



FĒNOM

WOMEN'S CARE

®

COMPREHENSIVE. COMPASSIONATE.
POWERFUL. *All-female.*

THE **FĒNOM** GUIDE TO
PLANNING AND PREPARING
FOR PREGNANCY

CONGRATULATIONS ON YOUR **PREGNANCY!**

FĒNOM Women's Care, PLLC is not just a practice in medicine. It is a practice in humanity. Our goal is to guarantee the finest obstetrical and gynecological care for our patients. We offer many of the standard checkups and procedures as well as specialized practices. Our female patient care extends beyond checkups; we aim to take care of girls and women throughout their entire lifespan. This ensures familiarity between doctors and patients for a consistent continuum of care.

Contacting our Office

Our patients may call our main number 817-924-2111 Monday - Friday 8am - 5pm for any emergent or non-emergent concerns, appointments, or questions. On weekends and after business hours, you may contact the provider on call through the same number. **WE ASK THAT YOU LIMIT CALLS FOR EMERGENCIES ONLY.** Your call will be returned. If we determine that you need to be evaluated immediately, we will have you come to Baylor All Saints Hospital, in Fort Worth.

Primary Office

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ROUTINE OBSTETRICAL CARE

Office Visits

- Every 4 weeks until 28 weeks
- Every 2 weeks until 36 weeks
- Once a week until delivery
- If you are high risk or having problems, then we may see you more frequently.

Standard Testing

At your first appointment, we will test your blood type, perform a blood count, look for infections (syphilis, hepatitis B and C, HIV) and check your immunity to Rubella and chicken pox (varicella). We will review the results at your next appointment. You can expect to have a pap smear for cervical cancer screening, if indicated, and infection screening.

- Around 24–28 weeks, we will be performing a diabetes and anemia test.
- At around 30–33 weeks, we test blood count and recommend infection screening.
- At 36 weeks, we will obtain a vaginal culture for group B strep and check your cervix.

Ultrasounds

Ultrasounds are performed in our office by friendly ultrasound technicians using high tech equipment. We recommend an ultrasound on everyone around 19–22 weeks. The purpose of this ultrasound is to survey your baby's anatomy from head to toe and evaluate your placenta and uterus. Additional ultrasounds are performed based on medical need. Remember that your insurance plan does not cover this service if there is not a medical need. Please limit your visitors during your ultrasound to no more than 3 so we may focus on you and the baby.

Optional Testing

Carrier Testing for Cystic Fibrosis, Hemoglobinopathies, and Spinal Muscular Atrophy – Blood tests performed in the office can determine if you are a carrier for any of these serious disorders. If you are a carrier, the baby's father is tested. Carriers don't show signs of disease. Only when the parents are both carriers is there a chance of having an affected baby. Further testing is then required to determine if your baby has the disease in question. There may be other carrier testing recommended, depending on your family history.

Noninvasive Prenatal Screening – This blood test is performed in the office after 10 weeks or more to screen for Trisomy 21, Trisomy 18 and Trisomy 13. It can also determine gender.

Quad screen – This is a blood screening test done between 15–20 weeks to determine if the baby is high or low risk for Trisomy 21, Trisomy 18 and Trisomy 13 and birth defects involving the spinal cord and skull.

PHYSICAL CHANGES IN PREGNANCY

Nausea and Vomiting

The term "morning sickness" can be deceptive, because some women can experience nausea and vomiting any time of the day. Typically, it starts around 6 to 8 weeks and resolves spontaneously by the 16th week. Some women may have symptoms beyond the first trimester, and a few may have symptoms throughout their entire pregnancy. What can be done to relieve nausea and prevent vomiting? There are medications as well as dietary changes that may help. Remember, each woman and pregnancy are different. What works for one may not be the answer for another. Listen to your body and eat the kinds of foods that make you feel the best.

Suggestions for diet:

1. Do not skip breakfast.
2. Drink water between meals.
3. Eat small amounts of food often even if you are not hungry. An empty stomach may trigger nausea.
4. Eat slowly and avoid foods that are spicy or high in fat. These can be difficult to digest.
5. Do not overfill your stomach.
6. Increase the fiber in your diet (fruits, salads, vegetables, and bran).
7. Vitamin B6 25mg tablets four times per day and/or Unisom sleep 1/4 to 1/2 tablet at bedtime.

Rest – Your body requires more sleep in early pregnancy. Try to get plenty of sleep at night and take a short nap during the day. Being tired often triggers nausea.

Remember, nausea will usually improve as your pregnancy progresses. By 12-14 weeks, you should notice more good days than bad. Generally, during the second trimester most women report more energy and no nausea.

Inform your doctor if:

1. You cannot keep any solid foods down for 24-48 hours.
2. You cannot keep liquids down for 24 hours.
3. You are running a temperature greater than 100.4° F.

Urinary Frequency

– Urinary frequency varies throughout your pregnancy; this is normal. If your urinary frequency is accompanied by burning, low back pain, blood in your urine or your urine has a bad odor, contact your doctor.

Exercise – If you have been exercising, that's great. It is safe to continue. If you have not been exercising, start slowly. Try walking for 10 minutes five times per week. Gradually increase to 40 minutes per day.

Guidelines:

- Exercise is important unless your health care provider has advised against it.
- If you find yourself out of breath, decrease the intensity.
- There is no need to limit your heart rate to any certain number.
- You sweat more during pregnancy, so be sure to drink plenty of fluids.
- Work longer, not harder. Forty minutes of walking at a moderate pace is better than ten minutes of fast walking if you're out of breath.
- After 20 weeks, avoid exercising on your back, as this decreases blood flow to you and your baby.
- Avoid any exercise that could cause you to fall. As your baby grows, your center of gravity changes.

Recommended:

- Walking/Jogging
- Hiking
- Swimming
- Pilates
- Cycling (stationary)
- Yoga
- Low-impact aerobics
- Mild-moderate weight training

Not Recommended:

- Horseback riding
- Downhill skiing
- High intensity exercises
- Rock climbing
- Scuba diving

PHYSICAL CHANGES IN PREGNANCY (cont.)

Leg Cramps

During the second and third trimesters, it is common to have lower leg muscle cramps. They often occur at night and disrupt sleep. Iron and magnesium supplementation may help. It is also important to get plenty of fluids.

Swelling

A certain amount of swelling in pregnancy is normal. It occurs most often in the legs and hands. You can decrease the swelling by raising your legs when possible, avoiding long periods of standing, and resting on your side. Compression stockings may also help and are available online and at most pharmacies.

Varicose Veins

Varicose veins are caused by a weakness in the small veins that carry blood back to the heart; they show up as bluish, reddish, or purplish lines under the skin, most often on the legs and ankles. Varicose veins may cause no symptoms or may be accompanied by mild to severe pain. Measures to help prevent them include:

- Avoid standing for long periods
- Elevate your legs when you can
- Don't sit with your legs crossed
- Wear compression stockings
- Exercise regularly

Stretch Marks

There is no proven treatment for stretch marks. Applying anything externally cannot prevent them, because they develop from deep within the connective tissue underneath the skin.

Intercourse (Sex)

If your pregnancy is proceeding normally, sexual intercourse is safe until your water breaks. Your provider will let you know if you are at risk for premature labor or placental problems that would prohibit you from having intercourse. Sex is safe and does not harm the baby.

Do not have sex if you have:

- Moderate to severe vaginal or abdominal pain
- Blood or fluid leaking from your vagina
- Been advised not to by your provider.

PHYSICAL CHANGES IN PREGNANCY (cont.)

Hemorrhoids

Hemorrhoids are very common in pregnancy. Their frequency tends to increase as pregnancy progresses and into the postpartum period. Symptoms include rectal bleeding, itching, pain and discomfort. Things you can do to help relieve symptoms include:

- high fiber diet
- adequate hydration (2L water/day)
- stool softener
- staying active (and avoid lingering on the toilet!)
- avoiding too much weight gain
- warm water soaks with Epsom salts
- over-the-counter creams, ointments, and pads (such as Tucks)

Back Pain

Back pain during pregnancy can be debilitating. The following interventions are recommended to ease this common issue:

- wear low-heeled (but not flat) shoes with good arch support
- avoid lifting heavy objects
- add a board under your mattress if your bed is too soft
- use your legs and keep your back straight while lifting objects
- sit in chairs with good back support
- sleep on your side with pillows between the knees
- apply heat, cold, or massage to the painful area
- rest

Exercise has also been shown to reduce back pain. If the above measures are inadequate in relieving pain, ask your doctor about referral to physical therapy or other complementary therapies and medications.

Round Ligament Pain

The round ligament connects the uterus to the groin region. It gradually stretches and thickens during pregnancy to help support the growing uterus. This stretching and strengthening of the ligament can commonly cause pain in the groin and lower pelvis. Following the steps above for back pain can also potentially relieve pain due to the round ligament.

SAFE MEDICATIONS DURING PREGNANCY

It is best to limit medications during pregnancy. However, the following is a list that you may use. There is no need to check with our office before using these medications.

<p>Acne</p> <ul style="list-style-type: none"> • Benzoyl Peroxide • Clindamycin • Topical Erythromycin • Salicylic Acid <p>AVOID</p> <ul style="list-style-type: none"> • Accutane • Retin-A • Tetracycline • Minocycline 	<p>Antibiotics (please let the office know what infection you are being treated for)</p> <ul style="list-style-type: none"> • Ceclor • Cephalosporins • Erythromycins • Keflex • Macrochantin • Penicillin • Zithromax <p>AVOID</p> <ul style="list-style-type: none"> • Tetracycline, Minocycline 	<p>Colds/Allergies</p> <ul style="list-style-type: none"> • Benadryl, Claritin, Zyrtec, Allegra • Chlor-Trimeton, Dimetapp • Mucinex (guaifenesin) • Robitussin (dextromethorphan + guaifenesin) • Sinofresh Nasal Spray • Neti Pot Saline Flush • Breathe Right Strips • Cough Drops, Saltwater Gargle • Vicks Vapor Rub
<p>Constipation</p> <ul style="list-style-type: none"> • Colace, Miralax, Senokot • Dulcolax Suppository • Metamucil <p>AVOID</p> <ul style="list-style-type: none"> • Stimulant laxatives 	<p>Cough</p> <ul style="list-style-type: none"> • Cough drops • Robitussin DM • Delsym 	<p>Lice</p> <ul style="list-style-type: none"> • RID
<p>Gas</p> <ul style="list-style-type: none"> • Gas-X • Mylicon • Phazyme 	<p>Headaches</p> <ul style="list-style-type: none"> • Cold Compress <p>AVOID</p> <ul style="list-style-type: none"> • Ibuprofen 	<p>Heartburn</p> <ul style="list-style-type: none"> • Aciphex, Maalox, Mylanta, Pepcid, Milk of Magnesia • Pevacid, Prilosec, Rolaids, Nexium • Zantac • Tums (4/day limit) <p>AVOID</p> <ul style="list-style-type: none"> • Lying down after meals • Alka Seltzer, Pepto Bismol
<p>Hemorrhoids</p> <ul style="list-style-type: none"> • Anusol/Anusol H.C. (RX: Analapram 2.5%) • Hydrocortisone OTC • Preparation H, Tucks • Vaseline 	<p>Herpes/Cold Sores</p> <ul style="list-style-type: none"> • Acyclovir • Famvir • Valtrex (valacyclovir) • Abreva - Lip Balm 	<p>Leg Cramps</p> <ul style="list-style-type: none"> • Bendryl • Magnesium • Potassium
<p>Nasal Spray</p> <ul style="list-style-type: none"> • Saline Nasal Spray • Neti Pot Saline Flush 	<p>Nausea</p> <ul style="list-style-type: none"> • Vitamin B6 25mg, 3-4x a day • Unisom ¼ or ½ tablet at bed • Dramamine, Emetrol • Ginger Root 250mg, 4x a day • High Complex Carbs at bed • Sea Bands - Acupressure 	<p>Pain</p> <ul style="list-style-type: none"> • Tylenol (Acetaminophen) <p>AVOID</p> <ul style="list-style-type: none"> • Aleve, Motrin, Advil, Ibuprofen
<p>Rash</p> <ul style="list-style-type: none"> • Benadryl • 1% Hydrocortisone Cream 	<p>Sleep Aids</p> <ul style="list-style-type: none"> • Benadryl • Chamomile Tea • Unisom, Tylenol PM • Warm milk 	<p>Sore Throat</p> <ul style="list-style-type: none"> • Cepacol • Cepastat • Saltwater Gargle • Throat Lozenges
<p>Tooth Pain</p> <ul style="list-style-type: none"> • Orajel 	<p>Yeast Infection</p> <ul style="list-style-type: none"> • Gyne-Iotrimin, Monistat-3 or 7 • Terazol-3 or 7 day <p>AVOID</p> <ul style="list-style-type: none"> • 1-day creams (Monistat-1) 	

NUTRITION AND PREGNANCY

The first step toward healthy eating is to look at the foods in your daily diet. Having healthy snacks that you eat during the day is a good way to get the nutrients and extra calories that you need. You may find it easier to eat snacks and small meals throughout the day rather than three big meals a day. Pregnant women need to eat an additional 100–300 calories per day. Additional resources can be found at the Prenatal Nutrition Library (<https://new.theprenatalnutritionlibrary.com/>). This is a paid service but one we recommend.

Recommendations for Weight Gain During Pregnancy

Underweight women with an inadequate weight gain during pregnancy appear to have an increased risk of having a low-birth-weight infant and preterm birth. On the other hand, obese women have an increased risk for having a large for gestational age infant, post term birth, and other pregnancy complications.

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

Macronutrients

Carbohydrates: these provide the body with energy but increase your blood sugar so be mindful of your overall intake. Carbohydrates that are fibrous are the best to focus on (grains, fruit, beans, starchy vegetables).

Protein: super important for your developing baby! Protein needs increase throughout pregnancy. Great sources of protein include eggs, meat, poultry, seafood, beans, dairy, protein powders.

Fluids: 100oz/day of water. If you're looking for something besides water, try soup, coconut water, milk, or unsweetened beverages.

Fats: Try to get around 30% of your daily calories from fat sources (avocados, nuts, dairy). Omega 3s are important, so if you don't like seafood, make sure you take a supplement.

Supplements

Choline: this is in the B vitamin family and is not typically found in prenatal vitamins. Choline helps with the fetal neural system and eye development. Ideally, supplement with 900mg of choline both before and during pregnancy. Eggs are a good source of choline in the diet.

Vitamin D: most of us are deficient in vitamin D and since this is a fat-soluble vitamin, there can be over supplementation of this. Get your levels checked at the beginning of pregnancy and your provider can guide you with how much to take. Most of us will do well with 1000–2000 IU daily.

Prenatal vitamin: There are lots of great prenatal vitamins out there, and everyone has different needs and preferences. One of the most important components of a prenatal vitamin is folic acid. Folic acid supplementation should begin at least a month before conception to avoid neural tube defects, but it is also important to continue in the first 12 weeks of pregnancy. Dietary sources of folate include leafy greens and citrus fruits.

Collagen peptides: are you a vegetarian? Consider supplementing with collagen peptides. They are an easy addition to smoothies, soups, etc and provide an excellent source of glycine.

NUTRITION AND PREGNANCY (cont.)

Supplements (cont.)

Omega-3 DHA/EPA: There is some evidence that higher maternal fish consumption during pregnancy helps fetal neurodevelopment and may help reduce the risk of preterm birth. There has also been an association with a reduction in allergic disease, although this needs further investigation.

Iron: this is likely needed later in pregnancy, and if you are having a lot of nausea in the first trimester, you may want to hold off on the iron during that time. Your doctor will be checking for anemia early in pregnancy and then again around the beginning of the third trimester. The best way to take iron supplements is every other day with a little bit of vitamin c to help absorption. Sometimes, you will need to add a stool softener because iron supplements can cause constipation.

Magnesium: This is a good supplement if you are having headaches, leg cramps, or constipation. Take 200-400 mg nightly.

Food safety

No food is 100% safe. When we talk about foods to avoid in pregnancy, it is because they are known to be harmful to the developing baby or they are more likely to cause a food borne illness.

Things to avoid: alcohol

Higher risk foods: unpasteurized meat and cheese, raw/undercooked food, pre-cut fruits and vegetables (like pre-made salads or party trays)

Good practice: wash your hands frequently while cooking, thaw meat overnight in the refrigerator (not on the counter), use a separate cutting board for meat than the fruits/veggies, wash all produce, throw away leftovers if you haven't eaten them within 3-5 days

WHAT TO AVOID

Tobacco

If you smoke, SO DOES YOUR BABY!!! This is a very important fact of pregnancy. The placenta (afterbirth) is the organ that connects the developing baby to you: It consists mostly of blood vessels and is attached to your uterus on one side and to your baby on the other side by way of the umbilical cord. Its job is to allow the passage of nutrients, oxygen, vitamins, and other substances from your blood to the baby allowing it to grow and develop. It also carries away your baby's waste products to your kidneys, liver, and lungs, which act for the baby until their organs are mature enough to do well on their own.

Cigarette smoke contains more than 2,500 chemicals. It is not known which of these chemicals are harmful to a developing baby. However, both nicotine and carbon monoxide (the same gas released from a car's exhaust) are believed to play a role in causing poor pregnancy outcomes. These chemicals are taken directly from your lungs where they go into your bloodstream and cross the placenta into your baby's bloodstream.

Here are some known complications from smoking during pregnancy:

- Low birth weight
- Placenta previa
- Placental abruption
- Stillbirth
- Sudden infant death syndrome (SIDS)
- Preterm premature rupture of membranes

Ways to quit smoking

Talk to your doctor. No matter what your approach to quitting, a conversation with your doctor can make the difference between success and failure. The sooner you quit, the better! If you want to try a cessation aid such as a nicotine patch, gum, or a medication such as bupropion, your doctor can help you choose a method that is right for you. The use of a nicotine patch and/or gum has not been adequately studied; therefore, they should only be considered during pregnancy when non-medical treatments, such as counseling, are not successful. Because potential benefits seem to outweigh potential risks, research to determine the safety and efficacy of medications is underway. Some tobacco control experts have reported that if nicotine replacement therapy is used during pregnancy, products with intermittent dosages, such as gum or an inhaler, should be tried first. If the nicotine patch is used, it should be removed at night to reduce fetal nicotine exposure.

Great Start (1-866-66-START) is a national pregnancy-specific quit line operated by the American Legacy Foundation.

Marijuana

Marijuana use in pregnancy has recently shown an increased risk of autism in children who were exposed to cannabis in the womb. This is in addition to an established link to learning and issues focusing in grade school. We encourage our patients to abstain from THC-containing products during pregnancy. Please talk with your physician if you have additional questions or want to stay up to date on the latest marijuana research.

WHAT TO AVOID (cont.)

- Fish that have high mercury levels: Shark, swordfish, king mackerel, and tilefish are all high in mercury. Limit low mercury containing fish and raw fish, including canned tuna, to less than 8 oz each week. Shellfish, if cooked properly, are not considered harmful.
- NSAIDs (Motrin, Ibuprofen, Aleve, Advil, Pepto Bismol, Alka Seltzer): These may cause bleeding or complications for the baby. Tylenol is generally considered safe. Aspirin should be taken if advised by your provider.
- Cat litter and soil: These may contain Toxoplasma, a harmful parasite. While pregnant, you should be careful when handling cat litter or soil by wearing gloves and always using proper hand washing techniques.
- Unpasteurized meats and cheese: Please look at labels to confirm pasteurization. Unpasteurized products can contain Listeria which can affect you and your baby.
- 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.
- Alcohol: There is NO amount of alcohol that is known to be safe during pregnancy and, therefore, it should be avoided. Continue to avoid alcohol while breastfeeding.
- Unwashed vegetables: Wash all vegetables well to avoid exposure to Toxoplasma which may contaminate the soil where vegetables are grown.

MISCELLANEOUS INFORMATION

Dental Care

Preventative dental screenings and cleanings can be scheduled throughout the pregnancy. On the other hand, most unscheduled dental procedures are optimally performed in the second trimester (weeks 13 through 28). Don't neglect your dental care during pregnancy. You may call the office if you need a dental release letter for treatment.

The following dental procedures are considered safe in pregnancy:

Oral examination	Dental prophylaxis	Dental x-rays with adequate abdominal shielding
Local anesthetic with epinephrine	Root canals	Restorations Fillings

Influenza, COVID-19, and the Tdap Vaccine (Tetanus, Diphtheria and Pertussis)

Seasonal flu, COVID-19, and Tdap vaccines are highly recommended by the American College of Gynecology (ACOG) during pregnancy to reduce the risk of serious infections in moms and their babies. Pregnancy causes the immune system to weaken, so pregnant women are at a higher risk. The best way to protect your newborn baby is to be vaccinated and breast feed. Pregnant women and her family members should receive a Tdap vaccine between the 28th-36th weeks.

Travel

In an uncomplicated pregnancy, travel is fine. Consult with your provider before making air or extended-car travel plans. Some special considerations for air travel are:

- Avoid air travel in the last few weeks of pregnancy
- Do not travel to any third world countries
- Make sure you move/walk around every couple of hours
- Drink plenty of water
- Consider wearing compression stockings

Sauna/Hot Tub

The use of hot tubs and saunas are not recommended if the temperature is over 100 degrees. There has been documented risk to a pregnancy when a woman's core body temperature has been raised.

Paint Exposure

Use paint products in a well ventilated area and follow the manufacturer's instructions.

Hair Care/Nail Care

It is okay to color, highlight or perm your hair during pregnancy in well ventilated areas. Manicures and pedicures are also okay during pregnancy in well ventilated areas.

Seat Belts

Always wear your seat belt with the bottom of the belt across your hips, not over your abdomen, and always wear the shoulder strap.

Cord Blood Banking (Optional)

Blood from a newborn's umbilical cord, once considered a waste product that was routinely discarded with the placenta, is now considered to contain potentially lifesaving stem cells. Cord blood transplants can benefit immediate family members, extended family members and even non-related individuals with certain diseases.

If you wish to bank your newborn's cord blood, you must register with a collection program before the third trimester. Talk to your doctor and decide if cord blood banking is right for you and your family.

Cord blood is collected at the hospital immediately following delivery. There are several options if you wish to donate or save infant cord blood:

- Save it utilizing a family or sibling directed cord blood banking program so it will be available for your family members (for a fee)
- Save it utilizing a private cord blood bank so it will be available for your family members (for a fee)

Useful websites: www.cordblood.com www.viacord.com www.familycord.com

LABOR AND DELIVERY

The three stages of labor:

1. The First Stage:

This is the longest phase of labor. The first stage of labor includes the time from the onset of regular contractions and cervical dilation to when the cervix is fully dilated. This stage is divided into three phases:

- Early or latent phase - contractions occur every 5 to 20 minutes at first and increase in frequency and intensity until they are less than 5 minutes apart. The contractions will last between 30 and 45 seconds at first and progress to 60 to 90 seconds. During this phase, your cervix gradually dilates to about 3 to 4 centimeters and becomes 100% effaced. This phase can last several hours or days and you will be most comfortable at home.
- Active phase - contractions occur every 3 to 5 minutes and last about 45 to 60 seconds. Your cervix will dilate from 4 to 9 centimeters. You will feel increasing discomfort and pain during this phase.
- Transition phase - contractions occur every 2 to 3 minutes and last approximately 60 seconds. Your cervix will dilate from 9 to 10 centimeters. If you feel the urge to push, let the nurse know. It is very important not to push until your nurse directs you.

2. The Second Stage:

The second stage of labor begins once you are fully dilated (10 centimeters) and is complete with your baby's delivery. This stage is also called the "pushing stage" and can take anywhere from 30 minutes to more than 3 hours.

3. The Third Stage:

The third stage of labor is from the time you deliver your baby until the delivery of your placenta, which usually takes less than 20 minutes for most deliveries.

Distinguishing between false labor and true labor:

In general, you are in false labor if your contractions:

- Are not increasing in frequency or are irregular
- Disappear when you rest, change your position or walk around
- Are not uncomfortable
- Occur only in the lower abdomen
- Do not become more uncomfortable

You are more likely to be in true labor if your contractions:

- Last approximately 40 to 60 seconds
- Do not disappear when you rest, change your position or walk around
- Increase in intensity and frequency
- Occur with leakage of fluid (possibly due to your water breaking)
- Start in your back and radiate to your front or stretch across your upper abdomen
- Occur with very regular timing

WHEN SHOULD I GO TO THE HOSPITAL?

- Regular, painful contractions occurring regularly every 5 minutes for an hour. Each contraction should last approximately 30-45 seconds. If you live more than 30 minutes from the hospital, if you have a history of fast labor, or if you were more than 3 cm dilated at your last visit, go to the hospital when contractions are regular.
- Vaginal bleeding: You may have spotting for a day or two after a vaginal exam, after intercourse or when you lose your mucous plug. These situations are not emergent. Heavy period-like bleeding is a concern. Go to labor and delivery immediately if you have bleeding heavier than spotting.
- Rupture of membranes: If you think your water is broken, go to the hospital.
- Decreased fetal movement: If your baby is not moving normally, then you need to do kick counts. Lie down on your side and count how many times the baby moves in an hour. It is reassuring if you feel 10 movements in an hour. If you don't, then eat something, drink something, and count for an additional hour. If you still don't feel 10 movements, please go to labor and delivery triage for evaluation.
- You do not need to call your doctor if you lost your mucous plug or to tell her that you are going to triage. The triage doctor will notify us if you are admitted.

LABOR AND DELIVERY (cont.)

Hospital Affiliation

We are affiliated with Baylor Scott and White All Saints – Andrews Women's Hospital located at 1400 8th Avenue, Fort Worth, TX 76104. The phone number to Labor and Delivery is 817-698-8500. It is important to come to Baylor Scott and White All Saints for all of your problems. Your doctor will not be able to take care of you at any other hospital.

Pain Control and Labor

- **IV Medication (Stadol, fentanyl, or Demerol)** – These medications are given through an IV and help to take the edge off strong contractions. It can make you sleepy, and because of this, it is not used in the later stages of labor.
- **Epidural** – An epidural is commonly used for pain relief. It is administered by an anesthesiology provider and consists of a fine, thin tube which is placed in your back. Pain medication slowly drips through this tube during labor and is taken out after delivery. Epidurals are safe and very effective.
- **Local injection** – Numbing medicine is sometimes needed. It is injected into vaginal tears so your physician can repair the tear with stitches.
- **Nitrous oxide** – Nitrous oxide is an inhaled anesthetic gas that may help reduce anxiety and dull contraction pain.

Induction

Your due date is considered 40 weeks. We recommend additional testing for your baby at 40–41 weeks. We induce labor sooner if there are medical concerns or complications like diabetes or high blood pressure. Elective inductions are usually offered between 39–40 weeks. Ask your doctor if you are interested in an elective induction. Induction is a process where we medication is given to stimulate contractions. It can take more than 24 hours to work and, in some cases, can increase cesarean delivery, especially if it is your first pregnancy. 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 shortly after the surgery begins. After delivery, it will take up to an hour to complete the surgery. Your incision will be closed with sutures. You will then be moved to the Recovery Room. The immediate recovery period is similar to the recovery period after a vaginal birth. Rest to conserve your strength. You, your baby and your support partner will remain in the Labor and Delivery 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 speak with your doctor to determine if you are a candidate for trial of labor after a cesarean. VBAC is recommended for those who are a candidate. You will need to discuss this with us.

Episiotomy/forceps/vacuum

We will deliver your baby as safely as possible. Episiotomies are NOT routinely performed. If you need an episiotomy, your doctor will communicate this with you, talk to you about why it is necessary (often for heart rate abnormalities that would be dangerous to your baby) and will obtain your consent. We will make sure you are numb if you don't have an epidural and will repair 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.

We are highly skilled in the use of vacuum and forceps for deliveries. We will recommend using them only if medically indicated. Our goal is to deliver your baby in the safest manner. There are times when this is the safest way to help your baby into this world.

HOSPITAL BAG

Example Hospital Bag Packing List:

- Photo ID
- Insurance Card
- Camera
- Robe, nightgown, maternity bra
- Eye mask and ear plugs
- Comfortable clothes
- Going home outfit for mom and baby
- Baby blanket and hat
- Car seat
- Breastfeeding pillow
- Fuzzy socks and slippers
- Towel
- Pillowcase and pillow
- Blanket
- Toiletries: Deodorant, toothbrush/paste, dry shampoo, body/face wash, shampoo/conditioner
- Lotion
- Lip balm/gloss
- Makeup bag
- Sugar free hard candy or gum
- Long cell phone charger
- Entertainment/tablet
- Lanolin/nipple cream
- Portable music player
- Headphones
- Diffuser/oils
- Snacks/drinks
- Religious/familial items

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, RhoGAM injections, 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 that they designate as your responsibility is due at that time. Please feel free to contact your insurance company if you should have any questions regarding your maternity coverage.

If you change your address, phone number or medical insurance during your pregnancy, [please contact your physician's office immediately](#). Not informing us of insurance changes may cause you to be financially responsible.

For most insurance plans, the entire pregnancy is treated as an “episode of care.” Because of this, the payment deposit is due to our office by the 28th week of pregnancy. Our front office staff will review this info with you and is available for questions.

FMLA or Short-Term Disability Papers

You will need to check with your employer regarding eligibility for Family Medical Leave and/or Short-Term Disability. Submit all paperwork to the office prior to your due date to avoid any delays in receiving your paperwork. Please allow 10 to 14 business days for the forms to be completed. Paternity leave may also be available through the father's employer.

Choose a pediatrician for your baby

You will need to decide on a pediatrician 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 are accepting 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.

Attend 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! Visit fenomhealth.com/class for more information.

Resources

www.acog.com

www.midwife.org/Share-With-Women

BREASTFEEDING

Everyone needs good nutrition. This is even more important for babies because they are developing so rapidly.

Your breastmilk is more than nutrition. It also protects your baby. Your breastmilk helps keep your baby from getting sick. And it lowers your baby's risk of asthma, allergies, and sudden infant death syndrome (SIDS).

Your breastmilk protects your child for a long time, long after you stop breastfeeding. For example, it lowers your baby's risk of being overweight later in life. It also lowers their risk for adult diabetes and some types of cancer.

Breastfeeding is good for you, too. It lowers your risk of breast cancer, ovarian cancer, and diabetes. And it burns about 600 calories a day, making it easier to lose some of the weight you gained while you were pregnant. Breastfeeding also helps in other ways. It helps your baby's brain develop. It creates a close bond between you and your baby.

Tips for Getting Breastfeeding off to a Good Start

1. Breastfeed within the first hour after birth, even if you had a cesarean (or c-section) birth.
2. Feed only breastmilk to your baby. Ask for a breast pump if your baby is not feeding from your breast.
3. Hold your baby "skin-to-skin" as much as you can. This means that your baby's skin is touching your skin.
4. Keep your baby in your room, day and night, except for special procedures.
5. Do not give a bottle to your baby.

Nursing your baby to sleep is very normal! It is developmentally appropriate for babies to nurse to sleep and to wake 1-3 times during the night for the first year or so. The process of breastfeeding regulates your baby's temperature and heart rate, and lowers his/her blood pressure, and therefore helps put your baby to sleep.

"You are not a pacifier; you are MOM. You are the sun, the moon, the earth, you are liquid love, you are warmth, you are security, you are comfort in the very deepest aspect of the meaning of comfort...but you are not a pacifier!"
- by Paula Yount

Comfort nursing is completely normal!

Lactation Services

- ❖ Baylor All Saints has in-house lactation services, and they are awesome!
- ❖ Have your nurse release your "lactation consult" order, they will educate you, give you materials, and help you breastfeed or pump
- ❖ Write down your questions/notes
- ❖ Baylor has a breastfeeding class
- ❖ FED IS BEST! Remember you are an amazing mom no matter how you feed your baby!
- ❖ Breastfeeding can feel like a full-time job and can be very challenging!
- ❖ Do your best and don't worry if breastfeeding doesn't work out
- ❖ Local resources: private, Cook's telemedicine, La Leche League hotline

POSTPARTUM INSTRUCTIONS

1. Make an appointment to see the doctor for a post-partum check-up. She will want to see you 2-6 weeks after delivery.
2. Refrain from douching, using tampons and swimming until after your postpartum check-up.
3. 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.
4. If not breastfeeding, continue to wear a good supportive bra, bind if necessary, use ice packs, take Tylenol® for discomfort, and call the office if a problem occurs.
5. Vaginal bleeding may continue for 6-8 weeks while the uterus is returning 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 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 postpartum check-up.
7. 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.
8. Constipation is very common. Drink at least 6-8 glasses of water every day. Citrucel, Metamucil, and stool softeners (Colace or Miralax) may be used. Include food like bran cereal, fresh fruits and vegetables in your diet. Stool softeners are recommended while taking Percocet or Vicodin.
9. Hemorrhoids usually are more symptomatic after delivery. If they are a problem for you, we can prescribe medication to relieve symptoms.
10. Postpartum 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.
11. Abstain from intercourse until after your postpartum check-up with your provider. Birth control options may need to be discussed with your doctor at your check-up or earlier if you have special needs.
12. You may climb stairs 2-3 times a day in the first 2 weeks. Too much activity delays episiotomy and incisional healing.
13. Please call the office if you have a fever of 101° F or greater, swelling, tenderness or redness in the lower leg.
14. 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 your bandage a week from your delivery.
15. Tub bathing and showering are permitted.

Postpartum Depression

40-80% of women experience mood changes after their 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 the symptoms. Sometimes the symptoms require treatment, especially if mom is not bonding or enjoying her baby, unable to care for herself or the baby, feeling excessive sadness, depression, or anxiety. Please schedule an appointment if you feel depressed. We are known for our compassionate care and have effective treatments for postpartum depression.

FĒNOM

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