



Physicians

WOMEN'S HEALTH CENTER

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Important numbers

Pregnancy Information

OU Physicians Women's Health Office: (405) 271-5239

Appointments: (405) 271-9494

Your Provider's LPN/MA extension: 405-271-8001 + ext

OB ER/Women's Urgent Care at Children's Hospital: (405) 271-4277

Medication Refills: Have your pharmacy send an electronic refill request

Oklahoma Breastfeeding Hotline: 1-877-271-MILK (6455)

Oklahoma Tobacco Helpline: 1800-QUIT-NOW (800-784-8669)

Patient Portal: www.myoumedicine.com

View your lab/test results, health records, secure messages from providers/staff, online appointment requests and medication refill requests.

OU Medical Center Labor and Delivery Tours: Every Wednesday (excluding holidays) at 3:30. Meet in the 1st Floor lobby of The Children's Hospital.

OU Medical Center Childbirth Education: (405) 271-5000

Emergencies and Urgent Situations:

- **Before 20 weeks pregnant:** during office hours call the clinic and/or report directly to the emergency department.
- **After 20 weeks pregnant:** during office hours call the clinic and/or report directly to the OU Medical Center OB Emergency Department at The Children's Hospital 4th floor or to the nearest emergency department.
- If you are bleeding heavily like a period, think your water has broken, or you think you are in labor you do not need to call the clinic. **Go directly to the OU Medical Center OB Emergency Department at The Children's Hospital 4th floor.**
- **Post-Partum (After delivery):** Call the clinic or report to the OU Medical Center OB Emergency Department at The Children's Hospital 4th floor.

WELCOME

Welcome to OU Physicians Women's Health. Thank you for entrusting your prenatal care to our experienced providers.

Several aspects of our clinic make us unique and qualified to take care of you during this special time. We would like to take this opportunity to review what makes us special and how that might affect your experience here at OU Physicians.

Our obstetricians are faculty within the OU College of Medicine. This means that in addition to taking care of our own patients, we spend a considerable amount of time teaching medical students, and training resident physicians. We want to make sure your needs are met even when our obstetricians are out of the office. Therefore, we have nurse practitioners who can see you in the office for emergencies or urgent situations and will oversee your care in conjunction with the staff that is in the office that day.

We work closely with our Prenatal Diagnostic Center physicians (perinatologists) in managing your care if additional expertise is needed. Our perinatologists provide us with easy access to further expertise in complicated pregnancies and allow us to co-manage problems. Together, we feel we are uniquely qualified to manage pregnancies with complications that other physicians in the community may not feel comfortable managing. In addition, for the convenience of our patients, we now offer same day viability and anatomy ultrasound scans in our clinic so that we can better accommodate your needs.

It is our desire to provide you with the best prenatal care based on the latest research and information. We would like you to have all the tools necessary to maintain a healthy pregnancy and prepare you for delivery

Thank you again for choosing OU Physicians and congratulations on your pregnancy. We are proud to be your partner in your new journey. Please let us know at any time if there is anything we can do to better serve you.

Warning Signs



- Vaginal bleeding or spotting not associated with recent intercourse
- Abdominal pain
- Persistent vomiting or diarrhea for 24 hours)
- Fever of 100.4 or greater
- Leakage of fluid from the vagina
- Severe or continuous headache
- Sudden visual changes

Decreased Fetal Movement (after 24 weeks)

- Call within 12 hours if there is a significant decrease in fetal movement
- Call within two hours if there is no fetal movement when lying on your side
- If 10 kicks are not felt within two hours, call or go to the OB Emergency Department

Labor Symptoms

- Regular or frequent tightening sensation in the abdomen
- Constant low, dull backache
- Pressure in the lower abdomen or pelvis
- Mild abdominal cramps
- Vaginal spotting or bleeding
- Watery vaginal discharge – in a gush or a trickle

Before 37 weeks: if contractions continue for over one hour, call or go to the OB Emergency Department.

After 37 weeks: begin timing contractions, call or go to Labor and Delivery when contractions are every three to five minutes apart and becoming longer, stronger and closer together.

Emergencies and Urgent Situations:

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 - **After 20 weeks pregnant:** during office hours call the clinic and/or report directly to the OB Emergency Department or to the nearest emergency department If you are bleeding heavily, think your water has broken, or you think you are in labor go directly to the OB Emergency Department
- **Post-Partum (up to 6 weeks after delivery):** Call the clinic or report to the OB Emergency Department

What to Expect During Your Prenatal Visits

Prenatal Care: The first visit

You and your care provider have a lot to discuss.

- Medical history – including details about your personal and family medical history, your menstrual cycle and past pregnancies, use of medications
- Physical exam and lab tests – Pelvic exam, blood type, screen for infections, and check for anemia
- Establish an estimated date of delivery (due date) – an ultrasound may be done to measure the size of your baby
- Lifestyle issues – nutrition, exercise, work, use of medications, smoking
- Genetic screening tests – Please read and sign the education material given to you about the First Trimester Screen and Multiple Marker Screen after you talk with your doctor; Those tests will be scheduled after your first visit if you choose

Prenatal Care: Other 1st trimester visits (weeks 9-14)

Subsequent visits- often scheduled about every four weeks will probably be shorter than your first visit. Each visit your provider will:

- Check your weight
- Monitor your blood pressure
- Listen to the baby's heart beat (usually heard with a Doppler between 10-14 weeks)
- Discuss any questions or concerns

*Precautions: If you experience any bleeding contact your provider as soon as possible. If your blood type is Rh Negative, you may require an earlier dose of Rhogam®.

Prenatal Care: 2nd Trimester visits (weeks 14-27)

You will continue to visit your provider about every four weeks. Your Provider will:

- Check your weight and blood pressure
- Measure your belly from the top of your uterus to your pubic bone to track your baby's growth.
- Listen to your baby's heartbeat
- Talk about your baby's movement (usually feeling flutters at 20 weeks)
- Talk about any symptoms, concerns, or questions you may be experiencing
- Screen for Gestational Diabetes (24-28 weeks); This test takes one hour; Please do not eat or drink anything other than water for two hours prior to your test; Avoid food/drinks that are high in sugars or other simple carbohydrates
- Patients with Rh negative blood will have an injection of Rhogam® around 28 weeks of pregnancy
- Talk about recommended immunizations like Influenza (Flu) and Tdap

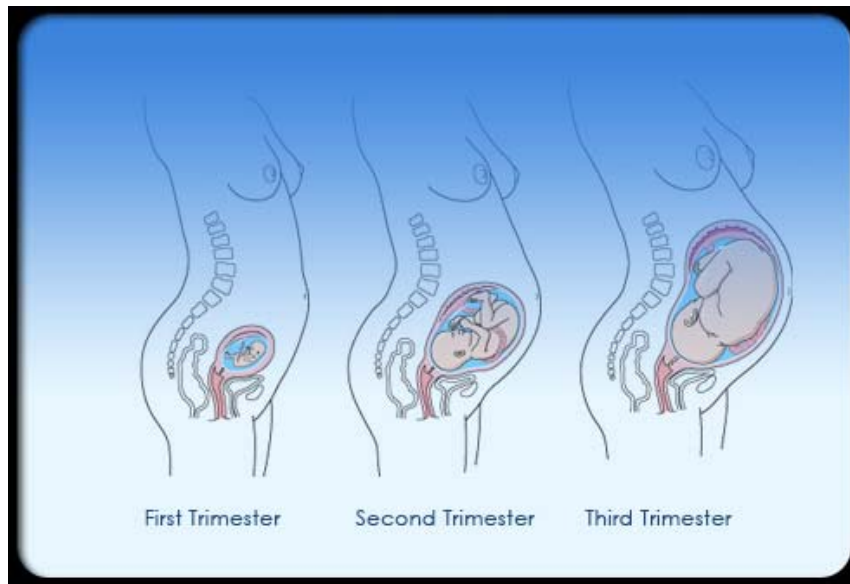
*Precautions: Call your provider if you experience any bleeding, leaking of fluid or change in discharge from the vagina, or more than four contractions per hour.

Prenatal Care 3rd Trimester (weeks 27-40)

During the last month of pregnancy, expect weekly checkups. Your provider will continue to monitor your blood pressure and weight, as well as your baby's heartbeat and movements.

- At 35-37 weeks, your provider will do a screening test for group B Streptococcus (GBS); GBS is a common bacterium that is usually harmless in adults; Babies born to mothers not treated with antibiotics prior to delivery can become seriously ill; If your test is positive for GBS, your provider will give you intravenous antibiotics during labor to help protect your baby from the bacteria
- Near the end of pregnancy, your provider may include pelvic exams to check the baby's position and detect cervical changes

*Precautions: Keep watch for any bleeding, leaking of fluid or change in discharge from the vagina, or more than four contractions per hour. It is also important to monitor for at least 10 movements of your baby during hours you are awake.



*****Many emergencies that happen in pregnancy cannot be anticipated. If you feel an emergency has occurred please report immediately to the OU Medical Center OB Emergency Department located at The Children's Hospital 4th floor or to the nearest emergency department.**

The PostPartum checkup (six weeks after delivery)

Your Provider will:

- Check your weight and blood pressure
- Check your vagina, cervix and uterus to make sure you are healing well
- Talk about resuming sexual activity, birth control, breastfeeding and adjusting to life with your new baby

*Precautions: You must abstain from sexual intercourse two weeks prior to your visit if you desire long acting reversible birth control (LARC) such as an IUD, Nexplanon® or Depo-Provera®. If you do not abstain, you may be scheduled for a different appointment to place your birth control.

Common Questions

What about travel?



Most women can travel safely until close to their due date. Commonly, women travel in the greatest comfort during the second trimester (14-28 weeks). Most airlines allow pregnant women to fly up to 36 weeks. Check with the airline for specific guidelines. Airport security scans are not harmful in pregnancy. If you travel by land or air, take extra steps for your comfort and safety. Travel is not advised for high risk pregnancies. Ask your provider if you are unsure if travel is safe for you.

- Always buckle up! Wear your lap belt under your abdomen and put the shoulder belt between your breasts and across your shoulder
- Walk around every hour or so; Flex and extend your ankles often
- Drink plenty of fluids

What about exercise?

Moderate exercise in pregnancy is encouraged if you are healthy and your pregnancy is proceeding normally. At least 30 minutes of moderate exercise is recommended on most, if not all, days of the week. Regular exercise can help you cope with the physical changes of pregnancy and build stamina for the challenges ahead.



- Remember to warm up and cool down
- Drink plenty of fluids and avoid overheating
- Your heart rate should not be higher than 140 beats per minute
- Avoid activities that may lead to an accidental fall or activities that force you to lie flat on your back after the 1st trimester

What about working?

Most women can continue working during pregnancy. To stay healthy and productive on the job, understand how to alleviate common pregnancy discomforts.



- Take short, frequent breaks – get up and move
- Drink plenty of fluids – keep a water bottle with you and sip throughout the day
- Keep up your fitness routine – take a daily walk or join a prenatal fitness class
- Go to bed early – aim for seven to nine hours of sleep every night
- Use good back support for jobs that require long hours of sitting
- Wear comfortable shoes with good arch support and consider support hose for jobs that require long hours of standing

What about sex?

As long as your pregnancy is proceeding normally, you can have sex as often as you like — but you might not always want to. As long as you are comfortable, most sexual positions are OK during pregnancy. As your pregnancy progresses, experiment to find what works best for you and your partner. Your provider may recommend avoiding sex if:

- You have unexplained vaginal bleeding
- You are leaking amniotic fluid
- Your cervix opens prematurely (cervical incompetence)
- Your placenta partly or completely covers your cervical opening (Placenta Previa)



What foods should I avoid?

Understanding what foods to avoid during pregnancy can help you make the healthiest choices for you and your baby.



- Avoid raw fish and shellfish (sushi, sashimi, raw oysters, scallops or clams)
- Avoid undercooked or contaminated seafood (nova style, lox, kippered)
- Avoid seafood high in mercury (swordfish, shark, king mackerel, tilefish)
 - Limit albacore tuna and tuna steak to no more than six ounces a week
- Avoid undercooked meat, poultry and eggs
 - Use a meat thermometer to make sure meats and poultry are fully cooked
 - Cook hotdogs and luncheon meats until they are steaming or avoid them completely
 - Avoid refrigerated pates and meat spreads
 - Cook eggs until the egg yolks and whites are firm
- Avoid unpasteurized foods
 - Avoid soft cheeses such as Brie, feta and blue cheese unless clearly labeled “pasteurized”
 - Avoid drinking unpasteurized juices
- Avoid unwashed fruits and vegetables
 - Avoid raw sprouts of any kind (alfalfa, clover, radish and mung bean)
- Avoid excess caffeine – caffeine can cross the placenta and affect your baby’s heart rate.
 - Limit your caffeine intake to less than 200 mg a day (eight ounces coffee=95mg)

Making Healthy Food Choices

Before you eat, think about what and how much food goes on your plate or in your cup or bowl. Over the day, include foods from all food groups: vegetables, fruits, whole grains, fat-free or low-fat dairy products and lean protein foods.

- **Make half your plate fruits and vegetables** – Choose a variety, including dark-green and red and orange vegetables and beans and peas
- **Make at least half your grains whole** – Choose whole grains in place of refined grains
- **Switch to skim or 1% milk** – Choose fat-free or low-fat milk and milk products, such as milk, yogurt, cheese or fortified soy beverages
- **Vary your protein food choices** – Choose seafood, lean meat and poultry, eggs, beans and peas, soy products and unsalted nuts and seeds
- **Use oils to replace solid fats where possible**
- **Make choices that are low in “empty calories”**

Get a “Daily Plan for Moms” designed just for you. Go to www.ChooseMyPlate.gov

Common Complaints of Pregnancy

Nausea and Vomiting

- Eat five to six small meals a day; Include protein snacks especially at bedtime
- Eat dry foods then wait 45 min before drinking any fluids
- Eat crackers/dry toast before getting out of bed in the morning; Avoid fried or greasy foods and strong odors
- Try eating salty and tart foods in combination (lemonade and potato chips)
- Ginger in tea, ginger ale, ginger tablets, (250 mg/four times daily), peppermint tea
- Sea band bracelet
- Vitamin B6 (25 mg/twice daily); Unisom (half of a 25 mg tablet) – this medication is over the counter



Backache

- Avoid lifting with back and/or lifting over 20 pounds; Wear shoes with low heels
- Maternity belt to support uterus
- Supportive bra
- Heat and cold application



Headache



- Tylenol extra strength per manufacturer's label (do not take more than 3,000 mg in 24 hours)
- Drink at least 32 ounces of water
- Rest in a dark room
- Yoga exercises and/or massage
- Small, frequent meals/snacks
- Apply ice pack to head with hands and feet in warm water
- One small caffeinated beverage (cup of coffee)
- If persists and/or accompanied by visual disturbances, call (405) 271-5239

Constipation



- Increase intake of water, raw fruits, vegetables, fiber-rich foods
- Hot liquid/hot prune juice in the morning
- Walk daily (one to two miles)
- Stool softener and/or Metamucil®
- Prenatal vitamin that contains Colace®
- Milk of Magnesia® if above remedies fail – one tablespoon with meals and at bed time until you have a bowel movement

Fever

- Increase fluids and take extra strength Tylenol® as directed by manufacturer
- Call the clinic for temperature of 100.4 or greater



Diarrhea

- Clear liquids for 24 hours
- No dairy products for 48 hours
- Gradually add BRATT diet (bananas, rice, applesauce, toast and tea)
- Imodium AD (after 12 weeks)
- Call if not resolved in 24 hours

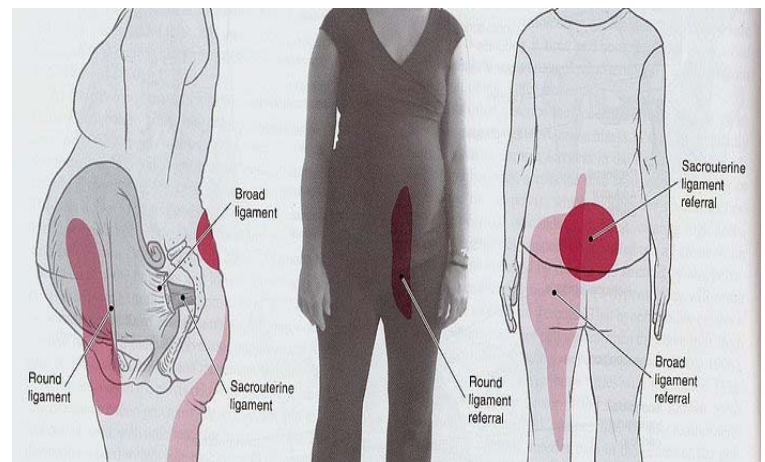
Colds, FLU, Sinus Pressure and Congestion



- Increase fluids
- Cool mist vaporizer
- Neti pot or saline nasal rinse
- Call the clinic for temperature of 100.4 or greater
- Avoid combination drugs bought over the counter

Round Ligament Pain

- Avoid sudden position changes
- Turn to side slowly and push to upright position with arms
- Flex knees into abdomen and bend forward to relieve pain
- Lie on affected side
- Increase water intake
- Calcium intake of 1200-1500 mg/day
- Warm bath or heat to area
- Pelvic tilts and/or yoga exercises
- Maternity belt



Leg Cramps



- Wear support pantyhose and low-heeled shoes
- Calcium and magnesium supplements
- Soak in warm bath with Epsom salts
- Avoid pointing toes
- Elevate legs and exercise to improve circulation

Lower Extremity Edema

- Wear support hose and avoid tight clothes
- Rest on left side
- Elevate legs to level of heart
- Increase protein and water intake (distilled water may be more helpful)
- Eat diuretic foods such as asparagus, tomatoes, apple cider vinegar, parsley, cranberries

Edema (swelling) of the ankles and feet



Dizziness and Fainting



- Avoid sudden position changes
- Avoid sitting or standing for long periods of time
- If feeling faint, lie or sit down with legs elevated or place head between knees

Insomnia

- Sleep during regular nighttime hours
- Exercise daily and use relaxation exercises
- Avoid caffeine
- Decrease fluids before bedtime
- Avoid large meals within two hours of bedtime
- Chamomile tea
- Benadryl®



Increased Vaginal Discharge



- Avoid bubble baths, scented toilet paper, douching and strong detergents
- Wear cotton underwear
- Call the clinic for itching, burning or foul odor
- May use seven-day over the counter vaginal cream for yeast

Medications During Pregnancy

The following medications and home remedies have no known harmful effects during pregnancy when taken according to the manufacturer's directions. If you want to know about the safety of any other medications not listed here, please contact your health care provider.

Symptoms	Medications	Non-Medication
Allergies: runny nose, sneezing, watery eyes, itchy throat, sinus pressure	<ul style="list-style-type: none"> • Zyrtec® (non-drowsy) • Claritin® (non-drowsy) • Benadryl® 	
Cold and Flu: Congestion, runny nose, sneezing, watery eyes, sore throat, cough, headache	<ul style="list-style-type: none"> • Tylenol® (acetaminophen) • Tylenol Cold® (Daytime) • Sudafed® • Benadryl® • Robitussin DM® • Triaminic DM® • Vicks Cough Syrup® • Halls® cough drops 	<ul style="list-style-type: none"> • Gargle with warm salt water • Saline nasal drops or spray
Constipation	<ul style="list-style-type: none"> • MiraLax® (1-3 times per day) • Metamucil® or Citrucel® daily • Fiberall® or Fibercon® • Colace® (1-3 times per day) 	<ul style="list-style-type: none"> • Increase water intake (10-12, 8 oz glasses per day) • Eat whole grains, fresh fruits and vegetables • Drink prune juice
Diarrhea	<p><u>IF after 24 hours and if you are greater than 12 weeks pregnant:</u></p> <ul style="list-style-type: none"> • Imodium A-D® 	<ul style="list-style-type: none"> • BRATT diet: Bananas/Broth Rice Applesauce Toast Tea • Avoid fatty and greasy foods, raw fruits/vegetables, dairy products and citrus fruits
First Aid Ointment	<ul style="list-style-type: none"> • Neosporin® • Triple antibiotic ointment 	<ul style="list-style-type: none"> • Clean and disinfect with warm soapy water
Headache	<ul style="list-style-type: none"> • Tylenol® as directed 	<ul style="list-style-type: none"> • Increase water intake • Cool compress to head and neck
Hemorrhoids	<ul style="list-style-type: none"> • Anusol® spray • Tucks®/Witch hazel pads • Preparation H® 	<ul style="list-style-type: none"> • Increase water intake • Increase fiber intake • Avoid straining

Symptoms	Medication	Non-Medication
Heartburn	<ul style="list-style-type: none"> • Mylanta® • Maalox® • Tums® • Zantac® • Pepcid® 	<ul style="list-style-type: none"> • Avoid fried/fatty/spicy foods • Sit upright for at least 1 hour after meals • Eat smaller, healthy meals instead of 3 large meals each day
Nausea and Vomiting (severe nausea may require a combination of multiple medications from this list)	<ul style="list-style-type: none"> • Vitamin B6-25mg tab + Unisom® (doxylamine succinate) 25 mg (1/2 tab) Take together in am/pm • Pepcid® • Claritin®/Zyrtec® 	<ul style="list-style-type: none"> • Sea Band bracelets • Ginger ale, peppermint tea • Suck on hard candy/peppermints • Saltine crackers or other dry carbohydrate snack • Eat 5-6 small snacks throughout the day; Never go long periods without food or let your stomach be empty, even if you are not hungry • Avoid strong smells (apply a dab of Vicks® under your nose)
Rashes	<ul style="list-style-type: none"> • Caladryl® lotion or cream • Aveeno® oatmeal bath • Benadryl® cream or oral tablets • Hydrocortisone cream or ointment 	<ul style="list-style-type: none"> • Non-irritating soaps, lotions, detergents (Dove®, Ivory®, Cetaphil®)
Yeast Infection	<ul style="list-style-type: none"> • 7 day insert or vaginal yeast treatment cream (Monistat®, Gyne-Lotrimin®) <p>DO NOT insert applicator too far in vagina</p>	<ul style="list-style-type: none"> • Decrease sugar and simple carbohydrates in your diet • Wear cotton underwear and loose fitting pants or skirts • Avoid scented soaps or panty liners • Eat live culture yogurt (lactobacillus) daily

When to go to the Hospital

As a general rule at 37 weeks and beyond, you may be able to determine if you are in true labor by applying the **5-1-1 Rule: Contractions about five minutes apart, lasting a minute each for at least one hour.**

If your pain is more severe, or if you are bleeding like a light period or greater, or you think your amniotic water is broken, you should be evaluated sooner at the OU Medical Center OB Emergency Department located at The Children's Hospital 4th floor.

5-1-1 RULE

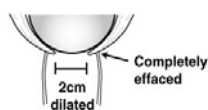
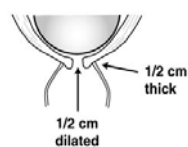
- Contractions about **5** minutes apart
- Lasting **1** minute each
- For at least **1** hour

Labor and Delivery

Every woman's labor and delivery experience is unique even from one pregnancy to the next. Understanding what is typical can help you know what to expect as your due date gets closer. Sometimes, however, labor and delivery takes surprising twists and turns. You might reconsider your wishes about pain medication, or you might need an unexpected C-section. However your labor and delivery unfolds, remember that your health and your baby's health are most important. Discuss your labor and delivery preferences with your health care provider. Then look forward to welcoming your baby into the world.

STAGE 1: EARLY LABOR AND ACTIVE LABOR

Labor starts when the contractions create changes to the cervix. The cervix opens gradually and is measured in centimeters from 0 to 10. The cervix opens (dilates) and thins out (effaces) to allow the baby to move through the birth canal. This is the longest of the three stages of labor.



Early Labor (100% effacement and 0-3 cm)

- Mild contractions that come at regular intervals
- Backache
- You may notice bloody show-brown/blood tinged discharge from your vagina
- Feelings of excitement and relief that labor has begun
- Average length for first-time moms is six to 12 hours

What can you do?

- Walk!
- Change positions frequently favoring upright positions
- Carry on normal activities (try to distract yourself)
- Eat and drink lightly
- Take a warm bath or shower. Relax!

Active Labor (4-7 cm)

- Strong contractions
- Increased backache
- Feeling more serious and increased concentration
- Often lasts up to eight hours or longer



What can you do?

- Go to the hospital
- Walk if comfortable
- Sit on a birth ball or rock in a rocking chair
- Try warm shower/bath
- Look to your partner and health care team for encouragement and support.

What can your partner do?



Provide SUPPORT:

- S-Supportive environment**
- U-Urinate at least once an hour**
- P-Position changes frequently**
- P-Praise and encouragement**
- O-Out-of-bed (walk/shower)**
- R-Relaxation**
- T-Touch and massage**

Transition (8-10cm)

- Usually the shortest part of labor (10 to 60 minutes)
- Very intense contractions
- Chills/shaking legs/hot flashes
- Pressure in your bottom
- Desire to “give up or go home”
- Feeling tired/irritable

What can you do?

- Experiment to find your most comfortable position
- Take one contraction at a time
- Breathe
- Relax and rest in between contractions

STAGE 2: THE BIRTH OF YOUR BABY

The second stage of labor lasts from the time your cervix fully opens to the birth of the baby. Contractions during stage 2 are farther apart. Many women find the urge to bear down irresistible as the contraction builds. For most women the sensations to push are much less painful than the contractions of transition.

- Almost uncontrollable urge to push
- Tremendous back and rectal pressure
- “Second wind” of strength to make pushing effort
- Pins and needles stretching sensation as baby crowns
- Feelings of relief, exhaustion, and excitement
- May last from one contraction to three hours

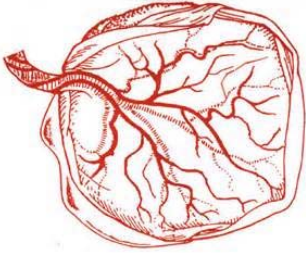


What can you do?

- Experiment to find the most comfortable and most productive pushing position – semi-sitting, side-lying (left), squatting, all fours
- Relax your shoulders, neck and jaw
- Listen to the direction of your provider – At some point, you might be asked to push more gently — or not at all; Slowing down gives your vaginal tissues time to stretch rather than tear
- Open your eyes for the birth!

STAGE 3: DELIVERY OF THE PLACENTA

After your baby is born, you will likely feel a great sense of relief. Holding your baby skin to skin on your chest is very important and helps your baby get used to the outside world by stabilizing baby's temperature, breathing and heart rate and blood sugar. Cherish the moment...but a lot is still happening. During the third stage of labor, the placenta lets go of the inside of the uterus and is pushed out through the birth canal. Your health care provider will help deliver the placenta and make sure your bleeding is under control.



- Mild contractions
- May take five to 30 minutes
- May feel chills or shakiness
- Feelings of relief the baby is here, joy and fatigue

What can you do?

- Relax! Breathe!
- Hold your baby skin to skin
- Try breast-feeding
- Gently push as you feel the urge or as instructed by your provider

The Postpartum Period

The first couple of hours after your baby's birth are sometimes called STAGE 4 of labor. Your body is adjusting to its new non-pregnant state. Your uterus must contract firmly to prevent too much bleeding (like a grapefruit sized mass at the level of your bellybutton).

After months of waiting for your baby and working hard in labor and delivery, your attention shifts to caring for your new baby — but you also need to take care of yourself.



- Vaginal bleeding (lochia) like a heavy period
- Afterbirth contractions/cramping especially during or after breastfeeding
- Tenderness of perineum/bottom
- Feelings of excitement, tiredness, and overwhelming love for your new baby

What can you do?

- Hold your baby skin to skin or have your partner hold baby skin to skin frequently to promote bonding, stabilize baby's vital signs and increase your success with breastfeeding
- Breastfeed your baby within the first hour of life and any time they show signs of hunger (lip movements, rooting, sucking on fingers or hands)
- Empty your bladder every few hours to help your uterus shrink in size, decrease bleeding and rid your body of extra fluid that caused hand and leg swelling late in pregnancy
- Apply ice packs to your perineum for the first 12 to 24 hours to decrease swelling
- Drink lots of liquids
- Limit visitors and rest/sleep when the baby rests/sleeps

When you go home after a Cesarean Section:

- Take it easy – rest when possible, do not lift anything heavier than the baby for the first few weeks
- Support your abdomen – use good posture and hold your abdomen near your incision during sudden movements like coughing, sneezing or laughing
- Drink plenty of fluids to help replace fluid lost during surgery, support breastmilk production and prevent constipation
- Take medication as needed – medications given by your provider are okay to take while breastfeeding; Watch for any signs of infection and call your provider for:
 - Fever higher than 100.4
 - Severe pain unrelieved by your prescription medications
 - Redness, swelling and drainage at your incision site or perineal tear

Induction of Labor

Most providers encourage you to wait until 41 weeks gestation before scheduling an induction if you have not gone into labor. Some reasons for induction of labor for patients at 39 weeks gestation may include: diabetes, high blood pressure or other high risk conditions of pregnancy. Some high risk conditions may make earlier delivery necessary and will be discussed on an individual basis with your provider. Elective (meaning not medically necessary) inductions of labor should not be done before 39 weeks unless fetal lung maturity can be verified by amniocentesis. A cervix that is unfavorable, meaning neither dilated nor effaced, makes for a much more difficult induction of labor and puts the patient at increased risk for cesarean section.

If you have not gone into labor by 41 weeks and you do not want an induction, your provider will monitor the baby by ultrasound to make sure there is enough amniotic fluid around the baby, and a non-stress test fetal heart tracing to monitor the baby's heartbeat. If either of these tests is not reassuring, your provider will recommend delivery.

On the day of your scheduled induction you may:

- Eat a small, light meal – choose high protein, low fat foods
- Drink fluids as usual
- Take your medications as usual



Cesarean Section

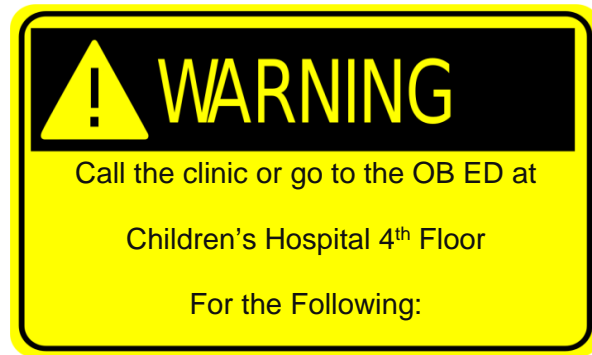
A C-section might be planned ahead of time if you develop pregnancy complications or you've had a previous C-section and aren't considering vaginal birth after cesarean (VBAC). Often, however, the need for a first-time C-section doesn't become obvious until labor is under way. An average C-section can usually be done in less than an hour. In most cases, your spouse or partner can stay with you in the operating room during the procedure. Soon after your C-section, you will be encouraged to get up and walk. Moving around can speed your recovery and help prevent constipation and potentially dangerous blood clots. After a C-section, most mothers and babies stay in the hospital for about three days.

On the day of your scheduled C-section you should:

- **NOT eat or drink anything** eight hours before your surgery
- Take only medication you have discussed with your provider beforehand, with a small sip of water
- Remove all jewelry including tongue, facial and/or body piercings

Going home after a C-section, you will need time to rest and recover. Consider recruiting help ahead of time for the weeks following the birth of your baby. This might include household help or child care for other children.

Post-Partum Care



- Heavy bleeding that is soaking a menstrual pad every hour
- Foul odor, discharge, redness, or warmth at incision site or perineal tear
- Fever of 100.4 or greater
- Engorged breasts or any breast lump with pain, redness or streaks
- Severe pain or tenderness, warmth or swelling in one area of leg
- Persistent headache or visual changes

Postpartum care isn't limited to your physical health; it also includes your mental well-being, such as managing mood swings, irritability, sadness and anxiety. Please talk to your provider if:

- The baby blues don't go away after two weeks
- You experience strong feelings of depression and anger one to two months after childbirth
- You experience feelings of sadness, doubt, guilt or helplessness
- You are unable to care for yourself or your baby
- You have trouble doing tasks at home or on the job
- Experience appetite changes
- You notice that things that used to bring you pleasure no longer do
- Anxiety or panic attacks occur
- You feel like harming yourself or your baby

Preparation for the Hospital and beyond

You might want to have an overnight bag packed and ready in case you need to leave for the hospital in a hurry. The hospital will take care of many of your needs but you may find the following list of items useful.

- Insurance card and ID
- Bathrobe, slippers
- Two or three nightgowns (a front opening makes it easier to breastfeed)
- Toothbrush and toothpaste, deodorant
- Shampoo/conditioner, body soap
- Hair brush/comb, other cosmetics
- One or two bras/nursing bras the same size you wore when pregnant
- A book/magazines, your favorite music to listen to in labor (MP3 player or laptop)
- Camera and extra batteries
- Charger for cell phone and other electronics
- Small change for your partner to get snacks or drinks from the vending machine/cafeteria
- Baby book (for footprints)
- Loose fitting cloths to wear home
- Baby outfit to wear home
- Knit baby cap
- Baby blanket
- Car seat



There are 5 things to do when buying and installing your car seat

- **Right Seat.** Check the label on your car seat and make sure it is appropriate for your child's age, weight and height; Double check the label for an expiration date to make sure it is still safe; All children two or four years old must be in a forward facing car seat; Children ages four or eight and less than four feet nine inches must ride in a full car seat or booster seat
- **Right Place.** All children should ride in the back seat until they are 13
- **Right Direction.** Your child should be in a rear-facing car seat until age two; Make sure to attach the top tether after you tighten and lock the seat belt or lower anchors
- **Inch Test.** Once your seat is installed, give it a shake at the base; Can you move it more than an inch in any direction? A properly installed seat will not move more than an inch
- **Pinch Test.** Make sure the harness is tightly buckled and coming from the correct slots (check your manual); With the chest clip placed at armpit level, pinch the strap at your child's shoulder; If you are unable to pinch any excess webbing, you have adjusted the straps correctly

Breastfeeding Support Before and After Delivery

Your provider strongly encourages you to breastfeed your baby. It has great benefits for both baby and you. OU Physicians has excellent lactation support services that see every mother before hospital discharge and your nurses are well trained in assisting moms with breastfeeding techniques. If you are aware of possible obstacles to breastfeeding or have concerns after delivery you can also see a lactation consultant in our clinic.

What to know before delivery:

- Breastmilk is the best food for your baby
- Breastfeeding takes time and practice; It might not feel easy or natural at first; the more you breastfeed, the better you and baby will get at it; Keep it up/Don't give up! Ask for help if you need it; Your provider, lactation consultant, a breastfeeding peer counselor with WIC or a support group like La Leche League are all great resources to help you succeed
- Breastfeeding shouldn't hurt; If you have discomfort or problems nursing, ask for help
- A first sign of pregnancy is breast tenderness; Your body starts getting ready to breastfeed long before delivery; After you give birth, your body gets the final signal to make mature milk; Your body doesn't know whether you have one, two or three babies to feed; In the first few weeks, your body will make a little more milk than your baby needs; As long as you feed your baby whenever they seem hungry and only breastfeed (don't give any formula or use a pacifier) your supply will adjust; Around three or four weeks after birth, your body will make just the right amount for your baby to grow

What to know right after delivery:

- Plan to limit visitors; You will need time to breastfeed your baby often; OU Medical Center offers *Golden Hours* just so you can bond with your newborn
- Practice skin to skin; Hold your baby in just a diaper against your bare skin with a blanket covering your baby's back; Babies kept skin to skin are more likely to nurse well and often; It is the best thing you can do for breastfeeding success
- Avoid giving bottles or pacifiers too early; All of the baby's suckling in the first few weeks should be at your breast
- Feed your baby as soon as possible after delivery; Your labor and delivery staff wants to help you nurse your baby within the first hour of life if possible
- Keep baby in your room at all times; Keeping your baby with you helps you learn early feeding cues like lip movements, rooting and sucking on fingers/hands
- Before your milk changes ("milk coming in") and the amount you are making increases, in the first few days after birth, your breasts make a thick, sticky, yellowish milk sometimes referred to as "liquid gold"; Called colostrum, this first milk has the calcium, potassium, proteins, minerals and antibodies your baby needs; Your baby needs only a few teaspoons to feel full and stay healthy until your milk flow increases, about two to five days after birth
- In the first week of life, your baby's stomach starts out the size of a cherry and increases to the size of a chicken egg! As your baby's stomach grows in size, your milk supply is growing too; The first few days, your baby will need to eat more often since their stomach cannot hold very much; At least eight to 12 times every 24 hours

What to know once you are home:

- Baby should breastfeed eight to 12 times in a 24 hour period; Feed your baby as often as they seem hungry (on-demand feeding); Let your baby feed as long as they want at one breast (unlimited at the breast), usually around 15 to 30 minutes of active sucking and swallowing; Your breast will feel softer if your baby has eaten well; When she is finished on one side, burp her then switch to feed from the other breast; It is ok if she only wants to nurse from one breast; Just start her on the other side at the next feeding
- Most medications are safe to take while breastfeeding; If you have questions, contact your provider or the 24 hour **Oklahoma Breastfeeding Hotline, 1-877-271-MILK (6455)**
- Call the Breastfeeding Hotline or your provider if you have:
 - Pain with cracked or bleeding nipples
 - Feel a painful hard spot in your breast that is warm to touch
 - You have a fever of 100.4, aches, chills or pain

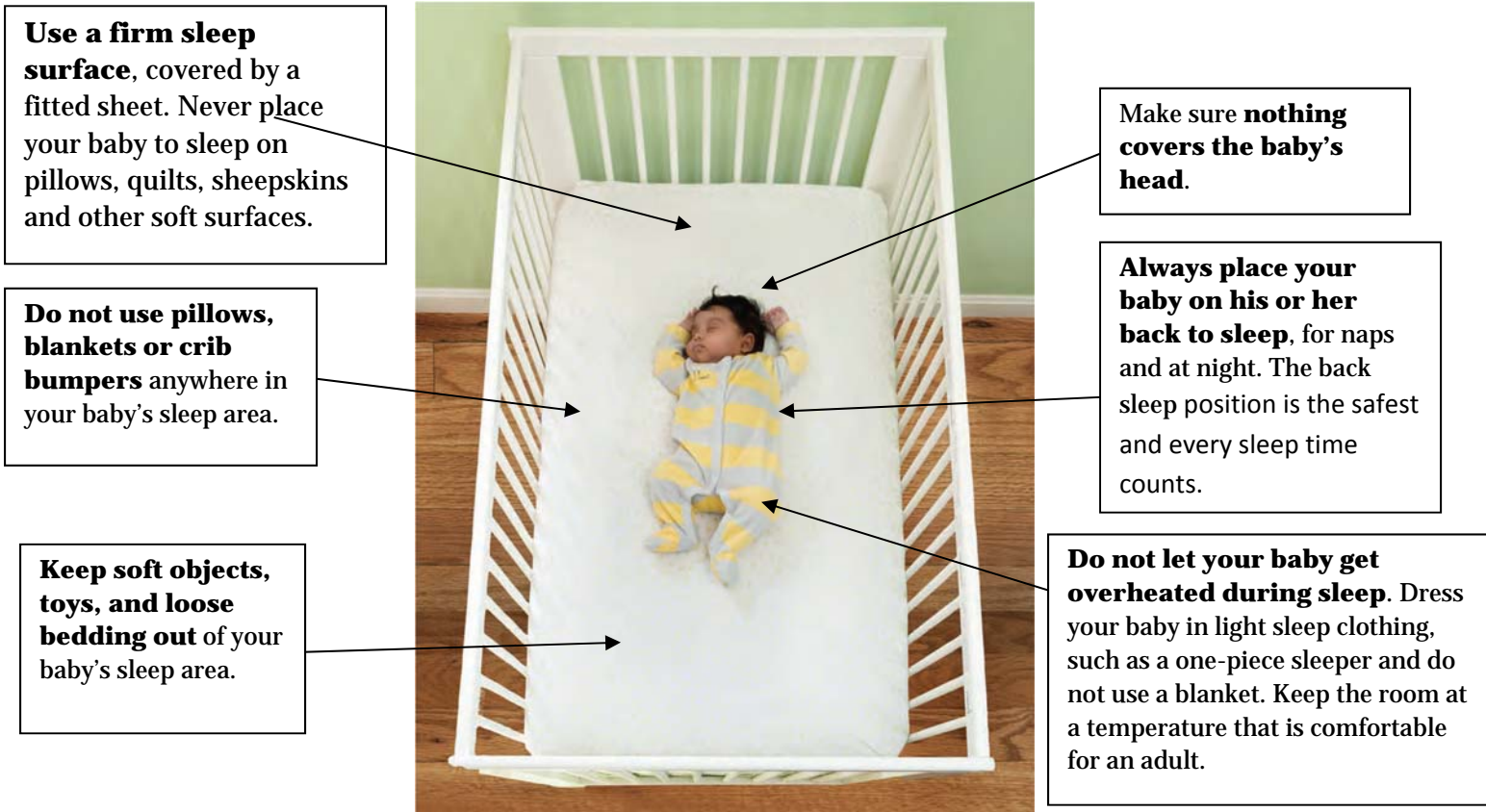
Breast Feeding and Pumping

- ✓ www.oumedicine.com/womens/the-lactation-center/breastfeeding-hotline
- ✓ <http://newborns.stanford.edu/Breastfeeding/>
- ✓ www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/BreastPumps/ucm061944.htm
- ✓ www.womenshealth.gov/breastfeeding/index.html?from=AtoZ
- ✓ www.womenshealth.gov/publications/our-publications/breastfeeding-guide/BreastfeedingGuide-General-English.pdf
- ✓ www.womenshealth.gov/breastfeeding/common-challenges/
- ✓ www.okbreastfeeding.org/
- ✓ www.ok.gov/health2/documents/HE-Eng.pdf

Breast milk is the ideal food for babies. If breastfeeding isn't possible, use infant formula. Healthy newborns don't need water, juice or other fluids. To ensure proper nutrition and avoid food-related illness make sure you prepare infant formula safely:

- Check the formula container and expiration date – never buy or use containers with bulges, dents, rust; Always follow the “use by” date
- Wash your hands with soap and warm running water before preparing formula
- Wash bottles, nipples, caps and rings with soap and water and allow to air dry before each use
- Follow the manufacturer's instructions for how much water to use with powdered formula; Too little water can burden your baby's digestive system; Too much water can dilute the formula and deprive your baby of calories and nutrients
- Use clean water from the tap or bottled; If you are concerned about the safety of your tap water, sterilize it (boil for one to two minutes and then cool to room temperature) before adding it to the bottle
- Use the scoop that came with the formula container to measure the formula
- Warm the formula under running water or let stand in a bowl/pan of hot water for a few minutes; Do not warm bottles in the microwave – this can cause heat spots and could burn your baby's mouth; Shake the bottle well and feed the baby immediately
- Throw away any formula that remains in the bottle after a feeding.
- If you prepare and fill several bottles at once, keep them in the refrigerator until you need them; Don't freeze them; Throw away any prepared formula that has been in the refrigerator for more than 24 to 48 hours

- **Reduce the risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death**



- **Do not allow smoking around your baby** – Don't smoke before or after the birth of your baby and don't let others smoke around your baby
- **Keep your baby's sleep area close to, but separate from, where you and others sleep** – Your baby should not sleep in a bed or on a couch or armchair with adults or other children, but he or she can sleep in the same room as you; If you bring your baby into bed with you to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib, cradle or a bedside co-sleeper (infant bed that attaches to an adult bed) when finished
- **Avoid products that claim to reduce the risk of SIDS** – Most of these products have not been tested for effectiveness or safety
- **Do not use home monitors to reduce the risk of SIDS** – If you have questions about using monitors for other conditions, talk to your health care provider
- **Reduce the chance that flat spots will develop on your baby's head** – Provide "tummy time" when your baby is awake and someone is watching; change the direction that your baby lies in the crib from one week to the next; and avoid too much time in car seats, carriers and bouncers

* For more information on crib safety guidelines, call the Consumer Product Safety Commission at (800) 638-2772 or visit its Web site at www.cpsc.gov.

Recommended Websites

Although there is a wealth of information, tips and advice available on the internet, some information may not be reliable or medically sound. Below are a few websites our providers believe are good resources for you to use. Please discuss with your provider before taking any supplements, medications or attempting any activities you may read or hear about regarding your pregnancy, labor and birth.

Preparing for a lifetime

- ✓ www.ok.gov/health2/documents/7474%20OSDH%20InfoSheets_FINAL2_3.30.12.pdf
- ✓ www.familiesok.org
- ✓ www.smartstartok.org/resources-and-links-parent-guides
- ✓ www.text4baby.org

Nutrition in pregnancy and breastfeeding

- ✓ www.choosemyplate.gov/pregnancy-breastfeeding

Food Safety

- ✓ www.fda.gov/Food/FoodbornellnessContaminants/PeopleAtRisk
- ✓ www.fsis.usda.gov/wps/portal/informational/askkaren
- ✓ www.fda.gov/downloads/Food/FoodbornellnessContaminants

Mother to Baby Medications & More during Pregnancy & Breastfeeding (Organization of Teratology Information Specialists {OTIS})

- ✓ www.mothersbaby.org/otis-fact-sheets
(866) 626-OTIS. Monday-Friday 9:00 am-5:00 pm
- ✓ <http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>

Travel in pregnancy CDC

- ✓ wwwnc.cdc.gov/travel

Postpartum Depression

- ✓ www.postpartum.net

Infant Safety

- ✓ www.nichd.nih.gov/publications/pubs/Documents/SafeSleep_AfricanAmerican_2013.pdf
- ✓ www.nichd.nih.gov/publications/pubs/Documents/Safe_Sleep_Environment_English.pdf
- ✓ www.safekidsok.org/programs/
- ✓ www-odi.nhtsa.dot.gov/recalls/register/childseat/index.cfm

Questions about Billing and Insurance Coverage

OU Physicians providers strive to give the most up-to-date medical care as directed by the American College of Obstetrics and Gynecology (ACOG). Your insurance policy may not cover all recommended standard of care testing or treatment. It is best to contact your insurance company to review your maternity benefits.

The main office of Patients Accounts is located at:

**O'Donoghue Research Institute
1122 NE 13th Street, Room 200
Oklahoma City, OK 73117-1039**

We also have representatives in the OU Physicians building for your convenience. If you would like to speak with one of these representatives, ask a staff member at that location to direct you.

We accept major credit cards, traveler's checks, money orders, personal checks and cash. If you cannot pay your balance in full, contact us to make payment arrangements. Our phone numbers are: **(405) 271-1500 or toll-free (866) 241-9546.**

Pay online:

You can make an online payment via our online bill pay link at <http://www.myoumedicine.com>.

Payments can be mailed to:

**OU Physicians
PO Box 269026
Oklahoma City, OK 73126-9026**

Can I make payment arrangements on my account?

Yes. Our Patient Accounts Representatives are ready to assist you in setting up a budget plan payment arrangement, credit card budget plan payment arrangement or reviewing your account for possible assistance through our Reduced Liability Program. Our representatives have many solutions to help with your account. Please call **(405) 271-1500** to speak to an OU Physicians Patient Accounts Representative to make payment arrangements on your account.

Common Prenatal Screenings

First Trimester Test

- Performed between 11 and 13 completed weeks of pregnancy
- Screens for Down Syndrome (a genetic disorder with an extra chromosome number 21 in the cells of the baby), Trisomy 18 (a genetic disorder with an extra chromosome number 18 in the cells of the baby)
- Combines information from an ultrasound exam of your baby with maternal blood work
- This screening can show an increased risk of Down Syndrome and needs further testing to diagnose a baby with Down Syndrome.
- Results from this test combined with more bloodwork done in the second trimester are sometimes called a **Sequential Screen** or **Integrated Screen**

Alpha-fetoprotein (AFP)

- Performed between 15 and 18 weeks of pregnancy.
- Screens for neural tube defects (serious birth defect involving the spinal cord)

Quadruple Screen

- Performed between 15 and 22 weeks of pregnancy
- Screens mother's blood for four chemicals to determine an increased risk of Down Syndrome, Trisomy 18 or a neural tube defect like Spina Bifida
- This screening may be recommended instead of other options if you establish care later in your pregnancy, when the other screenings may no longer be available

Cell-Free DNA testing (also called Non Invasive Prenatal Testing or NIPT)

- Performed as early as 10 weeks of pregnancy
- This testing looks at fetal DNA and RNA in the mother's blood and screens for Down Syndrome, Trisomy 18, Trisomy 13 and other problems with X and Y chromosomes; This testing can also determine the baby's Rh status, sex and other types of genetic mutations
- Currently, it is most often used for high risk mothers (such as older than 35 years old, or has had a previous child with a genetic disorder)
- There are several advantages over other types of screenings but it costs more money and may also have some disadvantages; It is not widely covered by insurance in low-risk mothers

Cystic Fibrosis

- Screens the mother who may be a carrier for Cystic Fibrosis (CF), which causes thick mucus and other fluids to build up and clog different parts of the body, including the lungs, pancreas, liver and intestine
- If the test shows the mother as a CF carrier, the father of the baby is tested as well
- Mothers with a positive CF screen should receive genetic counseling; If both partners carry a CF mutation, there is a one in four chance that their child will be affected; The fetus should have blood testing done during the pregnancy or after birth

CYSTIC FIBROSIS SCREENING INFORMATION

CF screening is a genetic carrier screen offered to all pregnant patients at OU Physicians Women's Health Clinic. This information section tells you about CF and how the screening process works.

What is Cystic Fibrosis?

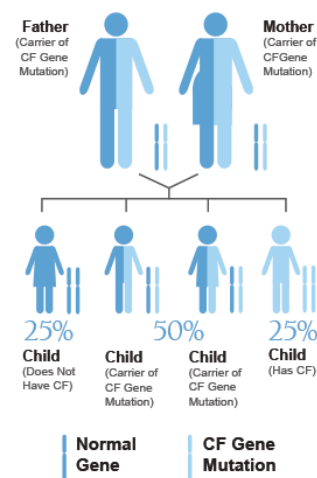
CF is one of the most common genetic conditions in the United States. It is caused by changes in the *CFTR* gene. Changes in this gene cause the body to produce thick sticky mucus in the lungs, pancreas and other organs that can affect breathing and digestion. CF does not affect everyone the same way. Some people may have moderate symptoms and others may have severe symptoms that can even affect fertility. The average lifespan of someone affected with CF is 37 years.

There are more than 10 million Americans who are carriers of CF. The risk of being a CF carrier depends upon someone's ethnic background (race) and family history. All racial and ethnic groups may be carriers of CF.

How does someone get Cystic Fibrosis?

CF is passed on in a recessive pattern. This means that, in order to have CF, a person must get two disease-causing mutations - one from each parent. When both parents are carriers of one of the CF disease-causing mutations, they are at risk to have a child born with CF. Carriers have only one mutation and usually have no symptoms of CF.

If both parents are carriers, there is a one in four (25%) chance with each pregnancy that a child will have CF, and a one in two (50%) chance that a child will be a CF carrier. It is estimated that one in 30 Americans are carriers of CF.



Who should get the Cystic Fibrosis carrier screening?

The American College of Obstetricians and Gynecologists (ACOG) recommends that we offer CF carrier screening to all of our pregnant patients.

How is the test performed?

It is done through one tube of blood, which can be drawn with other blood tests.

Why is the carrier screening important?

The carrier screening tests help find people who may have a higher chance of having a baby with certain genetic conditions. Even if you are healthy, have no family history of the condition or even already have healthy children, you may be a carrier of a genetic condition. One of these conditions is CF.

What do the test results mean?

What Does a Negative CF Carrier Screen Test Result Mean?

If your test is negative, your risk to be a CF carrier is very small, but it is not zero. Because this test does not screen for all CF mutations, and because not all CF mutations may even be known at this time, a negative result can't completely eliminate the chance for you to be a carrier.

What Does a Positive CF Carrier Screen Test Result Mean?

If your test is positive, you have one copy of a mutation that is known to cause CF. It does not mean you have CF. If you are a CF carrier, then your partner should be tested. If you are both CF carriers, your doctor, genetic counselor or other health care provider will discuss other testing options with you.

Is this covered by my insurance?

Most insurance providers cover these services. If you have concerns, please contact your insurance provider.

The above information has been adapted from The Sequenom Center for Molecular Medicine