

RENAISSANCE WOMEN'S GROUP



MATERNITY HANDBOOK

Congratulations on Your Pregnancy and Welcome to the Renaissance Women's Group!

We congratulate you on your pregnancy and welcome you to RWG. We are excited that you have chosen us for your maternity care. We hope to make your pregnancy a safe and rewarding experience.

Our mission is to provide the highest quality of health care available to each and every woman in any stage of the life cycle and in all walks of life in a caring, positive and respectful manner. Our first and foremost objective is to provide quality patient care within a welcome, caring and professional environment. We believe that in order to provide this quality care, we must work together as a team. It is understood that no single person can provide this care alone; therefore, each and every person is a highly valued member of RWG's team. Patients cared for in such an environment will benefit greatly by knowing that they are cared for by a team with one common goal.

RWG consists of 8 qualified and experienced Ob/Gyn Physicians: Laura Meritt, Melanie Collins, Sherry Neyman, Laurette Smith, Tara Mills, Farnaz Jahangiri, Devin Garza, Kimberly Loar and Byron Darby. Our physicians are specialists in routine and high-risk obstetric care and gynecologic services, including menopause, surgery and osteoporosis screening. Dr. Byron Darby provides state of the art prenatal diagnosis and ultrasound, including CVS, Amniocentesis and counseling in genetics. Dr. Darby is accredited by the American Institute of Ultrasound in Medicine and certified for the new First Trimester Down's Syndrome Screen. Each Physician in the Renaissance Women's Group is Board Certified/Eligible by the American Board of Obstetrics and Gynecology.

Our practice also includes Advanced Nurse Practitioners (NPs) and Physician Assistants (PAs), who improve our ability to deliver individualized and personal care to all our patients. They each hold state and/or national certificates in their field. They are specialized in women's healthcare and are able to provide all aspects of care, including prenatal care, annual exams, minor office procedures, as well as co-management of chronic or acute medical problems. NPs and PAs can write prescriptions. They do not attend deliveries or perform surgical procedures.

Thank you again for choosing Renaissance Women's Group. We think you will be pleased with the tender and expert care we give our patients. We are looking forward to serving you.

We hope that this brief introduction to pregnancy and our practice will help to guide you through your pregnancy without many surprises. Please do not hesitate to ask questions of the medical and nursing staff here at the Renaissance Women's Group. It is important that your individual needs are met. You are encouraged to jot down your questions so that you will remember to ask them during your next visit. There are a variety of books on pregnancy and childbirth. We have included our reading recommendation list for your convenience.

Phone Numbers

Dr. Laura Meritt	425-3855	Ste 205
Dr. Melanie A. Collins	425-3855	Ste 205
Dr. Sherry L. Neyman	425-3875	Ste 215
Dr. Laurette Smith	425-3875	Ste 215
Dr. Tara A. Mills	425-3895	Ste 225
Dr. Farnaz Jahangiri	425-3895	Ste 225
Dr. Devin M. Garza	425-3835	Ste 200
Dr. Kimberly Loar	425-3835	Ste 200
Dr. Byron G. Darby*	425-3885	Ste 350
<i>*Ultrasound/Prenatal Diagnosis</i>		
Business Office	339-6626	Ste 340

FOR MEDICAL EMERGENCIES ONLY

After Hours & Weekends Call MedLink

323 ~ 5465 or 323 – LINK

Prescription refills and appointment changes will be handled during office hours only.

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OB ESTIMATE OF BENEFITS

The following information should provide answers to the most frequently asked questions regarding the cost of prenatal care and delivery.

1. **What should I expect for costs with my prenatal care and delivery?**

Renaissance Women’s Group charges each pregnant patient an **OB GLOBAL FEE...**

- This OB GLOBAL FEE includes routine/non-complicated prenatal visits, delivery and 1 Postpartum visit
- This OB GLOBAL FEE is separate from the charges you will incur in the hospital.

OB GLOBAL FEE for type of birth expected:	Cost
*VAGINAL delivery	\$3,200.00
*VAGINAL delivery after cesarean section (VBAC)	\$3,400.00
*CESAREAN SECTION delivery	\$3,600.00
*Multiple births and high-risk pregnancies may require extra visits. This will result in additional charges and will be adjusted from these rates.	

2. **What is NOT included in the OB GLOBAL FEE but may be covered by my insurance?**

- ✓ Initial OB office visit charge
- ✓ Dr. Darby’s services: Ultrasounds, Biophysical Profiles, Genetic testing including: Genetic consultation, CVS, Amniocentesis
- ✓ Fetal Non-Stress Tests
- ✓ Newborn Circumcision
- ✓ Any laboratory tests
- ✓ Medications
- ✓ ER visits**
- ✓ Hospital fees** North Austin Medical Center 901-1000 & Austin Anesthesiology Group 343-2292
- ✓ Surgical Assistant fees

If you are seen in the Hospital after hours and/or on the weekends for reasons other than delivery: **YOU are required to contact your insurance company for pre-authorization. **YOU** may be responsible for charges that are NOT pre-authorized by **YOU!**

3. **If you file my insurance, what should I expect my “out of pocket” portion to be?**

An OB deposit may be required depending on your insurance coverage. This deposit is your co-insurance and YOUR responsibility and is due by your second pregnancy appointment. If after 8 weeks from your delivery, a payment has not been received from your insurance company, you may be responsible for the remaining balance. You should call your insurance company regarding any unpaid balance.

4. **What should I do if I do not have any insurance for this pregnancy and have to SELF PAY?**

You will want to speak with our billing department to discuss payment and payment plan options. All OB FEES will be due in full by your second pregnancy appointment.

5. **What would happen if I move or transfer to another Obstetrician during my pregnancy?**

You will only be charged for the individual office visits and co-pays for each visit that you have incurred up until your date of transfer.

- Our Billing office will contact your insurance company (as a courtesy) and obtain an estimate of your maternity coverage. This is not a guarantee of benefits and YOU are ultimately responsible to know YOUR OB benefits and insurance requirements.

**Be sure to let us know if you change your insurance coverage at any point in the pregnancy!*

- **SELF-PAY OB patients need to contact our billing office before your second prenatal visit to make payment arrangements.**

Billing Office accepts calls/questions: Monday-Friday 8:00-12:00 & 1:00-4:30 Call: 339-6626

PRENATAL APPOINTMENT SCHEDULE

8 weeks	Physical exam, Pap smear, blood work drawn, counseling
12 weeks	Routine obstetrical visit, First screen for Trisomy 21 risk if desired
16 weeks	Routine obstetrical visit, Quad test for Trisomy 21 risk if desired
20 weeks	Routine obstetrical visit, ultrasound for fetal anatomy
24 weeks	Routine obstetrical visit
28 weeks	Routine obstetrical visit, screening for gestational diabetes and anemia Rhogam injection is given if Rh negative
31 weeks	Routine obstetrical visit
34 weeks	Routine obstetrical visit
36 weeks	Routine obstetrical visit, Group B strep screening, HIV Screening
Weekly thereafter	Routine obstetrical visit with cervical examinations beginning 35-38 weeks
Postpartum visit	4-6 weeks after birth

Keep in mind that problems or high risk factors may warrant additional visits.

Our nursing staff will contact you with any laboratory results that are abnormal and need attention. Normal results will be discussed at your next visit.

If you have any concerns or questions at times other than your routine visits, you may talk with one of the nurses in our “phone bank.” There is over 40 years of obstetrical experience among our nurses!

The Team Approach:

As much as possible, we will try to have your visits scheduled with your physician or their NP/PA. Due to emergencies, deliveries or vacations however, you may need to see one of the other physicians or NPs/PAs in our practice.

Each of our physicians would like to deliver every single one of her patients, and do deliver the majority of their own patients. However, our doctors cannot remain on-call continuously. Their families would like to see them also! So that you will feel comfortable and confident in the physician providing your care, we have carefully built our group with quality physicians who have the highest level of trust in each other.

FIRST PRENATAL VISIT

On your initial prenatal visit, you will usually meet with a nurse first. A full personal and family history will be reviewed. You can expect diagnostic tests, including urinalysis with culture, blood type, Rh, Hepatitis B, HIV, complete blood count, syphilis, rubella and diabetic screening if applicable. You will have a physical exam to assess your health and pregnancy status. This exam may also include a Pap smear and vaginal cultures. The entire visit may take one to two hours to complete.

Genetic counseling will be offered if you will be over the age of 35 at your expected delivery date, or if you have had more than two miscarriages, a stillborn infant, or a child who died during infancy. Genetic counseling is also offered if you are concerned that you may have an inherited disorder or birth defect, if your ethnic background puts you at increased risk for certain genetic disorders, or if you feel that your job, lifestyle, or medical history may pose a risk to your pregnancy (i.e.: exposure to radiation, medications, chemicals, infection or drugs). Couples who are first cousins or close relatives would also benefit from genetic counseling. Genetic counseling is also offered if a screening test for Trisomy 21 is abnormal.

THINGS TO REMEMBER FOR GENERAL WELL~BEING

- Drink an 8-ounce glass of water at least 6-8 times daily.
- Exercise – walking is great. We strongly recommend that all pregnant patients get at least 30 minutes of brisk walking or other moderate intensity exercise at least five times per week.
- Get plenty of rest.
- Maintain a well-balanced, low fat diet. Avoid adding extra salt to your diet.
- Do things for yourself to promote a sense of health and well-being. Take care of yourself and allow others to take care of you.
- Most importantly, DO NOT SMOKE OR DRINK ALCOHOLIC BEVERAGES .

DIAGNOSTIC TESTING AND SCREENING

FIRST & SECOND TRIMESTER

A small percentage of babies will be born with birth defects. Some of these birth defects can be detected before birth, some cannot. There are a number of tests that doctors can use to try to detect birth defects before birth. The use of many of these tests is optional. You are not required to have the tests, but if you want to, they are available.

Ultrasound

One of the most common procedures done during pregnancy is an ultrasound exam (sonogram). Ultrasound scanning involves the use of a hand held probe, called a transducer, which sends out sound waves of a very high frequency but of very low power. These sound waves bounce off of structures and are reflected back to provide a picture of the baby or pelvic structures. At present there are no known risks to the baby or the mother with an ultrasound exam.

There are many reasons why your doctor might order a sonogram during the pregnancy. In our practice, a sonogram is frequently ordered at about 20 weeks gestation in order to evaluate fetal anatomy, including heart, brain and spine. Other information such as placental location, amount of amniotic fluid, and fetal activity can also be assessed. Many, but not all, birth defects can be seen on ultrasound. Approximately half of Down Syndrome babies will be able to be detected with ultrasound alone.

Please remember that a sonogram is a medical diagnostic test, and in order to do the best job possible, the sonographer needs to concentrate fully on obtaining a complete set of images. While the sonogram is often exciting and to some degree entertaining, please remember the primary purpose is to confirm the health of the baby and provide you with excellent medical care. When you go to Dr. Darby's office for your 20 week anatomy ultrasound, please do not bring more than two people. Children under the age of 6 will not be allowed in the exam room as they will reduce your enjoyment of the exam and prevent our sonographers from concentrating fully on the exam. At your 20 week ultrasound, we will give you a DVD with a few minutes of the exam recorded and several still pictures you can show children and others in a more relaxed setting.

Our office does now offer a "Family Bonding Ultrasound" that is an optional, cash only, ultrasound designed to let family members enjoy a more relaxed, "non-medical" experience interacting with the baby. Brochures are available if you have further interest.

Screening tests for Down Syndrome (Trisomy 21)

Tests for Down Syndrome (Trisomy 21)

Testing for Trisomy 21 is optional, and falls into two categories: **Screening**, where non-invasive tests are performed to estimate RISK, or **invasive** tests that can give clear cut, definite answers about the presence or absence of Down Syndrome.

1. What is Down syndrome? - also called Trisomy 21
 - a. A condition that causes mental retardation
 - b. It is caused by an extra copy of the # 21 chromosome
 - c. The risk for fetal Down syndrome increases with age
 1. at age 25 - the risk is 1 in 1200
 2. at age 35 - the risk is 1 in 270
 3. at age 40 - the risk is 1 in 80
2. Why would I test for Down syndrome?
 - a. If the fetus has Down syndrome, I want to be aware of the diagnosis so I can better prepare for delivery and the problems the infant may have after birth.
 - b. If the fetus has Down syndrome, I might make the choice not to continue the pregnancy
3. Why would I not test for Down syndrome?
 - a. I would not change the course of the pregnancy no matter what - if the fetus has Down syndrome, it would not matter to me
 - b. Even if the fetus has Down syndrome, I can find out more about DS when I deliver - I don't want that information at this time

What are my choices for Down syndrome screening?

1. First trimester screen - *our recommendation if you seek care before 13 ½ weeks*
 - a. done at 11 to 14 weeks
 - b. detects 83% to 90% of Down syndrome and 80% of Trisomy 18 pregnancies (another chromosome problem that involves mental retardation and birth defects) This test will miss 10 to 17% of Down syndrome pregnancies
 - c. involves an ultrasound, information about you (weight, family history, ethnicity, etc...) and a blood test
 - d. gives you a revised risk for Down syndrome that is specifically YOUR risk for this pregnancy (not just based on age alone)

- e. if you choose the First trimester screen, an AFP blood test will be offered at 16 weeks to give you a risk for spina bifida (open spine)
- 2. **QUAD screen** - if you seek care after 14 weeks and still want a screening test
 - a. done at 15 to 21 weeks
 - b. detects 70% of Down syndrome pregnancies, 80% of Trisomy 18 pregnancies and 90% of spina bifida (open spine)
 - c. is a combination of four blood tests and does not use ultrasound
 - d. gives you a revised risk for Down syndrome, Trisomy 18 and spina bifida that is YOUR risk
- 3. **Ultrasound** (a sonogram) performed at 20 weeks will detect some fetuses with DS. However ultrasound alone is not a good screening test, as only approximately half of fetuses with DS will be able to be detected on the 20 week anatomy sonogram.

What do I do with the results of a screening test?

- 1. If the results show that you are “low risk”, the next test that will be offered to you is your Ultrasound at 20 weeks. Being “low risk” does not absolutely rule out Down syndrome, but your risk is small enough that we would not recommend additional testing.
- 2. If the results are “high risk” and show an increased risk for **Down syndrome** -
 - a. you will be offered genetic counseling and a diagnostic test (a definite answer) if desired
 - b. some patients might choose to have only an ultrasound as they do not want invasive testing
- 3. If the results are abnormal with an increased risk for **spina bifida** - you will be offered an ultrasound, with genetic counseling to follow, if appropriate

Important points to remember about screening tests

- 1. ALL testing is optional - you are not required to do any testing
- 2. Screening tests give you an estimate of your risk. If your test results indicate “high risk” it means that your pregnancy is at increased risk for a problem, not that the baby definitely HAS a problem. Most patients who are “high risk” DO NOT have a baby with Down Syndrome, but their chance of DS is higher than average.
- 3. If you have a “high risk” screening result, the only way to see if the baby definitely has a problem is to do an additional diagnostic test such as amniocentesis or CVS.
- 4. No screening test will find all cases of Down syndrome (Trisomy 21)
- 5. No screening test will find all birth defects

Diagnostic (invasive) tests will identify essentially 100% of Down Syndrome and other chromosome abnormalities, but carry a small risk. They will be offered if:

- 1. your pregnancy is at increased risk for Down syndrome or Trisomy 18 based on an abnormal screening test
- 2. you wish to skip screening tests and proceed directly to a definitive diagnostic test.
- 3. an abnormality is found on ultrasound
- 4. you have had a prior child with a chromosome abnormality or an inherited disorder that can be diagnosed prenatally
- 5. you are a known carrier for a chromosomal or genetic disorder that can be diagnosed prenatally.

Types of invasive tests:

A. CVS (Chorionic Villus sampling)

- 1. done at 10 to 12 weeks
- 2. evaluates fetal chromosomes

B. Amniocentesis

- 1. routinely scheduled at 15 to 16 weeks
- 2. evaluates chromosomes and AFP (for spina bifida)

Please let your provider know if you are interested in CVS or Amniocentesis and they will give you a brochure and tell you how to schedule

Genetic counseling

Genetic counseling is offered when there are specific risks to the pregnancy or you desire more detailed information about your risk for Down syndrome or other genetic problems. The following are indications for genetic counseling

1. If your pregnancy is at increased risk for Down syndrome because of screening tests
2. If you will be over 35 at the time of delivery
3. If you have a history of more than 2 miscarriages, a history of a stillbirth, or a prior child with birth defects, or there is a family history of these problems
4. If you are concerned that you may have an inherited disorder
5. If your ethnic background puts you at increased risk for genetic disorders
6. If you feel that your job, lifestyle or medical history may pose a risk to the pregnancy (i.e. exposure to radiation, medications, chemicals, infection or drugs)
7. Couples who are first cousins or close relatives might benefit from genetic counseling
8. Patients who wish more detailed information about diagnostic testing.
9. Genetic counseling is required prior to the performance of CVS or amniocentesis.

Cystic Fibrosis

Cystic Fibrosis is an inherited disease that causes excessively thick secretions throughout the body, often leading to severe breathing and digestive problems. CF is caused when a child inherits two copies of a defective gene, one from each parent. A parent can be normal and not have CF, but carry one copy of the defective gene. If both parents carry the defective gene, then there is a chance any child born to them could have CF.

The risk to carry the CF gene is different depending on your ethnic background. Individuals of Caucasian and Jewish descent are at higher risk for carrying the gene, so if you or the father of the baby are of Caucasian or Jewish descent, we recommend that you consider having a CF screening test. Individuals of Hispanic descent are at intermediate risk and individuals of African American or Asian descent are at lower risk. CF screening is available should you choose, but we do not make as strong a recommendation for testing for these individuals. If you desire CF testing, we recommend testing as soon as possible in early pregnancy or even prior to pregnancy. See the attached brochure for more information about CF.

Other ethnic specific screening

There are a number of other tests available for genetic diseases that vary in frequency between ethnic groups. For example, individuals of African American and Mediterranean descent may be at higher risk for carrying the gene for Sickle Cell Anemia. Individuals of Jewish descent are at higher risk for Tay Sachs and several other genetic diseases. Your doctor may recommend screening for certain genetic diseases depending on your ethnic background.

Family history

It is important to discuss with your doctor any family history of inherited disease, birth defects, or mental retardation so that we can discuss with you any impact this may have on your pregnancy.

Prenatal HIV testing

Prenatal HIV testing was implemented in January 1996 with the intent of decreasing the chance of unborn babies becoming infected with HIV. Effective January 1, 2010 Texas law requires that we test all pregnant woman for HIV. The test must take place during the pregnant

woman's first prenatal visit. A second HIV test must be conducted during the third trimester, and upon her admission for deliver, if no record of the third trimester HIV test is available. The law specifies that the woman should be verbally informed of this test and of her right to refuse testing. If a woman chooses to decline testing, the health care provider is required to review the option of anonymous testing and refer them to a testing facility that offers that type of testing if the woman chooses to do so. We strongly urge you to be tested, as treatment of HIV positive mothers can dramatically reduce the risk of the baby contracting HIV during pregnancy.

Diabetes Screening

Between your 26th and 28th week of pregnancy, you will be screened for gestational diabetes. This test is called a *one-hour glucose tolerance test*. In some instances, depending on your history, you may be screened for diabetes earlier in pregnancy. This test consists of drinking a concentrated sugar beverage and having a blood sample drawn one hour after ingestion of the beverage. You are not to eat or drink anything for that hour, but it is not necessary to fast before taking the test.

A blood glucose value under the 130-140 mg/dl range is considered normal, and no further testing is indicated. If the blood glucose value is above the 130-140 mg/dl range, however, then you will be scheduled for a *three-hour glucose tolerance test*. This test consists of going to the lab in the morning after fasting from midnight the night before. You will then have a blood sample drawn each hour after this for three hours. You will not be allowed to eat or drink during this test. If two or more of the 3-hour glucose blood values come back elevated, you will be considered to have gestational diabetes. Your physician will plan your care according to the actual result of your test.

Antibody Screen & Rhogam Injection

Your blood type will be determined with the routine blood work we order early in your pregnancy. If you are Rh negative and the father of your baby is Rh positive, then baby can be RH positive. In this case, there is a risk that blood cells from a Rh positive baby can enter your system and create an antibody reaction to Rh protein, which then could cause significant problems in a future pregnancy. If you are Rh negative, we will request that you have the father of the baby have his blood tested for blood and Rh type. If he is positive, or we cannot obtain this information, you will be given a "Rhogam" shot at 28 weeks. You also will be given Rhogam anytime we think there is a risk of bleeding from baby's system to yours, and after delivery (if baby is indeed determined to be Rh positive after birth). Rhogam is an injection that contains antibodies to Rh positive blood cells, and will destroy the fetal cells before your system can react to them. In most cases Rhogam will prevent your system from forming an antibody reaction to the Rh positive cells.

THIRD TRIMESTER

Group B Strep Screening

A vaginal culture for the Group B Strep bacteria will be taken between 35 and 37 weeks of pregnancy. The bacteria is normally harmless to you but can cause infection if passed to the baby during delivery. If you should test positive for the bacteria, you will be treated with antibiotics during labor.

HIV Screening

Your second HIV test, required by Texas Law, will be done at the time of your Group B Strep screening.

Most common prenatal screening tests & the codes that identify them

Please check with your insurance company, by referring to these codes, as to whether or not these tests are covered.

Cystic Fibrosis

CPT code: 83891, 83892, 83900, 83901, 83909, 83912, 83914

Diagnosis code: V77.6 (screening)

CPL Test code: 4222

First Trimester screen

CPT code: 84163, 84702, 76801, 76813

Diagnosis code: 656.93 (fetal or placental problem suspected)

CPL test code: 5625

Quad screen (AFP4)

CPT code: 82105, 82677, 84702, 86336

Diagnosis code: 656.93 (fetal or placental problem suspected)

CPL test code: 5375

COMMON PROBLEMS & SOLUTIONS

Along with pregnancy and your changing body will come a variety of discomforts. Additionally, you will be limited in the types of medications that are safe to take for common illnesses, such as allergy and gastrointestinal disturbances. Below is a list of common problems and ways to alleviate them, along with a list of medications that can be utilized during pregnancy.

NAUSEA OR "MORNING SICKNESS" can occur at anytime during pregnancy and is the most common complaint, especially in the first twelve weeks. Often this nausea is referred to as "morning sickness," but as any pregnant woman will attest, it can occur at any time of the day. The cause of this nausea is human chorionic gonadotropin (HCG), a hormone released by the placenta. The HCG level is at its highest during the first twelve weeks of pregnancy and then begins to drop and level off for the rest of the pregnancy.

Prevention and treatment:

- Take small bites and eat slowly.
- Eat frequent, light meals throughout the day.
- Avoid fried, greasy, and highly seasoned foods, as well as sweets and caffeine, which tend to aggravate the stomach and worsen the nausea.
- Increase your intake of foods high in vitamin C, such as fresh fruits, vegetables, and juices. Also increase your intake of vitamin B, which is in foods with brewer's yeast, whole grains, dairy products, and organ meats. Take a 25mg vitamin B6 supplement every day.
- Have unsalted unbuttered toast and crackers in the morning.
- Engage in some light exercise, like walking, after eating to help digestion.
- If vomiting occurs, drink plenty of clear liquids such as Gatorade, ginger ale, 7-Up, broth, or Jell-O. If you are unable to tolerate clear liquids for over 12-24 hours, notify the office.
- Sip on room temperature/warm liquids, such as broth, tea or chicken noodle/rice soup. Ginger ale, Sprite or Gatorade may settle easier in your stomach. Try Jell-O, toast, popsicles, bananas, rice, applesauce or plain baked potatoes when you're feeling better.

HEARTBURN / INDIGESTION is, unfortunately, another very common complaint of pregnant women. The old wives' tale says that if you have heartburn, then you will have a baby with lots of hair. Alas, most women suffer from heartburn, but few have babies with a full head of hair. During pregnancy, your body and the placenta will secrete progesterone. This hormone relaxes

the esophageal sphincter, allowing the stomach contents to reflux up the esophagus, thus creating heartburn.

Prevention and treatment:

- Take small bites, eat slowly, and chew food completely.
- Avoid greasy and highly seasoned foods.
- Increase your vitamin B intake.
- Do not mix fats and sweets in the same meal.
- Antacids – see list under Medications

CONSTIPATION is also caused by elevated progesterone levels. It causes relaxation of the intestines and slows digestion.

Prevention and treatment:

- Drink an 8-ounce glass of water at least 6-8 times daily.
- Maintain a high fiber diet
- Exercise daily
- Do not use artificial laxatives, as they inhibit the absorption of nutrients from the intestines.
- Stool softener – see list under Medications

HEADACHES can also be caused by the hormonal changes in pregnancy, most commonly during the first eighteen weeks of pregnancy. Stress and tension can also cause headaches.

Prevention and treatment:

- Eat regularly
- Get plenty of rest
- Avoid crowded and noisy places
- Avoid poorly ventilated or smoke filled rooms

Acetaminophen can be taken for headaches according to the package directions. If this, along with rest, does not help your headache, you should notify the office or physician on call.

OTHER SYMPTOMS AND PREVENTATIVE/ALLEVIATING MEASURES

DIARRHEA:

- Avoid dairy, caffeine, and raw fruits and vegetables
- Drink clear liquids – (i.e. Sprite, Ginger ale, Apple/Grape juice)

FATIGUE OR INSOMNIA:

- Increase calcium and vitamin B intake
- Exercise
- Take relaxation breaks
- Take warm tub baths
- Massage

LEG OR JOINT PAIN:

- Rest
- Increase calcium and vitamin B intake
- Exercise
- Maintain good posture
- Use a heating pad on a low to moderate setting

BURNING, ITCHING, AND VAGINAL DISCHARGE

- Eat yogurt and buttermilk to keep bacterial balance in the vagina and body
- Wear white, all cotton under garments
- Do not douche, as this only worsens the problem
- After the first trimester, if you are sure that you have a “yeast” infection and itching or burning bothers you, you may use one round of an over-the-counter anti-fungal of your choice (Monistat, Mycelex).
- Notify the office if symptoms persist

SWELLING IN YOUR ANKLES, FEET, AND HANDS is common during pregnancy and is caused, in part, by the increased blood volume caused by pregnancy. Swelling is also caused by the body's inability to transport the extra volume without displacing extra fluid in dependent areas of the body, such as feet and ankles.

- Elevate your feet and lie on your left side as much as possible. Lying on your left side allows for unrestricted return of blood from the limbs to the heart through the vena cava, a major vein on the right side of your body.
- Avoid adding salt to your diet. Be aware of foods high in sodium and avoid them.

ANEMIA, LOW RED BLOOD CELL COUNT can occur during pregnancy. The developing baby often takes from the mother's iron stores and if they are not replaced by adequate iron intake anemia will occur.

- Increase dietary iron intake by increasing consumption of foods such as red and organ meats (three times per week), dark green leafy vegetables such as greens and spinach (at least once or twice a day), raisins, prunes, and sunflower seeds.
- Take your prenatal vitamins.
- Your physician will add an iron supplement if indicated.

HERPES

- Soak in a warm bath.
- Check with your physician about medications that may relieve the symptoms.

SEXUALITY - Some women have an increased need for physical contact and closeness, while experiencing a decrease in libido (sex drive). This is normal during pregnancy, but it is sometimes confusing and upsetting. If you experience this change, discuss and express your needs to your partner.

DEPRESSION occasionally can result from hormonal changes during and after pregnancy.

- Don't be afraid to voice your concerns and to talk things out.
- Do things that you enjoy. Get out of the house. Take care of yourself.
- If you have severe symptoms and are unable to sleep, eat, or participate in daily activities, please notify the office.

VARICOSE VEINS

- Increase intake of vitamins E and C
- Elevate feet
- Do not cross legs at the knee
- Do not wear tight clothing or garters around your legs
- Do wear support hose
- Walk daily
- If you note severe pain or redness notify the office

COMMON QUESTIONS ANSWERED

- Hair coloring and perms are safe at any time.
- Painting should be done in a well-ventilated area and only if necessary.
- Ventilate your home well before returning after exterminations.
- Full, tender breasts are normal.
- Urgent dental work is okay at any time. See the paragraph later in this booklet about dental care.
- Caffeine intake should be eliminated if possible but definitely limited to no more than 1 to 2 servings per day (<200 mg). Below are some estimated caffeine values. Please check the nutritional information for specific products to obtain an accurate caffeine amount.

8 oz brewed coffee	120mg-180mg
8 oz brewed tea	20mg-90mg
8 oz soda	10mg-50mg
Chocolate	10mg
Starbucks coffee	100mg-200mg

TRAVEL

Travel by any route is okay during the first and second trimesters, unless you have had any complications with your pregnancy. Your physician should examine you prior to any travel in the third trimester. Be sure to consult your physician before you make plans to travel out of town during your last trimester of pregnancy. If your pregnancy is considered high risk or if you have had any complications, consult your physician prior to any travel during the course of your pregnancy, regardless of trimester.

Probably the three greatest dangers to travel are automobile accidents, kidney infections and blood clots in the legs.

- ALWAYS wear your seat belt
- Drink plenty of fluids while traveling, enough that you need to urinate every two hours. This will help prevent bladder and kidney infections.
- Blood clots in the legs are especially dangerous, and pregnancy is a time where you are most prone to blood clots. While traveling, move your feet and legs frequently, flexing your calf muscles. Get up and walk for a few minutes every hour or two, especially on long airplane flights. You may want to discuss with your doctor the use of support hose or “TED” hose if you are planning a long car or airplane trip. The advice above about fluid intake is especially important on airplane flights.

MEDICATIONS

Every medication carries with it risks and benefits. It is important to discuss with your doctor all prescription and non-prescription medications you are or may consider taking. This includes vitamin supplements, herbal and so called “natural” supplements. We would prefer that it not be necessary for you to take any medications during your pregnancy, however we do realize that this is not possible for many patients.

DO NOT discontinue any medications prescribed for significant medical problems unless you have first spoken with the physician who prescribed the medication for you and with your obstetrician. It is often far more dangerous for you and for the baby to suffer the effects of a disease than it is to take the medication used to treat the disease. If you are prescribed a medication during pregnancy, please take the entire course of the prescription.

Listed below are common conditions and medications that are thought to be safe to use on an occasional basis for these conditions. If you find that you need one of these medications frequently, please discuss with your doctor or the nurse.

Allergies	Actifed, Benadryl, Claritin After 1 st Trimester: Sudafed (pseudoephedrine hydrochloride)
Cough/Cold	Robitussin (plain), Tylenol
Congestion	Actifed, Sudafed, Benadryl (diphenhydramine hydrochloride)
Constipation	Metamucil, Surfak, Colace, Fibercon, Milk of Magnesia
Diarrhea	Imodium
Gas/Flatus	Mylanta, Simethicone (Gas-x)
Headache/Fever	Acetaminophen (Tylenol)
Heartburn/Indigestion	Mylanta, Riopan, Tums (avoid Alka-Seltzer), Zantac, Tagamet
Hemorrhoids	Anusol cream or suppositories, Tucks
Herpes	Don Burrows soaks, discuss with your doctors office a prescription for an anti-herpes prescription
Nausea	Emetrol, Vitamin B6 (Pyroxidine) 25 mg per day
Sore Throat	Cepacol lozenges, warm salt-water gargles
Skin Irritation	Calamine, Caladryl, Corticaine, Lanacort, Neosporin

AVOID ANY NON-STEROIDAL, ANTI-INFLAMMATORY SUCH AS ASPIRIN, IBUPROFEN, ADVIL, ALEVE, OR MOTRIN UNLESS PRESCRIBED BY YOUR PHYSICIAN.

AVOID ANY MEGA DOSE VITAMINS, ESPECIALLY THOSE CONTAINING HIGH DOSES OF VITAMIN A.

DISCUSS WITH YOUR DOCTOR ANY AND ALL OVER THE COUNTER MEDICATIONS, VITAMINS AND HERBS YOU MAY BE TAKING.

**ABSOLUTELY DO NOT TAKE
ANY FORM OF ACCUTANE (Acne-Medication)**

SMOKING, ALCOHOL AND STREET DRUGS

DO NOT SMOKE OR CONSUME ALCOHOLIC BEVERAGES. This is probably the single most important thing you can do for your baby!! If you smoke, even a small amount, please discuss with your doctor ways you can quit. Smoking not only causes prematurity, low birth weight and decreased intelligence in babies, it can create lifelong problems for your baby. It is also important that you not be exposed to “second hand” smoke. No one should smoke around you. Take this opportunity to encourage everyone in the family to quit smoking. Alcohol can cause birth defects and poor fetal growth, and should be avoided. If you are in the habit of having even an occasional drink, please discuss with your doctor.

DO NOT USE MARIJUANA, SPEED, COCAINE OR OTHER STREET DRUGS. These drugs are extremely dangerous to both you and your baby. If you are taking these drugs, please discuss with your doctor ways you can quit.

EXERCISE IN PREGNANCY

Most patients are encouraged to exercise on a regular basis during their pregnancy. For those individuals who have NOT been exercising on a regular basis prior to pregnancy, gradually working your way up to a regimen of brisk walking for 30 minutes per day is recommended. Swimming is an IDEAL exercise for pregnant women due to its weightless condition, reduced forces on weight bearing joints, and provides for dissipation of heat, especially in our hot weather! Pregnancy is not the time to begin an aggressive weight training program, but if you have been training with weights prior to conception, it is fine to continue, but with lower weights and higher reps. Avoid any maneuver that would cause you to valsava or “bear down.” Abdominal “crunches” are not recommended. Working with a trainer familiar with training pregnant women would be very helpful. Other exercises that are recommended in pregnancy are: EFX, stationary bike, Stairmaster or low impact aerobics specifically designed for pregnancy. You should avoid any type of exercise that you could fall and hit your abdomen such as road bike riding, snow skiing, waterskiing, jumping on a trampoline, and horseback riding. Scuba diving is also contraindicated in pregnancy. If you have been a runner prior to conception, it is fine to continue running, but you will probably need to slow your pace down, and ultimately back down on your distance. The best rules to follow regardless of what exercise you choose to do: LISTEN TO YOUR BODY...if it's uncomfortable, then “back off”...do not try to push through the discomfort. In addition, it is very important to stay well hydrated and avoid “overheating.”

NUTRITION IN PREGNANCY

Your nutrition before, during and after pregnancy is an important part of insuring a healthy baby as well as maintaining your health. Pregnancy offers a unique opportunity to focus attention to your dietary habits and make healthy choices. An increase of approximately 300 kcal/day is recommended during pregnancy. Because of the increase in blood volume, increased iron consumption either through dietary sources or supplements of approximately 15 mg/day is required. Most prenatal vitamins will cover this need. Approximately 1200mg of calcium per day is recommended for pregnant or lactating women. Prenatal vitamins typically only have approximately 200 mg, so 3-4 servings of dairy products per day are needed, or you may choose to use additional calcium supplements. Folate (folic acid) supplementation has been shown to decrease spinal defects and other birth defects in newborns. It is recommended that folate be started prior to conception for maximum benefit, but should be continued throughout pregnancy. Mega dose vitamins are to be avoided as some vitamins and minerals can be toxic in large doses (e.g. iron, selenium, vitamins A&D). Again, please do not take any over the counter vitamin supplements or herbal products unless you have discussed them with your doctor.

A prudent diet, whether pregnant or not, should include fresh fruits and vegetables, whole grains and other foods high in fiber and should avoid saturated fats and trans fatty acids, but this becomes especially important while pregnant. Caffeine consumption should be minimized and you should avoid undercooked meats and unpasteurized dairy products.

Fish and shellfish are an important part of a healthy diet but due to mercury contamination precautions should be taken to avoid fish that may contain high levels of mercury. Read further for more information.

The following graph can help you determine your body mass index (BMI).

Determining Body Mass Index From Weight and Height†

BMI, 19 kg/m ²	GOOD WEIGHTS					OVERWEIGHT					OBESITY				
	20	21	22	23	24	25	26	27	28	29	30	35	40		
	Weight, pounds*														
58"	91	96	100	105	110	115	119	124	129	134	138	143	167	191	
59"	94	99	104	109	114	119	124	128	133	138	143	148	173	198	
60"	97	102	107	112	118	123	128	133	138	143	148	153	179	204	
61"	100	106	111	116	122	127	132	137	143	148	153	158	185	211	
62"	104	109	115	120	126	131	136	142	147	153	158	164	191	218	
63"	107	113	118	124	130	135	141	146	152	158	163	169	197	225	
64"	110	116	122	128	134	140	145	151	157	163	168	174	204	232	
65"	114	120	126	132	138	144	150	156	162	168	174	180	210	240	
66"	118	124	130	136	142	148	155	161	167	173	179	186	216	247	
67"	121	127	134	140	146	153	159	166	172	178	185	191	223	255	
68"	125	131	138	144	151	158	164	171	177	184	190	197	230	262	
69"	128	135	142	149	155	162	169	176	182	189	196	203	236	270	
70"	132	139	146	153	160	167	174	181	188	195	202	209	243	278	
71"	136	143	150	157	165	172	179	186	193	200	208	215	250	286	
72"	140	147	154	162	169	177	184	191	199	206	213	221	258	294	
73"	144	151	159	166	174	182	189	197	204	212	219	227	265	302	
74"	148	155	163	171	179	186	194	202	210	218	225	233	272	311	
75"	152	160	168	176	184	192	200	208	216	224	232	240	279	319	
76"	156	164	172	180	189	197	205	213	221	230	238	246	287	328	

†The health risk from any level of BMI is increased if the patient has gained more than 5 kg (11 pounds) since age 25, or if the waist circumference is above 100 cm (40 in) due to central fatness

*Divide weight by 2.2 to convert pounds into kilograms; multiply height by 2.54 to convert inches into centimeters

Weight gain during pregnancy should be dependent upon your BMI.

- <19 wt gain of 27 to 40 lbs
- 19 to 25 wt gain of 25 to 35 lbs
- 26 to 29 wt gain of 15 to 25 lbs
- >29 wt gain of 10 to 15 lbs

Limiting your weight gain during pregnancy will allow a return to a normal healthy weight after pregnancy. Consult your doctor on ways to meet your target weight gain.

FOOD BORN RISKS IN PREGNANCY

Certain soft cheeses, ready-to-eat meats (including packaged luncheon meats and deli meats) and unpasteurized milk (and products made from it) can cause a form of food poisoning called listeriosis. Listeriosis is caused by a bacterium and can be especially dangerous during pregnancy. Pregnant women should follow these guidelines from the FDA:

- Do not eat hot dogs or luncheon meats (including deli meats such as ham, turkey, salami, and bologna) unless they are reheated until steaming hot.
- Avoid soft cheeses such as feta, brie, Camembert, Roquefort, blue-veined, queso blanco, queso fresco or Panela unless it is labeled as made with pasteurized milk. Hard cheeses, processed cheeses, cream and cottage cheeses are safe.
- Do not eat refrigerated pates or meat spreads. (Listeria thrives at refrigerator temperatures.) Canned and shelf-stable versions are safe.
- Avoid refrigerated smoked seafood unless it has been cooked (as in a casserole). Canned and shelf-stable versions can be eaten safely.
- Do not consume unpasteurized juices, milk, or foods made from it.

- A pregnant woman who eats liver regularly may consume enough vitamin A to pose a risk to her baby. Though it is not proven that eating liver causes birth defects, the safest approach is for pregnant women to minimize their consumption of liver.
- Always wash vegetables and fruits before eating and refrigerate unused cooked foods promptly.

Advice on Mercury in Fish & Shellfish (FDA & EPA)

Fish and shellfish contain high-quality protein and other essential nutrients, are low in saturated fat, and contain omega-3 fatty acids. A well-balanced diet that includes a variety of fish and shellfish can contribute to heart health and children's proper growth and development. Yet, some fish and shellfish contain higher levels of mercury that may harm an unborn baby or young child's developing nervous system. The risks from mercury in fish and shellfish depend on the amount of fish and shellfish eaten and the levels of mercury in the fish and shellfish. By following these 3 recommendations for selecting and eating fish or shellfish, women and young children will receive the benefits of eating fish and shellfish and be confident that they have reduced their exposure to the harmful effects of mercury.

- DO NOT eat Shark/Swordfish/King Mackerel/Tilefish because they contain high levels of mercury.
- DO eat up to 12 ounces (2 average meals) a week of a variety of fish & shellfish that are lower in mercury.
- Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock & catfish.
- Another commonly eaten fish, albacore ("white") tuna, has more mercury than canned light tuna. So, when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of albacore tuna per week.
- Check local advisories about the safety of fish caught by family and friends in your local lakes, rivers & coastal areas. If no advice is available, eat up to 6 ounces (one average meal) per week of fish you catch from local waters, but don't consume any other fish during that week.
- Follow these same recommendations when feeding fish and shellfish to your young child, but serve smaller portions.

For more information, toll-free at 1-888-SAFEFOOD or www.cfsan.fda.gov/seafood1.html

DENTAL CARE IN PREGNANCY

There are many normal changes that the gums go through during the course of a normal pregnancy. However, recent studies have indicated that gum disease may contribute to premature births. Many dental professionals are now recommending more frequent cleaning and gum evaluation during pregnancy to distinguish these normal changes from more serious problems. If you have any questions about dental care, please contact your dentist for further information. We are happy to consult with your dentist should any advanced procedures like extractions or root canals need to be performed during pregnancy. It is much more dangerous to ignore dental problems than it is to have them taken care of during pregnancy.

SYMPTOMS OF CONCERN / WARNING SIGNALS

Note: When calling your physician, please have a pharmacy phone number available

It is extremely important to notify the office or the on-call physician for any of the following symptoms:

- Temperature of 101° OR ABOVE.
- Vaginal bleeding, *more than a one-time spotting*.
- Leaking or gush of fluid from the vagina, rupture of the “bag of water.”
- Irritating or persistent abdominal pain and/or firmness.
- Sudden and severe swelling of hands, feet, ankles, or face.
- Urgency, difficulty, pain, or burning when urinating, or inability to urinate.
- Persistent vomiting or diarrhea, or inability to tolerate any intake for over 24 hours.
- Sudden or continuous headaches not relieved by acetaminophen or rest.
- Blurred vision or other visual disturbances.
- Sudden or persistent upper abdominal pain, epigastric pain.
- Fainting.
- A decrease or drastic change in the usual movement of your baby.

If you have been involved in a serious fall, motor vehicle accident, or any trauma to your abdomen, call your physician immediately and be prepared to go to the nearest Emergency Room to be evaluated.

MISCARRIAGE

Light bleeding or spotting occurs relatively frequently in the first few months of pregnancy. Pelvic heaviness or cramping is also relatively common. Fortunately, most patients who have early bleeding or cramping do not miscarry and their pregnancy continues to full term. Approximately 20% of pregnancies will miscarry, however. This is almost always due to problems occurring very early in pregnancy or at conception that the parents have no control over. Miscarriage is almost always a sign that there was a problem with the way the pregnancy was forming and has nothing to do with anything the mother did or could have done. If you have spotting or light bleeding in the first few months of pregnancy, call our office during office hours and discuss this with one of our nurses. If you have heavy bleeding (more than a period), heavy cramps, or significant abdominal pain, inform the office immediately, or talk to the doctor on-call if it is after office hours.

KICK COUNTS

Many medical authorities today suggest that fetal activity levels say a lot about your baby's well being. Beginning around the 28th week of pregnancy you may be asked to record your baby's ***kick counts***. This is a helpful way to keep us informed of your baby's health. Babies have sleep and wake cycles lasting from 20 minutes to 2 hours. Movement is usually more noticeable during mid pregnancy than later pregnancy. Certain authorities feel that fewer than 10 movements in a 12-hour period are cause for concern and further evaluation. Some feel that fewer than 4 movements in one hour are worrisome. Unfortunately, there is no consensus on a critical level of fetal movement. However, it is certain that fetal activity is generally reassuring and that fetal inactivity does need further evaluation. Please let us know if you feel that your baby's activity has diminished from his/her usual pattern.

Most babies have a rhythm that is typical for him/her, and each mother has a different ability to recognize her baby's movements. You can start this chart at any time during the day, and once you have reached 10 movements, you can stop. Keep your baby's sleep and wake patterns in mind when counting movements.

If you feel a decrease in activity, have a glass of juice or soda, lie down on your left side, and count your baby's movements for an hour. If you do not feel your baby moving at least 4 times in an hour, you should notify the office or the physician on-call.

Kick Count Record

DAY	START	1	2	3	4	5	6	7	8	9	10	11	END
SUN													
MON													
TUE													
WED													
THU													
FRI													
SAT													

IS THIS LABOR?

The following symptoms may indicate that you are going into labor:

<u>SYMPTOM</u>	<u>DESCRIPTION</u>	<u>ACTION</u>
Show	Blood tinged mucous discharge, could indicate that the cervix is beginning to thin and open in preparation for labor.	No action necessary unless you are less than 38 weeks and the bleeding is like a menstrual period.
Backache	Backache can be common during pregnancy, but if intermittent, it may be early labor, particularly if associated with cramping or increased pelvic pressure.	No action unless you are less than 37 weeks.
Contractions	Tightening of the uterus (womb), usually begin irregularly and far apart.	Time contractions and notify the office once contractions are regular and at least 7 min apart. Immediate notification is necessary if you are less than 37 weeks pregnant.
Breaking of the bag of waters	Fluid leaks, gushes from the vagina	Call the office or on-call physician immediately regardless of gestational age and proceed directly to labor and delivery, note the time, amount, and if you have any contractions.

For MEDICAL EMERGENCIES ONLY

After Hours & Weekends Call MedLink

323 ~ 5465 or 323 ~ LINK

AFTER HOURS CARE

Please limit routine calls to regular office hours, as our physician on-call is frequently performing deliveries after hours. If you have a **MEDICAL CONCERN/EMERGENCY** that should not wait until business hours, please do not hesitate to contact us through MedLink at 323-LINK. Be sure to keep your phone line open and have a pharmacy number available when calling. If your phone does not accept calls from anonymous callers, please disable that feature when paging a physician to call you. You will need to listen for a dial tone and press *87 to disable this feature. You may press *77 to reactivate your anonymous call blocker. It is extremely important that you speak to a doctor or nurse **before** going directly to the hospital.

FORM COMPLETION

We request that you give our nursing staff at least 72 hours to complete any form related to your pregnancy. Please have the form and where you would like it sent available when you present the form to our front staff or fax it to our office. Make sure that you give us a phone number where we may reach you if we have any questions. There is a fee for this service.

DISABILITY

The great majority of expectant mothers can continue to work until late in pregnancy without any problem. Sometimes, however, the physical change entailed in pregnancy or the demands of a woman's job can create workplace difficulties. When medically appropriate, we will recommend that a pregnant patient be placed on disability leave from her job. We will do everything we can to reduce or eliminate pregnancy-related difficulties that you may be having at work. This includes contacting your employer, when appropriate, to recommend helpful adjustments or alterations to your duties. Again, please tell us of any work-related concerns you may have.

PEDIATRICIANS

We recommend you chose your pediatrician by the last month of your pregnancy. You will need to discuss with your pediatrician whether they have privileges at North Austin Medical Center and will be able to care for your newborn during your hospital stay. If your pediatrician does not have privileges at NAMC, he or she will make arrangements for the doctors in the neonatology group (Pediatrix), to care for your newborn at NAMC. There is a separate charge for your pediatrician's or for Pediatrix doctor's services and you will need to contact your insurance company to see if they are providers for your insurance. Pediatrix's phone number is 476-0895 if you have any further questions. Please inform us of your pediatrician choice.

HOSPITAL PRE-REGISTRATION

It is necessary to pre-register for your delivery with North Austin Medical Center. This will simplify your admission when you arrive at the hospital for delivery. We will provide you with a pre-registration form in your second trimester. If you have not received one of these forms by your third trimester please request one from a staff member.

COMMON QUESTIONS ABOUT NAMC

Please refer to the following position statements regarding common questions surrounding your birth experience at North Austin Medical Center.

Videotaping:

“North Austin Medical Center and your Obstetrician want you to know that it is our mutual pleasure to provide a safe and individualized birth experience for your family. In an effort to maintain a safe environment for your special occasion we permit NO videotaping in the delivery suites until your physician and nurse have deemed it safe for you to do so. This usually occurs very soon after delivery, when the new mother is beginning her recovery phase in the delivery suite. Thank you in advance for giving your undivided attention as a much needed support person to the birthing mother.”

Visitors present during Birth:

“The number of visitors present for a birth will remain dependent upon space constraints in the delivery suites in conjunction with the condition of the expectant mother and her undelivered newborn. Your physician will discuss particulars with you upon your admission to the birthing suites.”

Discharge time from Postpartum:

“On your anticipated day of discharge please expect a 1:00pm checkout time at the latest. Your physician will see you prior to Noon and your paperwork should be in order including birth certificates and newborn photography in order for us to facilitate your discharge process. Please make transportation arrangements keeping this time frame in mind. Some medical conditions will warrant a later discharge time and your physician and nurse will notify you well in advance if you are unable to be discharged by 1:00pm on your expected day of discharge.”

Thank you for allowing North Austin Medical Center to be a part of your miracle. Congratulations!

ANESTHESIA

The anesthesiologists that work at NAMC belong to Austin Anesthesia Associates. They are well trained and available 24 hours a day. They will be involved in your delivery should you obtain an epidural or other anesthesia services, such as for a C-section. We work with these doctors daily and have full confidence in their abilities. Their fees are separate from ours and from the hospital's. You may reach them at 512-343-2292 or www.aagonline.com

BIRTH PLANS

Birth plans have become commonplace among expectant parents, and you may have questions about exactly what a birth plan is and whether a birth plan is optional or required. Simply stated, a birth plan is a list of preferences that the parents have regarding the management of the labor and delivery process. It makes sense to think through what your preferences are and share those with your doctor, but a written document is not required. If parents choose to prepare one, it should be brief. We encourage you not to use templates or outlines from internet sites as these are often too detailed and include discussions about obsolete practices such as routine enemas and shaving, etc.

The following is a list of responses to commonly asked questions to aid you in the development of a birth plan should you desire to do so.

Q. What should I expect after arrival at the hospital for possible labor?

A. Your nurse will greet you, gather information about your past history and current complaints, obtain vital signs, place you on a fetal heart rate monitor, examine your cervix if appropriate, and then notify your doctor.

Q. Is continuous fetal monitoring required?

A. In many cases when the mother and baby have no medical problems, intermittent monitoring is acceptable. This is very individualized, and the situation can change as labor progresses. Examples of conditions requiring continuous monitoring are maternal high blood pressure, and history of previous cesarean section.

Q. Is an I.V. required?

A. We would like all laboring patients to have an I.V. Often this can just be a catheter inserted in the vein and taped to the arm, called a hep lock. This permits a more rapid response to emergency situations.

Q. What about the ambience of the delivery suite?

A. This aspect is entirely under your control. You choose lighting and number of visitors, and you are encouraged to bring your own music if desired.

Q. How involved can my partner be?

A. We encourage active participation with you, but that is your decision as a couple. In most instances, your partner can cut the cord.

Q. What about pain management?

A. Options for pain management will be covered in childbirth classes. We will be supportive of the choices you make in this regard.

Q. Will I be able to move around in labor?

A. In most cases, if there is no epidural in place, mom can move around freely.

Q. How long will I be allowed to push and what positions are OK?

A. If there is no epidural in place, staff will assist mom in trying various positions until she discovers what works best for her. As long as there is normal progress of the baby through the birth canal, and there is good evidence of baby's well-being, a mom may continue to push. For first time mom's this process can take from 1 to 3 hours. Going beyond this time frame, even with normal fetal heart rate pattern, can pose excess risk to the baby.

Q. Is episiotomy routine?

A. Episiotomy is not routinely performed, and in most cases is not necessary. Decision about whether or not one is needed is not made until moments before the baby is born.

Q. What can be done to avoid a cesarean section?

A. We recognize that most women prefer to avoid a cesarean birth if possible. Some of reasons that a c-section might be recommended include breech presentation of the baby, signs that the baby isn't tolerating the labor well, and signs that the baby won't fit through the birth canal. Before labor, if the baby is found to be breech, it may be possible to attempt to turn the baby. If there are signs that the baby isn't tolerating the labor well, the mother may be given IV fluids and oxygen to alleviate the situation. If dilation of the mother's cervix stops or is very slow, indicating that there may be a problem with the baby fitting through the birth canal, often the labor can be stimulated by breaking the bag of water and/or administering pitocin. Finally, once the pushing part has begun, it may become necessary for the doctor to assist with vaginal delivery using forceps or vacuum. This is not common. These procedures are done when fairly immediate delivery is needed and cesarean section is not the best choice. The most common situations are prolonged pushing leading to maternal exhaustion and concerns about baby's well-being. Still, even with all these possibilities, sometimes a c-section cannot be avoided.

Q. What will happen if I go past my due date and labor hasn't started?

A. You and your doctor will discuss an individualized plan for you. In general, induction is considered at approximately one week past the due date if it appears that your body is ready.

Q. Will my baby be able to stay with me after birth?

A. In the vast majority of cases the baby will stay with you at all times. There are some unforeseen

conditions that can develop that necessitate other arrangements. You will be fully informed if this occurs.

Q. What newborn procedures are required?

A. In most cases, your baby will be given immediately to you, depending on your preferences. Often the partner or labor coach cuts the cord. Once there has been an appropriate amount of time to get acquainted with your newborn, the nurse will then measure and weigh him or her, apply antibiotic ointment to the eyes and administer Vitamin K. If there are any procedures that you plan to refuse, please discuss them ahead of time with your pediatrician.

UMBILICAL CORD BLOOD STORAGE

Please see the enclosed brochure from the Texas Department of State Health Services regarding Umbilical Cord Blood Banking and Donation. If you do not have a brochure in this booklet, please notify our staff so we may provide you with one.

If you desire to have cord blood collected at the time of your child's delivery, we will be glad to perform this procedure. **There is a \$200.00 charge from our office for cord blood collection.** You are responsible for payment on this charge. We will not file an insurance claim for you. It is also your responsibility to provide the kit and see that it is mailed to the processing center in a satisfactory fashion. Be aware that making arrangements with the company of your choice can take up to two months and should not be left to the last minute. Also, please realize that there are no guarantees at all on the quantity or quality of the blood collected, as this varies from birth to birth. Samples can be contaminated with bacteria or maternal blood cells from the birth process, possibly causing unforeseen effects when used in the future. Please ask your physician if you have any further questions.

Below are a few companies that offer this service.

Cord Blood Registry (CBR)	1-888-932-6568	www.cordblood.com
Cryo-Cell International	1-800-786-7235	www.cryo-cell.com
ViaCord	1-866-668-4895	www.viacord.com
StemCyte	1-866-783-6298	www.stemcyte.com
CorCell	1-888-326-7235	www.corcell.com
Lifebank USA	1-877-543-3226	www.lifebankusa.com
Family Cord Blood Services	1-800-490-2673	www.familycordbloodservices.com
Stembanc	1-877-836-2262	www.stembanc.com

CIRCUMCISION

Circumcision is the removal of the foreskin or ring of tissue that covers the head of the penis. This surgical procedure is performed by the Obstetrician the day of discharge from the hospital. The purpose of the foreskin is to protect the glans against urine, feces and other types of irritation. The foreskin may also serve a sexual function by protecting the sensitivity of the glans.

The decision to circumcise your infant son is a complex one, requiring thought regarding cultural, religious, medical and personal preferences. Followers of the Jewish and Moslem faiths perform circumcision for religious reasons. Circumcision became popular in many countries because it was thought it may help prevent sexually transmitted infections. Circumcision has not become a common practice in many countries. In 1989, the American Academy of Pediatrics issued a statement on circumcision, clarifying that the procedure carried small potential benefits and risks that the parents needed to consider. In general, circumcision does not prevent sexually transmitted infections. Although it does protect against cancer of the penis, good hygiene offers equal protection against this rare condition.

Like any surgical procedure, circumcision may cause complication (less than 1%). These might include infection, bleeding, scarring and various surgical accidents. The procedure causes some pain that can be minimized by using a local anesthetic to block the nerves of the foreskin. You may have to pay the cost of the procedure if it is considered an elective procedure with your insurance.

The decision to circumcise is for the parent to decide as the risks and benefits are too small to make it a medical decision. Some parents take into consideration if the father is circumcised or not when making this decision. Gather information from your medical care givers and other parents when making this choice.

CHILDBIRTH CLASSES

The Renaissance Women's Group sponsors several prenatal and other pregnancy related educational classes, most taught by nurses and nurse practitioners that work in our practice. We strongly urge you to utilize these classes, which are listed further.

There are also a number of "non-RWG" Childbirth classes available in the Austin community. We work with many of the educators who teach these classes on a regular basis, and most of these individuals do an excellent job and provide information in line with our philosophy. Unfortunately, there are a few individuals who we feel do not provide accurate information, or attempt to place barriers between you, your physician and other health care providers. If you plan to take childbirth classes from someone other than our nurses, please discuss this with your doctor before signing up for these non-RWG classes.

Recently, a number of individuals in the community have begun offering (for a fee) to assist you in the labor process by providing comfort, encouragement, massage, etc. These individuals are called "doulas." Again, we have worked with many of these individuals and think that many do a fine job. Unfortunately, a few of these individuals seem to think that they should be "in charge" of the entire process, rather than assisting with the labor process. If you plan to employ a "doula" or other non-family care provider during labor, this MUST be discussed with and approved by your doctor well in advance. Also be aware that the hospital considers doulas to be visitors, and as such they can be asked to leave by nurses or doctors at any time.

CHILDBIRTH PREPARATION CLASSES

We are happy to offer childbirth instruction to the patients of Renaissance Women's Group. The physicians want patients to be aware of their philosophy, available birth options and allow you an opportunity to ask questions. This class consists of a thorough explanation of the labor and delivery process with an emphasis on a variety of relaxation techniques for labor. We will also discuss anesthesia options, cesarean sections, variations of the birthing experience and much more. The classes are very beneficial and fun for the newly expectant couple as well as new partners who have not gone through training before or even if it has been three years since your last birth. The classes are taught by qualified nurses. We offer evening courses during the week OR you may choose our weekend series which consists of 2 daytime classes.

You should plan to **finish your classes four to six weeks before your due date**. It is important to register for class in the fifth month of your pregnancy. Please wear comfortable clothes and bring a pillow for your back. Plan to eat dinner prior to class.

To register for class, send a check for \$90 payable to the instructor of your choice with the completed registration form below (or register online at www.rwgdocs.com) and mail it to her attention at:

(Please note: Due to the limited space in each class, refunds can only be given if you deliver before the class starts)

RENAISSANCE WOMEN'S GROUP
12201 Renfert Way
Ste. #340
Austin, TX 78758

You may register for the class that best suits your schedule. The course content will not vary significantly. You will be notified by phone or email when your registration is received. If the class is full you will be accommodated in another class.

<u>DAY</u>	<u>INSTRUCTOR</u>	<u>PHONE</u>	<u>EMAIL</u>
Monday	Mariann Nielsen	425-3846	mnielsen@rwgdocs.com
Thursday	Sandy Fuller	425-3842	sfuller@rwgdocs.com
Saturday	Kathy Robertson	512-569-7321	krobertson@rwgdocs.com

Class Dates and Instructor requested: _____

Name: _____ **Due Date:** _____

Address: _____ **Coach:** _____

Home & Work#: _____ **Doctor:** _____

Email address (only if you check it daily) _____

CHILDBIRTH CLASS SCHEDULE FOR 2010

MONDAY **6-9:30PM** **MARIANN NIELSEN** **512-425-3846**

I have worked in women's health since 1976 with 12 years experience in labor and delivery. I started teaching classes in 1984. I enjoy being part of this special time in your life and look forward to providing my services to you. I am proud of my three daughters and loving husband. The experiences of being a mom help me relate to you personally during pregnancy and the years ahead. Please bring 2 pillows and padding for the floor.

Will be taught at NAMC Auditorium on the 2nd floor.

<i>Jan 18 & 25</i>	<i>Feb 1 & 8</i>	<i>March 1 & 8</i>	<i>April 5 & 12</i>
<i>May 3 & 10</i>	<i>June 7 & 14</i>	<i>July 12 & 19</i>	<i>Aug 2 & 9</i>
<i>Sep 13 & 20</i>	<i>Oct 4 & 11</i>	<i>Nov 1 & 8</i>	<i>Dec 6 & 13</i>

THURSDAY **6-9:15 PM** **SANDY FULLER** **512-425-3842**

I have been a Registered Nurse since 1987 and I hold a professional certification in Women's Healthcare. I have worked with the physicians of Renaissance since 1990 and have been teaching classes since 1996. As a mother myself with two wonderful sons, I can contribute both my personal and professional experience during this special time for you. The class is an enriching and educational experience, as well as a lot of fun too!

Will be taught in Suite 215

<i>Jan 21 & 28</i>	<i>Feb 11 & 18</i>	<i>March 11 & 18</i>	<i>April 15 & 22</i>
<i>May 13 & 20</i>	<i>June 10 & 17</i>	<i>July 15 & 22</i>	<i>Aug 12 & 19</i>
<i>Sep 16 & 23</i>	<i>Oct 14 & 21</i>	<i>Nov 11 & 18</i>	<i>Dec 9 & 16</i>

SATURDAY **12-5PM** **KATHY ROBERTSON** **512-569-7321**

Most of my nursing experience has been around women's belly buttons or pediatrics since 1974! My ten hour course involves active Lamaze labor coaching techniques and basic parenting concepts to help new parents enjoy the birth of their little ones and feel confident bringing a new life into this world. I am an advocate for children and families, pursuing and teaching personal growth courses, including Redirecting Children's Behavior. My dream is to create a positive, loving society for my beautiful daughter and the world. Childbirth classes can change labor into "giving life" with the right attitude and training.

Will be taught in Suite 215

<i>Jan 9 & 16</i>	<i>Feb 20 & 27</i>	<i>Mar 20 & 27</i>	<i>Apr 17 & 24</i>
<i>May 22 & 29</i>	<i>June 19 & 26</i>	<i>July 10 & 17</i>	<i>Aug 21 & 28</i>
<i>Sept 18 & 25</i>	<i>Oct 16 & 23</i>	<i>Nov 6 & 13</i>	<i>Dec 4 & 11</i>

*Dates & times are subject to change at the discretion of the Instructors.

Refresher Childbirth Class

If you have given birth before and want to “freshen up” on various relaxation/comfort techniques to use during labor, this is the class for you!

Class content will include:

- Hospital routines & policies
- Stages of labor
- Relaxation/comfort techniques for each stage of labor
- Sharing of past labor experience(s) & desires for upcoming experience...learn from others!
- Time for Q & A

Class will meet for 1 1/2 - 2 hours on the 2nd Wednesday of the month in suite 215. Class will start at 6:00 p.m. Cost: \$ 45/couple.

2010 Schedule

Feb. 10th April 14th June 9th Aug. 11th Oct. 13th Dec. 8th

Class space is limited. The optimal time to enroll is during your 7th – 8th month of pregnancy (28th – 36th week). Register online @ www.rwgdocs.com or contact: Michele Hackney, MSN, R.N. @ (512) 238-7136.

Please make checks payable to **Michele Hackney** and mail payment to:

Michele Hackney
3004 Blue Sky Place
Round Rock, TX 78665

*Dates & times are subject to change at the discretion of the Instructor.



Baby Care Basics

A Fun, Interactive class designed to teach you the skills you need for those first weeks with your baby!

Topics Include:

Newborn Appearance Diapering & Bathing
 Cord Care Safety
 What to expect after Delivery

2010 Schedule

*Class is held in Suite 215
 Tuesday from 6:00pm - 9:00pm or
 Saturday from 12:30pm - 3:30pm*

Choose only one class		
January	5	19
February	9	23
March	2	23
April	10	20
May	8	15
June	5	12
July	13	24
August	7	14
September	11	21
October	2	30
November	2	16
December	7	21

Class Fee: \$40

Please bring a check to your class. Make check payable to Michelle George.

Class recommended for third trimester patients.

Register online at www.rwgdocs.com or call 425-3872

*Dates & times are subject to change at the discretion of the Instructor.



Super Siblings A Sibling Preparation Class

When a family is expecting a new baby, it can be hard for an older brother or sister to know what to do and how to feel. This class will help prepare young children for the changes that will occur when the new baby arrives.

Class Includes:

- Changes going on in the family, with mom & dad, and what the child can expect
- What will the new baby look like?
- Pictures of newborns
- Movie "Hey What About Me?"
- Role playing with dolls and learn to diaper
- Coloring activity

2010 Schedule

Class is held from 10 - 11am in Suite 215

Jan 9 March 6 May 1 July 17 Sept 11 Nov 13

Register your child(ren) online at www.rwgdocs.com

It is recommended that you sign up for the class that is closest to your delivery date.

Early registration is encouraged. Due to space limitations and because a parent is required to remain in class with their child(ren) for the hour long class, we must limit the number of participants to 20.

Cost: \$15 for first child, \$10 per additional child in each family

Make checks payable to Marci Altamirano, RN

Mail payment to:

RWG, c/o Marci A

12201 Renfert Way, Suite 215 Austin, TX 78758

*Dates & times are subject to change at the discretion of the Instructor

Intimacy & Sexuality during Pregnancy and the Transition to Parenthood



A couple's workshop designed to explore the physical & emotional changes of pregnancy and their impact on intimacy and sexuality. Ways to strengthen communication and build intimacy (especially when sexual intercourse is limited or forbidden) will be presented in a fun, relaxed, and tasteful manner.

Where: Suite 215

Time: 6 p.m. - 8:30 p.m. **Wednesday** (dates below)

Cost: \$ 75/couple (space is limited)

2010 Schedule

Jan. 16th Feb. 17th Apr. 21st June 16th

Aug 18th Oct 20th Dec 15th

To Register: Contact Michele Hackney, MSN, R.N. @ (512) 538-8318
or register online @ www.rwgdocs.com

*Dates & times are subject to change at the discretion of the Instructor

OTHER RECOMMENDED CLASSES

INFANT CPR: Contact Nancy Kirk at 425-3881

PRENATAL BREASTFEEDING CLASS: Learn the Keys to Successful Breastfeeding. Classes held twice monthly from 6-9 pm at 12201 Renfert Way, Ste 110. Cost is \$30. To register or get more information contact Cathy Clark at 873-0700.

LACTATION CONSULTING: Home consultations and phone support. For more information contact Debi Iarussi at 653-3633

LABOR & DELIVERY TOURS

North Austin Medical Center provides free tours of Labor and Delivery and Postpartum areas. Tours are offered every Saturday at 10:00am & 11:30 and every Tuesday, Wednesday and Thursday at 5:30pm. Tours meet in the lobby of the Women's Center Tower entrance of the hospital (on the east side of the building, on the ground floor). Tours start promptly and last approximately 35 minutes.

For more information please contact NAMC at 901-1000 or you may get more information from your childbirth educator.

RECOMMENDED READINGS

Planning for Pregnancy, Birth and Beyond (American College of Obstetrics and Gynecology)

What to Expect When You are Expecting (Eisenberg, Murkoff, and Hathaway)

A Child is Born (Lennart Nilson)

Complete Book of Pregnancy and Childbirth (Sheila Kitzinger)

POSTPARTUM

CALL YOUR PEDIATRICIAN WITH INFANT CARE QUESTIONS!

You need to be seen in our office for your postpartum visit 4 - 6 weeks after delivery.

Call our office if you have any of the following symptoms:

1. Temperature greater than 100.4
2. Red area on breast associated with pain, firmness. It is normal to have fullness and pressure with slight warmth for a couple days when your milk comes in.
3. Heavy vaginal bleeding requiring changing pads every hour or clots the size of a lemon
4. Foul smelling vaginal discharge
5. Severe abdominal pain unrelieved by pain medication
6. Urinary tract infection symptoms: increased frequency with painful urination
7. Redness, swelling, yellow or green discharge from any stitches you have
8. Pain in the calves of your legs
9. Depression or crying spells that last more than 3 days.

Expect to have bleeding like a heavy menstrual period for 3 to 5 days, whether you deliver vaginally or by cesarean section. This flow will taper off and become dark brown and then pink to clear in color. This discharge may continue for six weeks with intermittent spotting. Use only pads, no tampons. If your bleeding increases you need to rest more. Your first menstrual cycle after delivery is often heavier than usual. When you breastfeed you may not have a period for several months, however, do not consider this as your birth control method. If you do not breastfeed, you should have a period within 6 to 10 weeks after delivery.

Use only pads for two weeks after delivery, the cervix needs time to heal – no tampons, douching, swimming or tub baths. No vaginal intercourse until you come for your postpartum visit, sexual pleasure is fine as long as nothing enters the vagina. After urination, continue to use squirt bottle from hospital to cleanse the perineum. Clean the rectal area after a bowel movement, always wiping from the front to the back.

If you have stitches in the perineum, they will dissolve within a couple of weeks. For comfort, you can try an ice pack on the area, use a spray anesthetic or tucks pads.

Cesarean section requires a little extra attention. Keep your incision dry and notify our office if you have symptoms of infections: fever, tenderness, redness and discharge from the incision. Be very careful not to lift anything heavier than the baby.

Expect to have uterine cramping for several days after delivery. If you experience severe cramping that is unrelieved by the medication prescribed by your doctor, please call the office.

Breast-feeding is encouraged and supported in our office. It is the best nutrition for your baby and has other benefits as well. It is not always as natural as you might expect and requires commitment and support from family members. If you experience difficulty in the first couple of weeks, please get help from a lactation consultant or call our office. If your breasts become engorged you can use warm packs for comfort and Tylenol prior to nursing. If you have reddened areas of the breast that are hot to touch and sore with a temperature greater than 100.4 you may have **mastitis or breast infection**. Call the office to discuss these symptoms and possible treatment. You will continue to nurse the baby with mastitis. If your **nipples crack or are very tender** it may be a problem with the baby latching on correctly or thrush. You may wash with water only or use lanolin or gel shields designed to heal this sensitive area. It is advisable to continue taking your prenatal vitamins while breast feeding. It is very important to be sure over the counter and prescription medications are safe, check with your pediatrician. To maintain an adequate milk supply you need to get plenty of rest, drink 10 glasses of fluids and increase your calorie intake about 300 calories daily. Do not smoke while breastfeeding.

Bottle feeding may be the best option for some women. If you choose to bottle feed, remember this is a very important time for bonding with your baby and give them your full attention. DO NOT prop a bottle for an infant until they can sit up and hold it on their own. Wear a tight fitting bra. Use an ice pack for comfort if you experience tenderness or engorgement, this will pass in a few days. There is no safe medication to “dry up your milk.” Do not express the breast milk, this will increase your discomfort and stimulate more production. You may use Tylenol or other pain relievers.

Activity needs to be modified when you go home from the hospital and you should have additional help and support from your partner, family or friends. You may drive yourself in 1-2 weeks, depending on narcotic pain use. You may shower anytime and bathe in one week. Walking for exercise is ok immediately and will be encouraged in the hospital. If you have a vaginal delivery you may begin other exercise after 3 weeks, start slowly and work up. If you have a cesarean section, you should wait 6 weeks or after your postpartum visit. You may be able to travel in 2

weeks with approval from your pediatrician. Strenuous activity and heavy lifting may delay your recovery, do not lift anything heavier than 10 pounds. Avoid standing or sitting in one position for prolonged periods. You may notice swelling in your feet, hands and legs the first few days you are home; this is a result of IV fluids and changes in your body. Call the office if you have headache and visual changes associated with swelling. Take naps during the day and **learn to say YES to offers of help.**

Intimacy, intercourse and birth control are important topics to discuss with your partner. Some women feel desire sooner than others and the average time frame is 6-8 weeks after delivery. If you are breast feeding, you may experience vaginal dryness that can be relieved by using a water based lubricant. Be patient with each other. **It is important to choose your method of birth control before you need it.** Breast feeding is not a good method of birth control. If you breast or bottle feed you have many choices to choose from. Birth control pills, IUD, diaphragm, condoms, and Depo Provera injections are available for breast feeding moms. If you are bottle feeding, you have these same choices as well as the patch or the ring. If you are certain you do not desire to have any more children, you may choose permanent sterilization-either vasectomy or bilateral tubal ligation. Discuss these issues with your healthcare provider.

Constipation and hemorrhoids are a frequent problem after delivery due to pressure on the rectum during pregnancy, pushing and delivery. Drink plenty of liquids and avoid caffeine. Eat fresh fruits and raw vegetables as well as high fiber foods. You may use a stool softener for 2-3 weeks. Sitz baths, Tucks pads and Anusol are used to provide comfort for hemorrhoids and stitches.

Postpartum Blues and Depression are two separate issues. Having a baby and starting or expanding your family is a special and very emotional time for you. You may not experience either of these situations, but it is important to recognize the symptoms and what can be done to alleviate them. The baby blues is relatively common within the first few days after you deliver. Feeling a little sad or depressed is temporary and is due to sudden demands of motherhood and hormone changes. You may feel fine and then be crying for no apparent reason. Sometimes it is helpful to have a good cry and let it out. It is okay. Then find some time for yourself-a massage or lunch with a friend. Remember to keep your relationship with your partner as a top priority and go out on a date without the baby. Seek advice from family and friends who have had children, they can tell you what it is really like becoming a mom. Share your feelings!!

Postpartum depression tends to occur after the first couple of weeks and is more prevalent than you realize. It may be difficult for women to discuss their feelings due to embarrassment, shame and uncertainty of how their partner will respond. You are not alone. It is a real illness that affects 20-30% of all postpartum women. The important thing to remember is that it is treatable and your doctor wants to be of assistance. Know that you can feel good again, do not let denial, misinformation, finances or anything get in the way of your getting the help you need.

Some symptoms include:

1. Irritability and sudden mood changes, snapping at your family, crying easily
2. Trouble sleeping, feeling exhausted all the time
3. Worrying over things that did not bother you in the past
4. Wondering if you will ever have time for yourself again
5. Thoughts that your children would be better off without you
6. Have decreased appetite or difficulty concentrating
7. Loss of interest, no longer enjoy things you used to enjoy
8. Feelings of guilt or that you are not a good mother
9. Isolating yourself from friends and family
10. Fear of leaving the house or being alone
11. Have unexplained anger or anxiety attacks
12. Think something is wrong with you and will never get better

