



Obstetricians &
Gynecologists, P.C.
Obstetrics • Gynecology • Infertility

Specialists
providing personalized and comprehensive care
for women.

OB Information Packet

CONTENTS:

- Frequently Asked Questions..... 3
- How do I know when I'm in labor?..... 7
- Safe Medications in Pregnancy (What can I take for a cold?)..... 9
- Prenatal Testing and Blood Work..... 10
- Screening Options for Down Syndrome and Genetic Disorders..... 12
- Prenatal Classes and Registration Sheet..... 15
- Breastfeeding Benefits..... 18
- Performing Kegel Exercises in Pregnancy..... 19
- Birth Control Options After Delivery..... 20



Obstetricians & Gynecologists, P.C.

Obstetrics • Gynecology • Infertility

George M. Adam, M.D.
Todd A. Pankratz, M.D.
Jill L. Fish, M.D.
Tyler J. Adam, M.D.
Dana Rhodes, C.N.M.

2115 N Kansas Ave, Suite 204 • Hastings, NE 68901 • p 402-463-6793 • f 402-463-6894 • after hours 402-462-8566
3008 W Stolley Park Road, Suite 1 • Grand Island, NE 68801 • p 308-381-1490 • www.obgynnebraska.com

Certified by American Board of Obstetrics & Gynecology / Fellows of American College of Obstetrics & Gynecologists

Congratulations and Welcome!!

Obstetricians & Gynecologists, P.C. would like to welcome you to our practice. We are pleased that you have chosen to allow us to be a part of your pregnancy and we are looking forward to helping guide you through this exciting process. Within this packet you will find a collection of valuable information to provide both education and reassurance during your pregnancy. Some of the featured material includes:

- **Frequently asked questions** – This is a great place to start learning about your pregnancy. Here you will find answers to the most common OB questions and valuable tips to help make your pregnancy a positive experience.
- **Labor questions** – Patients often ask, “How will I know when I am in labor?” This section will help you recognize the changes that indicate labor is approaching so you will know when to call your doctor or midwife and go to the hospital.
- **Safe Medications in Pregnancy** – We are often asked, “What medications can I take while I’m pregnant?” This page will help. Whether it’s a cold, headache, heartburn, or constipation, this list offers safe options for you and your baby.
- **Prenatal Screening Tests** – Wondering why we’re drawing your blood or checking your urine? This section explains the common tests done during your pregnancy.
- **Genetic Screening Options** – You have many options to determine before delivery if your baby may be affected by a genetic difference such as Down syndrome or spina bifida. This section explains those testing options.
- **Prenatal Classes, Breastfeeding, and Exercise** – Information on these important topics is summarized for your convenience.
- **Birth Control** – Review the options and select the one that’s right for you.

Have more questions? Visit us online: www.obgynnebraska.com

OB Frequently Asked Questions:

How often will I see my doctor or midwife?

Each woman's pregnancy is unique and your care will be individualized to meet your needs. In general, you can expect to be seen every four weeks until you reach 32 weeks. After that, you will be seen every two weeks until your 36th week. During the last month of your pregnancy (37 to 40 weeks), you will be seen every week.

When will I receive an ultrasound?

You will have an ultrasound done at your first visit to determine the number of babies and also to confirm your due date. If everything progresses normally, your next ultrasound will be done at 20 weeks. At that time, a detailed 4D ultrasound is done to scan for birth defects and other problems. This will also be the time when you can learn the sex of your baby, if you wish.

What types of tests are recommended during pregnancy?

All women will have blood work done at some point during the first or second trimester. These tests will check your blood count, blood type, and will look for other infections such as syphilis, hepatitis B, rubella, and HIV. It is important to screen for these infections for the health of your baby. You may also need a pap smear during the pregnancy and at that time you will be screened for other STDs that can cause serious problems for your baby. At around 26 to 28 weeks, you will be screened for diabetes with a simple finger-poke blood test. In addition, you will be given the option early in the pregnancy to screen for other genetic abnormalities such as Down syndrome, Cystic Fibrosis, and Spina Bifida. These tests are not required, but do give mothers and their doctors the chance to learn more about the baby. Ask your doctor for more information on these genetic tests.

Is it normal to have bleeding during early pregnancy?

Many women have some bleeding during the first 12 weeks of pregnancy. This is a common occurrence and typically does not mean there is a problem with the pregnancy. Bleeding can be caused by intercourse, a cervical infection, or from normal changes during pregnancy. Slight bleeding often stops on its own. If you are changing a pad more than once an hour, contact your doctor.

I am early pregnant and having cramping. Is that normal?

Yes. It is common and normal to have cramping during early pregnancy. The uterus grows in pregnancy and this stretching can cause the uterus to contract or cramp. This is usually nothing to worry about and simply indicates that your baby is growing normally. To help with the pain, take 1 or 2 Tylenol, get off your feet, and drink plenty of fluids. If the cramping worsens, contact your doctor.

Is it normal to have pain down by my groin?

Yes. This is a very common problem called “round ligament pain.” This happens as the uterus grows in early pregnancy causing the ligaments that support the uterus to stretch. Most women experience this at some time. This can be treated with Tylenol, a heating pad, and a warm bath. It often helps to lie on the side that hurts the most (For example: if your left side hurts, lie on your left side). This takes the tension off the ligament and may bring relief. Typically, this pain will go away as you progress through the second trimester.

What can I take for morning sickness?

Morning sickness is a common problem in early pregnancy that is caused by rising levels of pregnancy hormones. If you are affected by morning sickness, try to eat at least six small meals a day and avoid spicy, greasy foods. It may be helpful to eat crackers before you get out of bed in the morning. If these tactics don’t work, you may try the over the counter remedies Vitamin B6 and Unisom (Doxylamine).

Which prenatal vitamins should I be taking?

Pregnant women should be taking a prenatal vitamin to provide additional nutrients that are needed during pregnancy. Choosing a prenatal vitamin should not be a complex decision as most all of the over the counter vitamins are acceptable options. Be sure that the vitamin you choose has at least 400 mcg of folic acid (aka folate or vitamin B9). Other important nutrients to look for include iron (40mg), calcium (1000mg), zinc, manganese, iodine, and vitamin B6.

Do I need to eat extra while I’m pregnant?

Most women only need to consume an extra 300 calories a day during pregnancy. A well-balanced diet is very important while you are pregnant and should include fruit, vegetables, and protein. The USDA has designed an interactive website with meal ideas for expectant moms and breastfeeding women. This plan, “Daily Food Plan for Moms,” is at <http://www.choosemyplate.gov/pregnancy-breastfeeding.html>.

Should I avoid eating fish while I’m pregnant?

“Predator Fish” such as shark, swordfish, king mackerel, and tilefish should be avoided because they are high in mercury that can harm a developing fetus. You should also avoid eating sushi that contains raw fish. You may eat up to 12 ounces per week (about two meals) of other common fish such as salmon, light tuna (not albacore), shrimp, and cod.

Can I drink caffeine during pregnancy?

Moderate caffeine consumption is safe during pregnancy. It is recommended not to drink more than 200mg of caffeine (two 8-ounce cups of brewed coffee) per day. Higher caffeine intake may be associated with pregnancy complications.

What other substances should I avoid?

Please make every effort to stop smoking during pregnancy. Babies born to mothers who smoke tend to be smaller and have more problems after delivery. Smoking can also cause mothers to have lung problems, more colds, high blood pressure, and problems with the placenta. Alcohol should not be consumed during pregnancy. Drinking any type of alcohol raises the risk of certain birth defects.

What can I take for a cold?

Most over the counter medications are safe in pregnancy. These include Tylenol, Sudafed, Robitussin, Claritin, Unisom, Benadryl, and Mucinex. Avoid medications that contain aspirin, ibuprofen or alcohol. See “Safe Medications in Pregnancy” for a detailed list of common illnesses and suggested treatments. Please consult your doctor if you have any questions.

What can I take for constipation?

Unfortunately, constipation is a very common problem during pregnancy. It is best to start by eating a well-balanced diet that includes fruit and fiber and drink plenty of water (2 quarts per day or until your urine is a light yellow). If this does not help, you may try an over the counter stool softener such as Colace (Docusate) twice a day. If this fails to bring relief, you may also try Miralax, an over the counter laxative. This should not be used on a regular basis. If constipation persists, call you doctor.

How should I wear my seatbelt when I’m pregnant?

You should definitely continue to wear your seatbelt when you are pregnant. This protects both you and your baby. It is important to wear both the lap and shoulder belt. Buckle the lap belt low on your hips, below your belly. Place the shoulder belt off to the side of your belly and between your breasts. Never place the shoulder belt below your arm. Your seat belt should fit snugly to avoid injury to you and your baby.

Are airbags safe in pregnancy?

Yes. They are designed to be used with your seatbelt and serve as another layer of protection if you are in an accident. If you are driving, the steering wheel should be at least 10 inches from your chest. As your belly grows, this may not be possible. In this case, try to angle the steering wheel towards your chest to help avoid injury to your abdomen in the event of an accident.

How much weight should I gain during pregnancy?

Women who are normal weight before pregnancy (BMI <25) should gain between 25 to 35 pounds. If you are starting the pregnancy slightly overweight (BMI >30), your goal weight gain is between 10 and 20 pounds. If you are more overweight (BMI >40) your goal is to gain around 5 pounds during the pregnancy. Ask your doctor for a personalized recommendation.

Is it safe to exercise while I'm pregnant?

Yes. Exercise has many benefits during your pregnancy. Staying in shape increases your energy level, improves your mood, helps prevent back pain, and will make you more ready for labor. Safe exercise types include walking, swimming, aerobics, and cycling. You should avoid gymnastics, skiing, and horseback riding and contact sports like soccer and basketball.

How vigorously can I exercise?

You should avoid activities that require quick changes of direction. Be careful that you do not overheat when exercising. Drink plenty of fluids and wear cool, loose fitting clothes. After the first trimester, avoid doing any exercises flat on your back. Stop exercising if you experience vaginal bleeding, contractions, chest pain, dizziness, or shortness of breath.

How can I prevent back pain in pregnancy?

Back pain is a common problem in pregnancy and is caused by changes in posture, hormones, and stretching of the abdominal muscles. To avoid problems, wear low-heeled (not flat) shoes with good arch support. Always lift by bending your knees and ask for help when moving large or heavy objects. Sleep on your side with 1 or 2 pillows between your knees. If you have to stand for long periods of time, place one foot on a stool or a box. When sitting, use good posture and place a small pillow to support your lower back. A regular exercise routine that includes walking or swimming is very important for preventing back injury.

What can I use to treat back pain?

Start by applying heat or ice to your lower back and have your partner massage the area. Stretches and exercises for the back can be very beneficial and will help increase muscle tone to prevent further injury. Swimming and walking are both excellent activities for both treating and preventing back pain. If none of these steps help, ask your doctor about other options.

What can I do to prevent stretch marks?

Most women develop stretch marks at some point during the pregnancy. These occur when the skin stretches quickly as the fetus grows. Many lotions and oils are advertised that claim to prevent stretch marks, but none have been proven to consistently be effective. Using a heavy, moisturizing lotion will help keep your skin soft, but may not prevent stretch marks. Many stretch marks fade with time. Using a sunless tanning lotion can help hide some of these marks.

Can I travel when I'm pregnant?

Yes. The best time to travel is typically between 14 and 28 weeks as most problems tend to happen in early or late pregnancy. During a car trip, make sure that you stop to stretch your legs and walk every 2 hours to help avoid blood clots. Airplane travel is safe, although some airlines restrict travel after 36 weeks. If you travel during the last month of pregnancy, you may deliver elsewhere. Check with your doctor before departing on any long trips.

Frequent Labor Questions

How do I know when I'm in labor?

When you are in labor, the uterus will contract causing your cervix to dilate. These contractions will cause your abdomen to become hard. Between contractions, your uterus will relax and your abdomen will become soft. Labor contractions are typically stronger than a painful menstrual cramp and will last for 30 to 70 seconds. They will become stronger as time goes on and get closer together. When they are coming at regular intervals (approximately every 3 to 5 minutes) and have lasted for 3 to 4 hours, contact your doctor.

What is false labor?

Your uterus may contract off and on before your labor actually begins. These irregular contractions are called Braxton-Hicks contractions or false labor. They can be painful but typically do not come at regular intervals and are not as strong as true labor contractions. Braxton-Hicks contractions are a normal part of pregnancy.

How can I tell the difference between true and false labor?

	False Labor	True Labor
Strength of contractions	Usually weak and don't get stronger with time. Usually felt in the front.	Get stronger as time goes by. More painful than a strong menstrual cramp.
Change with movement	Contractions may go away with walking, resting, or even with a change in position.	Contractions continue despite changes in position or movement.
Timing of contractions	Typically irregular and don't get closer together.	Contractions are regular and get closer together (every 3 – 5 minutes) and continue this way for several hours.

I just went to the bathroom and noticed some blood spotting. Is that normal?

Yes. This is a very common finding during pregnancy and is usually not anything to worry about. This happens as the uterus grows causing the cervix to leak small amounts of blood. This usually will stop with time. Call your doctor if the bleeding increases or becomes heavy like a period.

What are other signs that labor may be beginning?

Continuous Leakage of Water – This may indicate that your water has broken. This is typically a large amount of fluid that will soak through your clothes and continues to leak even after the initial gush. If this happens, call your doctor. A small leakage of fluid that does not continue may just be urine leaking and is unlikely to indicate that labor is approaching.

Heavy Vaginal Bleeding – If you begin to have bleeding like a heavy period, call your doctor. This may be a sign that labor is beginning. It is very common to have some spotting, especially after using the restroom. This is not usually associated with labor and will stop with time.

What is normal baby movement?

The sensation of your baby's movement will change during your pregnancy. You can expect to begin feeling movement between 16 to 18 weeks. Early on, this will be sporadic and you may not feel the baby move every day. As the baby grows, you will feel more and more movement. Later in pregnancy, the movements you feel may be smaller. This is normal. During the third trimester (after 28 weeks), count fetal movements every 24 hours. Pick a time of the day when the baby is most active. Mark down on a piece of paper each time you feel a movement (any movement counts). Stop when you feel 10 movements. If you do not feel 10 movements in two hours, call your doctor.

Safe Medications In Pregnancy

It is preferable to avoid taking medications during pregnancy, but when necessary, there are several safe options. The list below is a general guide and is not designed to be a substitute for medical advice. If you have specific questions, please contact your doctor or midwife.

Symptom	Medications
<ul style="list-style-type: none"> • Cold / Congestion 	<ul style="list-style-type: none"> • Tylenol Cold and Sinus • Sudafed • Mucinex • Heated, humidified air
<ul style="list-style-type: none"> • Pain (headache, backache) 	<ul style="list-style-type: none"> • Tylenol
<ul style="list-style-type: none"> • Morning Sickness 	<ul style="list-style-type: none"> • Vitamin B6 – three times a day • Unisom (Doxylamine) – one tablet at bedtime
<ul style="list-style-type: none"> • Heartburn 	<ul style="list-style-type: none"> • Any over the counter medication including: • Tums • Maalox / Mylanta • Zantac • Pepcid
<ul style="list-style-type: none"> • Cough 	<ul style="list-style-type: none"> • Robitussin • Mucinex • Cough Drops
<ul style="list-style-type: none"> • Allergies 	<ul style="list-style-type: none"> • Benadryl • Saline Nasal Rinse • Steroid nasal sprays (Flonase, Veramyst, Rhinocort) • Claritin (Loratadine) • Zyrtec (Cetirizine)
<ul style="list-style-type: none"> • Constipation 	<ul style="list-style-type: none"> • Metamucil or Fibercon • Colace (Docusate) – stool softener • Miralax
<ul style="list-style-type: none"> • Diarrhea 	<ul style="list-style-type: none"> • Immodium or Kaopectate
<ul style="list-style-type: none"> • Hemorrhoids 	<ul style="list-style-type: none"> • Any over the counter preparation is okay

Prenatal Screening

A wide range of tests are now available to help plan and monitor your care and needs during your pregnancy. Listed below are explanations of the usual screening tests performed on all new OB patients. The fees for these tests are **not** included in the basic OB care and delivery fee. You will be billed directly from the facility performing the service.

- **Pap Smear** (done in the first trimester) – a test for cancer of the cervix
- **Urine Culture**- a test for bacteria that can cause complications during pregnancy
- **Prenatal Blood Work** (First trimester)
 - Blood type and Rh factor
 - Complete blood count (CBC)
 - Rubella titer (test to see if you are protected against the German measles)
 - VDRL (screening test for syphilis, required by the State of Nebraska)
 - HIV (recommended test for all pregnant)
 - HAA (screening test for Hepatitis B).
- **Ultrasound** (First trimester and at 20 weeks) – Done to confirm your due date and to screen for birth defects. If you wish, you can learn the sex of your baby, see 4D ultrasound pictures, and receive a video clip of your baby.
- **Glucola** (24-28 weeks) – Screening test for diabetes in pregnancy. Increased blood sugar can cause complications for both mothers and their babies.
- **Group B Streptococcus** (35 weeks) – a test for bacteria found in some pregnant women that can be passed to the infant during delivery. Obtained via vaginal and rectal swab.
- **Genetic Screening Tests** All women are given the option to have additional testing done to determine if their baby is at increased risk for Down syndrome, spina bifida, or cystic fibrosis. The reasons for recommending these tests will be further explained, but they are not required. Please see the section “Screening Options for Down Syndrome” for more information.
 - **First Trimester Screen (Nuchal Translucency)**
 - Combines an ultrasound and a finger-stick blood test
 - Done between 11 and 14 weeks
 - Detects 90% of babies affected with Down syndrome
 - **Quad Screen**
 - A blood test done between 15 and 18 weeks
 - Detects 75% of babies with Down syndrome
 - Also screens for spina bifida

- **Cystic Fibrosis**
 - Blood test done during the first trimester
 - Determines if you are a genetic carrier for cystic fibrosis
 - If you are a carrier, the father of the baby should be tested
- **Non-Stress test** - this measures the way the baby responds to its own movement. The baby's heart rate is recorded during each fetal movement felt by the mother.
- **Amniocentesis** - a procedure in which a small amount of amniotic fluid is taken from the sac surrounding the baby and tested. This can be done for several reasons:
 - To screen for certain chromosomal abnormalities, such as Down syndrome
 - To test for fetal lung maturity, if it is felt that your baby should be delivered before the due date.

Screening Options for Down Syndrome

What is Down syndrome?

Down syndrome is a genetic condition caused by having an extra copy of chromosome 21. It is also known as trisomy 21. Children with Down syndrome experience developmental delay and some degree of mental retardation. They usually have characteristic facial features and may have other health conditions such as congenital heart defects, thyroid problems, infections, respiratory problems, and vision and hearing problems.

What are my options for screening?

- **First Trimester Screen (Nuchal Translucency)**
 - Combines an ultrasound and a finger-stick blood test
 - Done between 11 and 14 weeks
 - Detects 90% of affected babies
- **Quad Screen**
 - A blood test
 - Done between 15 and 18 weeks
 - Detects 75% of affected babies
 - Also screens for spina bifida
- **Amniocentesis**
 - Samples fluid from around the baby
 - Done any time after 15 weeks
 - 99.9% accurate in identifying affected babies
 - Very safe (risk of miscarriage is 1 in 600)

Who should have this done?

Anyone who desires more information about her baby should consider screening. More than 95% of babies with Down syndrome and trisomy 18 are born to families with no history of these conditions. The diagnosis of a problem before birth leads to different options during the pregnancy and special management of the delivery to improve the outlook for the baby.

Is this screening just for women over 35?

No. Women who are 35 or older at the time of delivery do have an increased risk of having a baby with Down syndrome or trisomy 18. However, babies with these conditions can be born to women of any age. In fact, more than 75% of babies with Down syndrome are born to women who are under 35 because women under age 35 are having more babies than women over 35.

If I am 35 or older should I have a screening test, or should I just have invasive testing (amniocentesis)?

Some women 35 and over choose to have an invasive test without having any screening. However, screening techniques have become so good that women of all ages should consider screening to better quantify their risk before deciding whether to have an invasive procedure.

How is the First Trimester Screen done?

A small sample of the mother's blood is taken by finger stick. The sample is then analyzed for two pregnancy hormones (free beta or intact hCG and PAPP-A). Both substances are normally produced during pregnancy.

The ultrasound examination involves measuring the amount of fluid accumulated under the skin at the back of the baby's neck. This normal accumulation of fluid is known as the nuchal translucency (or NT) measurement and it is often increased when a developing baby has Down syndrome.

The ultrasound and blood results are then combined with maternal factors such as age and weight to calculate the chance for Down syndrome in the current pregnancy.

How long do the results take?

You can usually expect your test results to come back in approximately one week or less from the time the blood sample is obtained.

How will the results be reported?

You will receive an individual report of the chance for Down syndrome in *your* pregnancy (for example 1 in 800). If your risk is higher than the laboratory's cut-off, your report will say "screen positive". All values lower than the cut-off are reported as "screen negative".

How accurate are the results?

Nine out of ten (90%) of pregnancies with Down syndrome will come back as 'screen positive'. However, a 'screen positive' result does not mean that the baby has Down Syndrome, it simply means that the risk is high enough that you should consider further evaluation of the pregnancy. *The only way to know for certain whether or not a developing baby has Down syndrome is by performing a diagnostic test such as chorionic villus sampling (CVS) or amniocentesis.*

What further testing should I consider?

Chorionic villus sampling and amniocentesis are procedures that can determine whether or not a developing baby has Down syndrome or trisomy 18 with greater than 99.9% accuracy.

Chorionic villus sampling (CVS) is typically done between 10 and 13 weeks of pregnancy. In this procedure the doctor obtains a small sample of tissue from the edge of the placenta.

Amniocentesis is a procedure in which a thin needle is inserted through the woman's abdomen into the amniotic sac to withdraw a small sample of fluid from around the developing baby. This is most safely done after 15 weeks of pregnancy.

Both procedures are associated with a small chance for miscarriage (1 in 600). The decision whether or not to pursue CVS or amniocentesis is a personal one. Speaking to a genetic counselor or your obstetrician can help you make the decision that is best for you.

My doctor's office told me my result was negative, does this mean that everything will be normal?

A 'screen negative' result means that the chance for you to have a baby with Down syndrome or trisomy 18 is low. While this is good news, you should remember that the test is not a diagnostic test and some children with Down syndrome will be born to women in this low risk group.

About 10% of affected pregnancies have a negative first trimester screening result even though the baby actually has one of these conditions. Amniocentesis or CVS testing is the only way to know for sure that your baby will not be affected.

Is my pregnancy at risk for anything else?

First trimester screening cannot detect all birth defects or genetic conditions. Your obstetrician will likely recommend some other tests during the pregnancy including:

- a detailed ultrasound examination at 18-20 weeks
- a maternal serum AFP test at 15 – 18 weeks to detect open neural tube defects (like spina bifida)

If you are concerned that you may have an increased chance to have a baby with a problem due to your family or personal history we encourage you to speak to your obstetrician in more detail or to contact a genetic counselor in your area.

What else can the first trimester screening tell me?

First trimester screening can also determine whether the pregnancy has an increased chance for trisomy 18. This results in severe mental retardation and multiple birth defects. First trimester screening detects approximately 90% of pregnancies with trisomy 18.

I am having twins. Can I still have first trimester risk assessment?

First trimester screening is available for twin pregnancies, but the results are a little more difficult to interpret when there are two developing babies instead of one. Therefore the detection rate is lower and the chances for trisomy 18 cannot always be provided. Different laboratories approach the interpretation of first trimester screening in twin pregnancies differently. Some will provide a separate assessment for each twin while others evaluate the pregnancy as a whole. It is recommended that you talk with your doctor for more details about first trimester screening in a twin pregnancy.

Information provided by:

Maternal Fetal Medicine Foundation
Nuchal Translucency Quality Review Program

Prenatal Classes

We encourage you and your coach to attend prenatal classes designed just for our patients. This series of 4 courses is offered to you at no additional charge. These classes contain information on labor and delivery, breathing exercises and other valuable information to prepare you for your birthing experience. If it has already been determined that you will have a Cesarean delivery you do not need to attend class #1, #2, or #4 unless you would like. We would encourage you to attend class #3 which will provide information and discussion about Cesarean delivery and baby's growth and care. For those of you who have already had a baby, we offer a refresher course, also at no additional charge.

WHEN TO SCHEDULE

It is desirable that you pick a session that will finish 2-4 weeks before your baby is due to arrive, unless the provider asks that you complete them sooner for medical reasons. PLEASE FILL OUT THE ATTACHED REGISTRATION FORM AT LEAST ONE MONTH BEFORE THE TIME THAT YOU SHOULD START THE CLASS AND TURN IT IN AT THE FRONT DESK AT THE OFFICE. YOUR PRENATAL INSTRUCTOR WILL CONTACT YOU BEFORE THE FIRST SESSION STARTS WITH FINAL DETAILS.

OUR INSTRUCTORS

Cindy Bruntz, R.N.
Phone: (402) 462-6955

Jeanne Cook, R.N.
Phone: (402) 463-8174

LOCATION AND TIME OF CLASSES

A schedule of upcoming classes is attached. All classes are held at the Mary Lanning Memorial Hospital in Meeting Room #1 located in the Cafeteria area. The cafeteria is located in the basement of the hospital. The sessions start at 7:30 PM and last approximately 1 ½ to 2 hours.

HOSPITAL TOUR

A tour of the OB floor is conducted at a separate time by the nurses at Mary Lanning Memorial Hospital. Please refer to their brochure that is included in your packet of information.

SESSION INFORMATION

Class #1

Film “Childbirth- A Prepared Experience”
Body Changes and discomforts in pregnancy
Physical Exercises
Early labor breathing
What to expect with labor
Expectations in childbirth
Labor coping techniques
Relaxation exercises

Class #2

Early labor breathing exercises
Medication choices
What to expect about delivery
Stages of labor
Easing the pain of labor- comfort measures
Hospital procedures/options

Class #3

Film “Cesarean Delivery”
Discussion on Cesarean Delivery
Advanced breathing exercises
Education material handouts
Unexpected outcome in childbirth
Pushing in the 2nd stage of labor

Class #4

Review and encouragement in 3rd stage of labor
Choices in childbirth
The postpartum period
Questions and answers

REFRESHER COURSE

Physiology of labor
Comfort measures in labor & delivery
Review of relaxation and breathing exercises
Medication choices
Hospital procedures/options

Registration For Prenatal Classes

PLEASE COMPLETE THIS FORM AND RETURN IT TO OUR OFFICE

Name _____ Estimated Due Date _____
Address _____

Home Phone: _____ Cell Phone : _____

Work Phone: _____

Coach/Spouse

Name _____

PREVIOUS PREGNANCY HISTORY:

Full Term _____ Premature _____ Miscarriage _____ Living _____

Special interests or requests for items to be covered in class:

Please register me for the class indicated below:

Class session beginning on

OR

Refresher course

on _____

____ Please check here if your OB care is being shared with another office/provider.

Other provider name _____

For office use only:

Date received in the office

Breastfeeding Benefits

It is recommended that babies receive no foods or liquids except breast milk for the first six months of life and then get complementary foods along with continued breastfeeding when your baby is 6-12 months of age. We feel strongly about breastfeeding because there are so many benefits for both you and the baby.

Health benefits for infants:

- Stronger immune system
- Reduced risk for sudden infant death syndrome (SIDS)
- Reduced risk for gastrointestinal and severe lower respiratory tract infections
- Lower risk for developing asthma
- Protection against allergies and intolerances
- Promotion of correct development of jaw and teeth
- Association with a higher intelligence quotient and school performance
- Reduced risk for later development of chronic diseases such as obesity, diabetes, heart disease, high blood pressure, and high cholesterol.
- Lower risk of developing childhood leukemia (cancer of the blood)

Health benefits for the Mother:

- Strong bonding with infant
- Easier to return to pre-pregnancy weight due to the extra 300-500 calories burned in the body's production of milk
- Faster shrinking of the uterus, helping reduce blood loss after birth
- Delays the return of menstrual periods after birth
- Decreased risk for developing type 2 diabetes
- Lower risk for developing breast and ovarian cancer later in life
- Decreased risk for post-partum depression
- Enhanced self-esteem in the maternal role
- Time and money saved from not having to buy and mix formula

Kegel Exercises

- Kegel exercises are recommended before and after childbirth. The exercises consist of strengthening the pubococcygeal (PC) muscle, the muscle that helps stop the flow of urine. To locate the PC muscle, urinate with your legs apart. The muscle you squeeze to stop the flow of urine is the PC muscle. Practice stopping the flow of urine a few times in order to become familiar with the muscle.
- **The Squeeze-Release Exercise.** The first Kegel exercise consists of squeezing the PC muscle for three seconds, relaxing the muscle for three seconds, and squeezing again. It may be difficult at first to contract the muscle for a full three seconds. If this is the case, contract for one or two seconds at first and build up the time as the muscle gets stronger. Carry out a series of ten squeezes and releases three times a day.
- **The Flutter Exercise.** Much like the squeeze-release exercise except instead of holding for three seconds, the objective is to squeeze the muscle, relax it, squeeze it, and relax as quickly as possible. Complete a series of ten squeeze and relax series three times daily. Begin slowly and you will gradually be able to do the flutter more rapidly.
- **The Elevator Exercise.** This consists of exercising the entire length of the vagina. Imagine that your vagina is an elevator shaft and the elevator is opening to the vagina. Rather than squeezing, contract the muscles as you imagine yourself pulling the elevator upward along the vaginal canal, beginning at the opening and ending at the uterus. After the three or four seconds it takes to go the entire length of the vagina, slowly relax the muscles as if you were lowering the elevator to the ground floor, and then begin again.
- The advantage of Kegel exercises is that you can do them anywhere and at any time and no one can tell you are doing them. Practice when you stop the car for a red light or in the morning when you wake up. Or do them when you answer the telephone at home or at work, or when you are lying down to rest. The muscles surrounding your anus may move during these exercises, but if you find you are moving your thigh muscles, your stomach muscles, or your buttocks, you are probably squeezing the wrong muscle.
- All of these exercises should be practiced ten times and three times per day. As you progress with the Kegel exercises, slowly increase the number of repetitions in each series until you are able to do twenty of each exercise in succession. You can do them as frequently during the day as you can find time, but consider three times daily minimum.
- Like any muscle that is being exercised for the first time, it may feel a little stiff sore initially, however, it is important to keep this muscle, like other in your body, in tone.

Birth Control Options

Method	How to use	Advantages	Disadvantages	Breastfeeding Safety
Birth Control Pills	Take one pill a day. May be taken continuously to decrease number of periods	Safe and effective Cheap - \$10/month Regulates cycle and can improve acne Reduces risk of ovarian cancer	Have to remember to take every day	Can be started 4 weeks after delivery if milk supply is well established
NuvaRing	Ring placed in vagina. Removed after 3 weeks, have a period	Safe and Effective Once a month dosing (no pill everyday).	Requires vaginal placement	Start 4 weeks after delivery
Ortho Evra Patch	Patch placed on skin weekly for 3 weeks, then 1 patch-free week	Effective and convenient (once a week dosing)	Skin irritant - 20%	Start 4 weeks after delivery
Mirena IUD	Small device placed in uterus – done in the office. Similar to a pap smear.	Effective and Convenient. Lasts 5 years. Can be removed at any time.	May cause irregular bleeding for 3-6 months. Expensive if used less than 2 years.	Safe for breastfeeding
Paraguard (Copper) IUD	Same technique as Mirena	Lasts up to 10 years. No hormones	Causes heavier periods	Safe for breastfeeding
Nexplanon (Implanon)	Small rod is placed in the arm on the underside of the arm	Effective and Convenient. Lasts for up to 3 years.	Irregular bleeding for 3-6 months.	Safe for breastfeeding
Depo-Provera	Shot received every 3 months	Effective and Convenient. No pills needed.	Irregular bleeding Slow return to fertility Weight gain Worsens depression	Safe for breastfeeding
Tubal Ligation	Fallopian tubes blocked	Permanent. Done as an outpatient surgery.	Permanent.	Safe for breastfeeding

This is a general description of the different birth control options. Other options include vasectomy, condoms, and spermicides. Please ask your doctor for more information including the contraindications and risks associated with each method.