



**Congratulations** on your new pregnancy. Sylacauga OBGYN is honored to care for you and your baby!

### **GROUP PRACTICE**

The physicians in this office include Dr. Rehberg and Dr. McInnis. You may also see our wonderful Nurse Practitioner (Kyndra Wright) or Physician Assistant (Lauren Littleton) for your visits. After normal business hours, the call schedule rotation is split evenly between our two physicians. Our physicians do share call occasionally with other physicians outside of the practice on certain weekends. Odds are, you will be delivered by one of our physicians, but it depends on when your baby decides to arrive!

### **INITIAL VISIT**

At your first appointment, you will have an ultrasound to date your pregnancy. We will be able to discuss any concerns or questions you may have. At the conclusion of your appointment, blood tests are run to determine blood type and RH status, Rubella (measles) immunity, and a blood count. We also test for bladder infection, Hepatitis, Syphilis, Gonorrhea, Chlamydia, Trichomonas and HIV. A drug screen is routinely performed as well. If results are normal, we do not call or send a letter. If there is anything that needs to be addressed or treated, you will receive a phone call within 7 days. Please make sure that we have a good phone number to contact you! You may also wish to sign up for our patient portal and get the Healow app on your phone so that you can see your test results at home.

### **SUBSEQUENT VISITS**

Your OB appointments will typically occur every 4 weeks until approximately 30-32 weeks. Then we will see you every 2 weeks for visits. Once you are 34 weeks, we will start having weekly visits until your baby is born. What to expect from each visit is detailed on a separate page within this packet. We typically do two ultrasounds during each pregnancy, one being the initial dating sonogram and one being the 18-week anatomy scan. If you opt for additional scans (early gender, 3D/4D, etc.) these can be done but are not covered by insurance. Sometimes, additional ultrasounds are necessary and will be scheduled at your physician's discretion. At most visits, an ultrasound is not necessary. Instead, we will be able to hear the baby's heart beat using a bedside ultrasound.

### **QUESTIONS AND CONCERNS**

You will most likely have questions or concerns that arise between your OB visits. We have nurses available during business hours to address concerns and speak with your provider if needed. They may be

reached by calling the main office line at (256) 249-6995. Choose the option to leave a message for a nurse. Leave a phone number where you can be reached, make sure to slowly spell your first and last name. If it is an urgent concern that cannot wait for a call back, speak to the receptionist who will connect you with a nurse. If it is after hours and your problem cannot wait for the next day, you may reach the physician on call by again calling our main office line (256) 249-6995 and then choosing the appropriate option when prompted by the recording. If it is a life-threatening emergency, please call 911.

<b>Weeks</b>	<b>What to Expect</b>
Initial Visit (<12 weeks)	Vital Signs, Dating Ultrasound, OB Labwork, discussion with provider
12-16 week visits	Fetal Heart Tones, Vital Signs, Genetic Testing
17-24 week visits	Fetal Heart Tones, Vital Signs, Anatomy Scan/Gender Determination
24-30 week visits	1-hour Glucose test, Vital Signs, Fetal Heart Tones, Rho-Gam shot if RH negative, Tdap at your local pharmacy; <b>*start having fetal movement at this point*</b>
30-34 week visits	Start visits every 2 weeks, Vital Signs, Fetal Heart Tones
34-41 week visits	Start weekly visits, GBS screening, Labwork including CBC and Syphilis testing, cervical exams each visit, Vital Signs, Fetal Heart Tones, possibly a Non-Stress Test

### **BMI & Weight Gain Pregnancy**

You may experience weight loss in the first trimester during a normal pregnancy, and that is ok! However, if you experience severe nausea/vomiting for >24h then call the office to speak with a nurse.

\*\*Please note: Gaining more than the recommended amount during pregnancy increases your risk for Cesarean section, diabetes, and a large baby. Also, it may be more difficult to lose the weight after your baby is born, and these excess pounds increase your lifelong health risks.

<b>BMI</b>	<b>Recommended Weight Gain</b>
<15.5	28-40 lbs
18.5-24.9	25-35 lbs
25-29.9	15-25 lbs
30-34.9	11-20 lbs
>35	11 lbs

### Strategies for Managing Nausea

- Ginger Ale, Ginger tea, Ginger Snaps, Ginger Capsules
- Eat small frequent meals
- Eat protein/carbohydrate before you get out of bed in the morning. (peanut butter/crackers on the bedside table.) Getting food in your stomach before you start moving around can help get the day off to a good start.
- Try sniffing a lemon, drinking lemonade, sucking on a lemon drop, or hard peppermint candy.
- Emetrol is a non-prescription medicine that can be bought at the pharmacy for nausea and can be effective.
- Try taking Vitamin B6 (50mg) twice a day in addition to your prenatal vitamin. You can also take ½ of a Unisom tablet twice a day. Unisom is an over the counter sleeping preparation that is SAFE in pregnancy, and can help with nausea. (Make sure active ingredient is Doxylamine Succinate.)
- Two Flinstones vitamins equal one prenatal vitamin if you cannot tolerate your prenatal vitamin. Take one in the morning and one at night.
- You may require prescription medications including Zofran or Phenergan, which are SAFE IN PREGNANCY.
- Try new surroundings; take a walk outside; do something different.

YOU SHOULD URINATE AT LEAST 3-4 TIMES PER DAY. LESS THAN THIS MEANS YOU MIGHT BE DEHYDRATED. DEHYDRATION CAN ALSO CAUSE NAUSEA, VOMITING, AND STOMACH CRAMPS. CONTACT THE CLINIC IF YOU ARE UNABLE TO KEEP DOWN LIQUIDS FOR 24 HOURS OR UNABLE TO URINATE. IF YOU HAVE TO CHOOSE BETWEEN SOLID FOODS AND LIQUIDS, CHOOSE LIQUIDS TO KEEP FROM GETTING DEHYDRATED. YOUR BODY HAS RESOURCES TO PROTECT THE BABY DURING EARLY PREGNANCY NAUSEA AND VOMITING.

### Safe Medications to Use in Pregnancy

The following over-the-counter medications and home remedies have no known harmful effects during pregnancy when taken according to package directions. Please note that no drug can be considered 100% safe to use during pregnancy. If you want to know about the safety of any other medications not listed here, please ask your provider at your next visit or call the office. **\*\*PLEASE FOLLOW ADULT RECOMMENDED DOSING ON MEDICATION\*\***

Condition	Safe Medications to Take
Seasonal Allergies	<b>Oral medications:</b> Cetirizine (Zyrtec); Loratadine (Claritin); Fexofenadine (Allegra); Diphenhydramine (Benadryl) <b>Nasal sprays:</b> Nasacort; Flonase
Cold Symptoms	<b>Fever:</b> Acetaminophen (Tylenol) <b>Congestion:</b> Pseudoephedrine (Sudafed); Phenylephrine; Diphenhydramine (Benadryl); Mentholatum rub (Vicks) <b>Cough:</b> Guaifenesin (Robitussin); Dextromethorpan (Delsym); Sore throat and cough lozenges (Sucrets, Cepacol, Halls) Saline Nasal Spray Acceptable <b>Multisymptom cold formulas:</b> Tylenol Cold and Flu; Nyquil/ Dayquil
Constipation	<b>Fiber supplement</b> (Benefiber, Metamucil) <b>Stool softener:</b> Docusate (Colace)

	<b>Laxative:</b> Polyethylene glycol (Miralax), Milk of Magnesium (MOM) Sennosides (Senokot)
Diarrhea	Loperamide (Immodium)
Gas/Bloating	Simethicone (Gas-X, Mylicon); Gaviscon (Mylanta)
Heartburn	<b>Chewable:</b> calcium carbonate (TUMS) <b>Liquid:</b> Gaviscon (Mylanta); Magnesium/Aluminum Hydroxide (Maalox) <b>Oral:</b> Ranitidine (Zantac); Famotidine (Pepcid); Omeprazole (Prilosec)
Hemorrhoids	Hydrocortisone cream/suppositories (Preparation H) Witch Hazel Pads (Tucks pads)
Nausea/Vomiting	Ginger lollipops/candies; Doxylamine (Unisom) plus Vitamin B6; Zofran or Phenergan (need Rx)
Rashes/Itching	Hydrocortisone cream (Cortaid); Diphenhydramine cream (Benadryl)
Vaginal itching/Yeast Infection	Miconazole (Monistat) vaginal cream; Clotrimazole vaginal cream

### **IMPORTANT INFORMATION**

**Exercise:** Exercise is encouraged during pregnancy. Most types of exercise are safe, but you should avoid activities that increase your risk of falls or injury. Walking, swimming, and yoga are great forms of exercise during pregnancy. Keep exercise to 30 minutes a day and keep pulse <140. After the first five months, it is best to avoid lying flat on your back, as the baby’s weight can interfere with blood circulation. Make sure to stay well-hydrated and stop exercising if you notice shortness of breath, dizziness, blurry vision, chest pain, severe abdominal pain, or pelvic pain.

**Work:** We don’t typically recommend light duty or work restrictions. You can maintain the same level of activity as you were doing prior to your pregnancy. Studies have shown that “bed rest” in pregnancy can increase your risk of blood clots, and we want to avoid that by keeping you up and moving. Of course, there are a few specific cases where we might request that you take time off of work for health reasons, especially closer to your due date. If this pertains to you, we will provide you with an excuse as needed.

**Caffeine:** Most researchers agree that although caffeine does cross the placenta, moderate amounts (about 300 mg a day) will not hurt your baby. This represents about two 8-ounce cups of coffee, or two caffeinated sodas daily. Keep in mind the serving size of your mug or cup (typically around 12-16 oz).

**Intercourse:** In most cases, intercourse throughout the pregnancy is fine. Intercourse will not cause a miscarriage. Miscarriages that occur commonly do so as a result of a chromosomal abnormality or other problem with the developing fetus, not from anything you do or don’t do. Intercourse will not harm the fetus. It is well protected by the abdomen, amniotic fluid, and cervical mucous, which prevents semen and bacteria from entering the uterus. Orgasms can cause contractions; however, most research indicates that if you have a normal pregnancy, orgasm—with or without intercourse—does not lead to premature labor or birth. If certain problems are present, your provider may ask you to stop having intercourse. If you have a new sexual partner during your pregnancy, please use condoms to prevent sexually transmitted diseases.

**Safety:** Always wear a seatbelt when driving or riding in a vehicle. Avoid activities that may cause injury or falls. Do not travel in an airplane at all, or in a car for long distances after 34 weeks. Avoid completely immersing yourself in hot tubs. Seek other medical or dental care when needed, but make sure providers

know you are pregnant. If you do not feel safe at home with your partner, please let your health care provider know immediately so that we may be of assistance.

**Shortness of breath:** Your lungs are processing more air than they did before pregnancy, which may leave you breathing slightly faster and feeling short of breath. Contact us if you experience chest pain, especially if it is localized to one side or the other.

**Round ligament pain:** The round ligaments support your uterus in your pelvis. As your uterus grows, the ligaments stretch and thicken to accommodate and support it. These changes can cause pain on one or both sides of the pelvis. Pain may start deep within the groin and move upward and outward towards the hips. It may also present as a dull ache after an active day. To help relieve discomfort, you may try warm baths, heating pads on your back, flexing your knees toward your abdomen, or lying on your side with a pillow under your belly. Just like muscle cramps occur when you exercise without water, your round ligaments will cramp if you are dehydrated, so drink PLENTY of water!

**TDAP Vaccination:** This is given anytime between 28-36 weeks. During the first 2 months of life, baby is most vulnerable to diseases as they do not get their own vaccinations until they are 2 months old. TDAP protects baby from Tetanus, Diphtheria, and Pertussis by creating antibodies to pass to your baby before birth. It should be given during each pregnancy to not only mom, but any other family/caregivers that will be in close contact with the baby.

## **DIET/FOOD RESTRICTIONS**

If you were eating a well-balanced diet before pregnancy, chances are you will not need to make big changes. Make sure that you are getting food from the five healthy food groups: grains, protein, fruits, vegetables, and milk products. Emphasize whole wheat bread products and brown rice in place of simple/refined carbohydrates, such as white bread, white rice, refined cereal, cookies, etc.

In addition, try to limit extra sugar and fat. Drink plenty of water, 6- 8 glasses a day. It is also recommended that you continue to take your prenatal vitamin daily throughout pregnancy and breastfeeding.

Foods to avoid in pregnancy are raw eggs, unpasteurized dairy products, and undercooked meat/cold cut lunch meats. Certain types of fish should not be eaten more than once a week, including canned tuna, mahi mahi, halibut, pollack, and cod. Women who are pregnant or planning to become pregnant, or nursing mothers, should NOT eat the following fish: KING MACKEREL, SHARK, SWORDFISH, TILEFISH, TUNA STEAK (AHI)

## **Any of the following are reasons to come to the office (during business hours) or go to L&D (After hours):**

1. **Decreased fetal movement:** Once you are 24 weeks, you should feel around 10 movements in 2 hours from your baby. If that decreases, try eating ice or drinking a large cold beverage to wake baby up if they are asleep. Lie down on your left side. If movements continue to be decreased, come in to the office, or to L&D.

2. Heavy bleeding: If you are filling up a normal size pad in 2 hours or less – come in. Some spotting in a panty liner or when you wipe can be normal – observe this for improvement and if it worsens, come in for an exam.
3. Any large gush of fluid.
4. Severe pain or contractions that are occurring persistently every 3-5 minutes for an hour or more.
5. Chills and Fever (>100.4 degrees) or persistent vomiting.

**Induction Process for vaginal deliveries:** Our typical Induction of labor occurs at 39 weeks. We will schedule a date for you to come in to the hospital at 3PM for a medication called CYTOTEC. This is a medication that will increase the strength and frequency of your contractions. You will get a dose at 5PM and at midnight. One of our physicians will check your cervix the next morning on L&D. If you have progressed to 3cm or more, we will break your water and proceed with labor, possibly using an IV medication called Pitocin to help keep up contractions.

If your cervix has not changed the next morning, and both your vital signs and the baby's heart rate look perfect, we will send you home and schedule a repeat trial in around a week. Once you come in for your second induction trial, you are definitely going home with a baby! We repeat the process for a second time and hopefully have a vaginal delivery. However, the plan is always for a healthy baby and mom, and we may have to proceed with a Cesarean Section if labor has not progressed after two trials of induction or if there are any changes with either mom or baby's vital signs.

This two-step induction process has shown to decrease our primary Cesarean Section rate and leads to more successful vaginal deliveries overall. Some people prefer to not be induced, and this is completely up to you. If you don't want an induction, then we will let your body naturally go into labor until 41 weeks. At that point we strongly recommend inducing your labor to avoid risks and complications that can come with prolonging pregnancy past this point.

**We look forward to caring for you and your little one! Please let us know if you have any questions/comments/complaints, or ways that we can improve in your care.**



**\*\*A great *reliable* online resource for you to check out is  
[mothertobaby.org](http://mothertobaby.org) \*\***