

Congratulations on your pregnancy!

This packet contains important information concerning your pregnancy and our office procedures. Most of the information in this packet is presented in a limited format. For a more complete version we recommend the book “What To Expect When You’re Expecting” by Eisenberg, Murkoff and Hathaway.

Our practice consists of three Obstetrician/Gynecologists, **Ash Dabbous, M.D., Michelle Harden, M.D., and Kathryn Holloway, M.D.** and two Nurse Practitioners, **Mayra G. Peña and Melanie Thomas.** We work together closely to maintain a consistent philosophy regarding the care of our patients. Your primary physician will be the one you chose for your first obstetric visit. For all subsequent scheduled office visits you will be able to see your primary physician, however, you may see any one of our physicians during your pregnancy in order to accommodate your time and schedule. We utilize a team philosophy in order to decrease waiting times and rescheduling conflicts. Due to the nature of obstetrics, it is necessary that after hours and weekend coverage be rotated among our physicians. This is known as “call coverage”.

Our office location is **1139 E. Sonterra Blvd, Ste. 205.** We are located in the **Methodist Stone Oak Hospital.** Our office hours are 8:30 - 5:00pm Monday thru Friday. The main telephone number is **(210) 614-2229.** Our nursing staff is very experienced and helpful in answering questions. If you have an emergency after hours, please call our main office number to contact our answering service. Please do not call the on call physician for prescription refills, or non- emergent problems these should be handled during regular office hours. Unfortunately, we do not prescribe medications without an office visit, if you are not pregnant and feel that you need medical attention outside of office hours, please visit your local urgent care center.

These are the procedures to follow when trying to reach the on call physician:

- Call our office at 614-2229 your call will be forwarded to our answering service.
- Leave your name and number along with your message stating in detail the nature of your problem. Due to the nature of cell phones, please leave land line number, if possible.
- Do not leave a pager number or have the answering machine answer our return call. This makes it difficult for the on-call physician to get in touch with you.
- If your telephone has Anonymous Call Rejection (ACR), you must turn off the ACR by dialing *87. This will allow the on call physician to place a call to you from any telephone. If you do not turn off this feature, there may be a delay in answering your

call. If you are unsure if your telephone has ACR, please call AT&T at (800) 464-7928.

- After we have returned your call, you may reactivate your ACR, by dialing *77.

General Obstetrical Recommendations:

Fish Oil For Pregnancy

What is DHA?: DHA is an omega-3 essential fatty acid, making up approximately 20% of the human brain and nervous system. DHA is not produced by the body and must be obtained through a proper diet or supplementation.

DHA plays a significant role in the development of baby in utero. It is transferred from the mother to the developing baby in the last trimester, supporting the growth spurt of the nervous system. DHA provides mood and nerve support for pregnant and nursing women.

A woman's demand for DHA increases during pregnancy and will remain low for 9-12 months after delivery, unless proper nutrition or supplementation is implemented. To maintain optimal health in moms, babies, and children, international experts recommend a minimum of 300 mg of DHA per day (Simopoulos, 119-121).

How Do I Choose A Fish Oil Supplement?:

- Purity
Free of mercury and other toxins, requiring high manufacturing standards.
- Freshness
Minimized oxidation ensures no fishy taste.
- Taste
Fishy smell or taste is a sign of a poorly manufactured oil.
- Third Party Testing
Guarantees quality, freshness, and purity.
- Sustainability
Environmentally responsible fishing protects our oceans.
- How Much Is Enough?
To satisfy the minimum intake required for a healthy pregnancy, ask your doctor for more information.
- EPA/DHA Levels
Make sure to read the supplement facts to know how much EPA and DHA you are getting. A 1000 mg fish oil soft gel refers only to the size of the soft gel, not the levels of EPA and DHA.

Below are the beliefs related to fish oil and pregnancy:

- Omega-3 (fish oil) is the safest source of the essential fatty acid DHA
- Omega-3 can increase birth weight and gestational length
- Omega-3 improves attention and focus in infants and children
- Omega-3 reduces the risk of allergies in infants
- Omega-3 lowers the risk of child-onset diabetes
- Omega-3 improves intelligence markers in children
- Omega-3 promotes the healthy development of the fetal brain, eyes, nervous system, and immune system

Medication Use During Pregnancy

During your pregnancy you may want to avoid any medications unless they are absolutely necessary. You may take Tylenol sparingly for minor aches and pains, however you should avoid Aspirin and Ibuprofen. If you have a persistent temperature over 100.4 taken on two separate occasions, you should contact our office so we may rule out any illness related to your pregnancy.

During your pregnancy you should also avoid the following:

- Smoking
- Alcohol
- Douching or use of tampons
- Cat litter boxes
- Consumption of raw meats
- Hot tubs and saunas
- Non-pasteurized cheeses and dairy products (listeria risk)
- Moderation and consumption of fish 2-3 times a week. It is recommended to avoid large fish.

You should avoid intake of artificial sweeteners such as aspartame and sucralose. We do not have sufficient evidence of the safety or potential harm of these products relative to pregnancy.

Caffeine: Caffeine consumption should be limited to the equivalent of 2 or fewer caffeinated beverages per day. Excessive caffeine intake of greater than 6 or more servings per day has been shown in some controversial studies to be associated with pregnancy loss.

When seeing another physician, please advise them that you are pregnant and feel free to clear all **prescriptions** with our office.

Avoid having any unnecessary **x-rays** performed. If an x-ray needs to be done, be sure to advise the technician of your pregnancy and shield the abdomen with a lead drape if possible.

Teeth: If you have not seen your dentist in the past year, we advise that you do so after your first prenatal visit. Poor dental hygiene gets worse during pregnancy and has been associated with premature birth. Fillings and extractions may be done safely. Your dentist may use local anesthetic and properly shielded x-rays without danger to your baby. If any questions arise, have your dentist call us.

Work: Fortunately, most women with normal pregnancies are able to continue to work throughout their pregnancy. There are a few job situations that require modifications. If you are concerned about your particular job requirements, discuss them with your doctor. If you require job modification or discontinuance, we will give you a written statement to that effect.

Childbirth Classes: These are available through the hospital and are recommended. There are also private classes available. They provide information regarding the process of childbirth, anesthesia methods and modes of delivery. Classes on other topics such as infant CPR, breastfeeding, childcare and car seat usage are also available.

Travel: It is fine to travel during your pregnancy (including air travel), unless otherwise advised. After 34 weeks, we ask that you stay close to both your hospital and your doctor.

Exercise: We encourage women to explore new exercise options during pregnancy. You should avoid any exercises lying flat on your back after 20 weeks and you ideally want to keep your heart rate below 140. You should avoid all contact sports, water and snow skiing or horseback riding. Use common sense in your exercise regimen. It is ideal to stay cool and to avoid raising your core body temperature.

Diet: A weight gain of 2-3 pounds per month or a total of 20-25 pounds is desirable. Women who are overweight when they become pregnant may not need to gain this much and women who are underweight at the beginning may need to gain more. Weight reduction is never advised during pregnancy. A well-balanced diet in protein, healthy carbohydrates and fats are best during pregnancy. Adequate calcium can be obtained through the diet alone. 2-3 glasses of low fat or skim milk a day is recommended. If you cannot drink milk other good sources of calcium are yogurt, hard cheeses, or green leafy vegetables. If you still cannot get enough dietary calcium, please add a daily calcium supplement of 400-600 mg a day.

First Visit:

A medical and obstetrical history will be obtained. We want to know if you have a history of any serious illnesses, drug allergies, surgeries or important family medical history. We also want to know about your experience with any previous pregnancies. A complete physical exam, including a pap smear is performed and a prenatal blood screening test is obtained. An

ultrasound is sometimes performed to confirm fetal age, fetal number and viability. From your history, exam and ultrasound your due date will be determined. Pregnancy usually lasts 40 weeks from the first day of your last menstrual period. Therefore, when we say you are “6 weeks pregnant” we mean you are 6 weeks from your last menstrual period.

Initial Blood Tests: Prenatal screening includes complete blood count, urinalysis, blood type and Rh status, atypical antibody screen, hepatitis B screen, rubella immunity screen, syphilis screen, thyroid screen and optional but recommended HIV screen. All of these are routine tests for pregnant women. In some cases we check hormone levels as well.

Subsequent Visits:

We will see you every 4 weeks until you are 28 weeks, then every 2 weeks until you are 36 weeks, then weekly until delivery. We generally do not allow the pregnancy to go beyond 42 weeks. At each office visit we will check your weight, blood pressure and check your urine for protein, glucose and infection. We will also examine your abdomen to measure the growth of the pregnancy and listen for the fetal heart beat. This can usually be heard by 10-12 weeks. Vaginal exams are usually done at 36-40 weeks to evaluate the cervix and fetal position. Try to make a list of any questions you may have so we may review them during your visit.

Vitamins:

Because almost no one gets a perfectly balanced diet every day, it is a good idea to take vitamin supplements. A daily vitamin supplement, while it does not take the place of a good prenatal diet, it will serve as extra insurance that your body may need. Do not take any kind of dietary supplements other than a prenatal formula without your doctor’s recommendation. If you find that taking a vitamin supplement increases nausea in early pregnancy, switching formulas may help. In some women, the iron in a prenatal vitamin can cause constipation or diarrhea. Again, switching formulations may bring relief.

Morning Sickness:

Nausea and vomiting are common and may be unpleasantly persistent during the first three months of pregnancy. This is due to the high levels of hormones in the bloodstream, which are necessary to maintain an early pregnancy. In most every instance it disappears around the fourth month. Morning sickness can occur at any time of the day, morning, noon or night- or even all day long. Not all women experience morning sickness. Some women have a few queasy moments, others feel nauseated and some vomit several times a day.

Suggestions for controlling morning sickness:

- Eat a diet high in protein and complex carbohydrates. This combination helps fight nausea.
- Drink plenty of fluids, especially if you are losing them through vomiting.
- Avoid the sight, smell and taste of foods that make you queasy.
- Eat often and before you become hungry.
- Keep crackers, pretzels or small cookies by your bedside and eat one before you arise in the morning or if you wake up during the night.
- Ginger Ale or Sprite can help settle the nausea.
- Cold fluids or warm soups are sometimes tolerated better than solid food when symptoms are severe.

If vomiting becomes so severe that you are unable to retain anything, call our office for further instructions. There are prescription medications that are safe to take if necessary.

Genetic Problems: During your first trimester, your physician will have a discussion with you regarding genetic testing. If both you and your physician feel that you may have a need for testing, this testing will usually be done between 11-15 weeks.

Most expectant parents are at low risk for transmitting genetic problems and never need to see a genetic counselor. The following are reasons why some patients may see a genetic counselor.

- Couples whose blood tests show them both to be carriers of a genetic disorder.
- Parents who already have one or more children with genetic problems.
- Couples who know of a hereditary disorder in their family.
- Couples in which one partner has a congenital defect.
- Pregnant women who have had a positive screening test for the presence of a fetal defect.
- Women over 35 years of age.

Pap Smear: The pap smear is a test to evaluate the cells of the uterine cervix. It can alert us to precancerous conditions of the cervix. It is perfectly safe to perform the pap smear during pregnancy.

Cervical Cultures: Sometimes the appearance of the vaginal discharge suggests a vaginal or cervical infection. There are several different types of infections and it is important to determine the exact cause of the infection so that it may be promptly treated. Most infections, like yeast, are harmless to the fetus, but several can either increase the risk of preterm delivery or infect the baby at birth. When evaluating an abnormal cervical discharge I frequently recommend testing for gonorrhea and Chlamydia. Because these sexually transmitted infections can be asymptomatic it is much safer to test and put the matter to rest than to overlook the possibility of their presence.

Complete Blood Count (CBC): On your CBC I look to see if you are anemic, or low in blood iron. I can also tell if your platelets (cells that help stop bleeding) are present in normal amounts. The white blood cell count (number of cells that fight infection) is also determined and used as a general health screen.

ABO and Rh: This is the blood type. You may have type A, AS, B, or O blood. The other test is Rh, and you may be either Rh positive (you have the Rh type,) or Rh negative (you don't have the Rh type.) For our purposes the Rh is the more important test during pregnancy. I need to know if you are Rh negative so that we may do further testing during pregnancy to assure a healthy fetus. Being Rh negative does not make your pregnancy "high risk" as long as certain precautions are taken. I have a nice pamphlet that fully explains these precautions if your test shows you are indeed Rh negative.

Indirect Coombs Test (Antibody Screen): This test is related to blood group testing. It tells me if you have made antibodies to any of the blood groups. Antibodies to certain blood groups can potentially cause harm to your fetus, but this can be ameliorated if we are aware of their presence.

Rubella Screen: Tests to see if you are immune to rubella, or "German Measles." If we determine you are not immune, you should try to avoid close exposure to sick children, particularly children with fever and a rash.

Hepatitis B Surface Antigen: This test tells us if you are a carrier of hepatitis B. If you are a carrier you could infect your fetus, your sexual partner, and you should not be a blood donor. Babies born to mothers who carry hepatitis B are vaccinated at birth to reduce the chance of infection. Some mothers have been vaccinated against hepatitis B, and this test remains valid even if the vaccine has been administered.

HIV Screen: This is the test for the HIV (AIDS) virus. This test is recommended for every pregnant woman, both at the initial prenatal visit and again at childbirth. Because there are medications that can markedly reduce the chance of the baby contracting the HIV virus; this test is highly recommended. The test is confidential, meaning that results will be reported only to you.

Other Tests: Sometimes other tests are ordered based on your past medical history, family medical history and your physical examination. These include testing for diabetes, thyroid disorders, and other conditions. Typically cholesterol screening is not recommended in pregnancy, as it is both normal and desirable for the level to be elevated at this time.

P.S. Slightly terrified of needles? Let us know and we'll try to make things easier! We would like to document an intrauterine pregnancy early in the first trimester. Ideally ultrasound done at 6-7 weeks will confirm an intrauterine pregnancy and rule out an ectopic pregnancy, which is a treatable condition.

This is a pregnancy in the fallopian tube, which can be a medical emergency. It is usually accompanied by severe pain and bleeding. If you have a history of ectopic pregnancy, please notify us once you have a positive pregnancy test. Once a pregnancy is documented with a fetal heart rate the risk of miscarriage drops from 20% to 5% it is also important to know that 50% of women may spot or bleed in the first trimester, and 1/2 of those women will proceed with a normal pregnancy.

Possible Signs of a Miscarriage:

(When to call your doctor immediately)

- When pain is severe or continues unabated for more than one day, even if it is not accompanied by staining or bleeding.
- When bleeding is as heavy as a menstrual period or light staining continues for more than three days.

(When to Get Emergency Medical Attention)

- When you have a history of a miscarriage and experience either bleeding or cramping or both.
- When bleeding is heavy enough to soak several pads in an hour or when pain is so severe you can't bear it.
- When you pass clots or grayish or pink material-which may mean a miscarriage has already begun.

Second Trimester:

At the beginning of the second trimester you should have an end to or a decrease in nausea and vomiting, and your belly will start to show due to the growth of the baby. You'll experience pregnancy discomforts such as sleeping problems and may notice Braxton Hicks contractions. Your baby will grow hair all over its body and the senses will begin to develop. At the end of the second trimester, your baby will measure about 10 inches (25 cm) and will frequently practice their kicking movements.

During the second trimester you will begin to notice the changes associated with the growth of your baby. Between 16-22 weeks, you should start feeling fetal movement. During this period you may experience a clear to whitish vaginal discharge, and as long as there is not an odor or other symptoms associated this may be normal. If you are concerned discuss with your Doctor at your visit. Constipation may increase so increase your fiber and water intake. Stool softeners and fiber products such as Metamucil or Benefiber are safe to use.

At your office visits we will be taking weight and blood pressure readings. Listening for fetal heartbeat, checking size and shape of the uterus, checking maternal hands and feet for edema.

During these visits you should explain any symptoms you have been experiencing, especially unusual ones. You should also make a list of any questions you may have and be prepared to discuss them at these visits.

Because you are now in the middle of your pregnancy, it is wise to start thinking about childbirth classes and registering at the hospital.

Screening Ultrasound: A screening ultrasound will be done between 18-20 weeks in the office. You may bring a DVD and we will try to take some memory pictures for you, if the baby cooperates. If you desire to know the gender of your baby, we can usually determine gender during this ultrasound. At this time if any abnormalities are noted on the screening Ultrasound then referral for a more comprehensive Ultrasound will be scheduled.

You will be referred for a detailed ultrasound if you are 35 years of age or older or have any other indication for a referral. This will be discussed at your visit.

Premature Labor: Premature Labor occurs in approximately 10% pregnancies. The most common cause of pre-mature labor is unknown. Pregnancies at increased risks are; multiple gestations, a history of a pre-term delivery, or uterine malformations.

Premature Labor Precautions may include:

- A persistent mucous discharge
- 4 to 5 rhythmic pains per hour, despite rest and hydration
- Vaginal bleeding
- Rupture of your bag of water
- Or any rhythmic pain

Please call the office if any the above occur or if you have any concern regarding premature labor.

We now offer 3D Sonograms!

Here at Stone Oak Womens Center we try to make every pregnancy for you and your family a memorable one. We now offer 3D sonogram sessions to capture your baby before he or she enters the world. This is a way to capture your child's first silhouette.

For this 3D session we ask you to schedule it during the 26-32 weeks of your pregnancy. This sonogram will not be submitted to your insurance since it is not medically necessary, so a fee of \$200.00 is expected in full the day of the sonogram. This type of appointment will last 30 to 45 minutes based on your baby's position. You will be charged a fee of \$50.00 for all cancellations within 24 hours.

Stone Oak Womens Center will provide a CD-RW for this photo session. As you schedule your appointment, please keep in mind that you and/or the sonographer cannot control the positioning or movement of your baby on the day of your session and we cannot guarantee the quality of the



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photos. This is purely a recreational PHOTO session and NOT a medical ultrasound. We look forward to making memories with your family!

Third Trimester

The third trimester brings many changes to your body; you will need to urinate frequently and your belly looks like it's ready to explode. Now is the time to start taking childbirth and breastfeeding classes. The finishing touches are being placed on your baby, and the two of you are looking forward to delivery day!

You have now entered your third trimester and your visits will now be every two weeks until you reach 36 weeks. Once 36 weeks is reached your visits will be weekly. At this time it is important to be aware of fetal movement. Your baby should move four to ten times between meals. Kick counts should be done after meals and at a time when you will be able to concentrate on your baby's movement. If you are concerned about the movement of your baby please call, do not wait.

Blood Testing: You can expect blood tests for **gestational diabetes (1 hr glucose tolerance test)** and **anemia (hemoglobin and hematocrit)** around this time. The test for gestational diabetes involves drinking a drink with 50 grams of glucose (sugar) and having your blood drawn an hour later to see how your body is able to handle the glucose load and what your resulting blood glucose is. This test does not need to be done fasting, but if your blood glucose level is too high you will be asked to perform a follow up diagnostic test while fasting. Your blood will be tested for anemia with the same blood draw, so that means only one needle stick.

If you are **Rh negative** and your antibody screen is negative, you will receive a **Rhogam** injection around this time as well. This will keep you from developing antibodies that could potentially harm the fetus in a future pregnancy. After delivery, if your baby is found to be Rh positive, you will receive a second rhogam injection in the hospital.

The last scheduled screening test will be done at 36 weeks and is a culture of the vaginal and rectal areas for **Group B Strep (GBS)**. If you test positive for this bacteria, and you are planning a vaginal delivery, you will be given antibiotic prophylaxis in the IV during labor. There is no need to treat this earlier than labor secondary to the fact that most cultures only represent a carrier state and not a true infection. If you treat too early than there is a chance the bacteria could return prior to the onset of labor and may have developed antibiotic resistance. The baby does not become exposed to GBS until your amniotic membranes have ruptured (when the water breaks). Therefore it is important to go the hospital soon after your water breaks if you test positive for GBS.

Also at this time, it is important for you, as an observer and participant in your obstetric care, to **monitor the baby's activity**. Expectant mothers that are aware of fetal movements are much better predictors of fetal well being than objective observers. Please do daily fetal **kick counts**.

Your baby should move 10 times in a 2-4 hour period. If the baby does not move four times in one hour, please drink something cool, prop your feet up, put your hands on your abdomen and concentrate on the baby's movements. If you are concerned about fetal movement, please go to

Methodist Stone Oak Hospital's Labor and Delivery for fetal monitoring if movement does not occur.

Premature Labor: Between 24 and 35 weeks, we are concerned about **premature labor**.

Some women will have early contractions, which do not change their cervix and are therefore not premature labor. Some women will develop premature labor and it is much easier for us to intervene if we catch it early. If you should have low back cramping or pain that radiates from the back to the front, or any cyclic or rhythmic discomfort, change in vaginal discharge (especially bleeding), or watery fluid, these may be signs of preterm labor. If you notice that your stomach is hard and soft in a rhythmic manner every 10 minutes for an hour, please get off your feet, prop your feet up, hydrate with cool liquids and rest. If this persists for another hour, please don't call and go to Methodist Stone Oak Hospital's Labor and Delivery as soon as possible.

Premature labor occurs in about 8% of pregnancies and in most cases cannot be predicted. Once 37 weeks is reached and labor occurs most babies will go home with the mom. Prior to this time, if delivery occurs, your baby may require a stay in the NICU, which is the intensive care unit for neonates. Most babies born after 32 weeks gestation will go home without any long-term problems. Consequently, it is important to be aware of premature contractions, which may lead to premature delivery prior to 35 weeks. If you notice any rhythmic pain that occurs more than 4 to 5 times an hour it is important that you lie down and remain hydrated. If this rhythmic pain persists for more than 30-60 minutes after lying down then please call.

*Please call and speak with the office or physician on call before leaving for the hospital. Many medical problems can be handled by the telephone and prevent you from a costly hospital visit.

High Blood Pressure of Pregnancy: Another potential but unlikely problem is preeclampsia or high blood pressure of pregnancy. This is defined as an elevation in blood pressure along with urine protein and a significant weight gain which is usually accompanied by swelling. Swelling alone in pregnancy is not uncommon and may be lessened by avoiding salt or foods which may lead to water retention. Support hose and elevation of the legs may also be of benefit. If you notice more than a 10 pound weight gain, a severe headache, which does not resolve with Tylenol or severe abdominal pain please call.

Labor: Labor is defined as painful uterine contractions with dilatation of the cervix. You should call if your bag of water breaks, if there is vaginal bleeding which is heavier than a period or in most cases when your contractions are occurring every 2 to 3 minutes for about an hour and are uncomfortable. If your pregnancy has been uncomplicated you may stay home during early labor as long as your bag of water has not broken and your baby is moving well. During this time it is important to stay well hydrated and avoid anything

heavy to eat. You may also give yourself an enema if you desire to do this before coming to the hospital or an enema may be given at the hospital. Don't worry if you do not want an enema that is fine. Some women desire an enema to avoid excessive stool while pushing. You may lose your mucous plug hours to weeks before your delivery this is not predictive of labor. You do not need to notify the office unless this occurs prior to 34 weeks. Once you arrive at the hospital your nurse will obtain a copy of your prenatal information. Please remember to bring your prenatal card. If you are in labor an IV will be started and your baby will be monitored. Pain management will be discussed during your visit between 34 and 36 weeks. You will also discuss this in your prenatal classes. If you have any questions please bring them to your next appointment.

*Please note that most labor takes a considerable length of time from onset (usually many hours). Therefore, driving carefully and the speed limit is highly encouraged. You should have plenty of time to arrive safely at the hospital.

Other reasons to call

- Rigid Abdomen that is painful and does not relax.
- Heavy Vaginal Bleeding.
- Lack of Fetal Movement, even in labor your baby should move some.
- Your bag of water breaks
- You experience sudden swelling in hands and face with blurred vision and severe headache
- Painful regular contractions, in "true" labor contractions increase in frequency and strength, they are not relieved by activity or position

Third Trimester

Welcome Baby Home: This is the time you've been waiting for! It is very normal to have some apprehension about labor. I'd like to give you some information on what will be happening so that we can discuss any questions or concerns you might have. Hopefully by discussing what normally occurs during labor, it will lessen some of the expected anxiety. Remember, women have been having babies for hundreds of years, so try to relax and enjoy the experience!

Birth Plans: Some of you may be going to birthing classes in which they ask you to write a birth plan. For the most part, I don't feel birth plans are very helpful and in many cases, can set you up for disappointment. Many times, it is difficult to determine exactly how your labor will progress. So when things don't go according to the preset birth plan, some women may be disappointed or have a sense of failure. It is a good idea, however, to think about your options and what you would like to experience in ideal circumstances. Keeping an open mind and going with the flow of your labor will help you to enjoy this time and provide a memorable experience for you and your family.

Pain Management: Pain management will vary for each individual. What may be right for one woman may not be the right choice for another. You are in charge of your own pain management in labor. You may use hypnosis, breathing techniques, IV sedation or an epidural.

If you decide on an epidural, talk with your anesthesiologist as to what you would like. It is a good idea to be able to move your legs during labor, as this will assist with pushing during the second stage. In some cases, a complete motor block (inability to move your legs on your own) may lengthen the second stage of labor. An epidural may also increase your risk of vacuum, forceps, or c-section if you are unable to push effectively. This does not mean that you need to have pain during labor, but that ideally, it is easier to push if you are able to feel pressure. Discussing with your anesthesiologist your desire to be able to feel pressure during the pushing stage may make it easier for you.

If you decide on IV sedation, please note that this will dull, but not completely take away the pain during labor. IV sedation may be all that some women with shorter labors require. In some cases, the intensity of the second stage (or “pushing stage”) is greater without an epidural. In these cases, it is important to stay focused and remember that the pressure will end once the baby is delivered. Steady and focused pushing efforts may decrease the need for an episiotomy or vaginal repair. We do not automatically or routinely perform an episiotomy unless it is necessary. Women who have given birth previously are less likely to need an episiotomy or repair.

Indications for Vacuum, Forceps or Cesarean Section: Most women will have a spontaneous vaginal delivery! Indications for a c-section would be fetal distress, malpresentation, and failure to dilate or descend with pitocin. Indications for vacuum or forceps would be fetal distress or inability to push a baby out spontaneously. Vacuum and forceps are safer than a c-section when used appropriately.

Remember, most women are going to have a spontaneous vaginal delivery! Our goal for you is a healthy baby, healthy mom and a memorable birthing experience. These are some of the highlights of what to expect during this special and exciting time. We will be happy to discuss any issues with you at your next visit.

Go to the Hospital for the following:

- Rigid Abdomen that is painful and does not relax.
- Heavy Vaginal Bleeding.
- Lack of Fetal Movement, even in labor your baby should move some.
- Your bag of water breaks.
- You experience sudden swelling in hands and face with blurred vision.
- Painful regular contractions, in "true" labor contractions increase in frequency and strength, they are not relieved by activity or position and would require pain management.

After the Pregnancy

You have spent nine months preparing for your baby's birth. You have probably read every book, article, and website to make sure you were eating right, exercising at the appropriate level, and taking the necessary vitamins and supplements. Your preparation has paid off... Congratulations!

Now that you have given birth, it is important to keep up the healthy habits you practiced throughout your pregnancy. Your doctor or nurse is the best resource for making sure you are on track. To get ready for your six-week post-delivery visit, download our post-delivery planner and bring it with you to up check-up. Use it to discuss your health and well being with your doctor and nurse.

Postpartum Adjustment: Studies show that up to 80% of new mothers experience some type of transitional difficulty during pregnancy or after the baby is born. Information and planning are the keys to a better transition. Most women are faced with unexpected changes such as conflicting emotions, new challenges, and time management concerns. Typically, these issues are not addressed in traditional childbirth education classes, leaving parents feeling uninformed and overwhelmed.

Postpartum Blues:

- Affects 60-80% of new mothers
- Usually occurs on the 3rd or 4th day and disappears by day 14
- No special treatments

Common Symptoms:

- Crying for no apparent reason
- Loneliness/sadness
- Irritable
- Unable to sleep
- Food craving/Loss of appetite
- Lack of feelings for the baby
- Loss of self-confidence
- Feelings of being overwhelmed

Postpartum Depression (PPD):

- Affects 10-20% of new mothers
- Appears from one month to a year
- Although postpartum blues and PPD may look similar, symptoms seem to worsen after a few weeks rather than subside.
- Treatment may consist of talking to a healthcare specialist who understands your problem, attending a postpartum depression support group, and/or medication (doctor referral)



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Common Symptoms:

- Feeling “Not yourself”
- Appetite and sleep changes
- Hopelessness
- Guilt, inadequacy, worthlessness
- Over concern/No concern/ Anger towards baby
- Loss of all interest including sex
- Fantasies/bizarre thought patterns
- Nightmares/Hallucinations
- Feeling out of control
- Frightening feelings
- These symptoms may also be mixed with anxiety symptoms (sometimes referred to as postpartum anxiety) which resemble a heart attack such as loss of breath, headache, numbness, and chest palpitations.

Postpartum Psychosis:

- Rarest of all the postpartum illnesses
- Affects 1 in every 1,000 births
- Symptoms occur between 3-14 days and initially resemble PPD
- Severity is the key in diagnosing

Common Symptoms:

- Refusal to eat
- Loss of memory
- Excessive energy
- Total irrationality

If you experience several of the following symptoms for longer than a couple weeks or, if the symptoms are severe enough to interfere with your daily routine, it's time to seek help.

- A persistent sad, anxious or “empty” mood
- Sleeping too much or too little, early morning awakening
- Reduced appetite and weight loss or increased appetite and weight gain
- Loss of interest or pleasure in activities once enjoyed, including sex
- Restlessness, irritability, or excessive crying
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain
- Difficulty concentrating remembering, or making decisions
- Feeling guilty, hopeless, worthless, helpless, or pessimistic
- Fatigue or loss of energy, feeling “slowed down”
- Thoughts of death or suicide or suicide attempts



How Counseling Helps: Counseling provides you with an opportunity to sit down with someone who is objective, and capable of offering insights and alternatives for solving life's problems. More importantly, a therapist is an expert who can Show you ways of ridding yourself of negative thoughts or behavior patterns and adopting constructive new ones. The PPD Center specializes in helping women and their families prepare for and adapt to the stressful and often difficult transition pregnancy & a new baby can bring.

Who Can Help:

United Way 24-Hour Help Line: (210) 227-HELP (4357)

The Postpartum Depression Center of San Antonio
921 Proton Rd. San Antonio, TX 78258 | (210) 497-0800 or (210) 490-4540

The PPD Center of San Antonio is a resource new parents, physicians, & family therapists can rely upon to provide the best care possible.

Benefits they offer:

- 24 hour on-call service/hospital privileges
- Most insurance plans accepted, including Medicaid
- Risk screening tools
- Individual and/or family therapy
- PPD support groups
- Psychiatrist referral for Medication Management
- Specialists in marriage & family
- Bi-Lingual therapist available
- Group psycho-educational seminars
- Educational materials
- Community resources network

Recommended Book: The Girlfriends' Guide to Surviving the First Year of Motherhood By Vivki Iovine

Billing and Insurance Procedures:

After you have been seen for your first prenatal care visit, our office will contact your insurance company to verify your benefits and obtain an estimate of what your out-of-pocket expenses for our office will be.

At this time, as a courtesy we will pre-certify your hospital stay with your insurance company.

Prior to your hospital stay you must follow up with your insurance company to insure certification was obtained. Failure to verify this information may result in reduced benefits or you may become responsible for the entire cost of the pregnancy and delivery.

Once this information is obtained, on your following visit, you will meet with one of our insurance coordinators. During this meeting, you will be given a Quotation of Cost for an Uncomplicated Delivery. This quotation only includes your regular office visits and delivery. All labs, sonograms and non-stress tests will be separate from this quotation. Please note, depending upon your insurance, some carriers may or may not allow payment for sonograms. If your insurance does not allow for sonograms and if sonograms are performed, you will be financially responsible.

Your expected out-of-pocket expenses (coinsurance or deductibles) are to be paid in full by the **24th week** of pregnancy. After you deliver and your insurance pays, if there is a credit on your account you will be promptly refunded. If your insurance changes during your pregnancy, you must notify our office immediately and bring in your new insurance information on your next visit. Failure to notify us may result in reduced benefits you receive from your insurance company. In some instances, you may become responsible for the entire cost of the pregnancy and delivery.

Disability and FMLA Forms:

If you have disability insurance or are eligible for leave under the Family Medical Leave Act, you may drop these forms off with our receptionist. Please fill in all of the information you can. There will be a \$25.00 charge for each form we complete.

After you leave these forms at our office, it will take up to 10 business days to complete them. Please call our office to insure they are done before making a trip to pick them up.