

# The Women's Center

## *Dr. James Bendell, MD, PhD*

We are excited you have chosen us to share in the care of you and your baby. We appreciate the trust you have placed in us. This document gives you some basic information about what you can expect during your pregnancy. Remember that no two people are the same – your pregnancy may not be just like your Mom's, sisters, or friends. Please also remember that while this is a joyous and exciting time it can also be scary and extremely challenging. Also be aware that everybody loves a pregnant woman and everybody loves to tell a pregnant couple his or her best advice and worst experience! These individuals are always well intentioned but take their words with a **BIG** grain of salt (i.e. lifting your hands over your head does not cause umbilical cord problems and spinning a needle over your pregnant belly will not tell you the sex of your baby!). Please be aware that we are always available to answer your questions...the only bad questions are those that are not asked!

Once your pregnancy is confirmed by ultrasound we will provide you with an expected due date – please remember it is actually a *due month* as any time from 37 to 41 weeks is considered term. With your initial blood work and physical exam we will screen you for the common diseases and conditions that may impact on your pregnancy (i.e. anemia, sickle cell disease, thyroid disorders etc.). At 15 – 17 weeks we will again steal your blood to screen for downs syndrome and spinal cord defects (“the Triple Screen”). A big ultrasound is done at 17 – 21 weeks to check the babies' growth and development. We can usually get a good idea of your babies' sex at this ultrasound but please be aware that it is never more than 80% accurate – *don't take the tags off any clothing and don't commit to a color scheme until your baby is born!* At 28 weeks we check for gestational diabetes and give Rhogam if you are Rh negative. At 35 weeks we test for Beta Streptococcus which is a normal vaginal bacterium that can be harmful to your infant. If it is present we will give you antibiotics in labor to prevent transmission to your baby. Additional ultrasounds and testing will be done on an as needed basis!

It is very important that you keep your appointments because they are our only way of following your health and the growth of your baby. We want to find any potential problems before they become problems! Our office hours are 8:30 am - 5:00 pm Monday - Thursday and 8:30 am to 12:00 pm on Fridays. For after hours emergencies please call the office (706 845-0500) to get the number of the answering service. A physician is available 24hours a day! Dr. Bendell covers the practice during the week and weekends/holidays are shared between Dr. Bendell and the call group (Dr. J. Beck and Dr. D. Harris). You can also contact labor and delivery at Lanier (334 756-1625) for questions or concerns. Please feel free to visit Lanier and ask for a tour of Labor and Delivery (if they are very busy they may ask you to come back later but usually they are more than happy to show you around). Pre-registration at Lanier is optional but if done it will simplify your admission when you come for delivery. Please reserve after hour calls for emergencies only – we are more than happy to answer any general questions or concerns during the day!

Your body will undergo many changes in pregnancy. We will provide you with an excellent book called “What To Expect When You Are Expecting” to help you understand and follow the changes of pregnancy. Most changes are normal but those listed below may be of concern and should prompt a call to labor and deliver (**334 756-1625**) or our office (**706 845-0500**):

- Vaginal Bleeding
- Vomiting lasting more than 24 hours or so severe that you cannot keep any fluids down
- Severe or prolonged abdominal cramping
- Burning/pain/discomfort on urination
- Intense low back pain
- Decreased fetal movement during last half of pregnancy.
- Sudden swelling
- If you think your water has broken (i.e. a gush or prolonged flow of vaginal fluid)
- Severe or repeated headaches

Listed below are problems you may experience during pregnancy. If you do, you may try the over the counter medication listed beside the problem. (It's best to avoid all medications if possible however the risks of those medications listed below are minimal)

|                         |  |
|-------------------------|--|
| Generalized aches/pains | Tylenol (plain or extra-strength)  |
| Nausea/Vomiting         | Emetrol, Dramamine, Ginger; an excellent combination is Vitamin B6 100mg 4x/day with Unisom ½ tablet every 4-6 hours   |
| Heartburn               | Gaviscon, Tums, Roloids, Maalox, Mylanta   |
| Diarrhea                | Kaopectate. Do not take Pepto-Bismol - it contains aspirin!  |
| Cold Symptoms           | Sudafed, Acitified, Robitussin plain or DM, or any over the counter medication that does not contain aspirin; drink lots of water.   |
| Yeast Infections        | If you have discharge problems, please mention them to us. During 1st trimester use Gyne-Lotrimin; 2nd/3rd trimester use Monistat, Mycelex or any over the counter 7-day cream. To help with yeast infections wear cotton crotch panties, no tight clothing or pantyhose, sleep without panties. |
| Others Safe Medications | Benadryl (Allergies), Preparation H or Anusol (Hemorrhoids), Colace or Pericolace (stool softener)   |

\*\*Avoid all products containing ASPIRIN!

During your pregnancy your body and baby will go through lots of changes. As listed below some of these changes may have unpleasant side effects. We have included some suggestions as to what you can do to decrease the discomfort.

**Nausea and/or vomiting** – usually occurs in the first 3-4 months and are related to the hormone changes of early pregnancy. It is more likely to occur when your stomach is empty, thus the term "morning sickness", however it can occur anytime.

*Hints:*

- Eat 5 to 6 small meals throughout the day. For example, try eating every 2 hours.
- Keep crackers at your bedside to eat before you get out of bed in the morning.
- Decrease fatty food intake.
- Avoid spicy, hot, fried foods.
- Drink something sweet just before going to bed.
- If the smell of food bothers you delegate the cooking responsibility or cook foods that have been previously frozen (e.g. frozen casseroles).
- Use an acupuncture wristband like those used for motion sickness.

- Try the medications listed above

\*\*Call the office if vomiting is severe and you cannot keep any fluids down.

**Increased vaginal discharge** (white, non-irritating) is a normal part of pregnancy.

*Hints:*

-Wear cotton underwear (or none whenever practical)

-Avoid tight clothing and pantyhose

-Cleanse area twice a day with plain water (DO NOT DOUCHE!)

-Use unscented panty liners – change them often

-Report all vaginal discharges that cause irritation or have a foul odor.

**Frequent urination** occurs early in pregnancy because the enlarging uterus lies forward onto your bladder. This lessens once the uterus moves upward into your abdomen however returns later in the pregnancy as the baby gets into position ("drops") and the baby's head pushes on your bladder.

*Hints:*

-Empty your bladder often – especially prior to trips etc.

-Holding your urine for a long time can predispose you the bladder infections so when you need to go – GO!

-If you have burning or pain with urination or are unable to urinate readily report this to the office.

**Constipation** is a common occurrence in pregnancy due to a slower rate of bowel activity to allow an increase in nutrient absorption for your baby. Constipation is best managed by using prevention.

*Hints:*

-Regular exercise especially walking helps keep you regular.

-Drink 8 full glasses of plain water a day in addition to your normal liquids.

-Warm liquids in the morning may naturally stimulate a bowel movement.

-Increase fresh vegetables and fruit, especially the green leafy vegetables and prunes or prune juice.

-Increase your intake of bran and bran cereal.

-DO NOT GIVE YOURSELF AN ENEMA OR TAKE OVER THE COUNTER LAXATIVES.

**Hemorrhoids** are also a common occurrence and occur more often during pregnancy. Typically they itch, burn, and sometimes bleed. If you have to strain to have a bowel movement, this will only make the hemorrhoids worse.

*Hints:*

-Avoid constipation.

-Again, do not strain with your bowel movements.

-Rest frequently lying down with a pillow under your hips to elevate and assist drainage of the hemorrhoids.

-Analgesic ointments, Tucks, Preparation H, and ice bags may be needed.

**Heartburn** is frequently experienced during pregnancy. The enlarging uterus compressing the stomach may cause heartburn. Acid from your stomach rises up the esophagus and causes a burning sensation.

*Hints:*

-Eat 5 or 6 small meals through out the day instead of 2 to 3 large meals.

-Do not bend over to pick up things on the floor; try kneeling instead.

- Use good posture- it makes more room!
- Avoid eating or drinking large amounts of liquids before going to bed.
- Avoid very cold foods or food with a high fat content.
- Use the antacids listed earlier.
- Use bricks to elevate the head of your bed.

**Activity** – Aerobic low-impact activity is beneficial in pregnancy. Avoid high impact activities or those likely to expose you to trauma (i.e. water skiing, etc.). Listen to your body! If it hurts don't do it!

**Leg Cramps** are common during the last months of your pregnancy. They frequently occur while you are in bed.

*Hints:*

- Take a warm bath and move legs about - exercise them before going to bed.
- Take your prenatal vitamins.
- Eat foods high in calcium and potassium (i.e. dairy products or take 3-4 Tums per day).
- During leg cramps hold your leg out straight and point your toes toward your knee and hold until the cramp goes away.
- Place your feet flat on a cold surface (like a tile floor).

**Breast Changes** include enlargement, tenderness and color changes (darkening). In the last trimester you may notice a substance leaking from the nipples. This is colostrum. Do not be concerned if your breasts do not leak – some do and some do not.

*Hints:*

- Wear a good support bra.
- Wear breast pads, disposable or washable, if you are leaking colostrum.
- Avoid soap on your nipples as this tends to dry out the skin. Use warm water to clean.
- If you are leaking, allow your breasts to air-dry a few times a day, and after showering (a blow dryer may help)

**Breast Feeding** - If you are planning to breastfeed you may start to prepare your breasts by using the following exercises:

- Gently rolling each nipple between your thumb and finger four or five times.
- Gently stretching each nipple to the side.
- Massaging your breasts

**Upper backache** is usually caused by the increased weight of the breasts caused by the changing hormones of pregnancy. A well fitting supportive bra is your best defense against upper back pain.

**Lower Backache** is one of the most common problems in pregnancy, and the one that worsens as the pregnancy progresses. Walk with your back straight and try to avoid the "waddle".

*Hints:*

- Rest your back throughout the day.
- Wear low, rubber-soled shoes.
- Place a small pillow in the lower part of your back when sitting down or driving your car.

-Avoid lifting anything heavy. Always bend at the knees, keeping your back straight to lift. Never bend at the waist to lift.

-We have a sheet of specific back exercises that you may find helpful.

**Hair** - Some women may experience hair loss. If your hair is thinning, you may want to avoid permanents or other processes using chemicals that may damage thinning or dry hair. It is undecided as to the safety of hair dye, so you may want to wait until after delivery to color your hair.

**Shortness of breath** occurs late in pregnancy and is due to the enlarging uterus pushing up against the lungs, internal organs, and the diaphragm. This gives the lungs less room to expand causing difficulty taking deep breaths.

*Hints:*

- Use good posture.
- Avoid over exertion.
- Sleep with head raised on 2 – 3 pillows.
- Avoid tight clothing on the chest and neck.
- Avoid sleeping flat on your back (always!).

**Mucous Plug** - You can lose your mucous plug long before you actually go into labor. Wait and see if you begin having any contractions, bleeding or leakage of fluid.

**Labor** can occur at any time but so can Braxton-Hicks contractions. Labor usually has progressive regular contractions that become more intense and frequent over time. True labor may also be accompanied by an increase in vaginal discharge and a small amount of spotting. Braxton-Hicks contractions can be very strong but usually are not regular and resolve over time. Braxton-Hicks contractions are often associated with activity or sexual intercourse. If you are unsure please call us or call labor and delivery.

The following resources are available to you:

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| <b><u>The Womens Center:</u></b>     | <b>706 845-0500</b> |
| <b><u>Lanier Medical Center:</u></b> |                     |
| <b>Labor and Delivery</b>            | <b>334 756-1625</b> |
| <b><u>Lactation assistance:</u></b>  |                     |
| <b>Tara McKeen, RN,</b>              | <b>334 756-1625</b> |
| <b>Daphne Wright, LPN</b>            | <b>334 756-1625</b> |
| <b>Nicole Flakes, LPN</b>            | <b>334 756-6300</b> |
| <b>Tawyna Cash, RN</b>               | <b>334 499-2411</b> |
| <b>Mattie Monagan, RN</b>            | <b>334 756-1625</b> |
| <b>Nancy Snider, RN</b>              | <b>334 756-0767</b> |
| <b>Linda Teel, RN</b>                | <b>334 864-8834</b> |