

Your Guide to a Healthy Pregnancy



OMEGA OB•GYN

www.omegaobgyn.com

Welcome! Congratulations! You're Pregnant!

Congratulations on your pregnancy! We welcome you to Omega OB-GYN. We thank you for choosing us as your care provider. Our providers and staff are all dedicated to your health and we look forward to getting to know you over the course of the coming months.

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

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

Thank you for placing your trust in our care.

-The Physicians, Nurse Practitioners and Staff at Omega OB-GYN

Your Providers

<https://omegaobgyn.com/providers/>

Please tap here to see a list of our
providers and their bios.

Like many OB/GYN practices, Omega OB-GYN is a group practice. Our providers have days they work in the office, days they are on-call for deliveries at the hospital and days they are off. In many cases the on-call doctor will deliver your baby.

Office Information

Office hours and locations

Our offices are open Monday through Friday 8:30 am – 5:00 pm for office visits. Some providers occasionally see patients earlier than 8:30am. You may be seen at any of our office locations:

3201 Matlock Rd., Ste 350, Arlington, TX 76015, 817-468-3255

4927 Lake Ridge Pkwy., Ste 140, Grand Prairie, TX 75052, 817-640-0771

1200 US Hwy. 287 North, Ste 103, Mansfield, TX 76063, 817-473-2988

Fax for all 3 offices: 817-468-7823

How to contact our office

You may call our main number at 817-468-3255 Monday through Friday 8:30 am – 5:00 pm for both emergency and non-emergency questions or concerns. If you need to contact the office on weekends or after business hours, you may call the same number. Our answering service will give an on-call provider your message to return your call.

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Your Prenatal Visits

Because pregnancy is a time of great change for your body as well as the fetus, you will be visiting our office on a regular basis. During your regular visits, your weight, blood pressure and urine will be checked. Your abdomen is measured to check fetal growth and we will listen to your baby's heartbeat. Visits will be as follows:

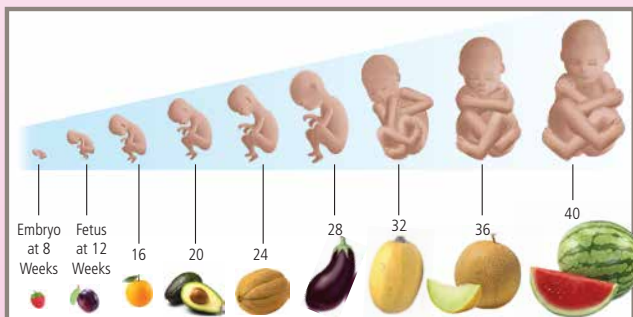
- Monthly office visits until 28 weeks
- Office visits twice a month from 29 weeks to 36 weeks
- Weekly office visits from 36 weeks to 40 weeks
- Postpartum follow-up visit 4-6 weeks after delivery

Attention Patients: Because of limited seating in our waiting areas, as well as being respectful to all patients, we ask that you do not bring children other than infants in a carrier with you to office visits. Please make appointments at times when you know you will have childcare available. Patients with children may be asked to reschedule their appointment.

Your Baby's Growth

Week 4	Week 8	Week 12	Week 16	Week 20
				
Your baby's body now has three distinct layers from which all of his organs will develop	Your baby's tiny fingers and toes start to develop	Your baby's facial features continue to become more defined, particularly his nose and chin	Your baby's skeletal system and nervous systems start to coordinate movement	Your baby's skin thickens and develops layers under the vernix
Week 24	Week 28	Week 32	Week 36	Week 40
				
Your baby's movements can reveal to your doctor more about your baby's development	Your baby is starting to take 20- to 30-minute naps	Your baby's movements could start to change	Although your baby's bones are hardening, his skull remains soft and flexible for birth	A surge of hormones in your baby's body could play a part in initiating labor

*Fetal Growth
From 8 to 40
Weeks Compared
to Fruit*



Testing During Pregnancy

You will have the decision to test for the potential of genetic diseases. If you are interested in any optional tests, please check with your insurance plan to see if these tests are covered. Questions you may have regarding these optional tests can be discussed at your first appointment. There are risks associated with the testing. Please discuss with your physician.

We offer Genetic Testing called Inherigen+. This is a blood test which screens to see if you are a carrier for diseases such as Cystic Fibrosis, Tay-Sachs disease and Sickle Cell disease. It also tests for many other disorders. If both you and your partner are carriers for the same disease, your child has a 25% chance of having that disease. For some of these conditions, early detection can improve pregnancy outcomes. This test can be completed any time during your pregnancy, but your doctor recommends that you have it done as early as possible. The Genetic Test is covered by most insurance policies. The test could be applied to your deductible. The test is \$495 if not covered by insurance (or if subject to deductible).

We offer a simple blood test that can tell if you are a carrier for Cystic Fibrosis. This blood test is collected in our office. For a baby to have cystic fibrosis, both the mother and father must be a genetic carrier for the disease. We would like to test your blood to determine if you are a carrier. If you are a carrier, we will then ask to test the father of the baby's blood to establish this risk. Even if you are both carriers, this does not necessarily mean that the baby will be diagnosed with cystic fibrosis. In this case, your provider would refer you for genetic counseling for assessment.

You are also offered a non-invasive test to identify whether or not your baby has an increased possibility of Down Syndrome. The test consists of a special sonogram to look at a particular area on the baby's neck. This is called **nuchal translucency screening**. You will also have blood drawn. Results of the sonogram are paired with the blood tests which measure certain proteins and hormones. This screening may be able to identify 87% of babies with Down Syndrome. This test should be done between 12-13 weeks gestation, so it is important to learn about the test and decide if this is something that you would like to do. Many insurance carriers do cover the cost of this test. You are welcome to call your insurance company before you decide. This test is combined with traditional 2nd Trimester testing discussed below.



If you had opted to proceed with the first trimester screening as discussed above, another blood test will be collected between 16-20 weeks. This test is called **sequential screening**. This test in combination with the initial test can increase detection rates up to 96%. This test will also assess your risk of Open Neural Tube defects and Trisomy.

You will be offered a test between 16-20 weeks that will help determine your risk of the baby having Down Syndrome, Open Neural Tube Defects and Trisomy. This is typically called the **Quad screen or MSAFP test**. This is a blood test collected in our office. It is important to know that this test will only determine your risk and is not a diagnostic tool. Also, these tests have a 5% false-positive rate. That means about 1 in every 20 women will have a positive result despite the baby being normal. If your test shows elevated risk, you will be referred to the specialist for a special sonogram, genetic counseling and offered an amniocentesis, which is the only way to diagnose or confirm a genetic disorder.

High risk pregnancies will be offered a noninvasive test called Claritest.

Amniocentesis – this screening is performed after 16 weeks. The test can determine abnormal genes associated with Down Syndrome. A needle is inserted through the mother's abdomen into the baby's sac of fluid. Fluid is removed for genetic testing.

Ultrasounds

During your pregnancy, your doctor will order a diagnostic ultrasound to evaluate gestational age, fetal anatomy, and fetal well-being. At your fetal anatomy ultrasound (18-22 weeks), upon request we will send your images via email. You can share these images at home however you like. Due to legal reasons, no recording of ultrasounds is allowed.

High-definition imaging with 3D and 4D (3D live) is now offered exclusively to Omega OB/GYN patients upon request. 3D/4D Ultrasound is intended for your enjoyment only and is not diagnostic of fetal well-being. Best images are obtained between 27-31 weeks of gestation. For more information and pricing please contact our office.

The Rh factor

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

Vaccinations

The Centers for Disease Control (CDC) recommends that women pregnant during the flu season receive the flu shot. The flu shot is safe anytime in pregnancy. Also, pregnant women who haven't had a dose of Tdap (vaccine to protect mom and baby against tetanus, diphtheria and pertussis), should get one after 28 weeks. Receiving the vaccine in pregnancy gives your baby extra protection against whooping cough which can be very dangerous for newborns.

Prenatal Vitamins

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



Common Questions

When will I feel my baby move?

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

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

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

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

Can I use a Jacuzzi?

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

Can I travel?

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

Can I care for my pets?

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

What do I need to know about dental care?

Your teeth and gums may experience sensitivity throughout the pregnancy. Your dentist will require you to have a letter from your physician stating what treatment is safe during your pregnancy. For your convenience, we have included a copy of the dental consent letter you can give to your dentist on page 26 of this book if treatment is needed.

Can I go to the salon for treatments?

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

Can I exercise?

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

Can I have sex?

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



Common Symptoms of Pregnancy

Nausea/Vomiting – feeling nauseous during the first three months of pregnancy is very common. For some women, it can last longer, while others may not experience it at all.

See specific tips to help with nausea and vomiting on page 9.

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

Spotting – light bleeding can be common, especially in the first 12 weeks of pregnancy. It may occur after intercourse, cervical exams, vaginal ultrasounds or strenuous activity or exercise. Please call the office with any bleeding.

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

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

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

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

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

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

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



Tips to Help Prevent Nausea During Pregnancy

- Before getting out of bed in the morning, eat a few crackers, a handful of dry cereal, or a piece of toast or dry bread. Put these within reach of your bed the night before.
- Get up slowly in the morning and sit on the side of the bed for a few moments before standing up.
- Avoid any sudden movements.
- Eat six to eight small meals during the day. Never go for long periods of time without food.
- Eat foods that are high in long acting proteins such as milk, yogurt, cheese, peanut butter, and nuts.
- Drink fluids, including soups, between rather than with meals.
- Avoid greasy, highly seasoned, and fried foods. These include butter, margarine, bacon, gravies, pie crust, pastries, fried meats, and french fries.
- Avoid unpleasant smells. When you cook, open windows or use the exhaust fan to get rid of odors. After cooking, wait for a short period of time before eating.
- Always eat a snack high in protein before bedtime.
- Be sure to have plenty of fresh air/good ventilation in the bedroom while sleeping.
- If the nausea is severe, avoid drinking citrus juice, coffee, and tea.
- Try eating popsicles if you are having difficulty keeping down liquids.
- There are medications which can be prescribed during your pregnancy. If the above tips are not helping, please call the office.



Nutrition and Pregnancy

Recommendation for weight gain

Underweight women with a low 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.

There is an increased risk of small for gestational age births in women who gain less than the recommended weight, based on pre-pregnancy weight. Women who exceed the weight gain recommendations double their risk of having a very large infant. It may also increase the risks of childhood obesity and makes weight loss more difficult after delivery.

Recommendation for weight gain during a single pregnancy are as follows:

Underweight women (BMI less than 20): 30-40 lb

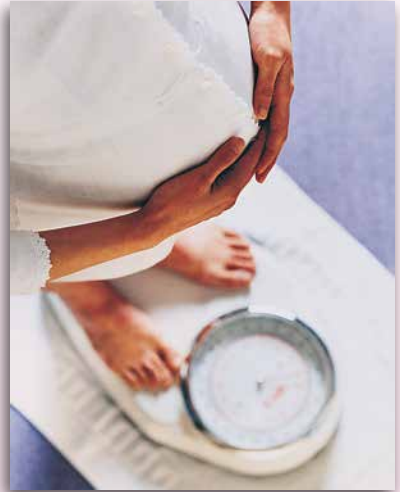
Normal weight women (BMI 20-25): 25-35 lb

Overweight women (BMI 26-29): 15-25 lb

Obese women (BMI >29): up to 15 lb

Healthy Diet

The first step toward healthy eating is to look at 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. Pregnant women need to eat an additional 100-300 calories per day, which is equivalent to a small snack such as half of a peanut butter and jelly sandwich and a glass of low fat milk.



Key nutrients during pregnancy

Nutrient	Reason for Importance	Sources
Calcium (1000 mg)	Helps build strong bones and teeth	Milk, Cheese, Yogurt, Sardines
Iron (27 mg)	Helps create the red blood cells that deliver oxygen to the baby and also prevents fatigue	Lean Red Meat, Dried Beans and Peas, Iron-Fortified Cereals
Vitamin A (770 mcg)	Forms healthy skin, helps eyesight, helps with bone growth	Carrots, Dark Leafy Greens, Sweet Potatoes
Vitamin C (85 mg)	Promotes healthy gums, teeth, and bones. Helps your body absorb iron.	Oranges, Melon and Strawberries
Vitamin B6	Helps form red blood cells, helps body use protein, fat and carbohydrates	Beef, Liver, Pork, Ham, Whole Grain Cereals, Bananas
Vitamin B12 (2.6 mcg)	Maintains nervous system, needed to form red blood cells	Liver, Meat, Fish, Poultry, Milk (only found in animal foods, vegetarians should take a supplement)
Folate (600 mcg)	Needed to produce blood and protein, helps some enzymes	Green Leafy Vegetables, Liver, Orange Juice, Legumes and Nuts

Recommended Sources of Essential Nutrients



Milk and Dairy



1 cup milk



1 cup yogurt



Two 1" cubes cheese



Lowfat: 1-1 ½ cups

Meat, Fish, Chicken, Beans, Eggs and Nuts



3 oz. meat



3 oz. fish



3 oz. chicken



½ cup beans



1 egg



2 tablespoons



½ cup nuts

Bread and Cereal



1 slice bread



½ cup cooked rice



½ cup cooked pasta



½ cup cereal



4 crackers



2 tortillas

Fruits and Vegetables



apple, banana or orange



¾ cup juice



1 cup raw, leafy vegetables



½ cup cooked vegetables

Foods Rich in Folic Acid



AVOID



What to Avoid in Pregnancy

Smoking

If you smoke, SO DOES YOUR BABY!!!! This is a very important fact of pregnancy. The placenta 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 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 to pass 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 and acts for the baby until his/her organs are mature enough to do well on their own outside the womb.

Cigarette smoke contains more than 2,500 chemicals. It is not known or certain which one 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 bad pregnancy outcomes. These chemicals are directly taken from your lungs, to your blood to your baby's blood. Imagine how these chemicals affect the fragile tissues of a developing baby.

Here are some known complications from smoking during pregnancy:

- **Low birth weight baby** – low birth weight can be caused by prematurity (birth prior to 37 weeks), poor growth, or a combination of both. Prematurity is increased in pregnancy smokers and is the number one cause of neonatal death and chronic illness in babies. Problems such as cerebral palsy, life-long lung, kidney or other problems.
- **Placenta previa** – Low lying placenta that covers part or all of the opening to the uterus. Placenta previa blocks the exit of the baby from the uterus causing the mother to bleed.
- **Placental abruption** – the placenta tears away from the uterus causing the mother to bleed.
- **Stillbirth** – the baby dies in the womb before birth.
- **Premature rupture of membranes** – the water breaks before 36 weeks and is associated with low birth weight babies and increased preterm labor and delivery.

The effects smoking has on your baby continue once you are home. Children exposed to smoke in the home have higher levels of lung problems such as asthma, pneumonia, or bronchitis. They also suffer more ear infections than children not exposed to smoking.

Alcohol/Drugs

There is no amount of alcohol or street drugs that are known to be safe during pregnancy and therefore should be avoided. Drinking alcohol or using drugs can cause birth defects, mental retardation and abnormal brain development.

Why are Pregnant women at high risk?

You and your growing fetus are at high risk for some foodborne illness because during pregnancy your immune system is weakened, which makes it harder for your body to fight off harmful foodborne microorganisms.

- Your unborn baby's immune system is not developed enough to fight off harmful foodborne microorganisms.
- For both mother and baby, foodborne illness can cause serious health problems-or even death.
- FDA food information line 1-888-SAFE FOOD
- Food safety for Moms-to-Be www.cfsan.fda.gov/pregnancy.html

Foods to Avoid

- **Raw meat** – Avoid uncooked seafood and undercooked beef or poultry due to risk of bacterial contamination, toxoplasmosis and salmonella.
- **Fish with mercury** – Avoid fish with high levels of mercury including shark, swordfish, king mackerel and tilefish. (Limit Albacore Tuna to 6 oz./week.)

- **Smoked seafood** – Refrigerated, smoked seafood should be avoided due to risk of listeria contamination.
- **Raw shellfish** – including clams, oysters, and mussels can cause bacterial infections.
- **Raw eggs** – raw eggs or any foods containing raw eggs can be contaminated with salmonella.
- **Soft cheeses** – imported soft cheeses may contain listeria (soft cheeses that are pasteurized are safe).
- **Unpasteurized milk** – may contain listeria which can lead to miscarriage.
- **Caffeine** – limit caffeine intake to equivalent of one cup of coffee a day.

Medication During Pregnancy

Note: Use medications sparingly in the first 14 weeks of pregnancy. Call if fever 100.4 F or greater, or if symptoms persist or worsen.

For pain or headache

Tylenol (acetaminophen) 1000 mg every 4-6 hours as needed with maximum of 4000 mg/day.

For head congestion or sinus pressure

Sudafed (pseudoephedrine) 60 mg every 4-6 hours as needed with max of 4 doses/day. After 13 weeks may take Sudafed 120 mg every 12 hours as needed. Or Sudafed PE (phenylephrine) 10 mg every 4-6 hours as needed. Max of 5 doses/day.

For seasonal allergies

Benadryl Allergy (diphenhydramine) 25 mg at bedtime. May take up to 4 times/day as needed but will cause drowsiness. After 13 weeks may take Zyrtec (cetirizine) 10 mg/day or Claritin (loratadine) 10 mg/day.

For chest congestion

Robitussin (guaifenesin) every 4-6 hours as needed. After 13 weeks may take Mucinex (guaifenesin) every 12 hours as needed.

For cough

Robitussin DM (guaifenesin and dextromethorphan) at bedtime; should take plain Robitussin in the daytime. After 13 weeks may take Mucinex DM at bedtime.

For constipation

May take Fibercon tablets with 64 oz of water/day. May take Milk of Magnesia as directed on the package. Many women find that they need to take the over-the-counter medication Colace daily to prevent constipation issues. You may also take Miralax as directed on the bottle for relief of constipation.

For diarrhea

May take Imodium AD (loperamide HCL 2 mg). Max of 4 tablets/day.

For heartburn or GERD

Tums or Mylanta.

For insomnia

Tylenol PM (acetaminophen and diphenhydramine) 1-2 at bedtime.

For hemorrhoids

Preparation H up to 2 times/day as needed or Anusol HC (hydrocortisone) up to 2 times/day as needed.

PREGNANT AND IN AN AREA WITH RISK OF ZIKA?*

WARNING: ZIKA IS LINKED TO BIRTH DEFECTS



Protect Your Pregnancy

From getting Zika from mosquito bites



Protect Yourself from Bites Day and Night

Mosquitoes that spread Zika virus bite during the day and night.

Use Insect Repellent

It's safe and it works! Read the label and follow the directions.



Cover Your Skin

Wear long-sleeved shirts and long pants.

Mosquito-Proof Your Home

Use screens on windows and doors. Use air conditioning when available. Eliminate standing water.



From getting Zika from sex



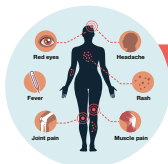
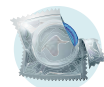
Don't have Sex

Don't have sex during your pregnancy.

OR

Use a Condom

Use a condom the right way every time you have vaginal, anal, oral sex, or share sex toys during your pregnancy.



Talk to your Healthcare Provider

If you think you or your partner may have or had Zika, tell your healthcare provider.



There is No Vaccine to Prevent Zika Virus Infection

For more information: www.cdc.gov/chikungunya | www.cdc.gov/dengue | www.cdc.gov/zika

*Visit www.cdc.gov/zika/geo/index.html for more information on areas with risk of Zika.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

When to Call the Doctor

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

- Continuous leaking of fluid (water broken)
- Abdominal trauma or car accident
- Heavy bleeding
- Fever greater than 101°
- Decreased fetal movement
- Urinary tract infection
- Headache with vision changes
- Painful contractions greater than 6 times an hour if less than 36 weeks

Please use the chart on page 16 to determine how you should treat certain illnesses or symptoms throughout your pregnancy. If in doubt, call the office at 817-468-3255 and simply follow the instructions on the message to reach the Registered Nurse or Doctor on call for you.



When to Call the Doctor

ILLNESS/SYMPTOM	CALL THE OFFICE IF:	CALL THE DOCTOR IMMEDIATELY IF:	HOME TREATMENT:
Bleeding/Cramping <ul style="list-style-type: none"> Some bleeding/spotting may occur after an internal exam 	<ul style="list-style-type: none"> Bleeding is less than a period with mild cramping; common in 1st trimester 	<ul style="list-style-type: none"> Bleeding is heavy (using a pad every 2 hours) 2nd & 3rd trimester cramping or painless heavy bleeding Cramping is equal or worse than menstrual cramps 	<ul style="list-style-type: none"> Rest Avoid heavy lifting (more than 20 pounds)
Vomiting <ul style="list-style-type: none"> Common in 1st trimester 	<ul style="list-style-type: none"> Unable to keep down liquids and solids for more than a 24 hour period Weight loss of more than 3-5 pounds 	<ul style="list-style-type: none"> Signs of dehydration occur (e.g. dry mouth, fatigue/lethargy, poor skin turgor) Abdominal pain accompanied with vomiting 	<ul style="list-style-type: none"> Vitamin B6 25 mg three times a day Separate liquids from solids (e.g. dry cereal followed by a glass of milk 1 hour later) Plain popcorn Rest Avoid hot sun
Decreased fetal (baby) movements after 24 weeks	<ul style="list-style-type: none"> Baby moves less than 4 times in a 30 minute period while you are resting, during a normally active period of baby 	<ul style="list-style-type: none"> No fetal movement if accompanied by severe abdominal pain 	<ul style="list-style-type: none"> Rest Drink juice or soft drink Eat a small snack Lay on left side
Labor	<ul style="list-style-type: none"> Contractions stronger than Braxton-Hicks (mild, irregular contractions), but may not be regular If less than 36 weeks, call if contractions are every 15 minutes 	<ul style="list-style-type: none"> Contractions are every 5 minutes apart for 1 hour Water breaks; small leak or as a gush Bleeding is more than a period Pain or contractions won't go away 	<ul style="list-style-type: none"> Rest (you'll need energy for real labor) Increase fluids to 8-12 glasses daily Dehydration can cause contractions, especially in the summer Empty bladder Lay on left side
Urinary Urgency and/or Pain With Urination <ul style="list-style-type: none"> Frequency is common in early and late pregnancy 	<ul style="list-style-type: none"> Pain with urination Feeling of urgency to void with little urine produced 	<ul style="list-style-type: none"> Temperature of 101°F or higher Pain in upper back Contractions occur Blood in urine 	<ul style="list-style-type: none"> Urinate at regular intervals Increase fluid intake to 8-12 glasses daily
Swelling	<ul style="list-style-type: none"> Recent, noticeable increase in feet and ankles Swelling of face and hands 	<ul style="list-style-type: none"> Swelling accompanied with headache or upper abdominal pain Swelling with decreased fetal movement Elevated blood pressure if using home monitoring 	<ul style="list-style-type: none"> Lie on left side and elevate legs Avoid salty foods (e.g. ham, pizza, chili)
Cold and Flu	<ul style="list-style-type: none"> Temperature of 101°F or higher Green or yellow mucus develops Persistent cough for more than 5 days 	<ul style="list-style-type: none"> Breathing is difficult or wheezing occurs 	<ul style="list-style-type: none"> Tylenol, Sudafed, and any Robitussin Increase fluids Rest Use vaporizer
Rupture of Membranes		<ul style="list-style-type: none"> Water breaks; small leak or as a gush 	

Preparing for Labor and Delivery

The list below contains things to consider before your delivery date. We call this our 20 Week To Do List since you are now officially half way through your pregnancy!

20 Week To Do List

1. Register for Classes

(www.medicalcityarlington.com, click on the Women's Services link)

- Childbirth Preparation
- Infant Care Class
- Breastfeeding 101 Class
- Infant CPR & Safety
- Birth Place Tour

2. Register for your Delivery

- www.medicalcityarlington.com, online pre-registration link
(2 months prior to your due date)

3. Choose a Pediatrician

- www.omegaobgyn.com
Helpful info - List of Pediatricians

4. Consider Cord Blood Banking

- Popular Private Banks:
StemCyte, ViaCord, CryoCell, CBR

Childbirth Preparation Classes

Pregnancy and childbirth classes are offered at the Medical City of Arlington. All Classes are held at the Women's Center, 3rd Floor, OB Classroom. Please call to schedule your class(s) by your 2nd Trimester. It is recommended to take childbirth classes during your 7th month. For more information on location, costs and times, please visit www.medicalcityarlington.com and select Women's Services under the Service tab.

Prepared Childbirth Classes

These classes assist the expectant mother and her support person in preparing physically and emotionally for the childbirth experience. Classes cover what to expect during labor and delivery, as well as techniques to help cope effectively.

Teen Childbirth Classes

This class is specially designed for the teen moms-to-be and her support person. This class will help prepare the younger moms for the childbirth experience both physically and emotionally.

Infant Care Class

This 2 hour class is designed for the mom/partner team interested in learning to care for the newborn. Some topics covered include: Buying baby equipment, bathing, dressing, childproofing, first aid for a choking baby, and general safety considerations for infants and toddlers.

Breastfeeding Class

This two hour class covers information to allow for a successful breastfeeding experience. Topics include preparation for nursing, how to get started, available resources, how to express and store milk, and other helpful hints. Fathers or coaches are welcome to come learn how to contribute and offer support.

Sibling Class

This class helps prepare youngsters for a new brother or sister with discussions and activities. A tour helps siblings become familiar with the hospital setting and feel a part of the birth experience. This class is designed for ages 3 and up, although those 10 and up may benefit more from the Infant Care Class. Last Saturday every other month from 10:00 am - 11:30 am. \$10 per mom / child; \$15 for two or more children.

Labor and Delivery

When will I know I'm in labor?

The chart below will help determine if you are in labor. If you have signs of true labor or your water breaks, call the office day or night.

When to go to the hospital

- 1) 5-1-1 Contractions. Call when you are having contractions 5 minutes apart, lasting 1 minute, for 1 hour.
- 2) Decreased fetal movement.
- 3) If your membranes rupture.
- 4) Heavy bleeding and/or severe pain.

Usually, labor pains are uniform in their intensity and predictably rhythmical in their timing.

In general, when at term, there is NO need to call if:

- 1) You are cramping or have erratic contractions, even if some are strong.
- 2) You note a slight bloody discharge, pass your mucous plug, or see blood-tinged mucous in the absence of regular labor pains.

True Labor	False Labor
Contractions are regular, get closer together and last 40 to 60 seconds.	Contractions are irregular, do not get closer together and last 20 to 40 seconds.
Contractions continue despite movement.	Contractions may stop when you walk or rest or may change with change of position.
Pain/discomfort usually felt in back and moves around to front.	Pain/discomfort often felt in abdomen.
Contractions steadily increase in strength.	Contractions usually are weak and do not get much stronger.
Bloody show may be present.	Usually no bloody show is present.

Induction

Labor induction is labor that is started with medication to begin the process of childbirth. Labor may be induced for medical reasons or as an elective procedure. If there is concern for your health or the health of your baby, a medical induction is indicated.

Forceps & Vacuum Assisted Deliveries

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 certainly are times when this is the safest way to help your baby into the world.

Cesarean Birth and Recovery

A Cesarean birth may be planned or unplanned. Nurses, anesthesia staff and your physician will be with you in the operating room. If necessary, a group of neonatal health care providers also will be with you. Your blood pressure and heart rate/rhythm will be monitored, and a nurse will listen to your baby's heart rate. Your baby will be delivered in a short period of time once surgery begins. It will take approximately 45-60 minutes total to complete the surgery. Your incision will be closed with staples or sutures. You will then be moved to the recovery room, where you will stay for two hours before being transferred to the postpartum floor.

Hospital

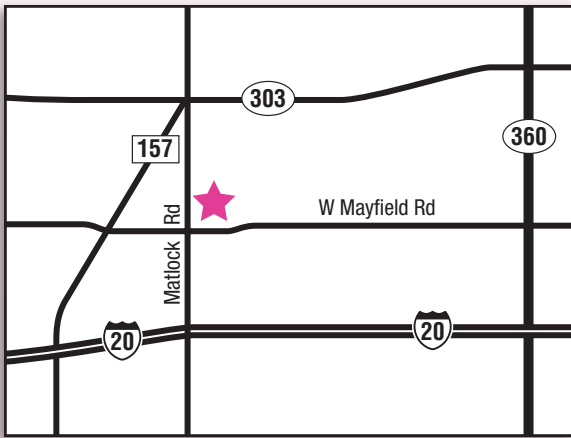
Our doctors deliver babies at the Medical City of Arlington located at:

3301 Matlock Road, Arlington, TX 76015.

Go to medicalcityarlington.com and click “**online pre-registration**” to complete the pre-registration process before your fifth month of pregnancy.

Delivery Room Policies at Medical City Arlington

- Three observers may be allowed at your bedside at delivery.
- No more than three observers will be allowed in the labor and delivery room at any given time.
- Family time will be encouraged after the delivery, providing mother and infant conditions are stable.
- Each observer will sign a Release of Hospital Liability Form (provided upon admission to the hospital).



What is Cord Blood Banking?

Your baby is born with a lifesaving gift: cord blood stem cells.

After a baby is born and the umbilical cord has been clamped and cut, some blood remains in the blood vessels of the placenta and the attached portion of the umbilical cord. This cord blood and cord tissue is rich in unique, powerful and smart stem cells that have been used in more than 30,000 transplants. These stem cells are also being explored for their ability to treat conditions, such as cerebral palsy and autism, that currently have no cure.

Collecting and storing these stem cells gives your family access to a potentially lifesaving treatment option. However, you only have one chance to collect and store your baby's stem cells – immediately after birth. It's important to make a decision about storing your baby's stem cells before the due date. You may choose to store these stem cells for your family's private use or donate them for public use.

Please ask your provider to learn more about cord blood banking.

Breastfeeding

Medical City of Arlington has a staff of full-time lactation consultants available to help you in any way.

Whether to breastfeed your baby or not is a very personal choice and is your decision to make. Mother Nature, though, has provided you with the best food to feed your baby. Human milk is a unique combination of fats, sugars, mineral proteins, vitamins and enzymes, custom-made to promote brain and body growth.

Colostrum, also called first milk, is a milky or yellowish fluid secreted by the mammary glands a few days before and after birth. Colostrum provides unmatched immunity against bacteria and viruses. Colostrum also acts as a natural laxative to clear the meconium (first bowel movement) from the baby's intestine, thereby, decreasing the chance of jaundice.

There are several breastfeeding advantages such as breast fed babies have fewer ear and diarrhea infections, decreased vomiting and acute respiratory illnesses, a lower risk for diabetes, lymphomas and Crohn's disease and breast fed babies tend to have higher IQ's than bottle fed babies.

For additional support, you may call 817-468-3255 to schedule a breastfeeding class or receive information from the Breastfeeding Support Service.

Breastfeeding Options for Working Mothers

Full time Nursing means you can nurse the baby during the workday OR you want to express milk often enough (at least every 3-4 hours) to be able to provide all the milk your baby needs while separated from you. Formula will be used in only rare instances when you don't have quite enough breast milk.

About seven to fourteen days prior to returning to work begin practicing with expressing milk by hand or with a pump to become familiar with the technique. It will take about 3 to 4 times before you become proficient.

Most women find they have more success expressing milk in the morning. Try this about one hour after the baby nurses. Just express for 10 to 15 minutes at the most and do it consistently each day. Expressing more than 1-2 times per day is not recommended.

Milk can be stored in baby bottles, a pitcher or any clean container in the refrigerator. Don't worry if you only get a small amount when you begin. Fresh milk can be added to the milk you already have in the refrigerator as long as the new milk is chilled first. Milk can be kept in the refrigerator for 5 days. After 5 days it should be frozen or discarded. Breast milk, when removed from the refrigerator or freezer, may appear discolored (yellow tinged, bluish green, even a little brown). This does not mean the breast milk is bad. Always check breast milk to be certain it does not smell sour or taste bad. Because breast milk does not look like cow's milk when stored, taste and smell, not color, should determine if the refrigerated breast milk is good.

Remember that you only need enough milk for your first day back to work. What you express each day at work is what is used the next day.

Occasional bottle-feeding should begin at about 4-6 weeks after delivery even if you are not planning on returning to work until your baby is several months old. Introduce the baby to the bottle 1-3 times per week by letting dad or someone else feed some of your expressed milk by bottle. It doesn't need to be a "full" feeding; the intent is for the baby to get used to how to drink milk from a rubber nipple and bottle.

When you are at work express milk every 2-4 hours. You do not have to express at the same time every day but express milk often enough to prevent engorgement.

You should nurse as soon as you can when you get home and as exclusively as you can. If you find that your breast milk supply has dropped, try expressing milk before bedtime to help stimulate the supply a little.

Breastfeeding

Part time Nursing involves the ability to nurse the baby or express milk occasionally during the workday. You do not expect to be able to feed or express milk often enough to maintain a full milk supply and meet all of your baby's needs with your breast milk. Formula will be used frequently to provide all or most of the milk your baby needs while you are at work.

This option works better when babies are older and mothers do not have long workdays and long commutes. Mothers with babies less than 3-4 months old risk losing more of their milk supply than they planned on if they are not able to express milk at all during the day. "Comfort Expressing" (removing just enough milk to avoid discomfort from overly full breasts) can help you meet this goal better. Another variation of this option is expressing milk (even on a limited basis) at work until the baby reaches 3-4 months of age and then discontinuing it and using formula while you are working and continued frequent breastfeeding when you are at home.

About seven to fourteen days prior to returning to work eliminate one or two feedings that you will miss while you are at work. Replace breastfeeding at those feedings with a bottle of formula or breast milk. If your breasts are uncomfortable place some ice on your chest or express just enough for comfort. This will reduce the amount of stimulation your breasts receive and thereby, decrease the milk supply a little.

Try to express your milk while at work if you can, even if it is not every day or the same time every day. Nurse as much as you can when you are home.

Sore Nipple Management

Breastfeeding is meant to be a comfortable, pleasant experience. However, many new mothers still find their nipples tender for the first few days when the baby starts nursing. This usually disappears by 1-2 weeks.

To help prevent nipple tenderness, start with the correct positioning and latch on.



Cradle Position

- Place a pillow or two in your lap to support your baby.
- Place your baby's head on the crook of your arm
- Make sure your baby is turned toward you chest to chest at breast level
 - a. Support your breast with your hand in an "L" or "C" position, thumb on top of your breast, fingers below, away from areola.
 - b. Tickle your baby's lower lip until he opens WIDE, and then quickly pull him onto your breast. Be patient. This may take a minute.
 - c. Make sure your baby's lips are behind the nipple, encircling the areola.
 - d. The tip of your baby's nose should be touching the breast.

Breastfeeding

Football/Clutch Position

- Put a pillow or two at your side to help support your arm and your baby.
- Support your baby's neck and the lower back of his head in your hand, with your forearm supporting his upper body against your side.
- Follow steps a, b, c, and d under the Cradle position.

Lying down Position

- Lie on your side with pillows supporting your back and your top leg, which is bent forward.
- Place your baby on his side facing you.
- Follow steps a, b, c, and d under the Cradle position.

Vary nursing positions for the first week.

Breastfeed frequently, about every one and one-half to three hours. Keeping your baby on an artificially longer schedule may make him frantically hungry and increase the likelihood of vigorous nursing and tender nipples.

Release the suction before you remove your baby from the breast. Do this by placing a clean finger in the side of your baby's mouth between his jaws. Don't take him away until you feel the suction break.



After nursing your baby, express a little breast milk and massage it into your nipples and areola, then air dry. Leave them open to the air as much as possible. Never use soap, alcohol or breast creams on your breasts or nipples. Water is all that is needed to clean your breasts when you shower or bathe.

If your nipples do become sore, try these suggestions:

- Use deep breathing, soft music or other relaxation techniques before and during breastfeeding.
- Limit the nursing time on the sore nipple.
- Express a little milk first to stimulate let down.
- Massage your breasts while nursing. This helps stimulate the milk to flow.
- Use non-plastic lined bras and/or bra pads. Change the pads frequently to keep the nipple dry.
- If your nipples become dry or cracked, use a little USP Modified Lanolin on them. This forms a moisture barrier so they stay dry.

Suggested Books on Breast Feeding

"The Womanly Art of Breast Feeding" by: LaLeche League International

"Breast Feeding your baby" by: Sheila Kitzinger

"Best feeding: Getting Breast feeding right for you by": Mary Renfrew, Chloe Fisher, Suzanne Arms

"The Nursing Mothers Companion" by: Kathleen Huggins.

Disability During Pregnancy

Your pregnancy may easily affect your work. These comments were written to prevent the misunderstanding that may occur between a pregnant woman, her physician, and employer.

The usual pregnancy discomforts, e.g., nausea, tiredness, back and low abdominal pain, do not qualify as an illness requiring disability. A complication of pregnancy or illness unrelated to your pregnancy does not qualify.

If you are unable to carry out certain tasks necessary for your work, first speak to your employer. Your physician may authorize physical restrictions on your work after they have received a complete and specific job description from your employer.

If the restrictions written for your employment prevent you from performing your job, it is then the responsibility of your employer either to find you a less demanding position, or, if no such position is possible, to give you disability. If you become too uncomfortable to work, you may want to discuss a leave of absence with your employer.

Please do not ask your physician for disability unless he has restricted you from ALL work.

Most employers will give disability two weeks prior to your due date through 6-8 weeks after your delivery. We will happily furnish a letter with those dates. The decision to grant medical disability any earlier in pregnancy will be made honestly, carefully, and only with proper justification. Disability will be granted only for medical illnesses that may jeopardize a mother's ability to safely nurture, protect and promote the development of her unborn child. Disability will not be granted for symptomatic complaints that stem from the normal physical or emotional changes of pregnancy.

Omega OB-GYN will require a payment of \$25 for the completion of the first set, and \$10 for each additional set, of short-term disability forms, leave of absence and/or Family Medical Leave Act (FMLA) forms. This includes FMLA forms following a normal pregnancy and delivery (vaginal or cesarean).

Please allow 7-10 days for the completion of these forms.



Postpartum Instructions

1. Make an appointment to see the doctor for a check-up 4 weeks after vaginal delivery, 1 week after cesarean for an incision check and then at 6 weeks postpartum. Call as soon as you get settled at home to set up your visits.
2. Refrain from douching, tampons and swimming until after your post-partum check-up.
3. You may ride in a car but no driving for about 2 weeks.
4. If breastfeeding, continue your prenatal vitamins daily, eat a well balanced diet, and increase your fluid intake to 10-12 glasses of water per day. With any signs or symptoms of a breast infection (fever, flu-like symptoms, pain or redness in the breast) call the office for further instructions.
5. If not breastfeeding, continue to wear a good supportive bra, bind if necessary, use ice packs, take your pain medication or Ibuprofen for discomfort, and call the office if the problem persists or worsens.
6. Vaginal bleeding may continue for 6-8 weeks while the uterus is involuting back to pre-pregnancy state. You may have spotting and/or menstrual-like flow. Increased activity increases the flow. If bleeding or cramping increases to greater than a period, take Ibuprofen and get off your feet. If bleeding is persistently heavy, call the office for further instructions.
7. Avoid lifting anything heavier than your baby until after your post-partum check-up.
8. Exercise – Avoid sit-ups, jumping jacks and aerobics until after your post-partum check-up. You may walk.
9. Constipation is very common. Drink 6-8 glasses of liquids every day. Citrucel, Metamucil, and stool softeners (Colace) may be used. Include food like bran cereal, fresh fruits and vegetables in your diet. Stool softeners are recommended while taking narcotic pain medication.
10. Hemorrhoids usually are more symptomatic after delivery. If they are a problem for you, we can prescribe medication to relieve symptoms.
11. Post-partum blues – Sadness, crying and blues are normal responses to hormonal changes in your body after the baby is born. Please let us know if you need additional assistance or if you are concerned that the blues have turned into depression.
12. Abstain from intercourse until your provider tells you otherwise. Contraception options may need to be discussed with your doctor at your check-up or earlier if you have special needs.
13. You may climb stairs 2-3 times a day in the first 2 weeks. Too much activity delays episiotomy and incisional healing.
14. Please call the office if you have a fever of 101°F or greater, swelling, tenderness or redness in the lower leg.
15. If you had a Cesarean delivery, keep your incision clean with soap and water. Call the office if the incision is swollen, red or has any unusual drainage. Remove any steristrips after 10 days.
16. 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 a problem is occurring. We are known for our compassionate care and have effective treatments for postpartum depression.



To whom it may concern:

Our mutual patient is under my professional care for her pregnancy.

She may seek and obtain dental care during her pregnancy. She may have routine care and cleanings. If possible, I prefer that she not have x-rays during the first trimester. If necessary, please provide adequate shielding. Shielded x-rays may be completed during the second and third trimester if needed.

If a dental procedure is required, she may have local anesthesia without epinephrine. She may have acetaminophen, Tylenol #3, Lortab or Norco (if not allergic) on a short-term basis for pain. If antibiotics are required, she may have Keflex or PCN, pending no allergies to these medications.

If you have any questions concerning this matter or request more specific direction, do not hesitate to contact our office.

Thank you.

www.omegaobgyn.com
Arlington Mansfield Grand Prairie



Moms Get More Prescription for Breast Pump & Supplies



Please fax the completed form to
(888) 901-8878 or email the form
to becky@momsgetmore.com

For more information, visit us at:
www.MomsGetMore.com

Phone: (855)786-7296

Fax: (888) 901-8878

Patient Information

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Mother's Date of Birth: _____ Baby's Due Date/DOB: _____

Patient Insurance Information

Insurance Plan Name: _____

Member ID#: _____ Policy Group ID#: _____

Physician Office Use Only

Physician/Nurse Practitioner/Physician Assistant Name:

NPI#: _____

Phone: _____

Diagnosis:

- Breastfeeding / Lactating Mother Z39.1
 Separated from child more than 10 hours/week
 Other: _____

X _____
Physician/NP/PA Signature Date

Physician Attention: I certify that I am the physician identified on this form.
I have reviewed the Written Confirmation of Order contained herein.

Items Ordered

- EO603 Double Electric Breast Pump
 A4281 Tubing for Breast Pump
 A4282 Adaptor for Breast Pump
 A4283 Cap for Breast Pump Bottle
 A4284 Breast Shield & Splash Protector for use with Breast Pump
 A4285 Bottle for Use with Breast Pump
 A4286 Locking Ring for Breast Pump

Tote and Pump style may vary

Medical Necessity: Research shows breast-fed infants have a lower risk of diarrhea and otitis media than bottle-fed infants during the first year of life. For premature infants, breast milk helps prevent infections, speeds recovery from respiratory distress syndrome, increases weight gain, protects against retinopathy, and facilitates cognitive and visual development.



Moms Get More Breast Pump Program

Get Your Breast Pump at NO Cost!

**Text PUMP to 760-227-7270
to find out if you are eligible.**

You are likely eligible for a free breast pump and accessories. The Affordable Care Act requires health insurance plans to support breastfeeding - meaning you likely get those products at no cost.

Eligible patients from this physician's office also receive bonus accessories such as a high-quality tote and cooler bag.

To be sure you're eligible, **text PUMP to 760-227-7270** or fill out the order form and email it to us at **becky@momsgetmore.com** or fax it to us at **(888) 901-8878**.

Physician's written confirmation order



Snap a picture of the completed form and email it to us at **becky@momsgetmore.com** or fax it to us at **(888) 901-8878**

This form functions as a prescription for a Breast Pump and Supplies
Visit us: **www.MomsGetMore.com** or call: **(855) 786-7296**

Claim What's Yours!



(Tote and pump style may vary)

Award Winning

Hygeia has won Pump of the Year for the last five years

Hospital-Grade Performance

Hygeia offers the same speed and strength performance as the pumps used in a hospital setting

Personalized Controls

Adjustable speed and strength for maximum comfort

Closed System

A closed system with a bacteriostatic filter protects your baby from contaminants

Cordless

The rechargeable battery provides a mobile pumping experience (for eligible patients)