

## HELPFUL INFORMATION FOR OUR PATIENTS AT OB-GYN ASSOCIATES

The physicians and midwives at OB-GYN Associates strive to give you the best care possible during this exciting time for you and your family. We always welcome any questions you may have about your care and your health. Here in this pamphlet we have compiled some information for you that can answer many common questions you may have during your pregnancy. However if at any time you feel that you need more information, please do not hesitate to call our office. If your question is not life-threatening, please call during office hours; if you are uncertain, please call anytime. Day or night, our number is (770) 422-8700.

There are many pregnancy books on the market today and for the most part they provide valuable information. However, some information may be outdated and are not practiced anymore. Please ask us any questions about things you read and we will be happy to clarify it for you.

### First Trimester (0-13 Weeks)

- **Nausea and vomiting** are very common early in pregnancy. For home remedy, we recommend trying Emetrol® or Ginger Root. Ginger Root may be found at herb shops or GNC® in pill form. Try eating salty and sweet things together, such as sips of lemonade and potato chips to calm your stomach. Also, try eating a carbohydrate before rising, like crackers. Keep them by the bed and do not eat solids with liquids, wait about 30 minutes before sipping on liquids. Snack frequently. If taking your prenatal vitamins makes the nausea worse, do not take them for now. Many people have “all day” sickness. If you are unable to keep anything down despite these measures, please call the office.
- **Spotting and light bleeding** is common in early pregnancy; about 20% of women will bleed in the 1<sup>st</sup> trimester. Although usually not serious, please call us if this occurs. We may tell you to come in at that time, or wait until Monday if it is a weekend.
- **Fatigue** is common, usually not related to anemia in early pregnancy. Do not feel guilty about taking frequent naps during this time, your body needs the rest.
- **Feeling emotional or “moody”** is common; your life has changed tremendously. Often your partner is confused about how you have changed, but your partner should be encouraged to be patient with you. For most women this passes as the pregnancy progresses.
- **Cramping** is very common in the 1<sup>st</sup> trimester; the uterus is growing and stretching rapidly, and as a result the uterine muscle contracts at times. Significant or severe cramping or lower abdominal pain on one side (if you have not had an ultrasound yet), you should be evaluated ASAP

### Second Trimester (4-26 Weeks)

- **Alpha-Feto-Protein (AFP) testing** is primarily a personal choice. Occasionally, the test will be recommended to you for a particular reason. Usually the decision to

have the test done is based on your desire to know if your baby is at risk for Down Syndrome, Spina Bifida, or Trisomy 18 PRIOR to the delivery. For many patients this knowledge would not be important before the baby comes and these patients prefer not to worry during the pregnancy. For some, the AFP outcome along with further testing from a specialist can help make the decision of whether to terminate the pregnancy. Remember, this is only a screening test and a positive result does not mean the baby has any of the above conditions for certain; and a negative result, while encouraging, does not promise a baby without these problems. Please discuss this further with the doctor or midwife if you have any questions.

- **Feeling fetal movement** often begins by 20 weeks, but may not be perceived until around 24 weeks, especially if this is your first baby. Also, movement is often sporadic and not felt regularly (or daily) until around 24 weeks and beyond.
- **Routine ultrasound** is usually performed at around 20 weeks and if you choose to know the sex, often our sonographer can tell you at this time. Occasionally the baby is in a position that prevents our sonographer from identifying the sex, therefore another may be done at your next visit if you desire. Normally only one routine ultrasound is performed during your pregnancy. More ultrasounds will be done if your baby's or your medical condition requires.
- **Testing for diabetes in pregnancy** is one of the most important blood tests you will do. There is no accurate way to identify gestational diabetes other than the Glucose Tolerance Test. While your pancreas may be able to produce enough insulin when you are not pregnant, the strain of nourishing you and your baby can be too much for this organ during this time. Please do not eat foods with large amounts of sugar or carbohydrates immediately prior to this test.
- **Bleeding** is NOT common in the 2<sup>nd</sup> trimester, and patients should call immediately. Occasional cramping is not uncommon throughout the pregnancy, however 6 or more cramps/contractions in an hour is NOT normal, please call our office.
- For those patients with an Rh Negative blood type and undocumented father's blood type, an injection of Rhogam will be needed between 26 and 28 weeks. It may be given sooner if there are any bleeding episodes prior to this time. This medication prevents rejection of a future baby due to incompatible blood types. Please check with the midwife or doctor for further information.

### **Third Trimester (27-40+ Weeks)**

- This period of the pregnancy is marked by gradual increasing discomfort and lack of sleep due to this discomfort and lots of fetal movement, as well as contractions as the due date approaches. You commonly begin feeling more and more contractions, even weeks before becoming full term (37 weeks). If you begin having contractions, it is commonly your body's way of telling you that you need to rest and drink extra fluids. If contractions persist at closer than 10 minutes apart after 1-2 hours, call the office. If you are unsure, always call the office.
- Movement should be felt periodically every day now. If the baby slows down significantly or isn't moving for a prolonged period of time, call the office. Also, it is NOT normal for the baby to slow down or stop moving when you go into labor.

- Once you have reached 37 weeks, normal labor guidelines apply. If this is your first baby, the vast majority will not begin dilating until contractions are closer than 5 minutes apart. Call when this occurs. If you have had a child or children in the past, most will “know” when they are in labor, but contractions will feel strong around 5-7 minutes apart.
- If you think that you are leaking fluid please call the office immediately, regardless if you are having contractions or not. Water breaking and water leaking is the same thing. Typically when the water breaks it is unassociated with the act of urinating, coughing, or bearing down. A woman’s bladder is much weaker during pregnancy and leaking urine is common. Some will leak urine without doing any of the above, and some vaginal infections may cause you to have a leaky watery substance. If you are uncertain, it is always better to have it checked out.
- Bleeding lightly in labor is very common, particularly if this is your first baby. Light spotting to a light period in amount is normal while in labor. If bleeding is any heavier than this, please call to discuss.

Although this information is designed to help answer some of your common questions, it does in no way replace the doctors and midwives at our office. If you have any concerns do not hesitate to contact us.

The Midwives and Physicians of OB-GYN Associates.