

NC OBGYN & Midwifery OB Welcome Packet

Approved Over-the-Counter Medications During Pregnancy

Allergies, Cough, Cold

- Chloraseptic Spray
- Cough Drops, any brand
- Benadryl
- Mucinex (Guafenesin)
- Robitussin
- Tylenol (Acetaminophen)
- Claritin or Zyrtec

Headache/Pain/Fever

- Tylenol extra strength

Yeast Infection

- Monistat (1,3, or 7)

Constipation

- Colace
- Senekot
- Milk of Magnesia
- Citrucel, Metamucil
- Miralax

Diarrhea

- Imodium

Heartburn/Upset Stomach

- Antacids (Tums, Rolaids)
- Zantac
- Pepcid
- Omeprazol
- Tagamet

Hemorrhoids

- Witch Hazel
- Annusol, Annusol HC
- Preparation H
- Tuck Pads
- Ice Pack

Skin Rashes

- Hydrocortisone Cream
- Calamine Lotion

Over-the-counter medications are to be used as prescribed on the packaging

NO Ibuprofen

Guide for Relief of Common Complaints in Pregnancy

Dental Work

- Poor dental care may put you at risk for preterm labor – good hygiene is the key.
- X-rays may be done if needed, but use abdominal shielding.
- Antibiotics may be used if prescribed by your dentist. Dentist can call us to confirm antibiotic use and safety.

Diarrhea

- Try to stay hydrated, even if no solid food is eaten.
- Donnagel, Imodium AD, and Kaopectate may be used.
- Try the BRAT diet, which includes Bananas, Rice, Applesauce, and Toast.
- Avoid Gatorade or fruit juice.

Indigestion / Gas

- Avoid spicy or greasy foods
- Antacids: Tums and Maalox
- Reflux: Gaviscon, Pacid, or Zantac as directed.

Sore Throat

- Gargle with warm salt water 4 times a day
- Chloraseptic sprays or lozenges

Swelling

- Elevate feet or hands
- Avoid excessive salt intake
- Rest on your left side
- Use compression stockings
- Increase your fluid intake to 8-10 glasses a day to make up for fluid lost into tissue.

Fever

- Increase fluids
- Use Tylenol (regular or extra-strength) as directed.
- Call the provider if your fever exceeds 101.5

Hair Care

- Permanents and coloring can be done (fumes may make some patients nauseas)

Headache

- Tylenol (regular or extra-strength)
- Rest in a quite dark place.
- Try a small amount of caffeine

Hemorrhoids

- Use warm soaking baths
- Avoid constipation
- Annusol, Tucks Pads, Preparation H

Insomnia

- Warm relaxing baths
- Use pillows to adjust for comfort
- Benadryl, Tylenol PM or Unisom as directed

Travel

- You may travel up to 36 weeks if your pregnancy is uncomplicated by car or up to 33 weeks for flying
- Stretch your legs and walk at least every 60 minutes.

Approved Guide of Common Complaints in Pregnancy

Backache

- Heating pad (do not sleep on pad)
- Use massage or warm bath
- Use Tylenol (regular or extra-strength) as directed on label
- May use Icy-Hot Cream or thermal wrap

Colds / Congestion / Allergies

- Rest and increase fluid intake
- Use a vaporizer or humidifier
- Benadryl, Claritin, Zyrtec, Robitussin (plain or DM formula), Tylenol, and plain Mucinex may be used as directed on label
- Afrin may cause rebound congestion and should be used sparingly
- Sudafed may be used after the first trimester
- Vicks Vapor Rub may be used under the nose and on chest
- Use alcohol free products
- Saline Nasal Spray

Constipation

- Best avoided by good hydration (plenty of water) and dietary bran and fiber
- Colace, Metamucil, and Citrucel are stool softeners and may be used
- For severe constipation, Milk of Magnesia or Miralax may be used

Vaginal Irritation

- If you have itching and white discharge, you may try Monistat (over the counter)
- Chronic moisture from normal discharge or urinary leakage can cause irritation. Desitin may help
- Chronic mini pad use may exacerbate irritation by chaffing and should be used sparingly
- Wear breathable fabric underwear like cotton

Nosebleeds

- Cold cloth to the nose with pressure
- Use a humidifier
- Apply Vaseline to mucus membranes

Nausea / Vomiting

- Refer to your anti-nausea diet sheet
- Eat smaller, more frequent meals
- Dramamine 50 mg every 6 hours
- Ginger snaps, tablets or tea
- Sea-Bands acupressure therapy
- ½ Unisom tablet taken with 25 mg Vitamin B6 every 8 hours
- Popsicles
- Preggie Pops or B6 suckers (often sold at maternity stores)
- Call if you can't tolerate any oral intake

Painting

- Make sure the area is well ventilated
- Leave the house / room if the fumes are making you nauseated
- Try to avoid oil based paints = more fumes

What to Expect at your OB Appointments

Week 8-10: Pregnancy Confirmation

- Vaginal ultrasound for viability
- Nurse visit
- Initial OB labs

Week 12: OB visit with provider

- Abdominal Doppler for fetal heart rate
- Early 1 hour glucose testing if needed
- Option for blood work – QUAD screen or AFP for spinal bifida, downs syndrome, neural tube defects (Please call your insurance to see if this test is covered)

Week 20: You will have an anatomy ultrasound to look at baby's development

- We will be able to tell the gender with this ultrasound if baby cooperates (We can tell you gender or place in a sealed envelope for later gender reveal, just let us know your preference).

Week 28: OB visit with provider

- Abdominal Doppler for fetal heart rate
- Option for TDAP vaccine
- 1 hour GTT- Drink Glucose drink and wait in office for 1 hour to have blood glucose levels drawn. (You can eat prior to this but nothing sweet or sugary. You will not be allowed any food or drink for that 1 hour after you drink the glucose drink).
- State mandated HIV and syphilis testing (blood work).
- If your blood type was RH negative you will receive a Rhogam injection.

Week 36: OB visit with Provider

- Group B Strep vaginal swab and Gonorrhea Chlamydia swab (state mandated)

Post-Partum: 6 weeks after delivery, appointment with provider that delivered you

- Pelvic exam, Post partum depression scale, discuss birth control if needed.

Weight Gain Recommendations for Pregnancy

The amount of weight a woman gains during pregnancy can affect the immediate and future health of a woman and her infant.

Please remember that these are general guidelines. There will be variations in weight gain among individuals based on genetics and other factors which may be beyond your control. It is most important that you eat a healthy, well balanced diet to support the nutritional needs of your pregnancy.

Please do not be overly focused on the amount of weight you gain, but pay attention to how you gain it! (Lean meats and protein, fruits and vegetables good! Fast food, milk shakes, sugary sodas, bad!)

Pre-Pregnancy Weight Category	Body Mass Index (BMI)	Recommended Range of Total Weight (lb)	Recommended Rate of Weight Gain in the 2nd & 3rd Trimesters (lb) (Mean Range lb/week)
Underweight	Less than 18.5	28 – 40	1 (1 – 1.3)
Normal Weight	18.5 - 24.9	25 – 35	1 (0.8 - 1)
Overweight	25 – 29.9	15 – 25	0.6 (0.5 - 0.7)
Obese	30 and greater	11 – 20	0.5 (0.4 - 0.6)

Some additional things to know about your visits

Abdominal Doppler

- An abdominal Doppler will be done at every single visit to assess the baby's heartbeat. This is a small hand-held device that is placed on your belly with a small amount of cool KY Jelly.



TDAP vaccine is Tetanus, Diphtheria, and Pertussis

- This vaccine protects you and baby against the whooping cough
- Recommended for anyone that will be in close contact with your baby
- Even if you had this done in past 5 years, even with prior pregnancy, the recommendations are to have it done again as it is protecting you and the new baby.
- We only give injections to you the patient, anyone else wanting this injection would need to see their own provider.

1 hour Glucose Testing (to determine if you are a diabetic during pregnancy)

- You will come to office for appointment and will drink the sugar drink with us. Drink it in 5 minutes
- Wait in our office for 1 hour and then we will draw you blood.
- We will let you know if additional testing is needed based on these results
- If you have a history if gestational diabetes, are overweight, or have other risk factors you may be asked to do this test sooner than usual.

Routine Lab Work during Pregnancy

These are the times when blood will be drawn from your arm:

- **Initial OB labs:** CBC- complete blood count, Rubella, Hepatitis B, Hepatitis C, Antibody screen, Blood type, RPR- Syphilis screening, HIV screening (required by law), Urine Culture, Varicella, Hemoglobin/Thalassemia Profile, Optional Genetic Carrier Screening, GC/Chlamydia
- **16 weeks:** Maternal estradiol/AFP/HCG/UE3 screening test, “Quad screen” (to screen for Neural Tube Defects and Down Syndrome) – Once called “The AFP test”
- **24 – 28 weeks:** Diabetes Screening—1 hour Glucose Tolerance test, complete blood count, RPR and HIV screen (required by law) *Rhogam injection given if blood type is Rh negative*

Other Tests:

- **Beta-Strep Culture:** done at 36 weeks, vaginal culture to test for Group B Strep, this is very common and easily treated. If you have a positive Beta Strep culture you will be given antibiotics while in labor.
- If you have a history of Pre-eclampsia with prior pregnancy or history of hypertension, we will draw baseline pre-e labs, CMP, and test your urine for protein and creatinine at OB visit
- If you have a history of thyroid disease we will draw thyroid levels at your initial OB visit.
- Other labs may be drawn at the provider discretion as they see needed.

Telephone Calls and How to Reach Us

- **Our main office number is: 919-567-6133 Nurse Line is: Option #3**
- Calls relating to routine matters, questions, and problems should be limited to office hours (8:30am – 4:30pm Mon.- Fri.). One of our nurses will be happy to assist you. Our nurses are specially trained to help you with questions, concerns and minor problems. Please allow 48 hours for a call back. We ask that the voicemail be reserved for matters that are non-emergent. Please note that the quickest way to contact the nursing staff is through the UNC MyChart portal.
- **Telephone calls after hours** should be limited strictly to urgent problems or emergencies. After hours instructions are provided when calling our main office number after 5pm.
- Once paged by the call service, the physician will return your call as quickly as possible. If he/she has not returned your call within a reasonable time, or if you think you are in labor, please report to the OB Emergency Department.
- Our physicians may not be aware of all the important facts about every patient, so when calling after hours, please begin the conversation with the important information about yourself such as, **YOUR NAME AND PHONE NUMBER**. After that give a brief description of why you are calling. “This is Sally Jones, I am expecting my second baby October 4th and my problem is...” .
- **ALWAYS** talk to the physician yourself when he/she returns your call. Having calls relayed through a third party is very cumbersome and often results in inaccurate information being transmitted to the physician and distorted advice being relayed back to you.
- If it is necessary for the physician to see you after office hours, you will be asked to come to the emergency room or the Labor & Delivery unit at the hospital. Please, always try to call the on-call service before going to the hospital.
- If you have a problem that may necessitate an office visit, please call as early as possible. **DO NOT** wait to call at the end of the day. If you call at the end of the day, there may not be an appointment available, necessitating an emergency room visit which is far more inconvenient and expensive for you.

Reportable Symptoms

Please contact us as soon as possible if any of these symptoms occur:

- Ruptured Membranes or “breaking of the bag of water”
- Any vaginal bleeding more than a small spotting
- Severe or persistent abdominal pain
- Severe or persistent headaches
- Fever greater than 101 degrees Fahrenheit
- Severe or persistent vomiting
- Rapid change in swelling of the hands, face and feet
- Decreased fetal movement in your 3rd trimester.



Things to Avoid During Pregnancy

- Drugs- street drugs of any kind
- Alcohol
- Smoking
- Undercooked meat or Raw Fish
- Litter boxes
- Saunas/Spas
- Saccharin (ex. Equal, Sweet n Low)
- Avoid contact with sick children if possible



Food Guidelines in Pregnancy

- Up to 12 ounces (2 average meals) of shrimp, canned light tuna, salmon, pollock or catfish is allowed per week
- Limit servings of shark, swordfish, king mackerel, spanish mackerel, grouper, tuna steak, bass, marlin or tile fish to 4 ounces weekly (due to high mercury levels)
- NO smoked seafood
- NO unpasteurized juices or milk
- NO raw sushi
- NO unpasteurized soft cheeses (brie, feta, blue, gorgonzola)
- NO raw meat (steak tartar)
- NO raw or uncooked eggs
- All luncheon meat or hot dogs should be heated to steaming due to the risk of Listeria bacteria
- Limit caffeinated beverages, coffee (One, 8oz per day), tea, soda, and diet soda (1-2 per day)
- Other food suggestions are listed in the common complaints brochure as well
- See “What Fish are safe to Eat” handout

What Fish are Safe to Eat

Best Choices <small>EAT 2 TO 3 SERVINGS A WEEK</small>			OR	Good Choices <small>EAT 1 SERVING A WEEK</small>		
Anchovy	Herring	Scallop		Bluefish	Monkfish	Tilefish (Atlantic Ocean)
Atlantic croaker	Lobster, American and spiny	Shad		Buffalofish	Rockfish	Tuna, albacore/white tuna, canned and fresh/frozen
Atlantic mackerel	Mullet	Shrimp		Carp	Sablefish	Tuna, yellowfin
Black sea bass	Oyster	Skate		Chilean sea bass/Patagonian toothfish	Sheepshead	Weakfish/seatrout
Butterfish	Pacific chub mackerel	Smelt		Grouper	Snapper	White croaker/Pacific croaker
Catfish	Perch, freshwater and ocean	Sole		Halibut	Spanish mackerel	
Clam	Pickering	Squid		Mahi mahi/dolphinfish	Striped bass (ocean)	
Cod	Plaice	Tilapia				
Crab	Pollock	Trout, freshwater				
Crawfish	Salmon	Tuna, canned light (includes skipjack)				
Flounder	Sardine	Whitefish				
Haddock		Whiting				
Hake						
Choices to Avoid <small>HIGHEST MERCURY LEVELS</small>						
				King mackerel	Shark	Tilefish (Gulf of Mexico)
				Marlin	Swordfish	Tuna, bigeye
				Orange roughy		

*Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants. State advisories will tell you how often you can safely eat those fish.

www.FDA.gov/fishadvice

www.EPA.gov/fishadvice



Calcium in Pregnancy

Are you getting enough?

- Pregnant/Lactating women need 1,200 to 1,500 milligrams per day.
- When not pregnant or lactating: 1,000 milligrams per day

Calcium – Where can you find it?

- Skim Milk- 8 ounces-302 mg
- Whole milk- 8 ounces- 291mg
- Nonfat yogurt- 8 ounces- 452mg
- Low-fat Yogurt-8 ounces-415mg
- Cheese is a good source of Calcium: ***however it must be pasteurized cheese***
- Fish, like sardines have calcium.
- Vegetables: Collards-1 cup-357mg
Broccoli- 1 cup- 178mg
Okra- 1cup- 176mg
- Calcium fortified orange juice- 1 cup- 300mg
- Ice cream, vanilla- ½ cups-85mg

If you are not getting Calcium in your diet, you will need to supplement.

- Tums=300mg per tablet
- Viactive=500mg per tablet/chew
- Citrical=400-600 per tablet. Citrical now makes minis that are smaller tablets and are easier to swallow, but you will take more tablets.

Genetic Carrier Screening

With your initial labs you have the option of having Genetic Carrier Screening. Genetic Carrier Screening is blood work that is testing your genes to see if you are a carrier of certain conditions. The reason we test your genes is because there is no way to test baby to see if they have the disease.

The conditions that we test for are:

Cystic Fibrosis (CF)	CF affects many different organs in the body, including the lungs, pancreas, and liver, lining them with an abnormally thick, sticky mucus. CF may cause chronic breathing problems and lung infections and CF patients have a lower life expectancy
Spinal Muscular Atrophy (SMA)	SMA causes certain nerves in the brain and spinal cord to die, impairing the person's ability to move.
Fragile X Syndrome	Fragile X syndrome causes serious intellectual impairment and behavioral problems and is the most common form of inherited intellectual disability

CF and SMA require 2 genes, 1 gene from mother of baby and 1 gene from father of baby in order for the baby to have a 1 in 4 chance of having.

Fragile X syndrome requires 1 gene and comes only from the mother of the baby in order for the baby to have a 1 in 4 change of having (Fragile X is only with male babies).

We would test your gene today with a blood draw and if you came back positive for CF or SMA then the next step would be to test the Father of the Baby. If you both came back positive the recommendations would be for genetic counseling. Does not mean your baby will have these conditions, but the chances are increased.

If your blood test were to come back negative then we would not do any further testing.

Cost for this Genetic Carrier Screening:

We send this test to NxGen who runs this test. It is covered by most insurance companies. Once this company receives your sample they will run it through your insurance company and then prior to running the test they will call you by telephone to discuss pricing and payment options. If at the time they call you, you decide you don't want to pay the cost or don't want the test then you can cancel the test. They will discard your sample.

Customer Service for billing # is: 855-776-9436 Ext 4 You will have to sign a consent form accepting or declining this test when you come in for blood work.

Additional Items to Note

Group B Strep and Pregnancy

Group B Strep is a bacteria that inhabits the genital tract of up to 40% of female patients. Although this is not a “bad” bacteria, it will cause infections in 2-3 pregnancies per 1,000. Since such an infection can be devastating for a newborn, we give mothers who are Group B Strep positive prophylactic antibiotics when they are in labor in order to lessen the infection risk for the newborn. We routinely culture the vagina of all OB patients at 35 weeks. The culture involves swabbing the vagina area with a dry Q-tip and sending it out to the lab.

Circumcision

Patients with newborn males often have many questions regarding circumcision. We hope this will answer most of them for you.

In the past, circumcision was recommended for medical reasons. Recently, this has been questioned and most national pediatric groups state that this minor surgical procedure is not necessary. Yet, most parents still elect to have this done. Many of the reasons are of hygiene and not feeling comfortable teaching the young boy how to retract the foreskin and clean the penis. Others do it simply for cosmetic reasons, that is to look like daddy or other boys.

If you elect to have this done, you will be asked to sign a permission form or permit in the hospital. This procedure can be done by our providers in the hospital before you are discharged from hospital. This acknowledges that you understand that there are possible complications. The major ones are bleeding, infection, scarring (too much or too little foreskin removed), or injury to nearby skin or other structures. Recently, many parents are requesting this procedure be done under local anesthesia. If you would an aesthetic to be used, please inform the nurse at the hospital. As with everything there is a controversy as to the benefits of this, and of course, it does increase or add to the risks of circumcision slightly. We are glad to help you with this decision in any way. You may also want to get an opinion from your pediatrician or family physician.

Most insurance companies do cover the cost of this, check with your insurance carrier prior.

Pediatricians

We recommend you call a family practice or pediatric practice during your pregnancy and make a decision about who you will use as your baby's doctor.

It is important that you feel comfortable with the person caring for your child, and that the office is convenient to your home and accepts your insurance.

You will be visiting the baby's doctor frequently during the first year, so you need to feel happy with your choice. Please ask us and we can give personal advice in this area!

There are lots of mothers working in our office and we are happy to help you with any questions you may have about being a new parent!

Good Luck!

