

End of the Third Month

Upper and lower eyelids have met and fused and tear glands are starting to appear. Primitive hair follicles are forming and so are the beginnings of vocal cords. Fingernails are already present and your baby can close his fingers to make tiny fists. He can also open his mouth, purse his lips and squint up his face. He is now three inches long, and weighs about one ounce.

Fourth Month

Your baby's heartbeat is now audible to the doctor's stethoscope. Its brain looks like a miniature adult brain. Sweat glands are forming on palms and soles, and the skin is thickening into various layers. Your baby now has eyebrows and eyelashes, has grown to six ounces, and is $8\frac{1}{2}$ inches in length. It is at this time that many babies start to suck their thumbs.

Fifth Month

Your baby's muscles are active now, and by the midpoint of pregnancy, 20 weeks, you will probably have felt "quickening" - the baby's movements. There is hair on his head. He is skinny but fat is beginning to be deposited under his translucent skin. Twelve inches in length, he weighs about one pound.

Sixth Month

Your baby's skin is wrinkled and has developed a cheese-like protective material called "vernix" which will remain right through birth. The eyes are open and will soon be sensitive to light (although color and form won't be perceived until long after birth). Your baby can now hear sounds. And wonder of wonder, with skin ridges fully formed on palms and soles, your baby now has finger, and footprints. Length, 14 inches, Weight, 2 pounds.

Seventh Month

Fine downy hair covers your baby's body. Taste buds have developed. The male's testicles have descended into the scrotum. By the end of this month, your baby is about 16 inches long, and 3 ½ pounds in weight. Its organ systems are now adequately well developed so that even if born prematurely, it could probably survive. But the next two months will be periods of growth and maturation to ensure a healthy entry into the world.

Eighth Month

Baby is getting plumper and plumper, and the skin is somewhat less wrinkled as fat takes up the slack. He may now weigh more than five pounds, and may be some 18 inches in length. His fingernails are long, extending beyond the fingertips.

Ninth Month

The baby's skin is red but smooth; it looks polished. Then only downy hair remaining now is on arms and shoulders. On the head, the hair is about one inch long. Deposit of subcutaneous fat continues. By the end of this month, what was begun from your egg cell measuring 1/200 of an inch in diameter, and your husband's sperm cell, only 1/80,000 the size of the egg, will emerge as a bouncy little infant some 20 inches in length, and weighing an average of 7 pounds.

ULTRASOUND/SONOGRAM

Obstetrical ultrasound is a method of creating pictures of the baby using short pulses of very high pitched sound. These pulses of sound are reflected by body parts and the echoes are detected and used to construct the pictures.

The reflected image will show:

1. The baby's heartbeat
2. Movement of arms and legs
3. Rate of fetal growth
4. Fetal size in relationship to gestational age
5. Some birth defects

How to Prepare for a Sonogram Appointment

If you are 16 weeks or further along in your pregnancy, a full bladder is necessary for the exam. Begin drinking 1 (one) hour before the exam. Drink 32 oz., (one quart) of a fluid other than milk or soda. Finish drinking the entire 32 oz. within 20 minutes. Do not empty your bladder until examination is finished.

If you are less than 14 weeks along in your pregnancy, it is not necessary to drink anything.

Sonogram Policy

A sonogram is routinely done by our sonographer around the 20th week of pregnancy. This provides a visual check on the growth and development of your baby. We understand your excitement at this special time. Our ultimate concern, however, is to provide the most thorough and accurate exam possible. It is for this reason, to avoid undue distractions, we ask that you refrain from bringing small children and limit adult guest to no more than two. Your cooperation with this policy is appreciated.

GROUP B STREPTOCOCCUS

Our office screens women for the Group B Streptococcus colonization in the vagina during their 36th week of pregnancy.

Group B Streptococcus is a bacteria that can potentially cause infection in newborns. All pregnant women who are identified as GBS carriers will receive anti-microbial therapy at the time of delivery.

DANGER SIGNS IN PREGNANCY

The following danger signs should be reported immediately to your midwife or doctor. Don't be afraid to call at night or after hours if your symptoms are severe.

1. Vaginal Bleeding
2. Swellings of the Face or Fingers
3. Severe or continuous headache after 26 weeks
4. Double vision, blurring, dimming
5. Unusual or severe abdominal pain
6. Persistent vomiting
7. Chills or fever
8. Pain when urinating
9. Leaking fluid (not mucus) from the vagina
10. Absence of fetal movement

*FETAL MOVEMENT COUNTS

Once or twice a day;

1. Lie on your left side in a quiet place, no TV, radio, etc.
2. Count the number of times your baby moves.

- * It should be at least 5 times in an hour. Small movements count as much as big movements.
- * If the baby moves more than five times in the first 20 minutes, you may stop counting.
- * If the baby moves only once or not at all in 20 minutes, then get up and eat or drink something with sugar in it (like Pepsi or juice).
- * Lie back down and start counting again.
- * If the baby still does not move five times in an hour call or come into the office.

HERBS

Many women are now using and recommending herbs for the common complaints of pregnancy and childbirth and for health care in general. Herb teas can be a good replacement for coffee and caffeine-containing teas and soft drinks, but it's important to know that herbs can also contain chemically active substances which may be harmful. (For instance, the herbs which have traditionally been used to induce an abortion - cohosh, pennyroyal, meadowweet, tansy, slippery elm - can cause miscarriage.) Be sure you are certain about the properties of any Herb you use. Consult your doctor or midwife if you are not certain.

THE LAST SIX WEEKS OF PREGNANCY: SIGNS OF APPROACHING LABOR

Particularly if this is your first baby, you and your partner will probably have many questions about what is going to take place. This sheet has been prepared to give you both an idea of what to do and what to expect.

First, it is a good idea to pack an overnight bag about a month in advance. Babies can normally arrive as much as two weeks earlier or later than their approximate due date. Include nightgowns, bathrobe, slippers, toilet articles, maternity bras, reading matter and any articles for your Lamaze goody bag. Take enough for a 2 day stay, even if you plan to go home in 6 to 12 hours. The hospital will supply all of your baby's needs until you are ready to take him home, but be sure to bring adequate clothing, blankets, and a car seat for the baby's trip home.

There are many signs of approaching labor, but remember that each woman experience labor and birth differently. Just as babies have their own time for arrival, labors begin in a variety of ways. One or more of the following signs may occur over a few days or a few weeks; however, they don't all occur to all women, and some women have no signs until the onset of labor contractions.

What to Expect as Labor Nears

Lightening During pregnancy, the uterus rises gradually out of the pelvis into the abdomen. By 36 or 38 weeks, it will be right up under your ribs. As the baby settles in the pelvis, there is a relief of pressure in the diaphragm and lungs. This is called lightening, and may occur suddenly or gradually over a few weeks. You'll probably know when this has happened because breathing will be easier, and increased pressure in the pelvic area may cause more frequent urination. You may also have more leg cramps, swelling of your feet and ankles, or even sharp pains in your legs or groin from pressure on major nerves and blood vessels.

Bloody Show During pregnancy, the cervical canal is filled with mucus (mucus plug). Late in pregnancy as the cervix begins to open (dilate), this mucus is expelled as either a mass or as streaks of blood, tinged mucus. Show may occur hours or days before the onset of labor. You may also see a small amount of bright red blood after a pelvic exam. Any other bleeding should be reported to your midwife or doctor immediately.

Weight Loss Some women will lose a few pounds due to fluid loss a few days before the onset of labor. This is due to normal changes signaling the approach of labor.

Energy Spurt A few women will experience a sudden increase in energy level a few days before the onset of labor. This may be evidenced by sudden “spring cleaning” or “nesting.” If this occurs, try not to give in to this urge, but rest frequently and save your energy for the work of labor.

Flu-like Symptoms Other women will experience diarrhea (very loose stools) or nausea and vomiting up to 24 hours before the onset of regular contractions. A few women who are very in-tune with their bodies “know” when they are about to go into labor. They report feeling a little different or a different level consciousness and may even state that they are about to go into labor.

Rupture of Membranes (Bag of Waters) A slow trickle or a gush of water from the vagina indicates the rupture of the membranous bag which contains the baby and the fluid surrounding him. About 12 percent of the time, this occurs before the onset of labor, and the majority of women will spontaneously begin labor within 24 hours. Most women do not experience spontaneous rupture of the membranes until they are well into active labor; however, it is wise to put a plastic cover on your mattress just in case your membranes rupture while you are sleeping.

The fluid will continue to leak with each contraction and you may feel more comfortable if you wear a sanitary pad. Due to the risk of infection, you should avoid tampon, sex, or tub baths if your membranes rupture. If you suspect that your membranes have ruptured, call your healthcare provider to report the time, how much fluid, color, and odor. Amniotic fluid should be clear with white flecks. Any green, black or yellow color could be meconium (baby’s stool) and indicates that the baby has at least been stressed needs to be assessed.

As you approach term, pressure of the baby’s head on your bladder may cause an uncontrolled gush of urine, which is yellow in color with the odor of ammonia. If you are unsure of whether the fluid is urine or amniotic fluid, your provider can identify the fluid with simple tests.

Ripening of the Cervix The cervix remains long, closed, and firm (like the tip of your nose) throughout pregnancy. Before the cervix can efface (thin) and dilate (open) in labor, it must soften. The softening is called ripening and only means that the cervix is ready for labor. It does not tell when labor will begin. The cervix can ripen a day or a few weeks before the onset of labor.

Before the cervix can open with contractions during labor, it has to shorten and thin out (efface). At complete effacement (100 percent), it is paper thin. Along with effacing, the cervix must dilate (open). Full dilation is 10 centimeters and is reached during labor simultaneously with complete effacement as a result of uterine contractions for a varying length of time.

Some of this effacement and dilation can occur in the last weeks of pregnancy, which serves to shorten the actual length of labor. It is also normal to enter labor with the cervix long, closed, and firm, in which case the ripening of the cervix must occur in the first few hours of labor.

Contractions The uterus is a large muscle which contracts at regular intervals during labor to thicken and tighten the upper part while the lower segment relaxes to thin (efface) and dilate (open). The process continues until complete dilation and expulsion of the baby and placenta (afterbirth).

The time between contraction is measured from the onset of one contraction to the onset of the next contraction. If contractions are five minutes apart and last 60 seconds, then there are four minutes from the end of one contraction until the beginning of the next. The interval between contractions is pain free and a time to rest. The intensity of the contractions builds to a peak and then gradually subsides over a 60 to 90 seconds period. These contractions may initially come every 30 minutes or even three minutes apart or even be irregular. They will gradually become closer and stronger. Labor and birth is an intense experience that requires a woman to trust her body to do the work of childbearing for which it was designed.

False Labor Braxton-Hicks Contractions have occurred throughout pregnancy but go mostly unnoticed. Late in pregnancy they may become relatively uncomfortable and may come at regular intervals, even for several hours. They may also awaken you from sleep. Repeated false labor can be exhausting, so you should seek every opportunity to rest. Warm baths or showers, relaxing herbal teas, and massage can aid relaxation and be conducive to sleep.

The only way to tell false labor from true labor is y pelvic exam to see if effacement or dilation has changes. After a few hours, there will be some change on exam in true labor.

False labor contractions, although they may continue for 5 to 6 hours, generally do not get close together and stronger as time progresses. They may be irregular, and activity will not affect their intensity. You may be able to doze off with them or they may go away when you finally go to sleep. If you do not think the contractions are strong, they probably are not.

Call your doctor or midwife when the contractions are regularly lasting 60 seconds or more and five minutes apart for at least an hour if this is your first baby. If this is your second or subsequent birth, or you live a long distance from the hospital, they will give you specific instructions on when to call. Also call if your membranes rupture or you have any bleeding other than bloody show. Report immediately any sharp pain, severe or persistent headaches, blurred vision, fever, meconium-stained fluid, decreased fetal activity, or if you are unsure of what you are experiencing.

Remember, you may experience some or none of these signs before the onset of labor, and they may occur a few hours or weeks in advance. It is perfectly normal to have any variation of these signs and it is not an indication of what your labor will be like. Trust in yourself and your body as you prepare for the intense and rewarding experience of labor and birth.

POSTPARTUM INSTRUCTIONS

Please follow these instructions carefully upon your hospital discharge.

Appointments: Call the office when convenient for your 6 week appointment. If possible, make the appointment with the doctor who delivered your baby. If you had a C-section delivery, call our office for a 2 week appointment. At this time, the doctor will only check your incision for proper healing.

Activity: Limit physical activity to what your body can tolerate. For example, climb stairs one at a time and avoid taking over full household duties immediately. If you feel any discomfort with physical activity, discontinue it for several days before attempting the activity again. It is a good idea to take morning and afternoon rest periods.

Bathing: No tub bathing for at least one week. Take only showers and sponge bathe. You may wash your hair at any time.

Bowels: Keep fairly soft. If necessary, use Senokot Granules (1 teaspoonful) or Senokot tablets (1-2) at night before going to bed. Peri-Colace is a stool softener and a laxative and may be purchased at most drug stores without a prescription. If you are breast-feeding, prompt is the laxative choice. This may also be purchased at most drug stores without a prescription.

Bleeding: Vaginal discharge may continue for 2-6 weeks after delivery. This is entirely normal and no cause for alarm. Notify your doctor if it is unusually heavy or has a foul odor.

Diet: If breast-feeding, maintain a well-balanced diet. Be sure to eat extra amounts of food rich in milk (at least 3 glasses daily). Continue taking your vitamins daily until you stop breast feeding. If bottle feeding your infant, maintain a well balanced diet. Finish taking all prenatal vitamins.

Exercise: Lay on tummy for exercise for the first week. Then you may begin the exercises we have given you. Remember not to overdo too soon!

Marital Relations: You may resume intercourse, as tolerated, 6 weeks after delivery. It is recommended that intercourse be avoided until after you checkup with your doctor. Be sure to use some form of contraception unless another pregnancy is desired. **CONCEPTION CAN OCCUR ANYTIME AFTER DELIVERY, EVEN IF BREAST-FEEDING!!**

Contraception: It is important to consider the available forms before our 6 week checkup. At that time, the nurse and doctor will discuss the types that may best suit your needs.

1. Birth control pills: Remember you must be a candidate, i.e.; less than 35 years of age, no medical problems and not breast-feeding.

2. Diaphragm: Barrier of contraception.

Note: If you use a diaphragm before your pregnancy and wish to use it afterwards, please bring in for refitting at your 6 week appointment.

3. IUD: Not as often recommended due to increased risk of infection.

4. Condom and foam : When used together are as effective as oral contraceptive.

5. Rhythm, Natural Family Planning.

6. Tubal Ligation: Permanent form of sterilization in the female.

7. Vasectomy: Permanent form of sterilization in the male.

Menstruation: If your baby is bottle fed, you will probably resume menstruation from 7 - 10 weeks after delivery. If menstruation occurs before our 6 weeks checkup, it may be heavy. If you are breast-feeding, you may possibly not menstruate until you discontinue breast-feeding.

Medications: For symptoms of common cold/allergy, the use of Tylenol, Sudafed, Robitussin or Novahistine DMX is permitted without prescription. These are also safe to take while breast-feeding. Avoid taking Tetracycline and Sulfa drugs if breast feeding.

Stitches: These will absorb automatically after 3 weeks. Do not be alarmed by a sticking or pulling sensation around the vaginal area at that time as this is entirely normal.

Special Instructions

1. Circumcision: If your baby has been circumcised, the circumcision should be protected as directed by your pediatrician.

2. Support: It is advisable to wear support for the abdomen when up and around. Support pantyhose is recommended.

3. Care of the Breasts: If bottle-feeding your infant, be sure to wear a firm bra during the day and at night. Do not stimulate your breasts and avoid standing in the shower for prolonged periods of time. Put ice to the breast for discomfort and take Extra-Strength Tylenol.

If you are breast-feeding and decide to discontinue for any reason after the first week you may experience discomfort. A medication may be prescribed if pain is severe. Maintain only a normal amount of fluid intake and follow steps outlined in above paragraph for discomfort.

If you should experience a slight fever, do not worry as this is normal. However, if your temperature should elevate above 101 and you notice redness to the breast, contact our office.

4. PLEASE FEEL FREE TO CALL US ANYTIME WITH ANY QUESTIONS OR PROBLEMS!

INFANT HOME CARE

Call your pediatrician and make an appointment for the baby to be seen within 48 hours if you had an early discharge from the hospital.

Respirations

Babies make sounds with normal breathing, mostly due to small amounts of mucous in the nose and throat. Their breathing is sometimes irregular, and rapid, shallow breathing alternates with slow deep breathing. When a baby cries, he will become red in the face and appear to gasp. you should call your pediatrician if you notice any of the following:

1. Grunting: labored breathing with persistent grunting sound at every expiration.
2. Retraction: apparent rib bone with every inspiration without crying.
3. Rapid respirations: more than 60 breaths per minute persisting for 15 minutes.

Color

It is normal for the baby to have blue hands and feet or a small tint of blue around the lips with a pink body. Vernix (white cheesy coating on the skin) is beneficial and doesn't have to be washed off. Call your pediatrician if the baby looks blue or gray all over, or jaundiced (yellow).

Nursing

The baby will be alert and want to nurse right after the birth. Most babies need practice before they become proficient. He may then sleep most of the next 24 hours. After he awakens, encourage him to nurse every 2 to 3 hours during the day for 8 to 10 minutes on each side. Frequent nursing encourages baby's bowels to move and minimize jaundice, and will also bring in your milk supply and contract your uterus. If the baby is urinating, the mucous membranes of the baby's mouth are moist, and the anterior fontanel (soft spot) is not sunken, fluid intake is probably adequate. Drink an eight ounce glass of fluid each time you nurse. Try to minimize alcohol or caffeine, as this will go directly to your milk supply.

Bowel movements

The first bowel movements (meconium) are large, black, and sticky. This should occur during the first 24 hours. The stool will then change to yellow-green seedy stool (formula fed) or a liquid mustard yellow stool (breast fed) in about 10 days. The color may gradually change. Call your pediatrician if there is no stool in 24 hours or more than 10 watery and bad smelling stools in a day (diarrhea).

Movement

Babies vary in activity level from placid to very active. Babies' initial movements may be jerky, and they may startle easily. Most move both arms or legs together. Call your pediatrician if one part does not move or if there is persistent twitching of the arms and legs.

Cord Care

Use Cotton to apply alcohol around the cord when you change the diaper. Keep the diaper below the cord to facilitate drying. Call your pediatrician if the area is red, swollen, or has a discharge other than some clear or pink oozing. The cord usually drops off in a few days to 3 weeks.

BREAST FEEDING YOUR NEWBORN

Your decision to breast feed is a wise one, and both you and your baby will benefit from it. Breast milk provides your infant with the ideal source of nutrition, and may prevent or delay the development of some allergies. Also breast feeding provide essential physical, loving contact, and benefits of breast feeding extend to Mom as well as baby. The hormones that regulate lactation help mothers feel more relaxed and often decrease postpartum blues. Milk production uses calories, thereby helping mothers lose the weight gained during pregnancy.

Throughout your pregnancy, your body is preparing for breast feeding. Your breasts become larger and often slightly tender during the first trimester. When bathing or showering, avoid getting soap, shampoo, or perfumed body lotion on the nipples, as they have a drying effect. If your nipples are flat or inverted, at about six weeks before delivery your healthcare provider, nurse, or lactation consultant will instruct you on stretching exercises or the use of a breast shell to help make the nipple protrude.

If possible, breast feeding should start immediately after birth and continue frequently thereafter. It encourages attachment and bonding between the two of you. Because your infant's stomach is small and breast milk is easy to digest, you may need to nurse 8-12 times a day. The frequency will diminish as time goes on.

Becoming proficient at carefree nursing sometimes takes a week or two. It takes time to learn your baby's needs. Many problems experienced by nursing mothers can easily be prevented by paying close attention to nursing frequently (every 2 to 3 hours), varying the positions in which you hold the baby to nurse, and drinking plenty of fluids (8 glasses per day).

Engorgement: Many mothers experience a very full, tender feeling to their breasts within the first week of nursing. The longer you go between feedings, the more likely you are to become painfully engorged. Warm compresses to the breasts before nursing and ice after can reduce discomfort. Most importantly, keep nursing frequently. Engorgement will only last 24 hours.

Sore/Cracked nipples: Nipple soreness, especially when the baby is a vigorous sucker, is common in the first few weeks and does not mean that you will fail at breast feeding. Sore and cracked nipples are often caused by inappropriate nursing positions and not ensuring that the baby is latched on to the nipple properly. Allow your nipples to air dry after nursing, avoid soap directly on the nipple, and apply Vitamin E oil to the nipple after nursing to prevent nipple soreness. Most importantly, make sure the baby has as much of areola in his mouth as possible when he latches on. Also, be sure to break the suction with your finger before removing the baby from your breast.

Mastitis: Frequent nursing and being well rested is your best prevention of mastitis. After each nursing, massage your breasts to ensure there are no hardened areas or clogged ducts. If you develop a painful, reddened area on your breast and fever of 100.4 or more, call our office immediately. Continue to nurse, however, applying warm compresses to the effected area.

Expressing you breast milk and storing it is a perfect way of ensuring that your baby will continue to receive the benefits of breast milk if you are unavailable to nurse. Many manual and electric breast pumps are available if you need to pump your breasts. Breast milk may be stored in the refrigerator for 24 hours or frozen up to three months.

As with many of the new experiences of parenting, breast feeding is most rewarding, yet takes time, patience, and practice. There are many groups and individuals in the community which are invaluable resources. A relaxed and supportive environment, as well as being prepared and committed is essential for the success of a most pleasant experience.

Programs to Assist New Moms and Moms-to-be

Medicorp Home Health Services-New Mom program
Contact: (540) 741-1100, (800) 468-2219

- Fredericksburg Area
- Cook Meals
- Clean Houses
- Takes care of Baby while mother rests
- Other Duties/assignments as requested
- Child experience is obviously a prerequisite for any member of our staff, caring for an infant and mother in this program, therefore, as much prior notice is greatly appreciated (1-2 months)

Early Pregnancy Class for Mothers to be
(recommended for women in there first four months of pregnancy or anyone planning a pregnancy)

Part 1 what to expect when you're expecting
 orientation to the hospital
 changes in pregnancy
 normal and abnormal symptoms

Part 2 eating for two
 eating for baby and mom
 to gain or not to gain a weighty issue
 breast vs. bottle feeding

class offered at Mary Washington Hospital on two consecutive Monday evenings each month.
cost: \$10.00 registration required
call 741-1100 to register

WORKING MOTHER BREAST FEEDING CLASS

Continue to breast feed while returning to employment

- Breast feeding classes designed for new mothers returning to full or part time employment.
- Highly recommended for new mother, attend before or after having your baby.
- Information and tips on how to successfully meet your new baby's needs, family needs, and your work schedule
- Resource information provided.

Call Mary Washington Hospital, Dept. of Education
(540)741-1100 for class schedule.

Iron: the top picks

	Serving Size	Iron (mg)	Cals
Cereals			
Total, Product 19	1 oz.	18.0	100
Cream of Wheat, instant	¼ cup	9.0	115
Meat			
Beef liver, cooked	3 oz.	5.7	137
Beef sirloin, cooked	3 oz.	2.8	165
Hamburger, cooked (97% fat-free)	3 oz.	2.6	149
Pork loin, lean, cooked	3 oz.	1.0	165
Greens, Beans, and Other Veggies			
Spinach, cooked	1 cup	6.4	41
Peas, frozen, cooked	1 cup	2.5	125
Garbanzo beans (chick-peas), cooked	½ cup	2.4	134
Soybeans, cooked	½ cup	2.3	117
Potato, baked	1 med.	2.2	145
White beans (Great Norther), cooked	½ cup	2.0	104
Lima beans, baby, frozen, cooked	½ cup	1.8	95
*Snacks			
Prune juice, canned	½ cup	5.2	99
Figs, dried	4	1.6	154
Dates, dried	4	1.2	104
Strawberries, fresh, whole	¾ cup	1.1	42

**All excellent sources of fiber too*

Best calcium bets

	Serving Size	Calcium (mg)	Cals
Low-Fat Dairy			
Yogurt, nonfat, plain	8 oz.	452	100
Ricotta cheese, part-skim	½ cup	335	170
Milk, skim	1 cup	300	86
Cheddar cheese, fat-reduced	1 oz.	220	90
Jarlsberg cheese, lite	1 oz.	220	80
Fish			
Canned sardines, oil-packed, drained	3¾ oz	406	221
Mackerel, canned	4 oz	273	177
Canned salmon, liquids and solids	3 oz.	242	158
Vegetables			
Collard greens, frozen, cooked	1 cup	358	62
Spinach, fresh cooked, drained	1 cup	244	41
Tofu, firm, uncooked (also supplies 2.1 mg iron)	4 oz.	232	164
Kale, frozen cooked	1 cup	179	39
Broccoli, fresh steamed	1 cup	178	46

How to Maximize Iron Absorption

- Iron absorption is optimal when vitamins are taken on an empty stomach.
- Minimize gastric upset by not taking vitamin with milk or calcium products.
- Certain foods inhibit iron absorption as much as half.
- The ideal is to take vitamins one hour before or 2 hours after a meal with water or preferably citric juice.

If you experience nausea difficulties take your vitamin with a piece of toast, saltine crackers or with your meal if necessary. The following foods and minerals interfere with iron absorption and should be consumed 1 hour before or 2 hours after your vitamin:

CALCIUM

Tea

Coffee

Soda Pop

Caffeine Products

Protein

Milk or Dairy Products

Eggs

Legumes (peas and Beans)

Dietary Fiber (Bran,Lignin)

Phosphate

Magnesium

Cobalt

Antacids

anti-inflammatory Agents

Chloramphenicol

Deferoxzmine

Penicillamine

Tetracyclines

Sulfanamides

Randitine

Quinidine

Copper

Cadmium

Manganese

If you have questions or having trouble taking iron supplements please contact your physician.

