

Dietary Recommendations and Limitations



Weight Gain

The typical weight gain recommendation is 25 pounds. The recommendation may vary depending on your prepregnancy weight and in the case of a twin gestation.

Prenatal Vitamins

You will receive a variety of prenatal vitamins. Try them all and let your doctor know which one you like best and we can write a prescription for that type. You may use 2 Flinstone vitamins during the first trimester if prenatal vitamins make you sick, but, try to use a prenatal vitamin again once you are feeling better. If the prenatal vitamin makes you sick, try changing the time of the day you take it.

General Food Information

- Use hard cheeses, like cheddar, instead of soft cheeses.
- Soft cheeses must be cooked until bubbling or boiling.
- Eat only thoroughly cooked meat, poultry or seafood.
- Reheat all meats (20 seconds in the microwave) purchased at deli counters, including cured meats like salami, before eating them.
- Avoid eating shark, swordfish, king mackerel, and tilefish, due to the risk of high levels of mercury in those fishes.
- Avoid raw sushi.
- Avoid fish from lakes and rivers that might be exposed to high levels of pollutants.
- Wash all fruits and vegetables with water.
- Do not eat raw eggs (avoid raw cookie dough, tiramisu, Caesar dressing, and homemade ice cream).
- Avoid alcohol and illicit drugs.
- Keep caffeine intake to 8 ounces per day or less.
- If you are a vegan, maintain a balanced diet of: protein, vitamins B and D, calcium, zinc, and iron. Vitamin B12 can be obtained from fortified soy milk or with a supplement.
- Drink 10 – 8 ounce glasses of water daily.

Anemia is a common issue during pregnancy. Follow these guidelines to get more iron.

Easy Ways of Getting More Iron

Lean Red Meat: Hamburgers, beef stew, meatballs, spaghetti with meat sauce, chili

Liver: Pork, beef, or chicken liver or liverwurst

Canned Corned Beef: Corned beef sandwiches or corned beef hash

Whole Grain Bread: Whole wheat, rye, oatmeal, multi-grain breads, or whole grain, bran, or oat muffins

Whole Grain Cereals: Instant oatmeal, whole wheat cereal, raisin bran

Peanut Butter: On toast, sandwiches, crackers, celery sticks

Dark Green Vegetables: Broccoli, green beans, romaine lettuce, collards, mustard greens, peas, spinach, beet Greens, Kale and Bok Choy

Beans: Baked beans, kidney beans, split pea soup, refried beans, black-eyed peas, bean soup, and tofu

Dried Fruit: Raisins in your cereal, raisins in muffin mix, raisins or prunes as a snack, stewed prunes

Eggs: Hard or soft boiled, egg salad sandwich, eggs in potato salad

Converted or Brown Rice: Converted rice has more iron than plain rice

Enriched Spaghetti and Macaroni: Check labels to make sure iron has been added

Combine Food High in Vitamin C with Food Rich in Iron

Vitamin C helps your body use the iron in foods. Raw fruits and vegetables have more vitamin C than cooked ones.

Some foods with a lot of vitamin C are:

Oranges, orange juice, grapefruits and juice, apple juice with added Vitamin C, tomatoes and juice, raw cabbage, green pepper, broccoli, new potatoes, cauliflower, turnips, melons, cantaloupe and strawberries

Avoid these foods that make it harder for your body to use Iron

Coffee, Tea, Bran

Discomforts of Pregnancy and Medications



Breast Tenderness:

- Wear a good, well fitting support bra. You can take **Tylenol**

Nausea:

- **Unisom Nighttime Sleep Aid or Emetrol** over the counter liquid. Take 1 tsp when nausea first occurs, then follow bottle instructions.
- Crackers, toast, soup, or broth
- **Maalox or Mylanta**
- Eat regular, small meals every two to three hours
- Try peppermint or cinnamon candy.

It is possible that your nausea may be related to your prenatal vitamins, so changing the time of day you take them may relieve the problem.

Vomiting:

- Clear liquid diet (i.e. popsicles, jell-o, Sprite, Gatorade)
- Gradually add soup and broth, then advance to regular foods. If vomiting resumes, stay on clear liquids. If vomiting continues, especially for more than 24 hours, and fever arises, call your doctor (865) 524-3208.

Nasal Congestion:

- Increase fluid intake, vaporize at home. Normal saline nasal drops two to three times a day. (See reverse side for OTC meds.)

Headache:

- **Regular Strength Tylenol or Extra Strength Tylenol.**
- If headache continues and is associated with blurred vision, swelling of the hands, face, or feet, call your doctor.

Nosebleed:

- Pin the nose and hold for five to ten minutes. Ice to back of neck. Occurs more often in pregnancy due to increased blood volume.

Dizziness:

- Gradually stand from sitting or lying position. Eat regular meals. Do not skip meals. Drink plenty of fluids. Avoid hot showers. If more than twice a week, notify your doctor.

Colds or Sinus Problems:

- Increase fluid intake. Vaporize at home. Normal saline drops to both nasal passages two to three times a day. If you develop a fever, colored nasal drainage, or persistent cough (productive or non-productive), call your doctor. (See reverse side for OTC meds.)

Sore Throat:

- Gargle with warm salt water two to three times a day. **Tylenol** as directed on package. For sore throats, **Cepacol or Chloraseptic Spray or Lozenges** is okay.

Constipation:

- Increase fluid intake. Increase dietary fiber (i.e. fruits, vegetables, and bran). (See reverse side for OTC meds.)

Discomforts of Pregnancy and Medications



Do NOT Take NSAIDS (nonsteroidal anti-inflammatory drugs), Motrin, Advil, Aleve.
During pregnancy, taking NSAIDS may cause birth defects.

The following medications are acceptable for use during your pregnancy:

UPPER RESPIRATORY PROBLEMS, ALLERGIES (Congestion/sore throat, runny nose, cough)

*products containing PHENYLEPHRINE &/or PSEUDOEPHEDRINE (ie pe-nasal decongestant) can increase blood pressure. Therefore, these products should be used on a short-term basis and not used by women with high blood pressure issues (ie ***Sudafed).

*products containing DEXTROMETHORPHAN (ie dm cough suppressant) are considered relatively safe in pregnancy. Nevertheless, these should be used on a short term basis.

DayQuil & NyQuil Caps cold and flu (*pe)

(Avoid NyQuil liquid because it contains alcohol).

Mucinex products: cold & flu, sore throat, fast max (some with *pe)

Benadryl products: allergy, allergy plus congestion (some with *pe)

Theraflu (*pe)

Delsym cough and chest congestion

Robitussin products: (some with *pe)

Sudafed products: sinus and congestion (some with *pe)

Coricidin HBP - good choice for women with high blood pressure!!!

Vicks Formula 44

Allegra

Allegra-D and generic forms (short term use)

Claritin

Claritin-D (short term use) and generic forms

Zyrtec, Xyzal

Nasacort, Flonase

Common throat lozenges and throat sprays are generally safe.

PAIN, HEADACHE

Tylenol, Icepacks, heating pads

NAUSEA/VOMITING, MOTION SICKNESS

Unisom sleep tabs, ie Doxylamine, not the gels or melts

Vitamin B6, 25 mg 3x/day

Ginger products

Emetrol

Meclizine, Antivert, Dramamine, Bonine

HEARTBURN, ACID REFLUX

Maalox, Tums, Pepcid, Prilosec, Omeprazole, Zantac, Nexium

CONSTIPATION, DIARRHEA, GAS PAIN, HEMORRHOIDS

Milk of Magnesia, Miralax, Dulcolax, GAS-X

Docusate sodium or Colace stool softeners

Magnesium Citrate (on occasion)

Fleets enemas

Imodium

Oral probiotics, as needed

Preparation H, Tucks, Witch Hazel, any over the counter hemorrhoid cream

Sitz baths

Hydrocortisone cream

PREFERRED DENTAL MEDICATION LIST

Mepivacaine 2% with Levonordephrine 1:20,00 (Carbocaine)

Lidocaine 2% with Epinephrine 1:100,00 (Xylocaine)

Bupivacaine 0.5% with Epinephrine 1:200,00 (Marcaine)

Mepivacaine #5 without Epinephrine

Avoid: Nitrous Oxide

Analgesic (pain medication): Tylenol #3

Acceptable: Lorcet Plus (Hydrocodone),
Darvocet N100 (Propoxyphene)

Antibiotic: Penicillin, Amoxicillin, Cephalexin, Erythromycin

If you have questions about other over-the-counter medications, please call and speak with our nurse.

(over)

When to Call/Where to Go/What to Do



Around 35 weeks your body is beginning to prepare for labor and delivery, you will most likely start experiencing some changes.

You don't need to come to the hospital until the contractions are painful and every 5-7 minutes for over an hour (depending on your distance from the hospital). You may have a run of regular contractions for 30-45 minutes that then dissipate spontaneously. This is normal and is a sign of your body preparing for birth. Your body can do this intermittently for several days prior to the onset of active labor.

At 28 weeks start doing daily kick counts. If the baby's movement is decreased, we recommend lying down and having a snack and hydration. If the movement does not increase over the next hour or so, we recommend you go to the hospital for evaluation to assure the baby is not in distress. On average babies move 10 times every two hours.



Where to Go

- Fort Sanders Regional Medical Center, follow the signs to the Emergency Dept.
- You will be checked in there and taken up to the Labor and Delivery Triage Department.
- You will be evaluated there by a registered RN who is in communication with the physician on-call.
- You may be observed there for over an hour or more to assess where you are in your labor course.

Early labor/False labor (Braxton Hicks)

- Occasional contractions - may even have 3-4 in an hour
 - Decrease your activity and increase your hydration, may try Tylenol for discomfort
 - You don't need to start timing the contractions unless they are significantly painful.
- Blood tinge mucus-
 - Can occur with false labor and early labor and post intercourse all of which can be normal
 - Come in for evaluation if you have significant bleeding or are concerned
- Leakage of fluid
 - Sudden gush of fluid or constant trickling down your leg; signs of amniotic fluid leaking out
 - Proceed to the hospital for evaluation - even if no contractions or they are not regular
- Painful contractions 5 to 7 minutes apart for an hour
 - Proceed to the hospital for evaluation
 - Will be monitored at the hospital may be offered pain medication if not in active labor. If not in active labor be prepared to be sent home depending on gestational age.

Who to Call

- One of our physicians is on-call at all times for emergencies, 865-524-3208.
- Please note, the on-call physician is limited in the amount of medical advice that can be given over the phone without an evaluation. The triage department at the hospital is available at all times to assist in properly evaluating and caring for women during this time.

When to Call/Where to Go/What to Do



Routine postpartum care

- No lifting >10lbs, nothing in the vagina, pelvic rest. Start doing Kegels and deep core exercises. Discuss with provider regarding pelvic PT. If still in pain after Ibuprofen and Tylenol take the stronger pain medication.

Perineal Care

- Sitz Baths (at least 2x daily for 10-15 min)
 - Warm water or can add Herb Lore or other brands of perineal soaks
- Witch hazel Ice pads (recommend making prior to delivery)
- Perineal Ice packs
- Tylenol and Ibuprofen Scheduled
- Peri-bottle
- Tucs pads
- MiraLAX, Metamucil or Dulcolax

Perineal Cesarean Section

- Tylenol and Ibuprofen Scheduled
- MiraLAX, Metamucil or Dulcolax- daily
- Massage scar daily
- Desensitization of scare with manipulation
- Recommend rolling to side to get out of bed - your abs will be very sore and will not assist with movement as before surgery

Obstetrical Calendar

First Visit:

- Orientation to the Practice
- Assign Due Date
- Discuss Prenatal Vitamins
- Answer Questions
- Check Varicella, CATS
- Ultrasound for Dating
- Obtain History
- Draw Prenatal Labs – HIV, Hepatitis, Syphilis, Rubella

About 12 weeks (or second visit):

- Complete Blood Count
- Discuss Any High Risk Factors
- Check Weight, BP, and Urine
- Listen for Fetal Heart Tones
- Perform Physical Exam – PAP, Chlamydia, Gonorrhea tests

About 16 weeks:

- Listen for Fetal Heart Tones and Check Uterine Size
- Check Weight, BP, and Urine
- Sign Up for Childbirth Education Classes

About 20 weeks:

- Listen for Fetal Heart Tones and Check Uterine Size
- Check Weight, BP, and Urine
- Discuss Prenatal Classes

About 24 week:

- Listen for Fetal Heart Tones and Check Uterine Size
- Check Weight, BP, and Urine

About 28 weeks:

- Listen for Fetal Heart Tones and Check Uterine Size
- Check Weight, BP, and Urine
- Order One-hour Glucose Test
- A Rhogam Shot is Given to Patients Who Have Rh-Negative Blood Type
- Pamphlet on Kick Count

- Review Circumcision
- Breast Feeding
- Prenatal Classes
- Pediatrician
- Review S/S PTL
- Discomforts of Labor

About 30 weeks:

- Listen for Fetal Heart Tones and Check Uterine Size
- Check Weight, BP, and Urine
- Discuss Glucose Test Results

About 32-36 weeks:

- Listen for Fetal Heart Tones and Check Uterine Size
- Check Weight, BP, and Urine
- Check for the Baby's Position

About 36 weeks:

- Listen for Fetal Heart Tones and Check Uterine Size
- Check Weight, BP, and Urine
- Discuss Labor and Delivery
- Pack Your Bag
- Group B Strep Culture of the Vagina
- Pre-register with the Hospital

About 38 weeks:

- Listen for Fetal Heart Tones and Check Uterine Size
- Check Weight, BP, and Urine
- Cervical Examination May Be Done
- Non Stress Test only if High Risk

About 40 weeks:

- Listen for Fetal Heart Tones and Check Uterine Size
- Check Weight, BP, and Urine
- Cervical Examination
- Discuss Management Plan for Delivery on an Individual Basis

Pregnancy Disability

Many employers carry disability insurance for their employees whereby the employee is paid disability benefits if granted a medical leave of absence.

Employment practices do not view uncomplicated pregnancy as an illness. Therefore, insurance companies require a diagnosis of medical or surgical complication of pregnancy to consider eligibility for benefits beyond the usual and customary six-(6)-to-eight-(8)-week postpartum period and sometimes a two-(2)-week pre-delivery period.

We, as your physicians, cannot sign disability forms without evidence of a medical problem. If you feel you are eligible for disability, please discuss it with the physician. A secretary will complete the forms. There is a small fee for this service.

Any other form or leave is an agreement between you and your employer. We will assist you with necessary paperwork. Please allow five to seven business days for completion of the paperwork.



Specific Requests or Concerns for Your Birth Plan



Birth Plan for:

The purpose of this birth plan is to provide a means of communication with your doctors and nurses so expectations and desires regarding your care during labor and delivery can be met. We have included general information to help you understand what will take place during your labor. This information pertains mainly to patients who are full-term. Space has been left for comments or requests which you may have. We hope this will help make your experience a more gratifying one.



We would like to make you familiar with the staff who will be involved in your care. In the office we have seven physicians who treat obstetrical patients and deliver babies:

- Dr. Elizabeth Altizer**
- Dr. Margaret Beaudrot**
- Dr. Blair Brandt**
- Dr. Mary Emily Christiansen**
- Dr. Caroline Haney-Weaver**
- Dr. Angela S. Many**
- Dr. Ellen Moffat**
- Dr. Erin Saunders**

Nurse Practitioners who will assist in your visits:

- Tanya Archer, FNP-C**
- Stephanie Hopkins, FNP**
- Shannon Shelley, CNM**
- Savannah Tallent, FNP**

We perform deliveries solely at **Fort Sanders Regional Medical Center.**

Thank you for choosing **Fort Sanders OB/GYN Group** to share in this special time.

