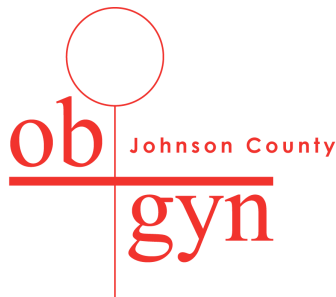


Prenatal Guide



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MEDICATIONS AND PREGNANCY

This is a list of recommended over the counter medications that are safe to use during pregnancy according to the label directions. If you are taking any medications other than your prenatal vitamin, especially prescription medications, please check with your doctor first.

Minor Aches and Headache:

Tylenol
Ibuprofen is safe on occasion up to 32 weeks gestation

Gas/ Bloating:

Simethicone (Gas-X)
Maalox/Mylanta

Cough/congestion (Temp. less than 100 °F):

Sudafed Mucinex
Claritin Afrin nasal spray (3 day limit)
Robitussin Saline nasal spray

Sore Throat:

Tylenol
Throat lozenges/spray

Diarrhea :

Kaopectate
Immodium
Clear liquids for 24 hours

Nausea:

Vitamin B6
Unisom, ½ tab
Ginger capsules

Constipation:

Metamucil
Konsyl
Docusate (Colace)
Senekot

Allergies:

Claritin
Benadryl

Heartburn:

Maalox
Mylanta
Pepcid
Zantac
Tums

Hemorrhoids:

Preparation H
Anusol HC
Anusol suppositories or cream
Tucks pads

Rash/Itching:

Benadryl
Calamine lotion
Aveeno bath/lotion
Hydrocortisone oint

Prenatal Guide

The following information is a guide to help answer the most common questions that may come up during your pregnancy. These are merely guidelines for normal pregnancy and should not replace advice from your individual physician regarding your pregnancy. If you have questions or concerns, do not hesitate to call or visit your doctor.

Your Due Date

The due date can be calculated based on the first day of your last menstrual period. This date is only an approximation. Your date may change based on early exams and sonograms. An average pregnancy lasts about 40 weeks. It is quite normal to have your baby arrive within 1-2 weeks on either side of that date.

Office Visits

Prenatal care is the regular visits you will have with your physician during your pregnancy. We encourage you to begin prenatal care as soon as you find out you are pregnant. In the beginning of your pregnancy, you will be seen monthly if everything is progressing well. Starting around week 28, your visits will change to every 2 weeks, and then every

week the last month. During your visits, your weight, urine and blood pressure will be checked. Your abdomen is measured for growth and the fetal heart beat is checked.

We encourage husbands to visit the office and take an active part in the pregnancy.

Your prenatal visits are a special time for you to learn about yourself and your baby. Throughout the pregnancy, your physician will discuss issues pertinent to your pregnancy at that time. Don't be afraid to ask questions!

Miscarriage

This is the spontaneous loss of pregnancy. Signs of miscarriage are usually vaginal bleeding and cramping. It is not unusual to spot early in pregnancy, but let your doctor know if you have any bleeding. A miscarriage is often caused by an abnormality with the pregnancy and not a result of women's activities or stresses.

Complications

Although childbearing is normal, it is sometimes difficult to draw the line between normal changes and complications. If you experience any of the following symptoms, please contact our office. These symptoms do not always indicate a serious problem, but it is best to have it checked out.

- Bleeding from the vagina or rectum
- Severe or continuous headache
- Sharp or continuous pain in your abdomen
- Severe and continuous vomiting
- Fever greater than 101
- Sudden loss of fluid from the vagina
- Decreased fetal movement

Fetal Movement

Bubbles. Butterflies. Gas. These are all words used to describe what a baby's first movements feel like to a mother. If you are expecting your first baby, you can expect to feel your baby for the first time between 18 and 24 weeks gestation. If this is not your first baby, you can expect to feel your baby a bit sooner than you felt your first. Checking kick counts once a day, after the 28th week of pregnancy, is an easy way to ensure fetal well being.

Choose the time of day when your baby is the most active or eat a snack with a large glass of water and

begin timing fetal movements. Lie down on your side or sit in a comfortable easy chair. Count every movement or kick until your baby has moved ten times. Notify your doctor if your baby has not moved ten times in two hours, you have not felt the baby move all day (12 hours) or you notice a significant change in your baby's activity.

Alcohol, Drugs and Smoking

There is no time during pregnancy when it is safe for you to drink alcohol. Alcohol in the blood travels to the baby through the umbilical cord. This can affect the baby's growth and development. If you are pregnant and have been drinking alcohol, stop drinking now and talk to your doctor.

Illicit drugs are not only illegal, but very harmful to your developing baby. Your doctor needs to know if you are currently using any illegal substance. Help is available.

If you smoke, now is the time to quit. It may be the most important thing you do for your baby during your pregnancy. Smoking during pregnancy can lead to low birth weight babies. Nicotine can cross the placenta and cause the blood vessels to constrict. This prevents oxygen and nourishment from reaching the baby. Smoking is also associated with lower IQ, higher miscarriage rate, higher risk of infant death at term and sudden infant death

syndrome (SIDS). If you need help quitting, please talk to your doctor.

Exercise

Exercise during pregnancy can help prepare you for labor and childbirth. Exercising afterward can help get you back in shape. Before beginning your exercise program, talk with your doctor to make sure you do not have any obstetric or health condition that would limit your activity.

Walking, swimming, cycling and aerobics are safe during pregnancy, even for beginners. Running, racquet sports, strength training, if done in moderation, are safe for women who have done them for a while before pregnancy. Avoid becoming extremely short of breath and elevating your heart rate over 130 beats per minute. Downhill snow skiing, water sports, contact sports and scuba diving should be avoided during pregnancy. Becoming active and exercising at least 30 minutes on most, if not all, days of the week can benefit your health in the following ways:

- Helps reduce backaches, constipation, bloating and swelling
- May help prevent or treat gestational diabetes
- Increases your energy
- Improves your mood

- Improves your posture
- Promotes muscle tone, strength and endurance
- Helps you sleep better

Nutrition

A balanced diet is a basic part of good health at all times in your life. During pregnancy, diet is even more important. The foods you eat are the main source of nutrients for your baby. As your baby grows, you will need more of most nutrients. When you are pregnant, you need about 300 calories more a day than you usually eat. A healthy weight gain for most women is between 25 and 35 pounds (about 3 pounds per month). Pregnancy is not the time to begin a weight loss program. You should also begin taking a prenatal vitamin with folic acid before or as soon as you know you are pregnant.

Not all foods are safe for pregnant women. Some contain high levels of chemicals that can affect your baby's development. Others put you at risk for getting an infection that can hurt your baby.

Avoid the following:

- Swordfish, shark, king mackerel and tile fish. These fish can contain potentially risky levels of mercury, which can be transferred to the growing fetus and cause serious health

- problems. The U.S. Food and Drug Administration (FDA) and the Environmental Protection Agency (EPA) recommend that women eat no more than 6 ounces of albacore ("white") tuna per week.
- Raw fish, especially shellfish (oysters, clams)
 - Undercooked meat, poultry, seafood and hot dogs. Deli meats (such as ham, salami, and bologna) are an occasional cause of food poisoning; pregnant women may choose to avoid them or reheat them before eating.
 - Refrigerated pates or meat spreads. Canned versions are safe.
 - Refrigerated smoked seafood unless it has been cooked (as in a casserole)
 - Soft-scrambled eggs and all foods made with raw or lightly cooked eggs
 - Unpasteurized milk and any foods made from it including soft cheeses such as Brie, feta, Camembert, Roquefort and Mexican-style, unless they are labeled as made with pasteurized milk
 - Unpasteurized juices
 - Raw vegetable sprouts, including alfalfa, clover and radish
 - Herbal supplements and teas
 - Large quantities of caffeine.

What about sex?

Many couples wonder if sex is safe in pregnancy and if intercourse will harm the fetus or the woman. In a pregnancy with no problems, sex is considered safe and healthy up to shortly before the baby is born. The woman's comfort should be the most important guide during sex. Spotting after intercourse is not unusual. If bleeding persists, call your physician. If the pregnant partner does have health problems during her pregnancy, ask your health care provider whether sex will be safe.

Infections

Fifth disease (erythema infectiosum) is a common, mild, childhood illness that causes a “slapped-cheek” rash on the face and, less commonly, fever, headache, sore throat and joint pain in children. Women with young children and those who work with them (for example, child care providers and teachers) are at greatest risk of exposure and infection. About 60 percent of adults have had the infection as children and, therefore, are immune as adults. If you are pregnant and unsure of your immune status, you can help protect yourself from infection by washing your hands and not sharing drinking glasses and utensils with any one who has or was exposed to the illness. If you think you have been exposed to fifth disease, call your health care provider right away.

Chickenpox (varicella) is a viral illness that mainly affects children. Between 85 and 95 percent of pregnant women are immune to chickenpox, meaning that they cannot catch it. Pregnant women who are not immune should avoid anyone with chickenpox and anyone who has had contact with someone with the disease.

Influenza (commonly called “the flu”) is a contagious respiratory illness caused by viruses. Symptoms of flu include fever (usually high), headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, and muscle aches. The flu vaccine is recommended to all women who are pregnant during the flu season (October-March).

Toxoplasmosis is a common infection caused by a parasite that, when contracted by a pregnant woman, can pose serious risks to her unborn baby. To avoid infection, it is recommended that you do not empty cat litter from outdoor cats, wear gloves when working in the garden, do not eat undercooked meats and wash produce before consumption.

The common cold is usually caused by a viral infection. Over the counter cold remedies such as Sudafed, Claritin, Robitussin and nasal sprays can safely be used to alleviate your symptoms. Humidified air in your bedroom at night may also help. Symptoms persisting greater than two weeks,

fevers, or shortness of breath, may indicate a more serious infection. Please contact our office if you are experiencing these more severe symptoms.

Travel

Travel by airplane or automobile is not harmful to your baby or pregnancy. The main concern regarding travel is the chance of an unexpected event occurring while out of town. If contractions or illness should occur while traveling, you may have to seek medical care at a hospital with unfamiliar doctors. Avoid long distance travel the last six to eight weeks of your pregnancy. If you have a high risk pregnancy, such as twins or history of preterm birth, be sure to discuss travel with your doctor prior to any trip. During prolonged trips, try to ambulate frequently to improve circulation and drink plenty of fluids to stay hydrated. Travel can be exhausting, allow ample time to reach your destination. Please wear your seat belt at all times. The lap belt should be positioned below your abdomen across your hips. If a shoulder strap is available, it should be used also.

Common Complaints

As your baby grows, you may experience some discomforts that you did not have before your pregnancy. Many of these are normal occurrences as your baby grows and do not always mean something is wrong. Please do not hesitate to contact our office if you have questions. The doctors, nurses and office staff are always available to help.

Frequent Urination

During the first 3 months there is often a desire to urinate frequently. It is usually caused by the pressure of your growing uterus on the bladder. Pain with urination, blood in the urine or fever may indicate infection. If you are experiencing any of these symptoms, contact your doctor.

Nausea and Vomiting

Nausea occurs in 50% of all pregnancies. Nausea can be a vicious circle. The more nauseous you get, the less you eat. The less you eat, the more nauseous you get. In most women, nausea stops between the third and fourth month. Try the following to help.

- Keep crackers at the bedside, eat 5-10 minutes before getting up

- Sit up slowly and sit at the side of the bed a few minutes before getting up
- Eat 5-6 small meals each day, try not to let your stomach become completely empty
- Drink fluids between meals
- Avoid foods that are greasy, fried or spicy
- Avoid foul and unpleasant odors
- Get fresh air
- See list of safe over the counter medications

If severe nausea or vomiting occurs, contact your doctor.

Indigestion

This is a burning sensation, commonly called “heartburn”, in your stomach area that usually occurs after meals or during sleep. It is very common and caused by increasing uterine size, and hormonal changes that allow stomach contents to back up into the esophagus. Try the following to help:

- Small frequent meals
- Avoid fatty or spicy foods
- Eat slowly
- Stay upright for at least ½ hour after meals
- Avoid excessive weight gain
- Stop smoking
- Elevate the head of your bed
- See list of safe over the counter medications

Constipation

This is another very common problem in pregnancy affecting half of women. The following may help:

- Drink plenty of liquids (at least six 8 oz. glasses/day)
- Eat foods high in fiber- fruits/vegetables/bran cereal
- Exercise daily
- Stool softeners, see list of safe over the counter medications

Hemorrhoids

Pregnant women often experience hemorrhoids. These are varicose veins of the rectum usually caused by constipation and pressure of the growing uterus. Avoiding constipation (see above) can reduce their occurrence. See the medication list or talk to your doctor if this becomes a problem.

Swelling

A certain amount of swelling is normal with pregnancy. This usually occurs in your legs and feet due to decreased circulation as the uterus enlarges. It will also occur more frequently in hot and humid summer months. Sudden swelling, especially in the hands and face, vision problems and severe headache may indicate a more serious

problem and should be discussed with your physician. The following tips may help.

- Elevate your legs when possible
- Rest in bed on your side
- Avoid salty foods
- Support stockings
- Reduce time spent on your feet
- Do not decrease water intake

Inability to sleep

It is normal to be very fatigued in the first 3 months of your pregnancy. During the last 6 weeks of pregnancy you may find it difficult to sleep. Finding a comfortable position can be difficult, but using pillows to support your side, legs and abdomen may help. Nap when you are able. Avoid lying flat on your back on a hard surface for a prolonged period of time after the first trimester.

Baths

You may take tub baths or showers, throughout pregnancy. The water temperature should not

exceed 100 °F; extremely hot water can effect development of your baby. Hot tubs and saunas should also be avoided for this reason.

Nose bleeds

Nasal congestion and nose bleeds are common throughout pregnancy. They are caused by hormonal changes and increased circulation to the mucous membranes. Saline nose drops and humidity may help. Please contact our office if bleeding becomes heavy and persistent.

Numbness and Tingling

As the uterus increases in size and you retain fluid in normal pregnancy, you may experience numbness and tingling in the legs, feet or hands. This is usually not serious and resolves after delivery.

Back Pain

Back pain is one of the most common discomforts during pregnancy. The most common cause is strain on the back muscles and weakness of the abdominal muscles. The following may help:

- Shoes with good arch support
- Avoid lifting heavy objects
- Avoid standing for long periods of time
- Add a pillow to your chair for back support

- Sleep on your side with pillow between your legs
- Heat, cold or massage to painful area
- Tylenol

Physical therapy and special braces may also be able to help. If the pain persists, please discuss the problem with your doctor, it may indicate a more serious condition.

Shortness of Breath

As the fetus continues to grow inside your uterus, the uterus expands and takes up more room in your abdomen, causing your other organs to be squeezed and shifted. By about 31-34 weeks of pregnancy, the uterus has grown so large that it presses the digestive organs and the diaphragm up toward the lungs. Because this limits the ability of the lungs to fully expand when you take a breath, you may feel short of breath. If you had mild asthma before you were pregnant, you may find that your asthma symptoms become worse during pregnancy. Tips to relieve the uncomfortable feeling of being short of breath:

- Move a little more slowly so your heart and lungs do not have to work so hard.
- Sit up straight to give your lungs as much room as possible to expand.
- Sleep with your upper body propped up on pillows or in a reclining chair.

Vaginal Discharge

Because you have more blood flowing to the skin and muscles around your vagina during pregnancy, vaginal secretions may increase. Vaginal secretions are called leukorrhea. Closer to your due date, it is not unusual to “lose your mucous plug”. This is a thick mucous discharge sometimes associated with dark blood. This is normal and by itself, not a cause for concern. Tell your health care provider if you experience pain, soreness, or itching in your vaginal area. Also, contact your provider if the discharge is bloody, watery, or has a foul odor.

Round Ligament Pain

Sharp abdominal pain in the sides and groin, usually with movement, is a common complaint with pregnancy. This pain is a result of stretching of the ligaments as the uterus grows. Heat, massage, slow changes in position, resting, and warm baths may ease the pain.

Leg cramps

During the last 3 months of pregnancy, you may begin having leg cramps. These often occur while sleeping. Tips to prevent or relieve leg cramps:

- stretch your legs (especially your calf muscles) before going to bed
- avoid pointing your toes when stretching or exercising
- apply heat to your calf muscles
- massage your calf muscles
- drink plenty of water and non-alcoholic, decaffeinated beverages
- have 3-4 servings of calcium-rich foods every day

Preparing for childbirth

We encourage you and your partner to attend childbirth preparation classes. Most expectant mothers begin classes during their third trimester, although it is good to sign up early. Prenatal classes provide information for parents regarding labor methods, delivery, recovery, breast feeding and more. Classes are available through the hospital, refer to the reference page for phone numbers. If you need help finding classes, our office staff would be happy to help direct you.

Labor

In the last several weeks of pregnancy, you may notice that your abdomen gets hard and then gets soft again. As you get closer to your delivery date,

you may find that this becomes uncomfortable or even painful. These irregular cramps are called Braxton-Hicks contractions, or false labor pains. They may occur more frequently when you are physically active. A warm bath and resting may help relieve some your discomfort.

False labor can occur just at the time when labor is expected to start. Thus it is sometimes difficult to tell this from true labor. Don't be upset or embarrassed if you react by thinking labor is beginning. Sometimes the difference can only be determined by a vaginal exam--changes in your cervix signal the onset of true, active labor. Other times there are ways that might help you to tell the difference between true and false labor.

One good way to tell is to time the contractions. Time how long each cramping period lasts and the length of time between the start of each contraction. Keep a record for an hour. During true labor, the contractions last about 50-80 seconds, they occur at regular intervals and they don't go away when you move around.

Call your health care provider when contractions reach the level that you agreed upon earlier as the time to call (usually five minutes apart). There are other signs that should prompt you to call your health care provider and to think about going to the hospital. Call if:

- your membranes rupture (your "water breaks"), even if you are not having any contractions. This may feel initially like a “gush” of clear warm fluid and the leaking wet feeling will persist.
- you are bleeding from the vagina
- you have constant, severe pain--don't wait for a whole hour to pass
- you feel reduced fetal movement

Cesarean Delivery

In a cesarean section, a small transverse incision at the hairline is made on the mother's abdomen and on the uterus to deliver the baby. Cesarean delivery may sometimes be planned by the mother and her physician before the baby is born, or it may be decided during childbirth that it is safer for the mother or the baby. There are many reasons for Cesarean Delivery including the size of the baby, some maternal medical conditions, placental location, multiple births, arrest of labor, signs of fetal distress during labor, or history of previous cesarean birth. If your doctor does perform a cesarean delivery, the following steps will be taken to ensure your comfort and safety:

- Your abdomen will be washed and shaved before the surgery.
- A catheter (tube) will be placed in your bladder to empty it.

- You will require an anesthetic for the surgery; usually this is an epidural.
- The doctor will make incisions in the abdomen and uterus and deliver the baby through the incisions.
- The uterus will be closed with stitches that later dissolve on their own, and stitches or staples will be used to close the abdomen.

After the delivery, you and your baby will be given a room in the hospital where you will be monitored and cared for. Recovery time in the hospital may be a day or two longer, but sometimes it is the safest way to deliver a baby. Your activities and recovery once discharged home are similar to a vaginal delivery.

Pediatrician

A pediatrician will care for the baby in the hospital after it is born. You will need to select one prior to your delivery. We will be happy to provide you with the names of very competent pediatricians in

the area. Most pediatricians are happy to meet with you prior to your delivery and answer questions.

“On Call”

We are excited to take part in this very exciting time in your life. Someone from our office is always available to help. Our office is open from 9:00am until 4:30pm Monday through Friday. If you have routine questions or problems arise that can wait until morning, please call during regular office hours. If, however, problems arise when the office is closed, your message is left with the answering service and the doctor on call will return your phone call. When you call, please be sure to identify yourself, your doctor and your problem. Also, please have a pharmacy phone number available in case a prescription needs to be called in. Please do not hesitate to call.

Available Resources

Pregnancy and Childbirth:

- Shawnee Mission Medical Center
Education Classes: (913) 676-2300
Pre-admission: (913) 676-2671
- Overland Park Regional Medical Center
Education Classes: (913) 438-4773

Pre-admission: (913) 541-5058

- Great Expectations: Your All-in-One Resource for Pregnancy and Childbirth Sandy Jones, Marcie Jones, With Claire Westdahl, With Peter S. Bernstein
- The Girlfriends' Guide to Pregnancy by Vicki Iovine
- The Mother of All Pregnancy Books: The Ultimate Guide to Conception, Birth, and Everything In Between by Ann Douglas
- The Pregnancy Journal; A Day-To-Day Guide to a Healthy and Happy Pregnancy by A. Christine Harris (Ph.D.)
- What to Expect When You're Expecting, Third Edition by Heidi Murkoff
- Your Pregnancy Week by Week, Fifth Edition by Glade B. Curtis, Judith Schuler
- National Women's Health Information Center, www.4women.gov
- March of Dimes www.modimes.org
- www.medem.com (leading health care information Website sponsored by ACOG)
- Lamaze, www.lamaze.org
- The Bradley method, www.bradleybirth.com

Nutrition

- Food and Drug Administration, vm.cfsan.fda.gov/~dms/wh-preg.html

Breast feeding

- La Leche League, www.lalecheleague.org