

Meadville OB/GYN Associates



*"Nourishing
Women's Health
and Embracing
New Life!"*

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Welcome! Congratulations! You're Pregnant!

Congratulations on your pregnancy! We welcome you to Meadville Obstetrics & Gynecology Associates. We thank you for choosing us as your care provider. Our providers and staff are all dedicated to your health and we look forward to getting to know you over the course of the coming months.

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

This handout is provided to you to help answer common questions you may experience along the way. We encourage you to keep it nearby as a resource and tool throughout your pregnancy.

Office Information

Our main office is located at 765 Liberty Street, Suite 202, Meadville, PA 16335. We also have offices in Titusville, PA located at the Titusville Hospital and 640 Alden Street Meadville, PA in the Meadville Community Health Center. For all scheduling and questions, our patients may call our main number, 814-333-5888 Monday- Thursday 8:30 am - 5:00 pm, and Friday 8:30 am – 2:30 pm. All offices will be closed from 12:00 pm – 1:00 pm daily for lunch. In addition, you may contact us through our secure patient portal with any concerns or questions. Please follow the prompts to get the assistance you are seeking.

After business hours and on weekends, you may contact the physician on call by calling the Meadville Medical Center main number, 814-333-5000. We ask that you limit this to **emergencies only**. One of our providers will return your urgent or emergent phone call. If we determine you need to be evaluated immediately, we will have you come to the hospital. We are unable to refill medications through our emergency line.

Important phone numbers:

- Meadville OBGYN Associates – 814-333-5888
- Meadville Medical Center – 814-333-5000
- New Life Unit – 814-333-5345

Like many OBGYN practices, Meadville OBGYN Associates is a group practice. We have four physicians, a physician assistant, and two nurse practitioners.

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Our providers have days they work in the office, days they are on-call for deliveries in the hospital, and days they are off. If your doctor is on call the day of your appointment, it is important to remember on-call days are very unpredictable. We will work to provide you with the opportunity to meet all the providers during your prenatal care.

Thank you for placing your trust in our care,

The Physicians, Physician Assistant, Nurse Practitioners, of
Meadville OBGYN Associates

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YOUR PRENATAL VISITS

Because pregnancy is a time of great change for your body as well as your baby, you will be visiting our office on a regular basis. During your regular visits, your weight, blood pressure, and urine will be checked. Beginning around 12 weeks, we will listen to your baby's heartbeat and will measure and monitor your abdomen to check fetal growth.

Visits will be as follows:

- First prenatal visit at ~ 8-12 weeks
- Monthly visits until 28 weeks
- Office visits every 2 weeks from 28-36 weeks
- Weekly office visits from 36-41 weeks or until delivery
- Postpartum visit at 2 and 6 weeks.

You will meet with each physician during your pregnancy. In addition, you may see our physician assistant or a nurse practitioner. In the event the physician you are scheduled with is on-call and called out of the office for a delivery, you have the option to be seen by a midlevel provider or you may reschedule. You will be notified beforehand or upon your arrival if such events take place.

Appointments can be made during normal business hours. It is important you come to each of your scheduled appointments. We ask that if you are unable to keep your appointment or arrive to your appointment no later than 10 minutes of scheduled time to please call and reschedule as soon as you are able. If we need to reschedule due to an unexpected emergency, you will be contacted as soon as possible.

DISABILITY DURING PREGNANCY

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

The usual pregnancy discomforts, e.g. nausea, tiredness, back and lower abdominal pain, DO NOT qualify as an illness requiring disability. A complication of pregnancy or illness unrelated to your pregnancy DOES NOT qualify.

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

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

The decision to grant medical disability in pregnancy will be made honestly, carefully, and ONLY with proper justification. Disability will be granted only for medical illnesses that may jeopardize a mother's ability to safely nurture, protect, and promote the development of the unborn child. Disability will not be granted for the symptomatic complaints that stem from the normal physical or emotional changes of pregnancy. We will be happy to furnish paperwork as needed.

TESTING DURING PREGNANCY

Routine blood work in pregnancy: At your first OB appointment, you have the option to have your blood drawn in office during your appointment. If you choose not to do so, you will receive lab work to complete PRIOR to your next appointment. This blood work will screen for overall health, wellness, and immunities. Some of the blood work will be repeated later in pregnancy.

The following is a list of the expected labs and schedule

- First OB visit: blood count, blood type, infection testing for HIV, hepatitis B and C, syphilis, gonorrhea and chlamydia, immunity testing for Rubella and a urinalysis and urine culture.
- Additional labs may be drawn at this visit based on additional factors or risks.
- 28-week labs: blood count, syphilis testing, diabetes screening and possible Rhogam administration based on blood type.
- 36 weeks: GBS culture. This is a vaginal culture that will be completed in the office. Group B Strep is a common bacterium found in 40% of women's vaginas. If this bacterium is present, you will receive antibiotics during your labor and delivery.

Genetic and carrier screening: You will have the option to test for the potential risk of genetic diseases in pregnancy. These tests are optional but your physician may recommend proceeding with testing based on risk factors. This will be discussed further at your appointments

MSS5: This blood test is typically done during the second trimester (15-22 weeks) and measures levels of 5 substances in pregnant women's blood. The MSS5 is used to evaluate whether your pregnancy has an increased chance of being affected with certain conditions such as Down Syndrome or Neural Tube Defects.

MaterniT21: This test can be performed after 10 weeks. This test determines high or low risk for Down Syndrome, Trisomy 13, and Trisomy 18. In addition, this test can give the gender, however, this is not why we order this test. If you are interested in this testing, you will need to contact the insurance company Integrated Genetics to see if this is covered. Integrated Genetics can be reached at 814-799-3243 or integratedgenetics.com/transparency.

Carrier Screening: This blood test determines whether you, the patient, are a genetic carrier for diseases such as Cystic Fibrosis, Fragile X Syndrome, and Spinal Muscular Atrophy (SMA). If you are interested in this testing, you will need to contact the insurance company Integrated Genetics to see if this is covered. Integrated Genetics can be reached at 814-799-3243 or integratedgenetics.com/transparency.

Ultrasounds: Most patients will undergo two ultrasounds in pregnancy. The first will be completed in the first trimester to verify or help determine your due date and the second will be between 18-20 weeks. This ultrasound will look at your baby's anatomy.

Additional ultrasounds will be performed based on the medical need and these reasons will be discussed with you at your visits. Ultrasounds will be performed through the Meadville Medical Center Radiology Department.

****Please note: It is Meadville Medical Center's Radiology Department's policy that there can only be one person present during an ultrasound and children must be attended by another adult in the waiting room at the time of your scheduled ultrasound.****

ATTENTION: Non-medical use of ultrasound during pregnancy should be avoided. Commercial sites, often unsupervised by physicians, offer “keepsake” baby pictures to parents. The persons performing these ultrasounds may not have medical training and may give women incorrect or even harmful information. The American College of Obstetricians and Gynecologists (ACOG) discourages the use of these “entertainment” ultrasounds, so Meadville OBGYN Associates also discourages them.

Vaccinations: The Center for Disease Control (CDC) recommends that women pregnant during the flu season receive the flu shot. OBGYN Associates will have these options available to pregnant mothers during flu season.

Vaccinations Offered:

- Meadville OBGYN Associates will also have the RSV vaccination available to pregnant mothers during RSV season. This vaccine can be given after 32 weeks.
- In addition, pregnant women should get a Tdap booster at ~28 weeks. This vaccine protects the mom and baby against Tetanus, Diphtheria, and Pertussis. Receiving the vaccine in pregnancy gives your baby extra protection against Whooping Cough which can be very dangerous for newborns.

All vaccines listed above may be administered in the office based on insurance regulations / restrictions.

COMMON QUESTIONS AND CONCERNS

Hydration

- It is important to stay well hydrated, especially during pregnancy
- Recommend drinking two liters of water a day
- Benefits to water include: transport nutrition throughout your body, dilute your urine, prevent constipation, prevent fluid retention, flush salt from system, make skin healthier, prevent nausea and headaches, keeps baby hydrated
- and making healthy amounts of amniotic fluid, bring nutrition to baby and take waste away from baby.
- Tips if you don't like water- infuse it with fruit such as lemons or berries or add an ounce of fruit juice to it.
- Are you drinking enough? Use your pee to check – the color of your urine should be as close to the appearance of water as possible.

Bathing

- You may take baths as well as showers throughout your pregnancy
- DO NOT USE: hot tubs, jacuzzies, or saunas – these can cause fainting and can also be harmful to the fetus.
- Avoid frequent bubble baths or baths with perfumed products or bath bombs.

Dental Care

- Dental care and hygiene are very important throughout pregnancy.
- Have your teeth cleaned early in pregnancy and every 6 months.
- Your gums may be softer and more sensitive with pregnancy so brush with a soft toothbrush and floss twice a day
- If necessary, teeth may be treated or removed in pregnancy
- See attached handout on dental care in pregnancy and recommendations for dentists regarding local anesthetic and X-rays.

Exercise

- Regular moderate – intensity aerobic exercise is recommended 30 minutes a day, 5 times a week.
- Drink plenty of fluids before, during, and after you exercise.
- Ensure that you eat before and after exercise.
- Precede workout with stretching and warm-up. Don't forget to stretch after exercise.
- Avoid lying flat on your back after the fourth month of pregnancy.
- Discuss with your physician specific exercise questions or concerns.

Pets

- Please let your doctor know if you have cats.
- Please avoid changing cat litter.
- If cats are indoor and outdoor and you garden, it is recommended that you wear gloves.
- You can be tested for Toxoplasmosis which is a parasite found in cat feces.

Sexual Relations

- You may have intercourse during pregnancy unless you have pain, bleeding, or leaking of fluid from the vagina.
- You may find as the uterus grows, certain positions may be uncomfortable.
- Sexual desire can vary in pregnancy and this is normal.
- Your doctor may recommend no intercourse if certain conditions arise such as placenta problems or preterm labor.
- Following delivery, you should avoid intercourse until your postpartum visit to avoid uterine infections.

Travel

- Travel is not usually harmful in pregnancy.
- With air travel, recommendations include periodic movement, support stockings, occasional ambulation, and increased movement.
- Seat belts are required and should be worn in the proper way.
- If planning to travel in the third trimester, discuss this with your physician regarding recommendations

Work

- Most women continue to work throughout their pregnancy until delivery.
- Keeping active helps to maintain a healthier pregnancy.
- Discuss with your physician any specific work concerns or necessary restrictions
- Ideas to help get you through your workday: take your break (stretch and walk around if you have a sitting job), prop your feet up on a stool, slow down when you feel tired, avoid smoky places or strong chemical smells, eat and drink regularly, use the restroom every two hours.

Alcohol

- Daily drinking, binge drinking, and social drinking have been shown to cause harmful effects to the growing fetus.
- We do not recommend drinking any alcohol during pregnancy.
- Feel free to discuss this with your physician if you have questions or concerns.

Drugs

- Be sure to tell your physician if you are taking any medications or drugs.
- Some drugs may be harmful to your baby's development.
- From the earliest stage of pregnancy and throughout, recommendations are to only take medications advised or prescribed by your physician.
- All illegal drugs should be avoided such as marijuana, cocaine, heroin, methamphetamines, and narcotics.
- Please discuss with your physician if you have used these types of substances or have a problem and need help and recommendations for stopping.

Smoking

- Tobacco use and vaping are serious health hazards for you and your unborn child.
- Smoking and vaping during pregnancy prevents adequate nutrition from reaching the baby; preventing optimal growth, and can cause bleeding, leading to premature delivery.
- After your baby is born, smoking, vaping, or exposure to second hand smoke can increase your baby's risk of infections, asthma, and most seriously, can increase risk for Sudden Infant Death Syndrome (SIDS).
- Please discuss with your physician if you need help and recommendations on stopping.

COMMON SYMPTOMS AND SAFE MEDICATIONS IN PREGNANCY

Nausea/Vomiting

- Natural remedies for nausea and vomiting: getting plenty of rest, avoiding smells that stimulate feelings of nausea, eating frequent small meals of bland dry food (crackers, ginger snaps, and vanilla wafers), sniffing or eating lemons or lemon rind, eating in the morning before standing up, avoiding fried fatty foods, temporarily stopping prenatal vitamin or iron tablet, eating food high in protein.
- Do not go more than 2 hours without eating
- Ginger is an excellent anti-nausea treatment. You can find this in foods like ginger snaps, candy, and pickled ginger. You can also find powdered ginger tablets, 250 mg, taken orally four times per day.
- Peppermint in the form of mints, such as Altoids, can settle your stomach. Take first thing in the morning prior to brushing your teeth and then eat something.
- Sea-Bands or motion sickness bands – Stimulate pressure points on the wrists to relieve nausea.
- Bonine or Dramamine are over-the-counter medication for motion sickness.
- Vitamin B6 (100mg) and Unisom (25mg) (doxylamine)- start with 1 Unisom and 1 Vitamin B6 before bed. If no better after a few days, add ½ a tablet of Unisom and 1 vitamin B6 in the morning. If no better after a few days, add ½ tablet of Unisom and 1 vitamin B6 at lunch time. Continue around the clock for the best results.
- If these non-prescription methods are not working, please talk to your physician about prescription medications; Zofran, Phenergan, and Reglan.

- Warning signs: If you are unable to keep fluid or food down for more than a day, it

is recommended calling the office to speak with a physician.

Cold/Flu, Allergies or Respiratory Symptoms

- Rest, Drinking lots of fluids and using a humidifier can relieve many symptoms.
- Tylenol (acetaminophen): use for fever and aches/pains or flu-like symptoms. Two tablets every 6 hours (325mg or 500mg). Not to exceed 4000mg daily.
- Sudafed (pseudoephedrine): use as a nasal decongestant; follow package recommendations. Other options include Mucinex-D, Tylenol Cold and Sinus or Cold and Flu.
- Benadryl (diphenhydramine): can be used as a nasal decongestant or for allergies. 25mg every 6 hours as needed.
- Robitussin, Mucinex (guaifenesin): helps with coughing up mucous.
- Any cough drops or throat sprays are safe.
- Claritin and Zyrtec: over the counter remedies for the treatment of seasonal allergies
- Saline nasal spray: use according to package directions.
- Neti-pot: very helpful to relieve stuffiness and sinus symptoms
- VapoRub: to help soothe aching muscles
- DO NOT USE: Afrin, Alka-Seltzer Cold, Aleve Cold and Sinus or Advil Cold and Flu (any product containing Aspirin, Ibuprofen, or Naproxen)

Diarrhea

- The most common cause for diarrhea is related to eating something disagreeable or coming in contact with a minor stomach virus. When this happens, the best treatment is to let the diarrhea run its course.
- Drink lots of water to avoid dehydration.
- Electrolyte replacers such as Pedialyte, Gatorade, and Powerade may be helpful to prevent dehydration.
- BRAT diet: bananas, rice, applesauce, tea/toast is the staple for treating diarrhea.
- Avoid dairy products and fruit juices – these can make diarrhea worse.
- Use moist wipes and keep your bottom clean.
- Imodium can be used according to package instructions.
- DO NOT USE: Pepto-Bismal.
- Warning signs: if diarrhea persists more than 2-3 days, call your physician for further recommendations.

Constipation

- Drink lots of water.
- Mild to moderate exercise 20-30 minutes a day can help.
- Colace (docusate):100mg, take once to twice per day. This acts as a stool softener not a laxative.
- Senokot (Senna): a vegetable laxative, safe for use in both pregnancy and lactation.
- MiraLAX: tasteless when mixed with any liquid including water. Effective option if others have not worked.
- Fleets enema: available over the counter.
- Milk of magnesium: may be used according to package insert.
- Dulcolax suppository: Laxative may also be used in pregnancy and lactation.

Reflux/Indigestion

- Common issue in pregnancy. Small, frequent meals can help. In addition,

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avoidance of caffeine, spicy foods, or chocolate and staying upright for at least 1 hour after eating can help.

- Zantac (ranitidine): 75-150mg daily. Reduces the amount of acid in your stomach.
- Pepcid (famotidine): 20mg once to twice daily.

- Tums and Rolaids: Useful for indigestion and heartburn.
- Mylanta, Maalox: Available as liquids and chewable forms. Good for symptoms relief.
- Peppermint (Altoids): Can relieve indigestion.
- DO NOT USE: Pepto-Bismal.

Hemorrhoids

- Over the counter cream such as Preparation H, apply to hemorrhoids several times a day.
- Over the counter cortisone cream can be applied to hemorrhoids to relieve swelling and irritation.
- Tucks/Witch Hazel pads apply as needed. Keep them in the refrigerator, the cold is very soothing.

- Use flushable wipes after bowel movements to avoid irritation
- Sitz baths/warm tub soaks are soothing and can help decrease swelling and irritation.
- If constipated, recommended instructions above.

Muscle Pain

- Tylenol (acetaminophen): 325mg or 500mg, 1-2 tablets by mouth every 6 hours as needed, not to exceed 4000mg daily.
- Bengay, Icy Hot, Tiger Balm: These sport-type rubs are safe and often soothing for back and hip aches. Avoid use on abdomen.
- Heating Pads: Avoid use on your abdomen. Alternating between heat and

ice (cold packs) can also be helpful in relieving muscle pain; 10 minutes heat, 10 minutes ice.

- Warm baths.
- Massage.
- Chiropractor care.
- DO NOT USE: Advil, Ibuprofen, Aleve, Naproxen.

Pain, Headache, or Fever

- Tylenol (acetaminophen): 325mg or 500mg, 1-2 tablets by mouth every 6 hours as needed, not to exceed 4000mg daily.
- Increase hydration with goals for 8-12 ounces per hour.
- Fever is considered any temperature over 100.4. If no improvement in

symptoms with hydration and Tylenol, please contact your physician.

- Migraines can be common in pregnancy use cool compresses, reduce stress, rest in a dark and quiet room, and avoid triggers. DO NOT USE: Excedrin Migraine
- DO NOT USE: Advil, Aleve, Ibuprofen, Naproxen.

Insomnia

- Try to establish a regular sleeping schedule.
- Maintain a cool, calm environment in your bedroom.

- Avoid distracting, stimulating activities such as cell phone, video games, the internet, and television prior to bed.

- Moderate/regular exercise 20-30 minutes per day can help you sleep better.
- Use pillows for support and comfort.
- Relaxation techniques: yoga, massage, deep breathing, meditation can help.
- Tylenol PM (acetaminophen & diphenhydramine): can be used as a sleep aid.
- Benadryl (diphenhydramine): can be used as a sleep aid
- Unisom (doxylamine): can be used as a sleep aid.

Yeast Infection

- Over the counter yeast creams/inserts which contain Miconazole, such as Monistat, may be used safely during pregnancy.
- In pregnancy, 7- day treatments are most effective.
- If no relief 48 hours after self-treatment, we recommend calling your physician.

DIET AND NUTRITION IN PREGNANCY

A pregnant woman's calorie intake grows during pregnancy. She does not eat for two; her calorie consumption should increase 200-300 calories per day.

Weight gain in pregnancy

- For an average weight woman, weight gain during pregnancy will range from 25-35 lbs.
- Women starting pregnancy overweight should aim for a lower amount of weight gain with a goal of 11-20 lbs.
- Women starting pregnancy underweight should gain 28-40 lbs.

Meats

Undercooked and uncooked meats may contain bacteria. When these are eaten, the bacteria can spread to the woman's body and to the baby.

AVOID:

- Raw and/or cold hot dogs or lunch meats. Reheat until steaming.
- Refrigerated smoked seafood. Canned or shelf stable is safe to eat.
- Raw or uncooked eggs or egg products.
 - Hidden sources of raw egg: some eggnogs, hollandaise sauce, homemade raw cookie dough, homemade custards, homemade Caesar dressing.
- Undercooked meat of any type
- Ground beef that is pink or red.

Cheeses – READ THE LABEL

Unpasteurized milk used to make cheese can contain bacteria that can cause illness, birth defects, and death to the baby.

Read the label – ensure it says “made from pasteurized milk” or “pasteurized”.

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Cheeses that are not always pasteurized include:

- Blue cheese (Roquefort and Gorgonzola)
- Camembert
- Feta
- Brie
- Queso Fresco

Seafood

Fish and shellfish are an important part of diet as they contain good quality protein and omega-3 fatty acids.

Some fish, however, contain higher levels of mercury which can be harmful to the developing baby's brain/spinal cord

DO NOT EAT

- Shark
- Swordfish
- King Mackerel
- Tilefish

Albacore (white tuna) has more mercury than light tuna. You may safely eat up to 6 ounces of albacore tuba per week.

If eating fish caught in local waters, check online with your state's department of health for advisories. If you can't find information, limit consumption to 6 ounces per week.

Omega-3 Fatty Acids

Helps with development of baby's brain, eyes, and central nervous system.

Natural fats found in oily fish, seeds, nuts, and leafy green vegetables.

3 types of omega-3 fatty acids:

- DHA - Found in salmon, sardines, fish oil, algae, and eggs
- EPA – Similar to DHA
- ALA or LNA – Found in flax seeds/oil, walnuts, and vegetables

Recommend 200-300mg supplement of DHA every day for pregnancy or breastfeeding women.

Iron Rich Foods

Anemia in pregnancy can be common for women, especially as pregnancy progresses into the 3rd trimester.

Food rich in iron to help combat anemia would include:

- Dried beans, dried fruits such as apricots, egg yolks, whole grain cereal fortified with iron, lean meat, cooked oysters, poultry, salmon, tuna, lamb, pork, shellfish, legumes (lima beans, soybeans, kidney beans, peas), seeds such as brazil nuts/almonds, vegetables such as broccoli, spinach, asparagus, kale, whole grains (brown rice, oats, millet and wheat)

Empty Calorie Foods

Cakes, biscuits, cookies, chips, and candy should be kept to a minimum.

High in sugars and fat and have little nutritional content.

Caffeine

Excessive caffeine consumption has been associated with a higher incidence of miscarriage and low birth weight. In addition, it can cause elevated heart rate and blood pressure in the mother.

Pregnant women should limit caffeine intake to less than 200mg per day. This is equivalent to about a 12oz cup of coffee.

Be aware of other sources of caffeine, such as soda/pop and chocolate.

Sample menu

Breakfast:

Oatmeal, banana, 1 slice of whole wheat toast, 2 tsp jam, 1 cup of skim milk.

Snack:

1 cup of yogurt, grapes.

Lunch:

Turkey (if deli meat, do not eat cold, heat to steaming hot to avoid bacterial contamination) and cheese sandwich on whole wheat, small bag of chips or pretzels, pear, and 1 cup of skim milk.

Snack:

Raw veggies and low-calorie dip or hummus.

Dinner:

4-6 ounces of chicken, 1 cup grain such as wild rice, 1 cup veggies, 1 cup of skim milk.

Snack:

Fresh fruit or low-fat frozen yogurt.

PRENATAL VITAMINS AND SUPPLEMENTATION

When looking for prenatal vitamins, look for these four primary nutrients that are especially important during pregnancy (amounts are per day and recommended by the American Congress of Obstetricians and Gynecologists):

Folic acid: 600mcg

Iron: 27mg

Calcium: 1,000mg (note: most prenatal vitamins don't contain this much calcium, so if you do not get enough from your diet, talk to your doctor about taking a separate calcium supplement)

Vitamin D: 600IU

The following vitamins are also essential during pregnancy and you may not get enough of them through diet alone.

Having these in your prenatal vitamins are helpful too:

Vitamin A: 770mcg (NOTE: the safest form of vitamin A is beta-carotene or other carotenoids)

Vitamin C: 85mg

Vitamin B6: 1.9mg

Vitamin B12: 2.6mcg

There is strong evidence that indicates that omega-3 fatty acids (DHA) play an important role in the development of your baby's brain and nervous system.

Recommend 200-300mg of DHA a day through diet or supplementation.

Not all prenatal vitamins have DHS – READ THE LABELS

OVER THE COUNTER PRENATAL VITAMINS

<p>Nature Made Prenatal Multi + DHA</p> <ul style="list-style-type: none"> - Soft gel capsule - Provides full amount of folic acid, iron, vitamin D, DHA and other essential vitamins - NOTE: There is only 150mg of calcium, so if you are not adding enough in your diet, you may need an additional calcium supplement. 	
<p>Enfamil Expecta Prenatal Dietary supplement</p> <ul style="list-style-type: none"> - 1 vitamin tablet, 1 DHA soft gel - Complete source of multivitamin and DHA with recommended folic acid 	
<p>Smarty Pants Prenatal Complete</p> <ul style="list-style-type: none"> - Chewable Vitamin - Contains some DHA - NOTE: To reach the appropriate amount of folic acid and vitamin D, you must take 6 per day. - NOTE: No iron or calcium so you must have an adequate diet or take additional supplements. 	
<p>VitaFusion Prenatal, DHA, Folic acid, and multivitamin</p> <ul style="list-style-type: none"> - Gummy form, 2 per day - Meets daily value for important nutrients including folic acid. - NOTE: Does not contain iron or calcium 	
<p>First Response Prenatal Gummy Vitamins</p> <ul style="list-style-type: none"> - Gummy form, 2 per day - Meets requirements for prenatal supplementation including B vitamins, calcium, folic acid, and DHA - NOTE: Does not contain iron 	

<p>OLLY Essential Prenatal Multivitamin Vibrant Dietary Supplement Gummies</p> <ul style="list-style-type: none"> - Gummy form, 2 gummies per day. - Contains folic acid and DHA. - NOTE: Does not contain iron or calcium. 	
<p>One A Day Women's Prenatal 1 Folic Acid, DHA & Iron Multivitamin/Multimineral Supplement</p> <ul style="list-style-type: none"> - 1 tablet and 1 liquigel daily - Contains full complement of vitamins including DHA, folic acid, iron and calcium. 	
<p>Rainbow Light Prenatal One Multivitamin</p> <ul style="list-style-type: none"> - Food-based vitamin contains no animal products making it safe for vegetarians and vegans. - Also good for upset stomach or bowel issues such as constipation. - Contains probiotics and a non-constipating form of iron. 	
<p>Honest Whole-Food Based Prenatal</p> <ul style="list-style-type: none"> - Uses natural vanilla coating to make them easier to swallow. - Digestive enzymes from pineapple, papaya and kiwi help settle in a sensitive stomach. - Contains vitamin D, iron and folic acid. - NOTE: Falls short of daily calcium requirement will be fine with adequate dietary intake. 	

Vitamin Code RAW Prenatal Vitamin

- Adheres to vegetarian, vegan, raw, dairy-free, or gluten-free diet; no binders or fillers.
- In addition, has probiotics and ginger to help with nausea and constipation.



WHEN TO CALL THE DOCTOR

If you experience ANY of the following, please contact us immediately as these are considered emergencies:

- Continuous leaking or a large gush of fluid (water broken)
- Abdominal trauma or car accident
- Heavy bleeding
- Fever greater than 101 degrees
- Decreased fetal movement
- Urinary tract infection
- Headache with vision changes
- Painful contractions greater than 6 times an hour if you are less than 36 weeks

The following table provides additional information to determine how to treat certain illnesses or symptoms throughout your pregnancy. If in doubt, call the office at 814-333-5888

ILLNESS/SYMPTOM	HOME TREATMENT:	CALL THE OFFICE IF:	CALL THE DOCTOR IMMEDIATELY IF:
Bleeding/Cramping (note: some bleeding or spotting may occur after an internal exam)	-Rest -Avoid heavy lifting (more than 20 pounds)	-Bleeding is less than a period with mild cramping; common in first trimester	-Bleeding is heavy (using a pad every hour) -2 nd and 3 rd trimester cramping or painless heavy bleeding -Cramping is equal or worse than menstrual cramps
Vomiting (note: very common in 1 st trimester but can occur intermittently throughout pregnancy)	-Vitamin B6, 25mg, three times a day -Separate liquids from solids -Crackers/toast -Ginger ale -Rest -Avoid hot sun	-Unable to keep down liquids and solids for more than a 24-hour period	-Signs of dehydration occur (dry mouth, fatigue, lethargy) -Abdominal pain accompanied with vomiting
Decreased fetal movement after 24 weeks	-Rest -Drink fluids -Eat a small snack -Lay on left side	-Baby moves less than 10 times in a 1-hour period while you are resting during a normally active period for baby	-No fetal movement accompanied by severe abdominal pain
Labor	-Rest -Increase fluids to 8-12 glasses daily -Empty bladder (note: Dehydration can cause contractions, especially in the summer)	-Contractions stronger than Braxton Hicks (mild, irregular contractions) -If less than 36 weeks, call if contractions are greater than 6 times an hour	-Contractions every 5 minutes apart for an hour -Water breaks or gush of fluid -Bleeding is more than a period -Pain or contractions that will not go away
Urinary urgency and/or pain with urination	-Urinate at regular intervals -Increase fluid intake to 8-12 glasses daily	-Pain with urination -Feelings of urgency to void with little urine produced	-Temperature of 101 degrees or higher -Pain in the upper back -Contractions -Blood in urine

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Swelling	-Rest -Elevate legs -Avoid salty food	-Recent, noticeable increase in size of feet and ankles -Swelling in face or hands	-Swelling accompanied with headache or upper abdominal pain -Swelling with decreased fetal movement -Elevated blood pressure using a home monitor
Cold and Flu	-Tylenol, Sudafed, and any Robitussin -Increase fluids -Rest -Use a vaporizer	-Temperature of 101 degrees or higher -Development of green or yellow mucous -Persistent cough for more than 5 days	-Difficulty breathing or wheezing occurs
Rupture of membranes			-Water breaks; small leak or as a gush

PREPARING FOR LABOR AND DELIVERY

The list below contains things to consider before your delivery date:

- Register for classes
- Schedule a hospital tour
- Choose a pediatrician or family physician for your newborn

Meadville Pediatrics, 765 Liberty Street, Suite 309, Meadville PA 16335 814-336-6384 If you opt to follow a specific family physician, we recommend calling their office to determine if they are taking newborns

- Pain control in labor
- How are you planning to feed your baby?
- Cord blood banking
- Postpartum birth control

CHILDBIRTH PREPARATION CLASSES

As an added convenience and resource for our patients, Meadville Medical Center and the nurses of New Life Unit provide pregnancy and childbirth classes

Classes available:

Childbirth Preparation

Pregnant mother and their support persons (Those who plan to participate during labor) should find this course helpful in preparing for the delivery of a new life. Classes concentrate on preparation for labor and birth using relaxation and breathing techniques. Topics discussed include a process of labor and delivery, hospital admission, true versus false labor, fetal monitoring, medication and anesthesia, induced labor, and cesarean birth. Classes are instructed by New Life Unit nurses and are available weekend days and/or weeknights during the 7th through 9th month of pregnancy. For more information and to pre-register, call the New Life Unit at 814-333-5345.

Breastfeeding class

Classes are available to help new mothers learn to successfully breastfeed their infant. Classes are held at 7:00pm on the 2nd Tuesday of the month in the New Life Unit. Classes are taught by a Certified Lactation Consultant. Classes are free of charge and open to all interested persons. For more information and to pre-register, call the New Life Unit at 814-333-5345.

Newborn care class

A Newborn Care Class, which is offered monthly at no charge, provides tips of caring for your new baby during the early weeks at home, Topics covered include bathing, positioning, feeding, burping, cord care, circumcision care and the proper use of car seats. Call the New Life Unit at 814-333-5345 to register.

Sibling preparation

Brothers and sisters of your new baby are an important part of Meadville Medical Center's family-centered program. Classes for baby's brothers and sisters ages 2 and up are offered monthly. Parents must accompany their child at this program. Through discussion and a tour of the New Life Unit, we help prepare the family for the new baby's arrival. Call 814-333-5345 for schedule and registration.

LABOR

When will I know if I'm in labor?

-The following table will help you determine if you are in labor. If you have signs of labor or your water breaks, call the office or on-call physician.

True Labor	False labor
Contractions are regular, get closer together, and last 45-60 seconds	Contractions are irregular, do not get closer together, and last 20-40 seconds
Contractions continue despite movement	Contractions may stop when you walk, rest, or change position
Pain/discomfort usually felt in back and moves around to front	Pain/discomfort often felt in abdomen
Contractions steadily increase in strength	Contractions are usually weak and do not get much stronger
Bloody show may be present	Usually no bloody show is present

When to call the office or the On-Call Physician?

- 5-1-1 contractions – Call when you have contractions **5** minutes apart, lasting **1** minute, for **1** hour.
- Ruptured membranes or leaking of fluids
- Vaginal bleeding like a period
- Decreased fetal movement

DELIVERY

Induction

Induction of labor is a process where we give medication to stimulate contractions. There are different methods or a combination of methods to begin labor. These are medications, such as Cervidil and Pitocin that can start labor. There are risks and benefits to induction of labor. Your physician will discuss this with you and if there is a medical indication for induction of labor. Elective inductions of labor cannot be performed prior to 39 weeks.

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Forceps and vacuum assisted deliveries

Forceps are instruments used by the physician to help you when you are pushing during delivery to guide the baby's head through the birthing canal. Vacuum extraction is used in the same manner except a small soft suction cup is placed on top of the baby's head. At times during a vaginal delivery, due to fetal distress, ineffective contractions, or inability to push, your physician may suggest using one of these to help the baby be born vaginally and to avoid a cesarean delivery. We will further review this and discuss risks associated with this closer to delivery.

Episiotomy

An episiotomy is a surgical incision used to enlarge the vaginal opening immediately prior to delivery of the baby. This is NOT a standard or routine practice of our group. We will further review this and discuss risks associated with this closer to delivery.

Cesarean birth and recovery

A cesarean birth may be planned or unplanned. Nurses, Anesthesia staff, and your physician will be with you in the operating room. If necessary, the pediatrician may also be present for the delivery. Your blood pressure and heart rate/rhythm will be monitored and we will listen to your baby's heart beat prior to surgery. Your baby will be delivered in a short period of time once surgery begins. It will take approximately 45-60 minutes to complete the surgery. Your incision will be closed with a suture which will dissolve on its own. At times, staples may be more indicated. Following surgery, you and your baby will return to your room, where you will be in recovery for two hours.

Pain relief in labor:

There are many options to provide pain relief while you are in labor. We are supportive of whatever method you choose. We encourage you to see how you are doing during labor and review options that are available throughout the labor process.

Common options include:

- Medications through IV: This is a narcotic that is given through an IV and helps alleviate the pain of contractions during labor. This form of pain control can make you sleepy. The medication will wear off over time.
- Epidural: This is a safe option for pain control. An anesthesiologist will place this for you. It requires a fine, thin catheter or tube to be placed in your back when you are in active labor. Medication slowly drips through the tubing to provide excellent pain relief throughout labor. It is removed following delivery.
- Local: Some patients choose to deliver without pain medications. However, we may need to administer a small injection of numbing medication if stitches are needed following delivery. This feels like a sting with a small amount of burning when we inject the medications.

Circumcision

A male circumcision is the surgical removal of the excess foreskin, which is a layer of skin that covers the head of the penis. This is performed by the pediatrician before the mother and baby leave the hospital. All babies receive a local numbing medication and are soothed by sucking a sugar solution during the procedure. The procedure takes a few minutes to perform and babies heal in 1-2 weeks. We recommend applying Vaseline to the baby's penis each diaper change to prevent sticking to his diaper as it heals. The New Life Unit nurses will provide education and instruction for care.

This is an optional procedure. It may reduce infections and penial cancers in males. Some parents decide to not have their baby circumcised. We respect your choice in this matter.

What is Cord Blood Banking?

After a baby is born and the umbilical cord has been clamped and cut, some blood remains in the blood vessels of the placenta and the attached portion of the umbilical cord.

Collecting and storing this blood gives your family access to potential lifesaving treatment options for the stem cells found in this blood. However, you only have one chance to collect and store your baby’s stem cells immediately after birth. It is important to decide about storing your baby’s stem cells before the due date.

This service through private companies include a yearly storage fee. If you are interested in cord blood banking, please make arrangements with the company you choose and bring your banking kit to your delivery. Be advised, the hospital DOES NOT have these kits available.

Some Cord Blood Banking Companies available:

- Cord Blood Registry (CBR)
- Americord
- Viacord
- Cryo-cell

FEEDING YOUR BABY

Your choice of method to feed your baby is a very personal choice and is your decision to make. Options for feeding your baby include: breastfeeding, breast pumping, and formula feeding.

Advantages of breastfeeding	Challenges of breastfeeding
<ul style="list-style-type: none"> - Natural antibodies for the baby - Can reduce risk of short-term and long-term health problems such as ear infections, constipation, diabetes, and obesity later in life. - Lower risk of Sudden Infant Death Syndrome (SIDS) - Faster weight loss for mother - No extra costs - Convenient - Skin to skin contact-increases emotional connection 	<ul style="list-style-type: none"> - Patience and persistence - Comfort- some experience tender breasts and can develop blisters or infections - Privacy - Time - Inconvenience-only mother can physically feed - Diet restrictions- finding foods that do not upset the baby - Medical conditions- medications may affect breast milk - Previous breast surgery or piercings

Advantages of formula feeding	Disadvantages of formula feeding
<ul style="list-style-type: none"> - Nutritious alternative to breast milk for women who cannot or do not breast feed. Some formulas contain iron - Convenience- either parent or caregiver can feed - Flexibility- no schedule or privacy concerns - Time- usually takes less time for feeding - Diet- mother’s diet does not affect the milk - Medications- no impact from mother’s medication 	<ul style="list-style-type: none"> - Fewer antibodies for the baby - Constipation and gas - Organization and preparation- keeping formula and supplies ready - Cleaning and sanitizing bottles and nipples - Warming the formula - Cost

NOTE: A prescription for a breast pump can be given to your insurance company at 36 weeks

POSTPARTUM INSTRUCTIONS

1. Make an appointment to see your physician for a checkup 6 weeks after delivery. Plan to hear from our office at ~2 weeks.
2. Avoid tampons, douching, intercourse, and swimming/bathing until after your postpartum check-up.
3. You may ride in a car but no driving for ~2 weeks.
4. If breastfeeding, continue your prenatal vitamin daily, eat a well-balanced diet, and increase your fluid intake to 10-12 glasses of water per day.
5. With any signs or symptoms of a breast infection (fever, flu-like symptoms, pain or redness in the breast) if breast feeding, call the office for further instructions. If not breast feeding, continue to wear a good supportive bra, bind if necessary, use ice packs, take Tylenol/Motrin as needed for discomfort, and call the office if the problem persists or worsens
6. Vaginal bleeding may continue for 6-8 weeks while the uterus is returning to its normal pre-pregnancy size. You may have spotting and or menstrual-like flow. Increase in activity can increase the flow. If bleeding or cramping increases to greater than a period, you are soaking more than a pad in an hour, or passing large clots, call the office for further instructions
7. Avoid lifting anything heavier than your baby until after your postpartum checkup
8. Exercise. Avoid sit-ups, jumping jacks, and aerobics until after your postpartum checkup. You may do simple abdominal tightening exercises, Kegel exercises, and walking.
9. Constipation is very common. Drink 6-8 glasses of liquid every day. Metamucil and stool softeners (Colace) may be used.
10. Hemorrhoids are usually more symptomatic after delivery. If they are a problem for you and worsening, we recommend calling the office for further instructions.
11. Avoid intercourse for 6 weeks and until your postpartum visit. Contraception options will be assessed at your checkup or prior to if you have special circumstances.
12. You may climb stairs as needed postpartum but we recommend taking this slower than before delivery.
13. Please call the office if you experience fever, swelling, tenderness, or redness in the lower leg.
14. If you had a Cesarean delivery, keep your incision clean with soap and water. In addition, keep the incision dry. Call the office if the incision is swollen, red, or has unusual discharge.
15. We recommend showers only in the first 6 weeks. No bathing or hot tubs are recommended.

POSTPARTUM DEPRESSION

“Baby Blues”

40-80% of women experience mood changes after their delivery.

The “Baby Blues” occur ~2-3 days after childbirth and some women begin to feel depressed, anxious, or upset. Women may notice crying for no reason, have trouble sleeping, eating, and making choices, or questioning whether they can handle caring for a baby. These symptoms can be a normal response to the hormonal changes and can last up to 2 weeks.

Postpartum depression occurs with the intense feeling of sadness, anxiety, or despair that prevents you from being able to do daily tasks. Risk factors for postpartum depression can include: history of depression, emotional factors related to the pregnancy, fatigue, lack of support from others, or stressful life events.

It is important with these changes to eat properly, get adequate sleep, and reduce stress during this time to help symptoms. Sometimes these symptoms may require treatment. Please let us know if you need additional assistance or if you are concerned that the “blues” have turned into depression.

OUR ENTIRE OFFICE STAFF IS HERE FOR YOU. YOU ARE NOT ALONE

SUGGESTIONS FOR YOUR HOSPITAL BAG

Toiletries

- Shampoo
- Conditioner
- Hair dryer
- Facial cleanser
- Body wash
- Lotions
- Deodorant
- Lip balm or Chapstick
- Glasses (if necessary)
- Contact lenses and supplies (if necessary)
- Make up (if you desire)

Night clothes

- Nightgown or comfortable fitting clothes (if you plan to breast feed, make sure that it will accommodate this)
- Bathrobe
- Slippers
- Warm socks
- Supportive bra
- Clothes to wear home
- One loose-fitting, comfortable outfit.

Baby Clothes/ supplies

(The hospital will provide onesies, swaddles, blankets, and diapers, wipes, and ointment while the baby is in the hospital)

- Onesies as needed
- Outfit to go home in
- Blanket
- Appropriate outerwear, depending on the season
- DO NOT FORGET THE CARSEAT!!!!!!!!!!

Support Person bag

- Toiletries needed
- Pajamas
- Comfortable clothing

Miscellaneous

- Cell phone
- Cell phone chargers
- Music and appropriate equipment (small speaker) as needed for light soothing music during labor
- Snacks for your birthing coach

