

Grand Rapids Women's Health

OBSTETRICS & GYNECOLOGY SPECIALISTS



Your Guide to Pregnancy

Setting the standard for medical excellence in Women's Health

616.588.1200 | www.grandrapidswomenshealth.com

Welcome to pregnancy

Congratulations on your pregnancy! We welcome you to Grand Rapids Women's Health. Thank you for choosing us as your care provider. Our providers and staff are all dedicated to your health and we look forward to getting to know you over the course of the coming months.

Having a baby is one of the most memorable and important experiences for women. We do all we can to ensure your pregnancy experience is safe, healthy, and happy.

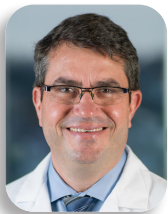
This booklet is provided to help you to answer common questions you may experience along the way. We encourage you to keep it nearby as a resource throughout your pregnancy. You can also visit our website at

www.grandrapidswomenshealth.com for valuable information about our physicians and recommended websites.

Thank you for placing your trust in our care.

Your providers

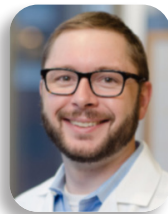
Like many OB/GYN practices, Grand Rapids Women's Health is a group practice. Our physicians have days they work in the office, days they are on-call for deliveries at the hospital, and days they are off. Your primary physician may not be on call the day you are in labor and/or deliver. If your labor and delivery occur while your physician is in the office, every effort is made to have your physician deliver your baby. When this is not possible during the day, after hours, or on weekends, the on-call physician from our group will take good care of you.



Adam Blickey, MD



Brooke Bollin-Richards, MD



Robert Bowes, MD



Ruth Brandt, MD



Jordan Craig, MD



Grace Crane, MD



Monica Gary, MD



Erinn Hoekstra, MD



Robyn Hubbard, MD



Jennifer Janik, MD



Heather Jereb, MD



Rebecca Lacks, MD



Sarah Mattson, MD



Sharla Ulstad, MD



Anita VanDeBurg, MD



Mead Johnson Nutrition
2400 W Lloyd Expy
Evansville, IN 47712-5095

Printed courtesy of Mead Johnson Nutrition

Enfamil® NeuroPro® Infant
Enfamil® NeuroPro® Gentlease®
Enfamil A.R.®
Enfamil® ProSobee® Simply Plant-Based
Enfamil® Sensitive
Enfamil® Reguline®
Enfamil® NeuroPro® Enfacare®
Nutramigen® with Probiotic LGG®
PurAmino®

The content of this booklet has been approved by Grand Rapids Women's Health.

Office Information

Office hours and location

Our office is open **Monday through Friday, 8 am – 5 pm** for office visits.
555 MidTowne NE, Suite 400, Grand Rapids, MI 49503

How to contact our office

You may call our office at (616) 588-1200 Monday through Friday, 8 am - 5 pm for both emergency and non-emergency questions or concerns. If you need to contact the office on weekends or after business hours, you may call the same number. Our answering service will give the on-call physician your message to return your call. Please stay available at the phone number you give the answering staff and have a pharmacy number ready if you anticipate needing a prescription.

Appointment Scheduling

Your first visit

When you come to the office for your first visit, we ask that you bring your completed medical history forms and other registration materials. You will meet with the nurse who will review your medical history and supply information regarding pregnancy and office routines. The nurse will give you a lab requisition for blood work that should be completed before your initial appointment with the physician. Prenatal labs test your blood type, blood count, and screens for infections (syphilis, Hepatitis B, HIV, and rubella). HIV testing is recommended initially and repeated around 28 weeks and possibly 36 weeks. You may decline HIV testing, but it is recommended for all pregnant women to provide the best care for you and your baby.

Your first visit with the physician

During this visit, you will have a physical exam. A pap smear will be done, if you are due for one, and STD testing (chlamydia and gonorrhea). Your physician will review your blood work, review the care you will receive during your pregnancy, and answer any questions.

After your first visit

Between now and 28 weeks, we would like you to schedule a visit every four weeks. Around 30 weeks, your visits will increase to every two weeks, then to once a week after 36 weeks until delivery. We will request to see you more frequently if you are high risk. During each visit, you will have your weight, blood pressure, and fetal heartbeat checked. Starting at approximately 24 weeks, the provider will do a fundal (uterine) height evaluation at every appointment. Several additional tests are done at scheduled markers throughout your pregnancy.

These include:

Anemia and gestational diabetes screening – this screening is performed between 24-28 weeks. You will be given a sugar drink and instructions for how/when to drink it. One hour after you finish the sugar drink, your blood will be drawn. You do not need to fast.

Vaginal culture for group B strep – this swab of your vaginal and rectal area is performed at your 36 week appointment. Group B strep is a normal bacteria that is naturally found in the vagina and is not harmful to women or a developing fetus. However it can be harmful to your infant if exposed to it at time of delivery. If you test positive for this bacteria, you will receive antibiotics through an IV during labor and delivery.



Optional testing

Genetic testing is offered to all pregnant patients. This is optional. Please discuss with your provider and then check with your insurance company about coverage.

Carrier screening – this blood test will determine if you are a gene carrier for one of 14 recessive diseases. We can screen for diseases like Cystic Fibrosis (CF), Spinal Muscular Atrophy (SMA), Fragile X Syndrome (FXS), and Duchenne Muscular Dystrophy (DMD). If a mother tests positive as a carrier, the next step is to test the father if possible. If both parents are positive, then there is a chance the baby would be affected. All of the diseases tested have treatments available.

Screening tests – these are indirect tests done to evaluate your risk of having a baby affected by a chromosome problem like Down Syndrome (Trisomy 21) or Trisomy 13 or 18. They pick up on the majority of those affected but are not 100%.

Cell free DNA – is done after 9 weeks. This tests mom's blood for fragments of DNA from the baby to determine chromosome disorders. It can also determine sex with high reliability.

Diagnostic tests – Actual sampling of babies DNA so it is 100% accurate – but testing is invasive and may carry small risks.

Amniocentesis – this procedure is performed after 15 weeks. The test can determine abnormal genes associated with Down Syndrome or other chromosome abnormalities. A needle is inserted through the mother's abdomen into the baby's sac of fluid under Ultrasound guidance, and a sample of fluid is removed for genetic testing.

CVS (Chorionic Villus Sampling) – this procedure is performed between 10-12 weeks. The test can determine abnormal genes associated with Down Syndrome. A needle is inserted through the mother's abdomen or cervix and placental tissue is obtained and used for genetic testing.

Ultrasounds

We recommend an ultrasound around 18-22 weeks in the pregnancy to evaluate fetal anatomy. Additional ultrasounds will be performed based on medical need. Insurance will only cover this service if there is a medical need. Ultrasounds will usually be performed in our ultrasound department.

The Rh factor

We will test your blood for the Rh factor. If your blood type is Rh negative, then you may be at risk for Rh disease, which affects about 10% of people. Rh disease is a pregnancy complication in which your immune system attacks the baby's blood and can result in a life threatening situation for the baby if left untreated. Fortunately, it can be prevented with an injection which is given to you at approximately 28 weeks or anytime if vaginal bleeding occurs. If you are Rh negative, contact our office immediately if you develop bleeding or trauma to your belly. The cell free DNA test can now test the baby for Rh factor and if negative, the shot can be avoided.

Vaccinations

The Centers for Disease Control (CDC) recommends that all pregnant and breastfeeding women are vaccinated against COVID-19 and that women who are/become pregnant during the flu season receive a flu shot. Also, pregnant women should receive a dose of Tdap (vaccine to protect mom and baby against tetanus, diphtheria, and pertussis or "whooping cough") between 27 and 36 weeks with each pregnancy. Family members and caregivers who will have close contact with baby are also encouraged to have Tdap and flu shots before the baby is born. The RSV vaccine is also recommended for all pregnant women between 32-36 weeks if between September and January. This can reduce hospital admission for babies by 81%.

Prenatal vitamins

We recommend a prenatal vitamin that contains folic acid prior to conception, throughout pregnancy, and postpartum while breastfeeding. Please check with your provider before taking any vitamins, herbs, or other supplements as some may be unsafe during pregnancy. It's important to make sure that you are getting in 1,000 mg of calcium/day.

Common symptoms of pregnancy

Nausea/Vomiting – feeling nauseous during the first three months of pregnancy is very common. For some women, it can last longer, while others may not experience it at all. Try to eat 5-6 smaller meals a day in order to keep your stomach full at all times. Try bland foods like plain crackers, toast, and dry breakfast cereal as well as carbonated drinks like ginger ale or 7-Up. Ginger is a natural treatment for nausea. Peppermint can also be used. Some over-the-counter medications are also safe. If the symptoms become severe or you are unable to keep fluids down for more than 12 hours without vomiting, contact the office.

Discharge – an increase in vaginal discharge that is white and milky is common in pregnancy. If the discharge is watery or has a foul odor, call the office.

Spotting – light bleeding can be common, especially in the first 12 weeks of pregnancy. It may occur after intercourse, cervical exams, vaginal ultrasounds, or strenuous activity and exercise. If the bleeding is heavy or is accompanied by pain or cramping, contact us immediately.

Constipation – is a common complaint which can be related to hormone changes, low fluid intake, increased iron intake or lack of fiber in your diet. Try to include whole grains, fresh fruit, vegetables and plenty of water. There are also safe over-the-counter medications like Benefiber and Miralax. If you develop hemorrhoids, try sitz baths three to four times per day for 10-15 minutes each time. If the pain persists, contact the office.

Cramping – experiencing some cramps and contractions are normal. When they occur, empty your bladder, drink 1-2 glasses of water, and try to rest. If you are less than 36 weeks pregnant and are having more than six contractions in an hour after trying these measures, contact the office.

Leg cramps – cramping in your legs or feet can also be common. Eating bananas, drinking more lowfat/nonfat milk, drinking more fluids, and consuming more calcium-rich foods like dark green vegetables, nuts, grains, and beans may help. To relieve the cramp, try to gently stretch your leg with your foot flexed toward your body. A warm, moist towel or heating pad wrapped on the muscle may also help.

Dizziness – you may feel lightheaded or dizzy at any time during your pregnancy. Try lying down on your left side and drink 1-2 glasses of water. If symptoms persist, contact the office.

Swelling – because of the increased production of blood and body fluids, normal swelling, also called edema, can be experienced in the hands, face, legs, ankles, and feet. Elevate your feet, rest on your side, wear comfortable shoes, drink plenty of fluids, and limit sodium intake. Supportive stockings can also help. If the swelling comes on rapidly, or is accompanied by headache or visual changes, contact us immediately.

Heartburn – you may experience heartburn throughout pregnancy, especially during the latter part of your pregnancy when your baby is larger. Try to eat 5-6 smaller meals a day, and avoid lying down immediately after eating. Some over-the-counter medications like Tums are also safe for use.

Aches and pains – As your baby grows, backaches are common. You may also feel stretching and pulling pains in the abdomen or pelvic area. These are due to pressure from your baby's head, weight increase, and the normal loosening of joints. Practice good posture and try to rest with your feet elevated. You may also treat with heat. Consider a support belt, pregnancy massage, and stretching.

Safe Medications

During pregnancy, women can be more susceptible to ailments like cold and flu, among other conditions. Only certain medications are safe during pregnancy. The following are considered safe. Follow the labels for dosage and directions. Contact the office with questions.

<p>Acne Benzoyl Peroxide Salicylic Acid Clindamycin (topical) Erythromycin (topical)</p> <p>Avoid: Accutane Retin-A Tetracycline Minocycline</p>	<p>Antibiotics Ceclor Cephalosporins E-mycins Keflex Macrobid/Macroclantin Penicillin Zithromax</p> <p>Avoid: Cipro Tetracycline Minocycline Levaquin Bactrim</p>	<p>Colds/Allergies Benadryl, Claritin, Zyrtec, Flonase Chlor-Trimeton, Dimetapp Mucinex (guaifenesin) Sudafed*/Sudafed-12 Hour* Sudafed PE Pseudoephedrine* Tylenol Cold & Sinus* Chloraseptic spray DayQuil Vicks VapoRub Cough drops (avoid high dose zinc - ie: Zicam) Allergy shots</p> <p>* AVOID if problems with blood pressure and 1st trimester. Also, only use for short period.</p> <p>Avoid: Zicam, high dose zinc</p>
<p>Constipation Colace, Senokot Dulcolax Suppository Fibercon, Metamucil, Benefiber Fennel, Mint tea Miralax</p>	<p>Cough Actifed, Sudafed* Cough Drops Phenergan w/Codeine if prescribed Robitussin (plain & DM)</p>	<p>Crab/Lice RID</p> <p>Avoid: Kwell</p>
<p>Diarrhea Imodium AD</p> <p>Gas Gas-X Mylicon Phazyme</p>	<p>Headaches Cold Compress Tylenol (regular or extra strength) Acetaminophen</p> <p>Try: (1000 mg Tylenol + 25 mg Benedryl + 1/2 can of pop or caffeine source)</p>	<p>Heartburn (Avoid lying down for at least 1 hour after meals) Aciphex, Maalox, Mylanta, Pepcid, Milk of Magnesia Riopan Liquid or Tabs, Pepcid Complete Gaviscon, Nexium, Prevacid Rolaid, Prilosec Tums (limit 4/day) Prefer to use these after 1st trimester</p>
<p>Hemorrhoids Anusol/Anusol H.C. (RX: Analapram 2.5%) Hydrocortisone OTC Preparation H, Tucks Vaseline lotion applied to tissue</p>	<p>Herpes Acyclovir Famvir Valtrex</p>	<p>Leg Cramps Benadryl Potassium Water Dependant Stretches</p>
<p>Nasal Spray Saline Nasal Spray Flonase</p>	<p>Nausea Vitamin B6 25mg 3 times daily Unisom 1/4 or 1/2 tablet at bedtime Vitamin B6 and Unisom at bedtime Dramamine, Emetrol Ginger Root 250mg 4 times daily High complex carbs @ bedtime Sea-Bands - Acupressure</p>	<p>Pain Tylenol</p> <p>Avoid: Ibuprofen, Naprosyn</p>
<p>Rash Benadryl 1% Hydrocortisone Cream</p>	<p>Sleep Aids Benadryl, Nytol, Sominex Chamomile Tea Unisom, Tylenol PM Warm milk-add vanilla/sugar for flavor</p>	<p>Throat Cepacol Cepastat Salt Water Gargle w/ warm water Throat Lozenges</p>
<p>Tooth Pain Orajel</p>	<p>Yeast Infection Gyne-lotrimin, Monistat-3 Terazol</p>	<p>Prenatal Vitamins Any over the counter <u>prenatal</u> vitamins that contain DHA. Avoid Vitamin A in high doses > 5,000 IU</p>

Nutrition and pregnancy

Recommendation for weight gain

It is not necessary to “eat for two” during pregnancy. It is true that you need extra calories from nutrient rich foods to help your baby grow. You generally need to consume 300 more calories per day than you did before you became pregnant to meet the needs of your growing baby.

Excessive weight gain during pregnancy increases the risk of several pregnancy complications, including gestational diabetes, high blood pressure, preeclampsia (toxemia), cesarean delivery, and postpartum weight retention. Similarly, babies of women who are overweight or obese are at increased risk of prematurity, stillbirth, birth defects, macrosomia (large infant) with possible birth injury, and childhood obesity.

Recommendation for weight gain during a single pregnancy:

The total amount of weight gained depends on your weight when you become pregnant. If your weight was in the healthy range, you should gain between 25 and 35 pounds. If you are overweight or underweight before becoming pregnant, the advice is different. Check with your doctor to find the total amount that is right for you.

Institute of Medicine Weight Gain Recommendations for Pregnancy:

Prepregnancy Weight Category	Body Mass Index*	Recommended Range of Total Weight (lb)	Recommended Rates of Weight Gain in the Second and Third Trimesters (lb) (Mean Range [lb/wk])
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 (includes all classes)	30 and greater	11-20	0.5 (0.04-0.6)

* Body mass index is calculated as weight in kilograms divided by height in meters squared or as weight in pounds multiplied by 703 divided by height in inches.

† Calculations assume a 1.1-4.4 lb weight gain in the first trimester.

Modified from Institute of Medicine (US). Weight gain during pregnancy: reexamining the guidelines. Washington, DC. National Academies Press; 2009.

©2009 National Academy of Sciences.

Daily Meal Plan:

This plan shows slightly more amounts of food during the 2nd and 3rd trimesters because you have changing nutritional needs. This is a general plan. You may need more or less than the example below.*

Food Group	1st Trimester	2nd & 3rd Trimesters	What counts as 1 cup or 1 ounce?
Eat this amount from each group daily*			
Vegetables	2 ½ cups	3 cups	1 cup raw or cooked vegetables or 100% juice, 2 cups raw leafy vegetables
Fruits	2 cups	2 cups	1 cup fruit or 100% juice, ½ cup dried fruit
Grains	6 ounces	8 ounces	1 slice bread, 1 ounce ready-to-eat cereal ½ cup cooked pasta, rice, or cereal
Dairy	3 servings	3 servings	1 cup milk, 1 cup fortified plant milk, 1 cup lactose-free milk, 8 ounces yogurt, 1½ ounces natural cheese
Protein Foods	6 ounces	8 ounces	1 ounce lean meat, poultry, or seafood, ¼ cup cooked beans, ½ ounce nuts or 1 egg, 1 tablespoon peanut butter, 2 tablespoons seeds

* If you are not gaining weight, or are gaining too slowly, you may need to eat a little more from each food group. If you are gaining weight too quickly, you may need to cut back by decreasing the amount of “empty calories” you are eating.

Get a Daily Plan for Moms designed just for you. Go to www.MyPlate.gov for your plan and more.

Key daily nutrients during pregnancy:

Most are in prenatal multivitamin mineral supplements

Nutrient	Reason for Importance	Sources
* Calcium (1000 mg)	Helps build strong bones and teeth	Milk, cheese, yogurt, sardines, lactose-free milk, fortified plant milk, fortified orange juice
Iron (27 mg)	Helps create the red blood cells that deliver oxygen to the baby and also prevents fatigue	Lean red meat, dried beans and peas, iron-fortified cereals, poultry, seafood
Vitamin A (770 mcg) Beta carotene	Forms healthy skin, helps eyesight, helps with bone growth	Carrots, dark leafy greens, sweet potatoes, spinach, squash, cantaloupe
Vitamin C (85 mg)	Promotes healthy gums, teeth, and bones. Helps your body absorb iron	Oranges, melon, strawberries, peppers, tomatoes, potatoes
Vitamin B6	Helps form red blood cells, helps body use protein, fat, and carbohydrates	Beef, liver, pork, ham, whole grain cereals, bananas, nuts
Vitamin B12 (2.6 mcg)	Maintains nervous system, needed to form red blood cells	Liver, meat, fish, poultry, milk, (vegetarians should take a supplement)
Folate (600 mcg)	Needed to produce blood and protein, helps some enzymes	Green leafy vegetables, liver, orange juice, legumes, nuts, fortified cereals
* Choline (450 mg)	Fetal brain development	Egg yolk, dried beans, cruciferous vegetables, tuna, salmon, milk, yogurt, soy, peanuts
* Omega 3-FA DHA	Fetal brain development	Seafood, flaxseed meal, eggs
* Fiber (25 mg)	Healthy digestion, prevents constipation	100% whole grains, dried beans, fruits, vegetables, nuts, seeds
Water (80 oz, daily)	Fetal support, nutrient circulation, increased blood volume, prevention preterm labor, breast milk production	

* Not found in most prenatal vitamins

Foods to avoid in pregnancy

Raw meat – Avoid uncooked seafood and undercooked beef or poultry due to risk of bacterial contamination, toxoplasmosis, and salmonella.

Fish with mercury – Avoid fish with high levels of mercury including shark, swordfish, king mackerel, and tilefish. For other fish, limit consumption to two servings per week.

Smoked seafood – Refrigerated, smoked seafood should be avoided due to risks of listeria contamination.

Raw shellfish & fish – including clams, oysters, mussels, sushi, and sushimi can cause bacterial infections. Cooked shrimp is safe.

Raw eggs – Raw eggs or any foods containing raw eggs can be contaminated with salmonella. This includes uncooked cookie dough, some homemade caesar dressings, mayonnaise, and homemade ice cream. Cook eggs thoroughly, until the yolk is firm.

Soft cheeses – imported soft cheeses may contain listeria. Soft cheeses made with pasteurized milk are safe.

Unpasteurized milk (raw milk) – May contain listeria which can lead to miscarriage. Avoid raw milk, unpasteurized cheese.

Pâté – Refrigerated pâté or meat spreads should be avoided due to risks of listeria.

Caffeine – Limit caffeine intake to the equivalent of 1 cup a day or less of coffee, tea, green tea, caffeinated soft drinks, and energy drinks. Excess caffeine may be associated with miscarriage, premature birth, low birth weight, withdrawal symptoms in infants, ADHD, sleep disturbance, and nervousness.

Unwashed fruits & vegetables – Wash all produce well to avoid exposure to toxoplasmosis which can contaminate the soil where fruits and vegetables are grown.

Kombucha (fermented black tea beverage) – Avoid as it contains alcohol, caffeine, and possibly harmful bacteria.

Avoid spilling juices from raw meat and hotdog packages on other foods, utensils, and food preparation surfaces. In addition, wash hands after handling hot dogs, luncheon meats, delicatessen meats, and raw poultry (such as chicken and turkey), seafood, or their juices. Wash hands with soap and water thoroughly before and after handling food.

Ask your provider for a referral to the GRWH dietitian for a personalized prenatal meal plan, ideas, and resources to address your individual nutrition concerns.

Special concerns

Vegan/Vegetarian diet (avoiding some or all animal products: meat, poultry, seafood, dairy, eggs)

Be sure you are getting enough protein. You will probably need to take supplements, especially calcium, iron, B12, and vitamin D.

Lactose intolerance

During pregnancy, symptoms of lactose intolerance often improve. If you are still having problems after eating or drinking dairy products, talk with us. We may prescribe calcium supplements if you cannot get enough calcium from other foods. Remember, calcium can also be found in cheese, yogurt, sardines, certain types of salmon, spinach, fortified orange juice, lactose-free milk, and fortified plant milk.

Artificial sweeteners

These are OK to use, but we would recommend limiting it to 1-2 servings per day.

Common questions

When will I feel my baby move?

Sometime between 16-25 weeks of pregnancy, mothers will begin to feel movement. Initially, movements will be infrequent and may feel like butterfly flutters. As your baby grows, you will feel movement more often. It is recommended to start counting fetal movements beginning at 28 weeks, once daily, until you get 10 movements within 2 hours. A good time to do this is 20-30 minutes after breakfast and dinner. If you are concerned about movement, eat or drink something with sugar or caffeine, lie on your side, and press your hands on your belly. If you have concerns about feeling baby movements or notice a decrease in movements, contact the office.

Why am I so tired? What's the best sleep position?

It's normal to feel more tired. You may also notice you need more sleep than usual. Try to get at least 8-10 hours per night. Listen to your body.

Lying on your back can cause your blood pressure to drop. Try to sleep on your side to allow for maximum blood flow to baby. This becomes more important after 20 weeks. You may also find it helpful to put a pillow behind your back and between your knees to improve comfort. As your pregnancy progresses, use more pillows and frequent position changes to stay comfortable.

Can I use a Jacuzzi?

Using a Jacuzzi or whirlpool bath is not recommended during the first trimester and should be limited to 15 minutes or less in the second and third trimester, with the water temperature not exceeding 100 degrees.

Can I travel?

Traveling is safe during pregnancy for uncomplicated pregnancies. When you travel, be sure to take breaks to stand up/walk around at least every two hours. If traveling by vehicle, wear a seat belt, positioning it under your abdomen as your baby grows. If you are involved in a car accident, please call the office immediately. You may need to be monitored. After 36 weeks, we recommend staying close to home.

Can I care for my pets?

If you have cats, please let us know. Toxoplasmosis is a rare infection that you can get from cat feces. Avoid changing the litter box or use gloves to change it.

What do I need to know about dental care?

Your teeth and gums may experience sensitivity and bleeding throughout the pregnancy. Inform the dentist of your pregnancy and shield your abdomen if x-rays are necessary. Contact our office with any questions about dental care.

Can I go to the salon for treatments?

Hair coloring and nail care should always be done in large, well-ventilated areas. If possible, avoid treatments in the first trimester.

Can I exercise?

30 minutes of exercise is recommended daily in uncomplicated pregnancies. This could include walking, jogging, biking, aerobic class, yoga, swimming, etc. Weight training is acceptable. Listen to your body during exercise and drink plenty of fluids. After 20 weeks, avoid lying flat on your back and avoid activities with a high risk of falling or trauma to your belly (i.e., snow skiing, kickboxing, horseback riding).

Can I have sex?

You can have sex unless you are having complications or sex becomes too uncomfortable. There are times when exercise and sex should be avoided. This includes during any vaginal bleeding, leaking amniotic fluid, preterm labor, chest pain, regular uterine contractions, decreased fetal movement, growth-restricted baby, headache, dizziness, or general weakness.

Alcohol and smoking

There is no safe amount of alcohol so we recommend avoiding all alcohol during pregnancy. Drinking alcohol can cause birth defects, intellectual and developmental disabilities, and abnormal brain development.

If you smoke, so does your baby. This is a very important fact of pregnancy. Here are some known complications from smoking during pregnancy:

- **Low birth weight baby:** Low birth weight can be caused by prematurity (birth at less than 37 weeks), poor growth, or a combination of both. Prematurity is increased in pregnant smokers and is the number one cause of neonatal death and chronic illness in babies. Problems such as cerebral palsy, life-long lung, kidney, or other organ problems, intellectual and learning disabilities are much more common in premature and low birth weight babies.
- **Placenta previa:** Low-lying placenta that covers part or all of the opening to the uterus. Placenta previa blocks the exit of the baby from the uterus causing the mother to bleed.
- **Placental abruption:** The placenta tears away from the uterus causing the mother to bleed.
- **Premature rupture of membranes:** The water breaks before 37 weeks of pregnancy, which is associated with an increase in preterm and low birth weight deliveries.
- **Marijuana:** The use of marijuana (THC) has also been associated with risks to a pregnancy and is not recommended.

Breastfeeding

Choosing to breastfeed your baby is a personal decision. Breastfeeding provides natural antibodies and proteins to your newborn. Not only that, it has numerous benefits to you, including reducing your risk of ovarian and breast cancer and more rapid weight loss. The hospital has lactation consultants who will see all new mothers who want a consultation. To get your complimentary breast pump, scan the QR code below.



When to call the doctor

If you experience any of the following, please contact us immediately as these are considered emergent:

- Continuous leaking of fluid (water breaks)
- Abdominal trauma or car accident
- Heavy bleeding
- Fever greater than 101°
- Decreased fetal movement
- Urinary tract infection
- Headache with vision changes
- Painful contractions greater than 6 times an hour

Please use this chart to determine how you should treat certain illnesses or symptoms throughout your pregnancy. If in doubt, call the office at **(616) 588-1200**.

ILLNESS/SYMPTOM:	CALL THE OFFICE IF:	CALL THE DOCTOR IMMEDIATELY IF:	HOME TREATMENT:
Bleeding/cramping • Some bleeding/spotting may occur after an internal exam	• Bleeding is less than a normal period with mild cramping; common in 1st trimester	• Bleeding is heavy (changing a pad every 2 hours) • 2nd & 3rd trimester cramping or painless heavy bleeding • Cramping is equal or worse than menstrual cramps	• Rest • Avoid heavy lifting (more than 20 pounds)
Vomiting • Common in 1st trimester	• Unable to keep down liquids and solids for more than a 24 hour period • Weight loss of more than 3-5 pounds	• Signs of dehydration occur (e.g., dry mouth, fatigue/lethargy, poor skin turgor) • Abdominal pain accompanied with vomiting	• Vitamin B6 25 mg three times a day • Separate liquids from solids (e.g., dry cereal followed by a glass of milk 1 hour later) • Plain popcorn • Rest • Avoid hot sun • Sea-Band • Ginger candy
Decreased fetal (baby) movements after 24 weeks	• Baby moves less than 4 times in a 30 minute period while you are resting during a normally active period of baby	• No fetal movement accompanied by severe abdominal pain	• Rest • Drink juice or soft drink • Eat a small snack • Lie down on your side
Labor	• Contractions stronger than Braxton Hicks (mild, irregular contractions) but may not be regular • If less than 36 weeks, and if contractions are greater than 6 per hour	• Contractions are every 5 minutes apart for 1 hour • Water breaks; small leak or as a gush • Bleeding is more than a normal period • Pain or contractions won't go away	• Rest (you'll need energy for real labor) • Increase fluids to 8-12 glasses daily • Stay hydrated; dehydration can cause contractions, especially in the summer
Urinary urgency and/or pain with urination • Frequency is common in early and late pregnancy	• Pain with urination • Feeling of urgency to void with little urine produced	• Temperature of 101° F or higher • Pain in upper back • Contractions occur • Blood in urine	• Urinate at regular intervals • Increase fluid intake to 8-12 glasses daily
Swelling	• Recent, noticeable increase in feet and ankles • Swelling of face and hands	• Swelling accompanied with headache or upper abdominal pain • Swelling with decreased fetal movement • Elevated blood pressure (if using home monitoring)	• Lie on left side and elevate legs • Avoid salty foods (e.g., ham, pizza, chili)
Cold and flu	• Temperature of 101°F or higher • Green or yellow mucus develops • Persistent cough for more than 5 days	• Breathing is difficult or wheezing occurs • Oxygen saturation < 95%	• Tylenol, Actifed, Sudafed, and any Robitussin • Increase fluids • Rest • Use vaporizer • See medication list
Rupture of membranes		• Water breaks; small leak or as a gush	

Preparing for labor and delivery

Hospital affiliation

We are affiliated with Corewell Health Butterworth Hospital, located at 100 Michigan NE, Grand Rapids, MI. The entrance is at the corner of Ransom and Crescent – follow the signs to the Women's Center. Contact us at (616) 588-1200 if you think you are in labor. After office hours, this number will be picked up by our answering service and one of our physicians will call you back. The direct line for our billing office is (616) 588-1100.

Pain control and labor

Narcotics – Narcotics can be given through injection or IV and help take the edge off strong contractions. They can make you sleepy if given early in labor. We avoid giving narcotics near delivery time.

Epidural – This safe and popular option is administered by an anesthesiologist and requires a fine, thin catheter or tube placed in your back during active labor. Medicine slowly drips through the tubing to provide pain relief throughout labor. The tubing is removed after delivery.

Local – Many patients deliver without pain medication. If stitches are needed, a small injection of numbing medicine called lidocaine will be given.

Cord blood banking and donation – The stem cells from baby's cord can be used for bone marrow and stem cell transplants.

You can donate your baby's cord blood through Versiti Cord Blood Bank by calling (866) 642-5663 within 12 weeks of your due date. When you get the hospital, let the labor and delivery staff know that you are donating cord blood and they will take care of the rest of the process for you.

Private cord blood banking is arranged through a private cord blood bank and reserves the stored blood for a specific donor's own or family use. Ask your physician for more information.

Attend educational courses – Search: Corewell Health parenting classes

There are educational courses through the hospital on labor and delivery, breastfeeding, infant CPR, and baby care. First time parents are encouraged to watch our Ready, Set, Baby! 3rd trimester class on YouTube. This reviews what to expect during your last trimester, labor and delivery, your hospital stay, and your postpartum period.



Choose a doctor for your baby

You will need to decide on a doctor for your baby by the time you deliver. Contact that doctor's office prior to delivery and make sure they accept your insurance and are taking new patients. We can provide you with a list of doctors if you have trouble locating one.

Obtain and install a car seat

You must have a car seat installed in your vehicle before taking baby home. By law, children must be in a federally approved, properly installed, crash-tested car seat for every trip in the car beginning with the trip home from the hospital. There are several sites around the community that offer free car seat checks.

Learn more about breastfeeding

Human milk is perfectly designed nutrition for babies. Babies who are breastfed get fewer infections and are hospitalized less. Mothers who breastfeed burn 500 calories a day which can help lose extra weight and reduce a woman's risk of developing breast cancer. After delivery, the nurses and a lactation specialist will help you learn the art of breastfeeding.

Consider circumcision

A circumcision is the removal of foreskin from the penis of male infants. It is typically done in the hospital the day after delivery. It may help reduce infections and penile cancer. We can perform this optional procedure for you. Please discuss this with your provider if you have questions.



Labor and Delivery

When will I know I'm in labor?

The chart below will help determine if you are in labor. If you have signs of true labor, contact the labor and delivery unit. If your water breaks, call us at 616-588-1200.

How do you know if your contractions are true labor contractions?	
Warm-up Contractions	True Labor Contractions (regular and predictable)
Tightens portions of the uterus	Eventually tighten the entire uterus and work their way to the groin
Don't usually cause back pressure	Usually cause pressure on the lower back and/or lower abdomen
Don't last longer over time	Last longer over time
Don't become stronger over time	Become stronger over time
Don't become closer together and are irregular	Become closer together and are regular
May stop when you change your activity, including resting, walking, or taking a warm bath	Don't stop when you change your activity, and walking may make them stronger
Don't cause the cervix to change	Do cause the cervix to thin and open

Induction

Your due date is considered to be 40 weeks from your last menstrual period. Anticipate delivery sometime at term, between 37-42 weeks (ideally between 39-41 weeks). We recommend additional testing for your baby at 40-41 weeks. If you have a risk factor, or go past your due date, your physician may recommend an induction. We may induce labor at that time or sooner if there are concerns. Induction is a process in which medication is administered to stimulate contractions. It can take more than 24 hours to work. It is important to allow your baby to fully grow and develop before we schedule a delivery.

Cesarean birth and recovery

A cesarean birth may be planned or unplanned. Nurses, anesthesia staff, and your physician will be with you in the operating room. If necessary, a group of neonatal health care providers also will be with you. Your blood pressure and heart rate/rhythm will be monitored, and a nurse will listen to your baby's heart rate. Your baby will be delivered in a short period of time once surgery begins. Once delivered, it will take approximately 30-60 minutes to complete surgery. Your incision will be closed with sutures. You will then be moved to the recovery room. A planned cesarean can be scheduled once you reach 20 weeks.

Initial recovery after cesarean birth

The immediate recovery period is similar to the recovery period of a vaginal birth. You, your baby, and your support partner will remain in the recovery room for approximately two hours. During this time, you and your baby will be monitored closely.

Vaginal birth after cesarean (VBAC)

If you have had a cesarean delivery in a previous pregnancy and are now preparing for the birth of another child, you may consider delivering your baby vaginally. VBAC is recommended for those who are a good candidate. You will need to discuss this with your physician.

Episiotomy/forceps/vacuum

We plan to help you deliver your baby with the least amount of trauma. Episiotomies are not routinely needed, and many women deliver without the need for any stitches. However, rarely we need to make a small incision at the vaginal opening to help with delivery or you may have a tear that needs repair. We make sure you are numb if you don't have an epidural and will stitch the area after delivery. The stitches do not need to be removed – they will dissolve on their own. We provide you with medicine to keep you comfortable after delivery.

We are highly skilled in the use of vacuum and forceps for deliveries. We will recommend using them only if medically indicated. There are times when this is the safest way to help deliver your baby. You will be involved in the discussion about this procedure, as well as alternatives such as cesarean, and have input in the decision.

Postpartum instructions

1. You can expect a phone call from one of the office nurses within 2 weeks of your delivery to check on how you and baby are doing. If you need to talk with a nurse, please call us at (616) 588-1200.
2. Make an appointment to see the doctor for a check-up 6 weeks after delivery.
3. Refrain from douching, tampons, and swimming until after your postpartum check-up or when bleeding is minimal after vaginal delivery.
4. You may ride in a car, but no driving for about 1-2 weeks.
5. If breastfeeding, continue your prenatal vitamins daily, eat a well balanced diet, and increase your fluid intake to 10-12 glasses of water per day. If any signs or symptoms of a breast infection develop (fever, flu-like symptoms, pain, or redness in the breast), call the office for further instructions.
6. If not breastfeeding, continue to wear a good, supportive bra, (bind breasts if necessary), use ice packs, take Tylenol® or Motrin for discomfort, and call the office if any problems persist or worsen.
7. Vaginal bleeding may continue for 6-8 weeks while the uterus is shrinking back to its pre-pregnancy state. You may have spotting and/or menstrual-like flow. Increased activity increases the flow. If bleeding or cramping increases to greater than a normal period, take two Advil® or Ibuprofen and get off your feet. If bleeding is persistently heavy, call the office for further instructions.
8. Following a cesarean section, avoid lifting anything heavier than your baby in the car seat until after your postpartum check-up.
9. Exercise – Avoid sit-ups, jumping jacks, and aerobics until after your postpartum check-up. You may do simple abdominal tightening exercises, kegel exercises, and walking.
10. Constipation is very common. Drink 6-8 glasses of liquids every day. Citrucel, Metamucil, and stool softeners (Colace) may be used. Include food like bran cereal, fresh fruits, and vegetables in your diet. Stool softeners are recommended while taking a narcotic until you are moving your bowels easily.
11. Hemorrhoids usually are more symptomatic after delivery. If they are a problem for you, we can prescribe medication to relieve symptoms. Over-the-counter medications are often adequate.
12. Postpartum Blues – sadness, crying, and “the blues” are normal responses to hormonal changes in your body after baby is born – this typically lasts 1-2 weeks. Please let us know if you need additional assistance or if you are concerned that “the blues” have turned into depression.
13. Abstain from intercourse until your 6 week postpartum visit. Contraception options may be discussed with your doctor at your check-up or earlier if you have special needs.
14. You may climb stairs 2-3 times a day in the first 2 weeks. Too much activity delays episiotomy and abdominal incision healing.
15. Please call the office if you have a fever of 100.4° F or greater, or swelling, tenderness, or redness in the lower leg.
16. If you had a cesarean delivery, keep your incision clean with soap and water. Bandage with gauze only if instructed. Call the office if the incision is swollen, red, or has any unusual drainage. Remove any steri-strips after 10 days.
17. Showering is permitted.

Postpartum depression

Pregnancy can be challenging and filled with emotional highs and lows. The time after birth (postpartum) and getting used to being a parent can be demanding as well. Caring for a baby is hard work. You are going through many physical and emotional changes. Some of these changes may be very confusing and even frightening. Often there are the expected feelings of excitement and joy, but you may also experience anxiety and worry. 40-80% of women experience mood changes after delivery. This most commonly starts 2-3 days after delivery and usually goes away by 2 weeks. It is important to eat properly, get adequate sleep, and reduce stress during this time to help with symptoms. Time, patience, and support from family and friends are helpful during this period of adjustment. Sometimes the symptoms require treatment, i.e., mom is not bonding with or enjoying her baby, is unable to care for herself or the baby, or is feeling excessive sadness, depression, or anxiety. Please call the office if you feel a problem is occurring. We offer compassionate care and have effective treatments for postpartum depression.



FROM PRENATAL TO TODDLER...

ENFAMIL FAMILY BEGINNINGS® PROGRAM

SUPPORTS THE FAMILY ALONG BABY'S EXCITING JOURNEY.

With...

- Breastfeeding support
- Formula-feeding tips
- Live help — nutrition information by phone or chat
- Product samples and discounts
- And more



Delight the family with unexpected partner offers — all year long.

SPECIAL SURPRISES AND OFFERS



Join today for helpful nutrition information, feeding tips, savings, and more — valued up to \$400!*



Scan the code, visit enfamil.com, or call 1-800-BABY123

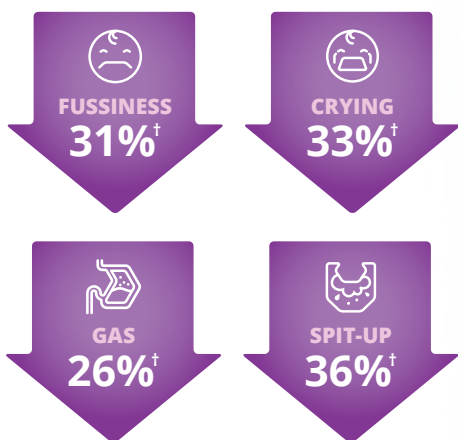
* Benefits may vary



A gentle formula that offers
ALL-IN-ONE
COMFORT
 for babies within 24 hours

Enfamil® NeuroPro® Gentlease® All-In-One is designed to **ease fussiness, crying, gas, and spit-up within 24 hours**, while providing an expert-recommended amount of **brain-building DHA*** and has 2'-FL HMO for **immune system support**.

Our trusted Gentlease formulation is clinically shown to reduce:



Recommend Enfamil NeuroPro Gentlease for All-In-One Comfort

◀ **With 2'-FL HMO for immune support**

* World Health Organization recommended amount of DHA is 0.2%-0.36% of total fatty acids.

† Based on the study of the prior Gentlease formulation without MFGM.

