

THE MIDWIVES AT



Sarah Stone, CNM

Nancy Acheff, CNM, IBCLC

Karen Hashemi, CNM

Cassie Applegate, CNM

Welcome to South Denver OB/GYN & Midwives:

We would like to take this opportunity to congratulate you on your pregnancy and welcome you to our practice. We are very honored to be participating in your care during such a wonderful time in your life. Pregnancy can be exciting but also occasionally stressful or confusing. Whether this is your first pregnancy or your third, you will have questions about what to expect. The providers and staff at South Denver OB/GYN have created this information booklet to help answer some common questions that many women have.

Our Practice

Our goal is to provide you with the highest level of care, through a team approach. Our physicians and nurse midwives want you to have a happy and healthy pregnancy and birth. We encourage you to communicate with us, so that we can help answer your questions and address your concerns.

Our OB/GYN Providers:

Kelly Lennon, M.D.
Scot Graham, M.D.
Roy Bergstrom, M.D.
Kimberly Vanscriber, M.D.
Sarah Payne, M.D.
Cynthia (Redd Rogers) Geurts, CNP

Our Certified Nurse Midwives (CNM):

Sarah Stone, CNM
Nancy Acheff, CNM, IBCLC
Karen Hashemi, CNM
Cassie Applegate, CNM

In addition to our office locations in Littleton and Castle Rock, we deliver babies at The BirthPlace in Littleton and in Castle Rock Adventist Hospital.

What is a CNM (Certified Nurse Midwife)?

Certified Nurse Midwives (CNMs) are registered nurses who have obtained a Master's degree in nursing and specialize in women's health. CNMs in the United States are health care providers who offer services to women of all ages and stages of life. With their advanced education and their focus on research and partnering with women, they are among the most modern, forward-thinking health professional in the U.S. today.

In general, midwives tend to have more time to answer all your questions and help you learn about the physical and emotional changes you experience throughout pregnancy. A midwife can also help you think about what kind of birth experience you want – and she'll support you in your decision. For example, a midwife will guide you through an unmedicated labor if that's what you choose, but an epidural will still be an option if you wish to have anesthesia.

Our CNMs focus not only on maternity care, but also on the full range of a woman's health needs. CNMs provide care starting from a women's first period until after menopause, and all the important health events in between. CNMs are able to prescribe a full range of substances, medications, and treatments.

At South Denver OB/GYN & Midwives, our CNMs and physicians work together closely, so that there is always a physician available for consultation or transfer of care for higher risk conditions.

Please visit the American College of Nurse Midwives website at www.midwife.org where you can find more information about nurse midwifery and the benefits of having a CNM involved in your obstetric and gynecologic care.

Prenatal Visits

In general, we will plan to see you about every 4-5 weeks during the first part of your pregnancy, and every 2-3 weeks from 28 – 36 weeks gestation. We will see you weekly during the last month of pregnancy (36 weeks – delivery). During the visits, we will measure your belly, listen to the baby's heartbeat, and review any lab work with you. We also hope you will bring in any questions you might have.

If you'd like to keep track of your visits, we have a printable table [here](#) for your personal records.

Prenatal Care

Your "estimated due date" (EDD) is based on a 40 week gestational period, starting with the first day of your last menstrual period (LMP). The EDD is wither confirmed or changed based on your first ultrasound. Most babies are born between 38 and 42 weeks.

Your prenatal visits are scheduled according to your due date and gestational age. During your pregnancy, diagnostic studies (such as lab work, cultures, and pap smears), are done to check your health and check for any potential risks to the baby. If the test results are normal, we will discuss them with you at your next visit. If the tests come back abnormal, we will notify you of the results, as well as any additional testing or follow-up needed.

Please keep your phone number and contact information up to date, so that we can reach you if needed. If you have worries about a test result and don't want to wait until the next visit, please feel free to call our office during regular office hours.

In an uncomplicated pregnancy, your prenatal care visits will be *approximately* as follow in the table found [here](#). We will check your urine, weight, and blood pressure at each visit.

Prenatal Tests

Genetic Screening Tests: These include the first trimester screen (done at 12 weeks of pregnancy), the Alpha-fet-protein (AFP) test (done between 15 and 20 weeks of pregnancy), and the MaterniT21 plus test (done at any time after 10 weeks of pregnancy). These are *screening tests*, which means they cannot diagnose a genetic problem, only identify babies who might be at higher risk for genetic problems. A *diagnostic test* can be done to diagnose a problem. If you have an abnormal genetic screening test, we will offer you a diagnostic test including amniocentesis which carries a 1 in 300 risk for miscarriage.

- **Ultrasounds** – We generally do a dating ultrasound at your first visit to confirm the pregnancy and to help determine your estimated due date. We will order a second ultrasound to be done at 20 weeks gestation. This ultrasound is used to make sure your baby is developing as expected, and is done by a trained Ultrasonographer. Often times, you will be able to find out the gender of the baby at the 20 week ultrasound. If there are no complications in your pregnancy, these are the only two ultrasounds we will recommend. Additionally, if you decide to do the first trimester genetic screening test (see Tests section), we will do an ultrasound at this time.

We generally counsel women and families to consider what they will do with the information from any genetic screening test very carefully before deciding to do the test.

- **First trimester screen** – The First Trimester Screen is an optional noninvasive evaluation that combines a maternal blood screening test with an ultrasound evaluation of the fetus to identify risk for specific abnormalities, including Down Syndrome Trisomy-21 and Trisomy-18. In addition to screening for these abnormalities, a portion of the test (known as the nuchal translucency) can assist in identifying other significant fetal abnormalities, such as cardiac disorders. The screening test does not detect neural tube defects. The first trimester screen has been available in the U.S. for several years, but has only recently been determined an effective means of early chromosomal abnormality screening. The combined accuracy rate for the screen to detect the chromosomal abnormalities mentioned above is approximately 85% with a false positive rate of 5%. It is important to realize that positive result does not equate to having an abnormality, but rather serves as a prompt to discuss further testing. The blood screen measures two pregnancy related hormones: HCG and PAPP-A. The ultrasound evaluation measures nuchal translucency (fluid beneath the skin behind the baby's neck). This non-invasive procedure combines the results from the blood tests and the ultrasound, along with the mother's age, to determine risk factors.
- **Cystic Fibrosis screening – Cystic fibrosis (CF)** is a genetic disorder. A child must inherit two defective CF genes (one defective gene from each parent) to have the disease. A person who has inherited only one defective CF gene is a carrier of CF and does not have the disease but can pass it on to his or her children. This person can also pass on carrier status. Cystic fibrosis (CF) carrier screening is a blood test that determines if you are a carrier of the defective gene that causes CF. The test can help you determine if you and your partner have an increased chance of having a child born with CF. CF carrier screening is recommended for: adults with a positive family history of CF, partners of people with CF (if one partner has CF and the other partner has the defective CF gene, a child will have a 50% chance of having CF), if you or your partner have Ashkenazi Jewish or French Canadian ancestry, or if one or both of you are Caucasian.

- **Alpha-feto-protein (AFP)** – The quad screen – also known as the quadruple marker test, or simply the quad test – is a prenatal test that measures levels of four substances in a pregnant woman’s blood: Alpha-feto-protein (AFP), a protein made by the developing baby; Human Chorionic Gonadotropin (HCG), a hormone made by the placenta; Estriol, a hormone made by the placenta and the baby’s liver’ and Inhibin A, another hormone made by the placenta. Typically, the quad screen indicate your risk of carrying a baby who has certain chromosomal conditions, such as Down syndrome. The AFP part of the test can help detect neural tube defects, such as spina bifida. Remember, the quad screen is optional. Test results only indicate whether you have an increased risk of carrying a baby who has Down syndrome, for example, not whether your baby actually has the condition.
- **Verify (Progenity)** – Verify is a test that clinically validated in a population of pregnant women with increased risk for chromosomal aneuploidy, including one or more of the following: advanced maternal age (35 years and older), person/family history of chromosomal abnormalities, fetal ultrasound abnormality suggestive of aneuploidy, or a positive serum screening test. Verify is a laboratory-developed test (LDT) that analyzes circulating cell-free DNA extracted from a maternal blood sample. The test detects an increased amount of chromosomal 21, 18, and 13 material. This test can be performed in the first or second trimester as early as 10 weeks gestation. Check with your insurance company regarding coverage.
- **One hour glucose test** – This test is done at about 28 weeks of pregnancy (sometimes we ask women at higher risk for pregnancy-related diabetes to do an earlier test and then repeat the test at about 28 weeks). You don’t need to be fasting for this test, nor do any special preparation. We do advise against eating a high sugar meal just before your test. On the visit before the test, you are asked to drink the glucola drink about 30 minutes before you plan to arrive at your appointment. You need to finish the glucola drink in about 5 minutes, and be sure your blood is drawn exactly one hour after you finish the drink. Don’t eat or drink anything during that hour before you get your blood drawn. We recommend you bring a snack with you to the visit, so you can eat after your test is complete. If you blood sugar is high, we will notify you of the need to do a diagnostic test for gestational diabetes, known as the 3 hour glucose tolerance test (GTT).
- **Three hour glucose tolerance test** – This diagnostic test is for women who demonstrate a high one hour gestational diabetes screening test. The test requires you to do some preparation. We recommend you eat at least 150mg of extra carbohydrate for three days prior to taking the test (about the amount of glucose in two slices of bread). Then, you are asked to not eat or drink anything except water for 12 hours before the test. On the day of your test, when you arrive to the office, you will have your blood drawn, then be

given be given a very concentrated sweet glucola drink. You will then stay in the office and have your blood drawn at one hour, two hours, and three hours after drinking the glucola. Please have someone available to drive you home, as some women don't feel well after this test. It is also a good idea to bring a snack with you, to eat after you have completed the test. If the test shows that you do have gestational diabetes (GDM), we will contact you to see a high-risk specialist who will help you manage this condition.

You can get more information about GDM at:

<http://www.diabetes.org/diabetes-basics/gestational/>

- **Group Beta Strep test (GBS)** – About 25% of women are carriers for group beta strep. There are rarely any symptoms and women who are carriers don't need any special treatment. However, a few infants who are exposed to GBS in labor can get sick, so we test all women for this bacteria between 35 and 37 weeks of pregnancy (unless they are planning a scheduled cesarean section). Using a small Q-tip swab, we will gently swab just inside your vagina, down your perineum, and barely into your anus. If you are found to be GBS positive, we will let you know and plan to give you intravenous antibiotics during labor, which helps to prevent the infant from getting ill. Even if you need the antibiotics, the nurse can use a saline lock, so that you don't have to be attached to an IV line during the entire labor.

You can get more information on GBS at the CDC website:

www.cdc.gov/groupbstrep/about/fast-facts.html

Nutrition, weight gain, and diet in pregnancy

Healthy nutrition is an important part of a successful pregnancy. Everything you eat helps to nourish your body and helps your growing child. If you started out a normal pre-pregnant weight, we would like to see you gain between 25-35 pounds. Most women gain about a pound per week, on average, during the second half of pregnancy. If you started out your pregnancy overweight, we would like to see you gain about 15 pounds, and if you started out underweight, we would like to see you gain about 40 pounds, to ensure your baby gets enough calories and nutrition to thrive. Please discuss your pre-pregnant weight and recommended weight gain with the midwife or physician.

If you have any questions, check out:

<http://www.webmd.com/baby/guide/healthy-weight-gain>

Try to eat mostly fresh, unprocessed foods, including fruits, vegetables, whole grains, beans, nuts, legumes, low-fat dairy (good source of calcium), and unprocessed lean meats. Drink mostly water and skim or low-fat milk

Limit or avoid over-packaged, high fat, fried, “junk food”, or fast food and also try to limit your soda intake.

Recommended daily requirements in pregnancy

	Non-Pregnant	Pregnant	Breastfeeding
Calories	2100	2400	2600
Protein	46 g	76 g	66 g
Calcium	800 mg	1200 mg	1200 mg
Iron	18 mg	48 mg	48 mg

Food to avoid in pregnancy

You should **only drink small amounts of caffeinated drinks** (one or two per day), as high caffeine consumption is not good for pregnant women. Most women feel better if they drink adequate water. Drinking plenty of water helps prevent constipation, urinary tract infections, and swelling in your legs and feet. Your urine should be pale yellow (sometimes bright yellow after taking your prenatal vitamin). If your urine appears very dark yellow or tea-colored or concentrated, you probably need to drink more water.

Listeria is a bacteria found in **unpasteurized milk, some luncheon meats, and smoked seafood.**

Foods to avoid in pregnancy include soft, unprocessed or unpasteurized cheeses, such as Brie, feta Camembert, blue-veined cheeses, and Mexican-style cheeses such as queso fresco, queso blanco, and panela. Also be cautious when eating hot dogs, luncheon meats, or deli meats, unless they are heated to steaming (at least 160°F). Do not eat refrigerated smoked salmon unless it is in a cooked dish, such as a casserole, and avoid cold plate or meat spreads. Heating the foods listed above to steaming how will kill any dangerous bacteria, making them safe to eat. Wash all raw foods well before eating.

Semi-soft and hard cheeses including mozzarella are safe. You can safely enjoy any cheese that has been pasteurized and also processed soft cheeses such as cream cheese and cottage cheese.

You may have questions about **what fish are safe to eat in pregnancy.** We recommend you eat no more than two servings of fish per week. Fish and shellfish do contain omega-3 fatty acids and other important nutrients. While pregnant, avoid eating shark, grouper, marlin, orange roughy, king mackerel, swordfish, and tilefish, as these are known to contain high levels of mercury. Also, eat only three 6 oz. servings a month or less of the following: bass saltwater, croaker, canned white albacore tuna, fresh Bluefin or ahi tuna, sea trout, bluefish, and American lobster (Maine lobster). You can eat a serving of chunk light canned tuna once or

twice per week. You can safely enjoy other fish in moderation, once or twice per week (12 oz per week). Avoid raw fish, found in sushi.

For more information about food safety in pregnancy, go to the FDA website at: <http://www.fda.gov/Food/ResourcesForYou/HealthEducators/ucm081785.htm>

Water

More water is often the solution to many problems and complaints in pregnancy. Pregnant women need to drink at **least 10 cups (2.3 liters) of fluids daily**. The best fluid to drink is water. Avoid sodas and juices. You have more blood volume in your body when you are pregnant. You need to drink enough water to keep up with this increased volume. If you do not, you will get dehydrated quickly and experience cramping, dizziness, constipation, leg cramps, headaches, low amniotic fluid, and many more symptoms. Water also helps flush out waste products from cells so it aids in liver and kidney function for you and your baby. **Always carry water with you.** If you have trouble drinking water, try adding lemon to flavor the water or drink water in small sips throughout the day.

We also recommend that you take a daily prenatal vitamin, containing iron, folic acid, and DHA. You can buy an “over the counter” brand, or we are happy to prescribe you a prenatal vitamin. We also sell different vitamins within the office. If you are too nauseated to take a regular prenatal vitamin in early pregnancy, you can take two chewable children’s vitamins, including Flinstones, with iron. Sometimes that is easier on your stomach.

Iron Supplements

Usually your prenatal vitamin with iron is all you need to take in pregnancy. However, some women do develop anemia, or low iron, while pregnant. If you develop this condition, we will recommend an additional iron supplement. If we recommend this, you should take it at a different time than your prenatal vitamin. You can take it about 20 minutes before dinner time, with a small glass of orange juice or another source of vitamin C (which helps your body absorb the iron). Some women report dark stools, constipation, or stomach upset with iron supplements. Be sure to drink plenty of water, eat a diet high in fiber, and walk daily to help your bowels move normally. If the iron supplement is causing you problems, some women prefer Floradix brand iron (a liquid iron available at most natural food stores) – it is more expensive but easier to stomach.

Exercise and Activity

Exercise is good for you and your growing baby. If you are already involved in a regular exercise routine, you may continue as long as you feel comfortable and we haven’t placed you on any specific activity restrictions. We recommend that you avoid contact sports and sports that could be dangerous, including scuba diving, rock climbing, horseback riding, downhill skiing, mountain biking, etc. Low-impact activities such as walking, biking, and swimming are highly recommended.

You may continue to have sex throughout pregnancy without any fear of harming the baby, unless we advise otherwise. However, if you are actively bleeding or think your water might have broken, please do not put anything into your vagina, and give us a call right away.

Generally, if an activity won't cause you to hit or strike your uterus, and does not cause bleeding or contractions, it is most likely safe. We are happy to discuss your usual activities with you, if you have concerns. We also want to remind you that it is very important to wear your seat belt every time you are in a car. Wear it low, across your pelvic bones, just below your pregnant belly. Wearing a seat belt could save you and your baby's life!

Employment

If you are employed outside the home, it is your responsibility to take care of yourself and communicate your needs with your employer. While we don't place any restrictions on healthy pregnant women, we do recommend you consider these sensible tips:

- Limiting your work hours to 8 hours a day, 40 hours a week, if possible
- Avoiding prolonged standing or sitting (you will feel better if you take a 5 minute break at least every two hours).
- Limiting lifting heavy items to 25-35lbs without additional assistance, unless you are accustomed to this sort of heavy work prior to pregnancy
- Be sure to have adequate ventilation and try to avoid extremes in temperature

If you choose to stop working before your baby is born, it is your responsibility to discuss this with your employer and make the appropriate arrangements. Most FMLA leave begins when you go in to labor. If there is employment associated paperwork you need completed by our office, drop off the forms and give us at least two weeks to complete the forms.

Vaccines in Pregnancy

Our practice recognizes that pregnant women are a high-risk group for influenza and occasionally other preventable diseases. Often, the benefits of receiving a vaccine in pregnancy outweigh the risks from the vaccine. Live vaccines (including live attenuated virus and live bacteria) should never be given to women in pregnancy.

The CDC has an excellent table regarding vaccines in pregnancy at:

<http://www.cdc.gov/vaccines/pubs/preg-guide.htm>

Common discomforts and problems in pregnancy

Vaginal Spotting

Vaginal spotting occurs in half of all pregnancies, especially in the first 12 weeks. Most of the time, this spotting will resolve on its own. It sometimes occurs after intercourse or after straining to use the bathroom when constipated, and is not a sign of miscarriage. There is nothing you can do to prevent or provoke the spotting. If the spotting is light, avoid intercourse for a few days. If the spotting becomes heavy, like a period (with or without cramping), avoid intercourse and please give us a call.

Vaginal discharge

Many women have an increase in vaginal discharge in pregnancy. The discharge is usually white, cloudy, or clear and thin. If the discharge has a foul or fishy odor, causes itching or vaginal pain, or seems to be water instead of mucus, then please give us a call.

Back Pain

Sadly, lower back pain is a common problem in pregnancy. As your uterus grows, it causes your lower back to become more curved. We become concerned if you have an intermittent and regular cramping pain in your lower back (every 10 minutes or more), which can be a sign of preterm labor. We are also concerned if you have a severe pain on one side of your back, over kidney (especially if accompanied by a fever or urinary tract infection symptoms), which can be a sign of a kidney infection.

Some measures that might help lower back pain include taking Tylenol, warm baths, having someone massage your back for you, and being sure to use correct posture. Stretching your back muscles in the morning and night by touching your toes is often helpful in preventing your muscles from getting too stiff. Some women find that wearing a maternity belt, which lifts the pregnant uterus can help, too. This type of garment can be purchased online or at maternity clothing shops.

Cramping

Some cramping and uterine contractions are normal in pregnancy, as long as they are mild and don't occur every 10 minutes or closer. If you notice pain in your lower abdomen or back that lasts for about a minute then relaxes, especially with pelvic pressure and a hard uterus, it is most likely a contraction. If you have six or more contractions in one hour (every 10 minutes or less), drink two big glasses of water and either lie down or take a warm bath. If the contractions do not stop, please call us.

Swollen feet and ankles

Swelling of the feet and ankles is very common in pregnancy. It is caused by fluid retention, and it usually gets worse late in the day. Drinking enough water and limiting your salt intake can help reduce swelling, as can elevating your feet periodically during the day. We also recommend comfortable shoes and full-length support hose.

Note: Rapid onset of swelling in the face and hands can be a sign of complication in pregnancy, if accompanied by a severe headache unrelieved by Tylenol. Please call us if these symptoms occur.

Hemorrhoids or varicose veins in the vulvar region (near your vagina)

Hemorrhoids are a common problem in pregnancy, and many women notice pain, bleeding after bowel movements (BM), and tenderness or irritation at the rectum from this condition. Straining with trying to have a BM can also lead to hemorrhoids. To prevent, eat a diet high in fiber and stay hydrated. If you suffer from hemorrhoids, you can use stool softener daily, if needed. One brand is Colace, which is available over the counter at the pharmacy. You can also buy Tucks pads or witch hazel (make your own compress by soaking a disposable cosmetic pad or small cloth with witch hazel). These can soothe and help shrink hemorrhoids or vulvar varicosities. Some women find that wearing a maternity belt, which lifts the pregnant uterus, can help reduce pelvic varicose veins. This type of garment can be purchased online or at specialty maternity stores.

Varicose veins in the legs

These are also common in pregnancy. Resting frequently with your legs elevated can help reduce the pressure in your leg veins. Consider purchasing support hose and wearing those each time you are up and about. You may find that a maternity support belt also helps.

Morning sickness or nausea/vomiting in pregnancy

This is a common issue in pregnancy, and luckily for most women, it resolves by about 13 weeks or so. As long as you are able to keep down some food and fluids, it should not cause any long-term problems for you or the baby (except that you might feel miserable). Some measures you can take are to keep well hydrated (try drinking about 1 ounce of Gatorade, water, or diluted fruit juice every 15 minutes to stay hydrated). Unisom and vitamin B6 together have been shown to be helpful (see medication section). You can also take Tums, Emetrol, or papaya tablets (which can be found at natural food stores). Some find that ginger tea, ginger ale, or ginger candy may also be helpful. Some women find the scent of fresh cut lemon (or cotton ball soaked in lemon extract) provides some relief, as does sucking on sour lemon candies. You can try using "Sea Bands", which fit over your wrists and put pressure on an acupressure point. Small frequent meals and snacks are a good idea, too. If you can eat a high protein bedtime snack and bland foods, that might help (bananas, rice, applesauce, and toast).

If you should become dehydrated or are losing significant amounts of weight, or are just feeling awful, call us for a prescription medication. We also want you to call if you are unable to keep down anything for more than 24 hours, or if you are unable to urinate, or your urine becomes scant and dark colored.

Heartburn

Pregnant women often begin to get heartburn in the third trimester when your pregnant belly begins to push upwards on your stomach. This pressure causes some of the acids in your stomach to linger and travel up your esophagus. You then feel a burning sensation in your chest, which can be accompanied by nausea. Preventing heartburn is the best way to deal with it! Some ways to avoid heartburn include eating five to six smaller meals throughout the day rather than three large meals, waiting one hour or more after eating to lie down, and avoiding spicy, greasy, and fatty foods.

If you are experiencing heartburn, there are a few natural things you can do to relieve the symptoms including:

- eating yogurt
- drinking a glass of milk
- trying a tablespoon of honey in a glass of warm milk
- trying a table spoon of apple cider vinegar in water with a tablespoon of honey

Over-the-counter antacids like Tums may also prove helpful in relieving you of heartburn problems. (See medication section)

If your heartburn symptoms are severe, your physician or midwife may prescribe medication for you.

Constipation

The hormones of pregnancy as well as other factors tend to increase constipation in pregnant women. We recommend the following:

- A diet high in fiber (fruits, vegetables, and whole grains), including prune juice and dried plums
- Drinking enough water (your urine should be pale yellow in color – if there is a strong odor and dark color, you are most likely not drinking enough water)
- Walking every day (this helps your bowels to move and has the added benefit of being good for your pregnancy, and your baby)
- Supplemental fiber, such as Metamucil, Citrucel, Fiber One cereal, high fiber bars, etc.

Round ligament pain

As your uterus grows, the ligaments that help support it also stretch. The ligaments then might spasm briefly. Sometimes, women get fairly sharp pains low in the abdomen, just above the pubic bone, or on the sides of the uterus, where the ligaments attach. These pains might increase after being more active, especially after activities involving bending and twisting motions. If the pains are short and go away quickly, this is probably normal. Try a warm bath, sleeping with a pillow between your knees, Tylenol, and avoiding twisting motions while you

work (turn your entire body versus just twisting your trunk). If your pain is severe, does not go away, is rhythmic like contractions (regular pains every 10 minutes or less, lasting for a minute, then relaxing), or cause you worry, please call.

Insomnia

The physical and hormonal changes of pregnancy contribute to the quality of a pregnant woman's sleep. In addition, our minds during pregnancy can be never ending, especially when we attempt to sleep at the end of a long day. Each trimester of pregnancy brings its own unique sleep issues. Most sleep problems occur in the third trimester. There is growing discomfort from the baby and the due date is quickly approaching. It is more common for pregnant women to be able to fall asleep initially, but to wake after a few hours and then remain awake until the morning. This causes a great deal of fatigue throughout the day-time hours. Here are some suggestions to help you get to sleep during pregnancy:

- Pillows! Pillows! Pillows! Use as many supportive pillows as you need to support your tummy and back. Also place a pillow or wedge between your knees for lower back support. A full-length body pillow is often popular because it can snake around your entire body in several different ways.
- Eat a light snack before bed. Warm skim milk and turkey contain the natural sleep inducer called L-tryptophan.
- Exercise. Regular exercise promotes physical and mental health. It can help with sleeping more deeply. Avoid exercising 2-4 hours before bedtime.
- Relaxation techniques. Deep breathing, stretching, massage, yoga, soothing music, or a warm bath helps promote relaxation to ease your mind.
- Take short naps (15-30 minutes) during the day, if possible.
- **Practice good sleep hygiene:**
 - Avoid alcohol, caffeine and nicotine (which you should be doing anyway – you are pregnant).
 - Establish a regular bedtime and waking time.
 - Do not go to bed when you are wide awake.
 - Take your television and computer out of your bedroom.
 - Avoid staying awake in bed for long periods – if you have not fallen asleep or become drowsier within 20 minutes of lying in bed, get up and do activities that make you sleepy, such as reading or a warm bath. Once you feel sleepy, try going to bed.

Sleep medications should be used as a last resort in pregnancy and avoided in the first trimester. Do not use sleep medications on a regular basis. Unisom and Benadryl can be used for sleep in pregnancy. Avoid melatonin, valerian root, and your prescription sleep medications in pregnancy.

Remember, never sleep flat on your back, especially in the second half of pregnancy.

Diarrhea or stomach flu

Diarrhea can cause intense cramping and discomfort, and can lead to dehydration. Begin treatment by consuming only clear liquids, such as Gatorade, ginger ale, and broth soups for 24 hours, then gradually introduce a bland diet for the next 24 hours. If your diarrhea is not improving over time, or your urine becomes scant and dark, please call us for advice. You can also take Imodium AD for diarrhea, if needed.

Cold, Flu, Sinus problems, and allergies

During pregnancy, women are more susceptible to respiratory ailments like colds and flu, and these illnesses tend to last longer. Most over the counter medications are safe to use, as long as they do not contain aspirin or ibuprofen (see the list in the medication section). If you develop a fever over 100.4°F, green nasal discharge, or coughing up blood or bloody colored sputum, please let us know (or call your primary care provider). We want to remind you that most colds are viruses that do NOT respond to antibiotic therapy. During the flu season, we do recommend you get the flu vaccine (which we can administer in our office). It is safe and strongly encouraged for pregnant women and new parents, and you need one each year. We also recommend that you wash your hands frequently, don't touch your face unless you have just washed your hands, and try to stay away from people who are sick. Please see the medication section for safe allergy medications to take in pregnancy.

Prenatal Classes

South Denver OB/GYN and Midwives offers our own in-house classes at the Littleton office. These classes allow us to give specific information pertaining to this practice, have smaller class sizes, and make it easy and convenient for our patients. Our Healthy Pregnancy Education class is an excellent chance to learn about the first half of pregnancy including: nutrition, weight gain, and what to expect. This class is free of charge and is recommended for all expectant families. Just call our main line to get registered for this class.

We work with an excellent doula who also teaches HypnoBirthing to any of our patients interested in natural childbirth. She is also the instructor of a breastfeeding class. You can find class dates, costs, more information and register at: 1MotherToAnother.com. Information on her doula services for professional labor support can be found at www.SouthDenverDoulas.com.

Littleton or Castle Rock Adventist Hospital offers an assortment of classes and can be found on the hospital website. We strongly recommend that all of our patients partake in the My Birthday Wishes class, which involves a hospital tour and guides you through the birth plan process. You can call Ask-A-Nurse at 303-777-6877 to make a reservation. They encourage you to schedule these classes prior to the seventh month of pregnancy.

Breastfeeding

While we understand that some women are not comfortable with the idea of breastfeeding, we want to take a moment to encourage you to consider this method of feeding your new baby. Breastfeeding is nature's best way to nourish your child and your milk is uniquely suited to your own baby's nutritional needs and stage of life.

Breastfeeding confers many benefits to both you and your baby!

Infants who are breastfed have fewer illnesses and are less likely to suffer from allergies and wheezing illness. They are less likely to develop diabetes, and breastfed babies are less likely to have SIDS (sudden infant death syndrome). Breastfed babies score higher on IQ tests as well as on measures of social and cognitive development. Mothers who breastfeed also may have an easier time losing the weight they gained during pregnancy. A recent study suggested that there is no difference in the amount of sleep of babies who bottle feed or breast feed – it is a myth that bottle fed babies sleep better. Most moms also relate how special they found the mother-baby breastfeeding bond to be, and breastfeeding releases beneficial hormones into the mother's bloodstream.

Here is a good website that discusses breastfeeding benefits:

<http://www.womenshealth.gov/breastfeeding/>

Littleton and Castle Rock Adventist Hospitals Birth Place has certified lactation consultants available to you in the hospital and after you go home with weekly lactation support groups and by appointment, to help you with any breastfeeding questions or problems. This information can be found by call either hospital Birth Place or on the hospital websites.

Postpartum Depression

Postpartum depression is surprisingly common and our society doesn't do that great a job identifying women who are suffering from this problem. This disorder can impact the health and well-being of your newborn child, and be a very negative experience for you. This type of depression and/or anxiety can affect any woman, regardless of age, income, birth experience, health, or previous history, so all women and families need to be alert for symptoms.

Postpartum depression is more common in women with a history of depression or previous postpartum depression. It is normal, in the first week or two after your baby is born, to have some ups and downs in your emotions – this is known as the "baby blues." One moment you may feel happy, and the next moment you are sad or crying. This is very normal, as your hormones are changing and you have just been through an emotional and possibly exhausting experience. However, this should resolve within a short time frame, and be fairly mild. If, after a week or two (or sooner), you notice you are feeling very sad, anxious, overwhelmed, angry, helpless, ashamed, or out of control, you might have postpartum depression. Some women

even have thoughts of hurting themselves or their baby. Women who have had a baby are at risk for postpartum depression for a full year after the birth of a child.

If you think you have any symptoms of postpartum depression, PLEASE call us right away. We can help you sort through emotions you are experiencing, help you with any problems, and make sure you receive treatment for this serious postpartum illness.

Postpartum Information

After you have your baby, you might have some more questions. We want you to know that we are still available to you to answer your questions and help you in any way we can. The BirthPlace nurses will give you important information before you leave the hospital regarding your health after delivery.

We will see you here in the office at about six weeks after the delivery. You can call our office, once you get home from the hospital and have settled in, to make your appointment. At that visit we will do a brief exam to be sure your body is back to normal and also will discuss birth control with you, if you need that information (see below). We recommend you continue your prenatal vitamin for at least six weeks (or for the entire time you are breastfeeding).

Postpartum warning signs

After you get home and settled in, you should notice you are getting better and better each day. If you are feeling worse and worse instead of feeling better over time, you may want to call and check in with us.

Please call us if you have any of the following postpartum warning signs:

- Fever > 100.4°F
- Bleeding heavily (soaking a pad in an hour or more or a foul odor to your bleeding)
- Increasing pain not controlled with Ibuprofen (Motrin) or acetaminophen (Tylenol)
- Severe headache unrelieved by Tylenol or Motrin
- Feeling an increasing sense of sadness, anxiety, or depression (see below)
- Leaking pus, bleeding, or increased pain at the site of any stitches (either vaginal area or on your abdomen if you had a cesarean section)

Pediatrician or Family Physicians

We advise all of our pregnant patients to choose a pediatrician or family physician prior to delivery. We recommend you begin looking at 28 weeks gestation. Your care provider begins providing care for your newborn once they are born. They will come see your baby the morning after you deliver and every morning until you go home. There are several physicians in the area that will come to see your baby in the hospital. If your provider does not come to Littleton or Castle Rock Adventist Hospital, there are on-call pediatricians who are happy to see your baby

until they go home. We are happy to refer you to a local pediatrician or family physician and discuss the process of picking out a provider for your baby.

Circumcision

Some pediatricians are able to perform your baby boy's circumcision at the hospital. If the pediatrician you have selected does not do them, we are happy to do the circumcision. All of our physicians are able to perform circumcision. Your pediatrician (or your obstetrician if he or she would be performing the circumcision) will discuss the benefits and risks of circumcision with you and the forms of analgesia that are of available. Below is the most recent statement from the American Academy of Pediatrics regarding circumcision:

“The American Academy of Pediatrics (AAP) finds that circumcision has potential medical benefits and advantages, as well as risks.” A recent analysis by the AAP concluded that the medical benefits of circumcision outweigh the risks. We recommend that the decision to circumcise is one best made by parents in consultation with their pediatrician, taking into account what is in the best interests of the child, including medical, religious, cultural, and ethnic traditions and personal beliefs (9/28/12 AAP, www.healthychildren.org)

Medications in Pregnancy

In general, we prefer women to avoid most medications in pregnancy. However, some medications have a long history of safe use, and we are okay with you taking them. If you are on a medication, please discuss it with you midwife or physician. There are a few medications that are dangerous in pregnancy, so be sure all your health care providers, including your dentist, know you are pregnant.

Below is a table of medication that we feel are safe in pregnancy. We recommend you try and avoid all medications in the first trimester (first three months) of pregnancy unless absolutely needed.

*****Please AVOID taking: Nyquil, Ibuprofen (Motrin or Advil), Pepto Bismal, or Aspirin*****

Issue	Medication
<u>Sleep</u>	•Benadryl (diphenhydramine) •Tylenol •Unisom (doxylamine)
<u>Pain/Headache or Muscle Soreness</u>	•Tylenol (acetaminophen) - may take 2 regular strength every 4 hours or 2 extra strength every 6 hours as needed
<u>Morning Sickness</u>	•Vitamin B6 (25mg 3 times a day) - works best when taken with Unisom (1/2 tablet 1-2 times a day) •Emetrol •Benadryl (diphenhydramine) 25-50 mg

<u>Nausea, upset stomach, or gas</u>	<ul style="list-style-type: none"> • Emetrol • Mylanta (aluminum hydroxide) • Gas X (simethicone)
<u>Heartburn</u>	<ul style="list-style-type: none"> • Tums (calcium carbonate) • Zantac (ranitidine) • Pepcid AC (famotidine) • Mylanta • Maalox
<u>Allergies</u>	<ul style="list-style-type: none"> • Benadryl (diphenhydramine) • Claritin (loratadine) • Zyrtec (cetirizine)
<u>Rashes or skin conditions</u>	<ul style="list-style-type: none"> • Benadryl cream or ointment • Calamine lotion • Hydrocortisone cream 1% • Aveeno oatmeal baths • Neosporin as first aid ointment
<u>Constipation</u>	<ul style="list-style-type: none"> • Metamucil • Citricel • Another source of added fiber • Colace (docusate) - or other stool softener • Glycerine Suppository - Milk of magnesia, or Senekot
<u>Hemorrhoids</u>	<ul style="list-style-type: none"> • Tucks medicated pads • Witch hazel compresses • Anusol • Preparation H • Sitz baths
<u>Upper respiratory illnesses (cough, cold, sore throat)</u>	<ul style="list-style-type: none"> • Note: Avoid pseudoephedrine in the 1st 3 months of pregnancy • Nasal saline spray • Benadryl (diphenhydramine) • Actifed (chlorpheniramin and phenylephrine) • Afrin Nasal Spray (oxymetazoline hydrochloride) • Zyrtec (cetirizine hydrochloride) • Sudafed (pseudoephedrine) • Tylenol Cold and Sinus (acetaminophen and pseudoephedrine) • Cough: Halls cough drops or other cough drops like Ricola, Robitussin DM (dextromethorphan and pseudoephedrine), Dimetapp (brompheniramine and pseudoephedrine) • Sore throat: Chloraseptic throat spray, Tylenol (acetaminophen), and Luden's throat drops
<u>Diarrhea</u>	<ul style="list-style-type: none"> • Imodium AD (loperamide) • Kaopectate

<u>Yeast Infection</u>	<ul style="list-style-type: none">• Monistat or other vaginal yeast creams• Please contact our office if you suspect vaginal infection, especially if it does not respond to the over the counter yeast medications, because other infections can cause itching or vaginal discharge.
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Other Information

Fetal Movement

If this is your first baby, you might start feeling the first flutter of movement around 20 weeks gestation. Some women, particularly those who have had a child in the past, will feel the baby move sooner, perhaps around 16 weeks gestational age. Some women may feel the baby move later than 20 weeks. Movements can be described as rolling, punching, kicking, or stretching in your uterus.

Once you have reached 28 weeks of pregnancy, you should be feeling the baby move, regularly, every day. Feeling fetal movement is a “low tech” way to tell you that the baby is doing well. Most babies have a certain time of day when they are more active (such as just after dinner, just after you go to bed or first thing in the morning). Once you reach 28 weeks of pregnancy, we would like you to take time each day, during your baby’s active time, to notice his or her movements. If you feel that your baby is not moving normally, please give us a call right away.

Daily Fetal Kick Count

Sometimes we ask women to do a fetal kick count. If you have been instructed to do this daily count, we ask that you count the number of times your baby moves in one hour during his or her active time of the day (often after dinner). If the baby moves at least 10 times in one hour, no need to call us. If your baby moves less than 10 times in that hour, we would like you to give us a call right away.

When and how to contact us

During office hours, you can call the Littleton office and the Castle Rock office at 303-738-1100. While we prefer you to call the office between 8:00 am and 4:00 pm for regular questions, prescription refills, or non-emergency type issues, we want you to know that there is a physician and midwife on-call for emergency issues or labor around the clock.

For after-hours emergencies or if you think you are in labor, you can always reach the on-call physician or midwife by calling the office at 303-738-1100.

Call us (even after usual office hours) if you have the following:

- Decreased fetal movement or no fetal movement (if you are far enough along to expect daily movement – see the section on fetal movement)
- Bleeding like a period

- Leaking or gushing water from your vagina
- Cramping pain or contractions every 10 minutes (if you are less than 36 weeks pregnant)
- Active labor signs – contractions every 5 minutes for one hour or more (if you are 36 weeks or further along)
- High fever (101°F) or sever pain

Thank you for choosing South Denver Obstetrics and Gynecology & Midwives!

Once again, we want to congratulate you on your pregnancy, and welcome you into our practice. Please let us know if there is anything we can do to enhance your experience. We look forward to working with you and your family during this exciting time in your life!

We are pleased you have chosen South Denver OB/GYN & Midwives for your obstetric and gynecologic needs. We consider it a privilege to provide health care for women from adolescence through menopause. In our practice, you will receive the very best in medical care in the Front Range. We want to remind you that our physicians and midwives are also available to see you for well-women visits/annual pap smears as well as any gynecological issue or concern including infertility, menopause, uro-gynecology, surgery, and more. At South Denver, we offer patients a wide array of in-office and hospital state-of-the-art surgical procedures to alleviate a variety of gynecologic concerns.