

# Your Guide to *Pregnancy*



913-948-9636 | [www.kcobgyn.com](http://www.kcobgyn.com)



COMPASSION  
RESPECT  
INNOVATION  
PERSONALIZATION  
EXCELLENCE



We provide compassionate, innovative and effective care to enhance all aspects of women's health & wellness.

### Our Providers



Meghan A. Nichols, MD



J. Anthony Heit, MD



Crystal M. Newby, MD



Emily S. Minderman, MD



Errick Y. Arroyo, MD

### Welcome and Congratulations on Your Pregnancy!

The physicians and staff of Kansas City Ob Gyn are excited that you have chosen us to be a part of this life changing time for you and your family. The information in this booklet is intended as a general educational aid and is not a substitute for medical advice from a qualified healthcare professional. Please discuss any questions you may have about information in this booklet with your care provider.

## How to Reach Us

Our office is open from 9:00 am to 4:45 pm Monday through Friday. Please call the office at 913-948-9636 to schedule appointments, to ask non-emergency clinical questions, and to address other concerns. You may also visit our website at [www.kcogbgy.com](http://www.kcogbgy.com) to find the answers to common OB questions.

If your water breaks, you experience labor, or experience bleeding, please call the same number day or night. During the day you will talk with our triage nurse and after hours your message will go through our answering service. We will always notify the hospital for you so you only make one call.

## Know Your Insurance Coverage

Most insurance plans have a global maternity fee that includes your prenatal office visits, the delivery, and your postpartum exam. Sonograms, injections, non-stress tests (NSTs), and lab work are billed separately and are not included in the global fee. These items will be billed to your insurance company and any portion they designate as your responsibility will be billed to you. All hospital charges including anesthesia and hospital stay are billed by the hospital. Please contact your insurance company or our OB Financial Counselor at the office with any questions about your maternity coverage. The OB Counselor will be reviewing your benefits and financial policy at your New OB appointment.

If you move, change your phone number, or switch medical insurance during your pregnancy, please contact our office immediately to update your information on file with us.

## FMLA and Short Term Disability Paperwork

If employed, you should check with your employer on eligibility for Family Medical Leave and/or short-term disability for typical post partum recovery. If you have any paperwork we need to complete on your behalf, please allow for up to 10 business days for the forms to be completed.

## OB Office Visits

Kansas City Ob Gyn adheres to the standards of prenatal and postpartum care for OB patients as set by the American College of Obstetricians and Gynecologists (ACOG).

We consider the initial visit the "confirmation visit". During this visit, we complete necessary lab work, provide OB education and discuss your individual needs & circumstances. After the first visit, we maintain an OB visit schedule based on ACOG guidelines:

- Initial visit to 30 weeks into pregnancy-- visit every 4 weeks
- 30 weeks to 36 weeks into pregnancy-- visit every 2 weeks
- 36 weeks until delivery-- visit every week

A pelvic exam can be expected at the beginning and toward the end of the pregnancy. With certain pregnancy complications, visits can be more often.



## Estimated Due Date

After your initial OB appointment, your physician will provide you with an estimated due date. However, only 1 in 20 deliveries occur precisely on the estimated due date. You should anticipate delivery sometime the week before or after your due date.

# Labwork

## Standard Lab Tests

**Prenatal Blood Workup:** This workup includes tests for anemia, blood type, and antibodies.

**Rubella (German Measles):** Most women receive vaccinations for Rubella as children, so they and their babies are not at risk. Pregnant women who are not immune to Rubella are at risk for developing the infection. We will test your immunity.

**Infections:** We will test you for hepatitis B, syphilis, and bladder infections.

**PAP Smear:** This test checks your cervix for pre-cancerous cells.

## Optional Tests

### Noninvasive Testing:

**Noninvasive Perinatal Testing (NIPT)** is a maternal blood test that diagnoses Trisomy 13, 18 and 21, and sex chromosome abnormalities with about 99% accuracy. It can be performed any time after 10 weeks.

**First Trimester Screen (FTS)** identifies whether your fetus is at a higher risk of having Trisomy 13, 18, or 21 (Down Syndrome), but cannot give a definite diagnosis. It is about 85% accurate, but can have false positives or negatives.  
\*This test is done with a specialist if needed.

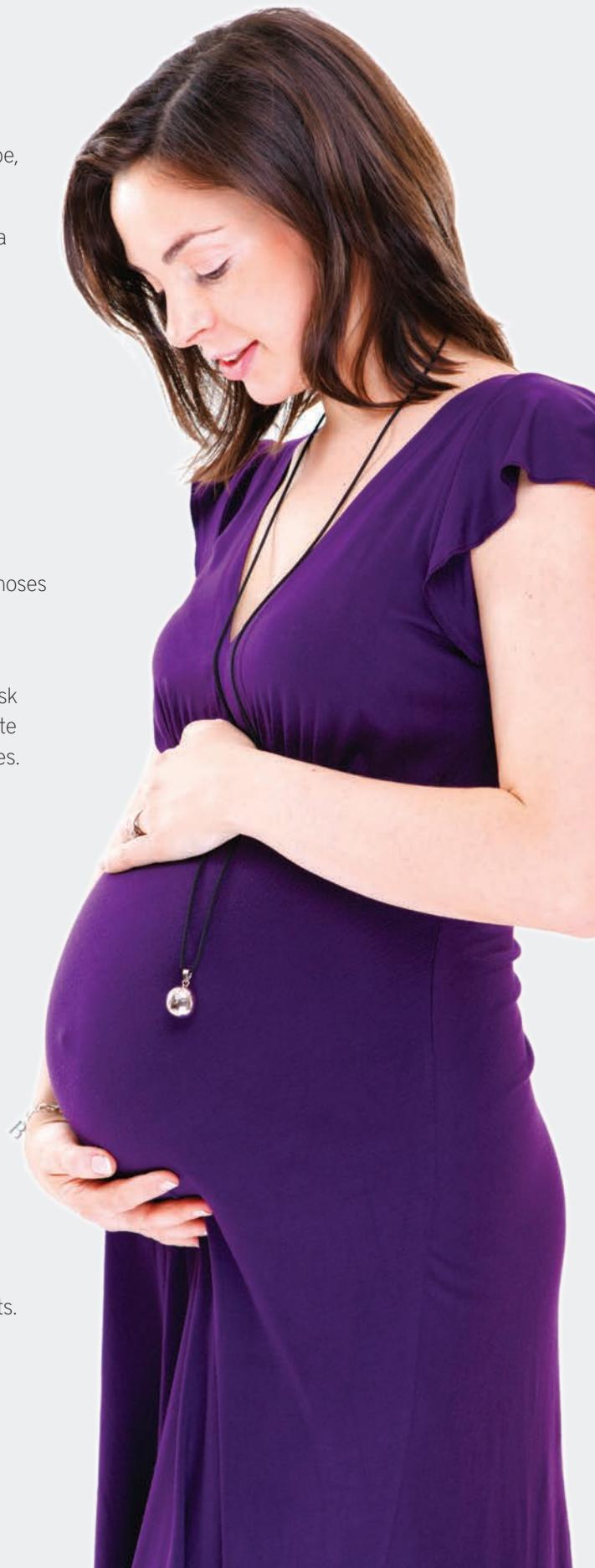
**Alpha-fetoprotein (AFP)** is a maternal blood test that usually follows the First Trimester Screen and NIPT, but it can be performed as a stand-alone test. It is 80% accurate at diagnosing neural tube defects (problems relating to the brain and spinal cord) in the fetus. It is drawn between 15 and 21 weeks.

### Invasive Testing:

*These tests are usually performed as a follow-up to an abnormal test listed above.*

**Chorionic Villus Sampling (CVS)** involves a biopsy of the placenta and is performed between 10 and 12 weeks. It is capable of obtaining a full chromosome analysis. There is an increased risk of miscarriage with this test.

**Amniocentesis** involves taking a sample of amniotic fluid from the baby's sac and also carries an increased risk of miscarriage. It can identify chromosomal abnormalities, some genetic disorders and neural tube defects. It is performed after 15 weeks.



## Ultrasounds

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

## 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 unknown. Fortunately, it can be prevented with a shot called Rhogam which is given at 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.

## Vaccinations

The Centers for Disease Control (CDC) recommends that women pregnant during the flu season receive the flu shot. Also, pregnant women should receive a dose of Tdap (vaccine to protect mom and baby against tetanus, diphtheria and pertussis) in the 3rd trimester. Receiving the vaccine in pregnancy gives your baby extra protection against whooping cough which can be very dangerous for newborns.

## Prenatal Vitamins

We recommend a prenatal vitamin that contains folic acid and DHA prior to conception, throughout pregnancy and postpartum while breastfeeding. Please check with your provider before taking any other vitamins, herbs or other supplements as some may be unsafe during pregnancy.



# 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 3 servings per week.

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

**Raw shellfish** - Including clams, oysters, and mussels 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 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** - May contain listeria which can lead to miscarriage.

**Caffeine** - Limit caffeine intake to the equivalent of 1 cup of coffee a day or less. Excess caffeine may be associated with miscarriage, premature birth, low birth weight, and withdrawal symptoms in infants.

**Unwashed vegetables** - Wash all vegetables well to avoid exposure to toxoplasmosis which may contaminate the soil where vegetables are grown.

**Alcohol** - Avoid drinking alcohol while you are pregnant.

## Special Concerns

### Vegetarian diet

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

### Lactose intolerance

During pregnancy, symptoms of lactose intolerance often improve. If you cannot get enough calcium from other foods, remember, calcium can also be found in cheese, yogurt, sardines, certain types of salmon, spinach, and fortified orange juice.

## Artificial Sweeteners

Some are okay to use but we would recommend limiting it to 1-2 servings per day. If you have diabetes, the artificial sweeteners are better than sugar to help control your blood sugars. Stevia is a safer sugar substitute. Avoid certain artificial sweeteners such as saccharin which are known to cause problems in pregnancy.

## Weight Gain During Pregnancy

Recommended weight gain for mothers expecting a single child:

- Underweight women (BMI less than 20): 30-40 lbs.
- Normal weight women (BMI 20-25): 25-35 lbs.
- Overweight women (BMI 26-29): 15-25 lbs.
- Obese women (BMI >29): up to 15 lbs.



## 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, dry breakfast cereal, as well as carbonated drinks like ginger ale or 7-Up. Ginger and Vitamin B6 are natural treatments for nausea. Peppermint can also be used. If the symptoms become severe or you are unable to keep fluids down without vomiting for more than 24 hours, contact the office.

**Discharge** – An increase in vaginal discharge that is white and milky is common in pregnancy. If the discharge is itchy, 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, strenuous activity, exercise, or with constipation. If the bleeding is heavy or is accompanied by pain, contact us immediately.

**Constipation** – Is a common complaint which can be related to hormone changes, low fluid intake, increased iron 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 such as Docusate. If you develop hemorrhoids, try sitting in a bath 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 having more than 6 painful 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 and consuming more calcium-rich foods like dark green vegetables, nuts, grains and beans may help. To relieve the cramp, try to stretch your leg with your foot flexed toward your body. A warm, moist towel or heat 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.

**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, wear comfortable shoes, drink plenty of fluids and limit sodium. Supportive stockings can also help. If the swelling 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 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 and Tylenol®.

# 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 common to feel the baby move each day after 30 weeks. 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. A good sign of fetal well-being after 30 weeks gestation is feeling 10 movements within 2 hours. If you have concerns about feeling baby movements or do not feel 10 movements in 2 hours, 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.

Try sleep positions that avoid lying flat on your back. Lying flat on your back can cause your blood pressure to drop. 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. Traveling does not cause pre-term labor. After 36 weeks, we recommend staying close to home. When you do 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. Based on individual risks, travel may be restricted earlier.

## Can I care for my pets?

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

## What do I need to know about dental care?

Having dental infections can increase your risk for premature labor. Your teeth and gums may experience sensitivity 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.

## Can I exercise?

30 minutes of exercise is recommended daily in uncomplicated pregnancies. This could include walking, jogging, biking, aerobic class, yoga, swimming, etc. Light weight training is acceptable. Listen to your body during exercise and drink plenty of fluids. 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 intercourse?

You can have intercourse unless you are having complications or intercourse becomes too uncomfortable. There are times when exercise and intercourse should be avoided. This includes vaginal bleeding, cervix or placenta problems, or being on bedrest for pre-term labor.



# Safe Medications

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

|   |   |   |
|---|---|---|
| <b>Acne</b><br>Benzoyl Peroxide<br>Clindamycin<br>Topical Erythromycin<br>Salicylic Acid<br><br><b>Avoid:</b><br>Accutane<br>Retin-A<br>Tetracycline<br>Minocycline | <b>Antibiotics</b><br>Ceclor<br>Cephalosporins<br>Clindamycin<br>E-mycins<br>Keflex<br>Macrobid/Macrodantin<br>Penicillin<br>Zithromax<br><br><b>Avoid:</b><br>Cipro<br>Tetracycline<br>Minocycline<br>Levaquin                             | <b>Colds/Allergies</b><br>Benadryl, Claritin, Zyrtec<br>Chlor-Trimeton, Dimetapp<br>Drixoral-Non-Drowsy<br>Mucinex (guaifenesin)<br>Sudafed**/Sudafed-12 Hour**<br>Sudafed PE Pseudoephedrine**<br>Tylenol Cold & Sinus**<br>Vicks Vapor Rub<br><br>**AVOID if problems With Blood Pressure |
| <b>Constipation</b><br>Colace, Miralax, Senokot<br>Dulcolax Suppository<br>Fibercon, Metamucil<br>Perdiem   | <b>Cough</b><br>Actifed, Sudafed<br>Cough Drops<br>Phenergan w/Codeine if prescribed<br>Robitussin (plain & DM)   | <b>Crab/Lice</b><br>RID<br><br><b>Avoid:</b><br>Kwell   |
| <b>Diarrhea</b><br>Imodium  | <b>Headaches</b><br>Cold Compress<br>Tylenol (regular or extra strength)<br>Acetaminophen   | <b>Heartburn</b><br>(Avoid lying down for at least 1 hour after meals)<br>Aciphex, Maalox, Mylanta, Pepcid,<br>Milk of Magnesia<br>Pepcid Complete<br>Prevacid, Prilosec<br>Tums (limit 4/day)  |
| <b>Gas</b><br>Gas-X<br>Mylicon<br>Phazyme   |   |   |
| <b>Hemorrhoids</b><br>Anusol/Anusol H.C.<br>(RX: Analapram 2.5%)<br>Hydrocortisone OTC<br>Preparation H, Tucks<br>Vaseline  | <b>Herpes</b><br>Acyclovir<br>Famvir<br>Valtrex   | <b>Leg Cramps</b><br>Benadryl<br>Increase fluids<br>Comfortable shoes<br>Stretch<br>Massage   |
| <b>Nasal Spray</b><br>Saline Nasal Spray  | <b>Nausea</b><br>Vitamin B6 100mg twice daily<br>Unisom 1/4 or 1/2 tablet at bedtime<br>Vitamin B6 and Unisom at bedtime<br>Dramamine, Emetrol<br>Ginger Root 250mg 4 times daily<br>High complex carbs @ bedtime<br>Sea Bands- Acupressure | <b>Pain</b><br>Tylenol<br>Lortab**, Percocet**, Norco**<br>Tramadol**, Tylenol 3**<br>Ultram**, Vicodin**<br>**Narcotic medications should only be used when prescribed for a legitimate medical problem by a doctor for a short period of time.  |
| <b>Rash</b><br>Benadryl<br>1% Hydrocortisone Cream  | <b>Sleep Aids</b><br>Ambien, Benadryl<br>Chamomile Tea<br>Unisom, Tylenol PM<br>Warm milk-add vanilla/sugar for flavor  | <b>Throat</b><br>Cepacol<br>Cepastat<br>Salt Water Gargle w/ warm water<br>Throat Lozenges  |
| <b>Tooth Pain</b><br>Orajel   | <b>Vaginal Infection</b><br>Gyne-lotrimin, Monistat-3<br>Terazol-3<br>Avoid 1 day creams<br>Metronidazole Cream or Pill   | <b>Prenatal Vitamins</b><br>Any over the counter prenatal vitamins with DHA.  |

# When to Call the Doctor

If you experience any of the following, please contact us immediately.

- Continuous leaking of fluid (water broken)
- Abdominal trauma or car accident
- Heavy bleeding
- Decreased fetal movement
- Headache with vision changes
- Painful contractions greater than 6 times an hour if less than 36 weeks. If >36 weeks call if contractions are painful every 5 minutes for one 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 **913-948-9636**.

| ILLNESS/SYMPTOM  | HOME TREATMENT:  | CALL THE OFFICE IF:  |
|--|--|--|
| <b>Bleeding/Cramping</b><br>• Some bleeding/spotting may occur after an internal exam, sex or constipation | • Rest<br>• Avoid heavy lifting (more than 20 pounds)  | • Bleeding is heavy (using a pad every 2 hours)<br>• 2nd & 3rd trimester painless heavy bleeding<br>• Cramping worse than menstrual cramps                     |
| <b>Vomiting</b><br>• Common in 1st trimester   | • Vitamin B6 100mg twice daily<br>• Separate liquids from solids (e.g. dry cereal followed by a glass of milk 1 hour later)<br>• Plain popcorn<br>• Rest<br>• Avoid hot sun                                  | • Unable to keep down liquids and solids for more than a 24 hour period<br>• Weight loss of more than 5 pounds<br>• Abdominal pain accompanied with vomiting   |
| <b>Decreased fetal (baby) movements after 30 weeks</b>   | • Rest<br>• Drink juice or soft drink<br>• Eat a small snack   | • Baby moves less than 10 movements in a 2 hour period while you are resting, during a normally active period for baby   |
| <b>Labor</b>   | Contractions in the third trimester are very common and sometimes have no trigger. Rest & hydration can sometimes decrease contractions. Contractions are not harmful even if they are occasionally painful. | • Painful contractions every 5 minutes going on longer than one hour and each only lasting 1 minute. 5-1-1 Rule  |
| <b>Urinary Urgency and/ or Pain With Urination</b><br>• Frequency is common in early and late pregnancy    | • Urinate at regular intervals<br>• Increase fluid intake to 8-12 glasses daily  | • Pain with urination or upper back<br>• Feeling of urgency to void with little urine produced<br>• Blood or fever   |
| <b>Swelling</b>  | • Lie on left side and elevate legs<br>• Avoid salty foods (e.g. ham, pizza, chili)<br>• Compression stockings   | • Swelling accompanied with headache or upper abdominal pain<br>• Swelling with decreased fetal movement<br>• Elevated blood pressure if using home monitoring |
| <b>Cold and Flu</b>  | • Tylenol, Actifed, Sudafed, and any Robitussin<br>• Increase fluids<br>• Rest<br>• Use vaporizer  | • Temperature of 101°F or higher<br>• Green or yellow mucus develops<br>• Persistent cough for more than 5 days<br>• Breathing is difficult or wheezing occurs |
| <b>Rupture of membranes</b>  |  | • Leaking is continuous, soaking underwear.  |

# Preparing for Labor and Delivery

## Pre-register with hospital

We are affiliated with Overland Park Regional Medical Center, located at 10500 Quivira Rd, Lenexa, KS 66215, (913) 541-5000. One of our providers is on-call at all times as well as anesthesiologists, neonatologists, and obstetric emergency doctors in the hospital. You will be provided a registration packet for Overland Park Regional Medical Center. Please register before you are in labor as this will make admitting you to the hospital smoother. You may schedule a tour of the birthing suites at your convenience.

## Pain control at delivery

If desired, there are several options to provide pain relief while you are in labor. We are supportive of whatever you choose.

**Nubaine (Stadol)** - This narcotic is given through injection or IV and helps take the edge off strong contractions. It can make you sleepy if given early in labor. We avoid giving this near delivery time.

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

**Local** - Many patients deliver without pain medication. Sometimes we need to give a small injection of numbing medicine for stitches called lidocaine. It feels like a small pinprick.

## Cord blood banking

Your baby's blood is a valuable source of cells that could be used by your baby or another family member to treat some life-threatening diseases. It can easily and safely be obtained immediately after delivery. Parents can choose to have their baby's blood saved; however the decision must be made before birth. Insurance does not generally cover this. If interested, you can order a kit and bring it with you to delivery. At Overland Park Regional, cord blood can be donated. Inquire at pre-registration for information.

## Educational courses

There are educational courses on labor and delivery, breastfeeding, infant CPR and baby care available. Consider these classes especially if you are a first time parent!

## Choose a doctor for your baby

You will need to decide on a doctor for your baby by the time you deliver. The hospital will send your baby's information and test results to your chosen doctor. Your baby is commonly seen within 1 week after birth. You will need to contact the 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, in addition, the hospital will include a list at your registration visit.



## 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.

## Learn more about breastfeeding

We support any decision you make for feeding your baby. Before delivery the hospital provides breastfeeding classes. After delivery, the nurses and a lactation specialist are there to help you learn the art of breastfeeding. Once you leave the hospital, you may ask your pediatrician if they have a lactation specialist you can call with follow up questions. Most insurance covers the cost of a breast pump. Ask your insurance company about this.

## Consider circumcision

A circumcision is the removal of excess foreskin from the penis of baby boys. The pediatrician can perform this procedure for you during your hospital stay. It may help reduce infections and penis cancer, but is a personal choice. If you have specific questions about circumcision you may contact your pediatrician either before or after delivery.

# 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 or your water breaks, contact our office. We will notify the hospital for you.

| TRUE LABOR   | FALSE LABOR  |
|--|--|
| Contractions are regular, get closer together and last 40 to 60 seconds. | Contractions are irregular, do not get closer together and last 20 to 40 seconds.  |
| Contractions continue despite movement.                                  | Contractions may stop when you walk or rest or may change with change of position. |
| The abdomen is hard & tight all over with pain.                          | Pain often localized to only one area such as low cramps.                          |
| Contractions steadily increase in strength.                              | Contractions usually are weak and do not get much stronger.                        |
| Cervix dilates.  | Cervix does not dilate.  |
| Bloody show may be present.  | Usually no bloody show is present.   |

## Induction

The length of your pregnancy is considered to be 40 weeks. Anticipate delivery sometime the week before or the week after your due date. We recommend additional testing for your baby at 40-41 weeks. We may recommend labor induction if there are concerns or certain high risk issues. Induction is a process in which we give medication to stimulate contractions. It can take more than 24 hours to work and may require a cervical ripening phase. It is important to allow your baby to fully grow and develop before we schedule a delivery. Please discuss the risks and benefits of induction with your provider. These will vary depending on your circumstances.

## Cesarean birth and recovery

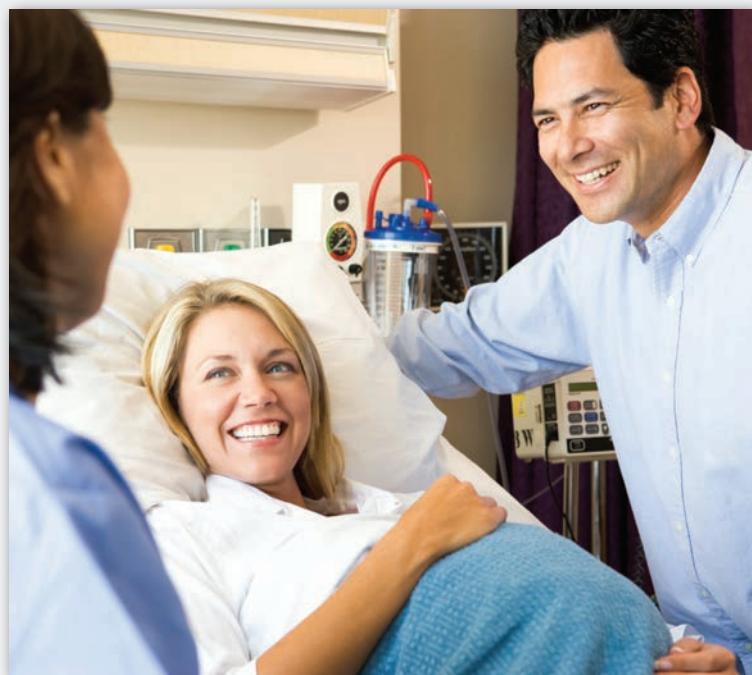
A Cesarean birth may be planned or unplanned. Nurses, anesthesia staff and your physician will be with you in the operating room. If necessary, a group of neonatal health care providers also will be with you. Your baby will be delivered in a short period of time once surgery begins. It will take approximately 45-60 minutes to complete surgery. Your incision will be closed with staples or sutures. You will then be moved to the Recovery Room.

## 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 Labor and Delivery Recovery Room for a few hours. During this time you and your baby will be monitored closely. Activity level, medications, and hospital stay vary only slightly from expectations of vaginal birth.

## Episiotomy/Laceration

We plan to help you deliver your baby with the least amount of trauma. Episiotomies are not routinely needed and you may deliver without the need for any stitches. Sometimes we need to make a small incision at the vaginal opening to help deliver. Spontaneous tears can be expected. We make sure you are numb, if you don't have an epidural, and will stitch the area after delivery. The stitches dissolve over time and do not need to be removed. We provide you with medicine to keep you comfortable after delivery.



# *Postpartum Instructions*

1. Make an appointment to see the doctor for a check-up 6 weeks after vaginal delivery and cesarean delivery. If you have a cesarean section an additional visit for an incision check is needed at 2 weeks.
2. Refrain from douching, tampons and swimming until after your post-partum check-up.
3. You may ride in a car but no driving for the initial 1-2 weeks, and off narcotic pain meds.
4. 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. With any signs or symptoms of a breast infection (fever, flu-like symptoms, pain or redness in the breast) call the office for further instructions. If not breastfeeding, continue to wear a good supportive bra, bind if necessary, use ice packs, take Tylenol® for discomfort.
5. Vaginal bleeding may continue for 6-8 weeks while the uterus is involuting back to 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 your usual period, take two Advil and get off your feet. If bleeding is persistently heavy, call the office for further instructions.
6. Avoid lifting anything heavier than your baby until after your post-partum check-up.
7. Exercise – Avoid sit-ups, jumping jacks and aerobic exercise until after your post-partum check-up. You may do simple abdominal tightening exercises, kegel exercises, and walking.
8. 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 narcotics or iron supplements.
9. Hemorrhoids usually are more symptomatic after delivery. If they are a problem for you, you can try over-the-counter medications or we can prescribe medication to relieve symptoms.
10. Post-partum blues – Sadness, crying and blues are normal responses to hormonal changes in your body after the baby is born. Please let us know if you need additional assistance or if you are concerned that the blues have turned into depression. Please schedule an appointment if you feel a problem is occurring. We are known for our compassionate care and have effective treatments for postpartum depression.
11. Abstain from intercourse until your 6 week postpartum visit. Contraception options will be discussed with your doctor at your postpartum check-up.
12. You should expect lower extremity swelling after delivery. It will improve 7-10 days after delivery. Please call the office if you have a fever of 101°F or greater, tenderness or redness in the lower leg.
13. If you had a Cesarean delivery, keep your incision clean with soap and water. Call the office if the incision is swollen, red or has any unusual drainage. Remove any steristrips after 10 days.
14. Tub bathing and showering are permitted.

## *Notes*

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**Congratulations!**  
from everyone at  Kansas City  
Ob Gyn

