

Pregnancy Guidebook

UChicago Medicine AdventHealth Medical Group OB/GYN



**UChicago
Medicine**

AdventHealth

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Our Team

We are a unique group of physicians and certified nurse midwives specifically trained to care for normal and high-risk pregnancies. Each of our providers has been hand-picked to deliver the highest quality care. We are eager to meet you and your family. We are proud to deliver at UChicago Medicine AdventHealth Bolingbrook or Hinsdale and provide you with a personalized birth experience.

When to Call or Come to the Hospital

If you have a question that is not answered in this booklet, please call our office to speak with our triage nurse.

If you are less than 20 weeks pregnant:

If you have an emergency (for example, heavy bleeding, severe cramps, broken water bag or severe vomiting with weight loss) and you are less than 20 weeks pregnant, please come to the emergency room.

If you are 20 or more weeks pregnant:

If you are more than 20 weeks pregnant, it is best to come to the labor and delivery unit, where the triage team can see you.

Staying Healthy During Pregnancy

Dos and Don'ts

DO: Be sure to come to all of your prenatal appointments so that we can monitor you for any problems that may affect you or your baby.

DO: Have a primary care provider you trust. Pregnant patients sometimes develop conditions that are not related to pregnancy, so it is important that you also have this type of physician. If you do not have a primary care doctor, we will refer you to one.

DO: Have dental care if needed during your pregnancy. It is safe to do so.

DO NOT: Take very hot baths or visit a hot tub/jacuzzi.

DO NOT: Smoke or use alcohol, as these can be very dangerous for your baby. If you feel that you need help to quit, please ask us.

Nutrition

Eating the right foods will help you stay healthy and your baby grow normally. Here are some tips for a healthy diet during pregnancy:

- Try to avoid fish that contains mercury (swordfish, shark, tilefish, king mackerel). Safer fish include two to three servings a week of cooked salmon, herring, freshwater trout, shrimp, tilapia, cod, catfish and canned light tuna. (Limit albacore tuna to one serving per week).
- Listeria is a dangerous form of bacteria found in some foods. Eating pasteurized or heated food will kill listeria. If you eat deli meat or hotdogs, be sure to cook them in the microwave or on the stove until steaming hot. Avoid soft cheeses, meat and seafood spreads, as well as unwashed vegetables.
- Limit your caffeine intake to 200mg per day or less (this is about one 12-ounce cup of coffee).

Tests During Pregnancy

Soon after your first visit, we will order a panel of blood tests to check for conditions that could harm you or your baby. This includes testing for HIV, syphilis and hepatitis. It may also include an ultrasound (discussed below) and testing for genetic conditions that you or the baby might have (also discussed below). Around 24-28 weeks we normally order a diabetes screen and check for anemia and sexually transmitted infections. Later in pregnancy we normally check for a bacteria called "beta strep" (also known as GBS) that may harm the baby during delivery.

Your Due Date

We will give you your approximate due date on your first visit. Most people deliver within two weeks before or after this date. However, sometimes high-risk conditions occur during pregnancy and we may advise delivering earlier than your due date.

Activity and Work

Pregnancy is not a disease or disability, and most people can exercise and work throughout it. Most employers will not accept disability paperwork or a leave of absence because of pregnancy and will require proof that you have an injury or disease that prevents you from working.

If you have to lift things at work, please be careful to bend at the knees. As a general guideline, if you have to lift infrequently, try to avoid lifting more than 20 pounds. If you need to lift more than three times per minute for less than an hour at a time, try to avoid lifting more than 15 pounds. Finally, if you need to lift continuously (all the time while working), try not to lift more than 10 pounds. We encourage light exercise during pregnancy, which has many health benefits. Try to keep your heart rate at 140 beats per minute or less. There are exercise programs designed for pregnant women in our area.

Sexual Activity

Most patients can continue to have sexual relations during pregnancy. Because there are a few conditions that make this dangerous, please check with your doctor or midwife if you are uncertain.

Travel

Travel is safe for most during pregnancy, but it's always best to double-check with us. We recommend that you check to make sure you (or your partner) are not traveling to a location where there is an infection risk for pregnant people. The CDC website is a good source of information, or you can ask us. Also, we strongly recommend that you wear your seatbelt when riding in a car. Place the lap portion under the "bump" and the shoulder strap between your breasts. Finally, we recommend that you stay close to home during the last month of your pregnancy, just in case your baby decides to make a surprise entrance!

Vaccinations

Pregnant people should have the influenza (flu) vaccine during pregnancy because you are more likely to get the flu when pregnant. The inactive flu vaccine is safe at any time during pregnancy. There are also other vaccines that we may recommend during pregnancy. These have been determined to be safe for pregnant people to prevent conditions that can harm you or your baby.

Pets

Please avoid changing the cat litter to prevent toxoplasmosis. Petting or holding cats is fine.

Common Conditions During Pregnancy

There are many over-the-counter medications that are safe during pregnancy. Please try these treatments first. If your symptoms do not improve or if they worsen, please let us know.

Colds and Allergies

Most colds are caused by viruses and get better in a week to 10 days. Antibiotics will not treat viruses. Pregnancy makes many patients feel stuffy and congested, even without a cold.

- Drink lots of water, or a mixture of half sports drink and half water
- A humidifier may be helpful
- Try throat lozenges and medicated chest rubs
- For pain, try acetaminophen (Tylenol); take two of the 500 mg tablets every six hours as needed
- For congestion and allergies, if nasal drops do not work, try pseudoephedrine 30 mg; allergies may respond to diphenhydramine (Benadryl®) but this can make you feel tired - Claritin or Zyrtec are less likely to cause sedation
- For coughs, dextromethorphan (DM) will often help

Call us if you have symptoms lasting more than a week.

Nausea and Vomiting

Morning sickness can occur at any time of the day. Although mothers often worry how their babies are faring through morning sickness, most babies continue to thrive even if mom doesn't feel like she is eating enough. If you are experiencing nausea:

- Eat small frequent meals or snacks
- Avoid fatty foods
- Try ginger or peppermint tea, ginger ale or cola
- Eat what you can, even if it is not the healthiest choice

If you have persistent nausea or vomiting with difficulty tolerating solid or liquid foods, medications may help. Doxylamine Succinate and Pyridoxine Hydrochloride is a safe medication for treating nausea and vomiting in pregnancy. This medication is available by prescription. You should not take it if you take a special class of antidepressants called monoamine oxidase inhibitors (MAOIs). We recommend checking with your insurance company to see if you have coverage for this medication.

Combining these two over-the-counter medications can provide a suitable, less expensive alternative to Diclegis.

- Pyridoxine (Vitamin B6) tablets, 25mg
- Doxylamine 25 mg - an easy way to find this is to buy Unisom SLEEP TABS; however, be aware that there are several types of Unisom products, so you should check to make sure that what you choose contains doxylamine

Dosage and Directions: Take one Sleep Tab and one pyridoxine tablet twice a day. If this does not work, you can take this combination up to four times a day. Do not exceed more than the maximum dosage of this or any medication. If the symptoms persist, continue taking both pills as needed and talk to your doctor or midwife.

Bladder Infections

Bladder infections or urinary tract infections (UTIs) are common in pregnancy. However, if untreated they can turn into dangerous kidney infections or preterm labor. Call if you have burning, pain, or blood with urination with or without fever, or if you have throbbing pain in one or both sides of your lower back.

Intestinal Problems

Intestinal problems can occur throughout your entire pregnancy. Fortunately, most are simple to treat.

Treating Constipation

- Stay hydrated
- Don't "hold it" when you have to use the bathroom
- Take a fiber supplement such as bran or Metamucil
- Try over-the-counter docusate (brand name Colace®) once or twice daily
- Avoid laxatives unless given by your provider

Treating Hemorrhoids

- Follow all the advice for constipation
- Use Anusol or Preparation H® before and after each bowel movement
- Use Tucks® or a soft baby wipe instead of toilet paper

Treating Diarrhea

- Try the BRAT diet (bananas, rice, applesauce and toast)
- Drink lots of liquids but avoid caffeine, which can dehydrate you
- Call the office if diarrhea lasts longer than 48 hours or if you see blood in your stool

Treating Heartburn

- Take Tums®, Rolaids®, Mylanta® and Maalox® (all safe to take during pregnancy)
- Avoid Pepto-Bismol®
- Do not eat within two hours of going to bed
- Elevate the head of your bed while sleeping
- Try over-the-counter Pepcid AC® (follow package directions)

Treating Yeast Infections

Yeast infections tend to occur more frequently during pregnancy, but they are not dangerous for parent or baby. If you get a yeast infection:

- Wear cotton underwear
- Avoid tight clothing
- Use a blow dryer set on low to gently dry the vulva (vaginal lips) after a shower or bath
- Use an over-the-counter antifungal cream, which is safe during pregnancy, if you have had a yeast infection before (but if you are uncertain or this does not work, come in for an evaluation)

Varicose Veins and Leg Cramps

Varicose veins are swollen veins that appear to "pop out" in your legs due to pressure from the enlarging uterus. These are common and are not dangerous. Usually elevating your legs or wearing support stockings (available at the pharmacy without prescription) will help. Leg cramps may respond to stretching, massage and using support stockings.

Prenatal Testing

There are several types of prenatal tests that we offer to all pregnant women, regardless of age. These are genetic carrier screening, aneuploidy (chromosomal) screening, screening for problems with the baby's spinal cord, and prenatal ultrasound.

Genetic Carrier Screening

We offer screenings for many inherited diseases. A blood test can check to see if you are a carrier of a condition that could be passed on to the baby. In most cases, both the baby's parents would have to carry the genetic abnormality for it to be passed on. Many insurance carriers cover this testing, although you may wish to check with your plan. Also, many genetic tests should be performed at specific times during early pregnancy. We will talk about your options during your early prenatal visits.

Aneuploidy (Chromosomal) Screening

There are several different tests to determine if your baby may have a chromosomal abnormality such as the gene that causes Down syndrome or another serious condition. We offer these tests to all pregnant patients. Please be aware that screening tests cannot tell with certainty if your baby has a chromosomal disorder. Rather, if the screening test returns as abnormal then we offer further diagnostic testing. However, no test is 100 percent accurate. We often collaborate with maternal-fetal medicine physicians when a screening test returns as abnormal. Many insurance companies pay for this testing, but if you wish you can call your insurer to check.

Neural Tube Defect Testing

There are also screening tests for certain problems that could affect the baby's brain and spinal cord (for example, spina bifida). We can discuss this testing with you during your early prenatal visits.

Did You Know?

Your due date is set at 40 completed weeks of pregnancy. That's 10 months from your last period.

Ultrasound

An ultrasound, also called a sonogram, uses sound waves to create and transmit images of the inside of the uterus and your baby. This is one of the most exciting tests taken during pregnancy because you can "see" your baby move, kick and wave his or her hands. Some conditions are difficult to see during an ultrasound. Many people believe a normal ultrasound means a perfect baby, but unfortunately this is not true. An ultrasound is best for checking the due date and growth of a baby, looking for certain anatomical defects, finding the placenta (afterbirth) and determining the presence of twins. A 3D or 4D ultrasound provides an image of the baby that is clearer to see for most parents, but it does not enhance medical understanding of the pregnancy. Although 3D and 4D ultrasound images are fun to look at, we do not recommend or order them for a healthy pregnancy. For most women an anatomy scan is done between 18 and 20 weeks of pregnancy. Also, we almost never change the due date based on a later ultrasound, because the earlier we see the baby, the more accurate the due date.

The First Half of Pregnancy

Most people have an uneventful pregnancy. But there are some conditions that need to be evaluated in a timely fashion. Here are some of the important things to look for in the beginning of your pregnancy.

Bleeding

Occasional spotting is common in the first trimester, and usually is of no consequence to the baby. Heavier bleeding, like a period, may be a sign of miscarriage or ectopic pregnancy, often called a tubal pregnancy. If you experience this type of bleeding, call our office. If you are saturating a pad with blood in less than one hour, proceed to the emergency room.

Cramping

Mild cramping, pulling or shooting pains are also common in the first and second trimester, as the uterus grows with the baby. Severe cramping, or cramping associated with vaginal bleeding, should be evaluated. Call our office and speak to our triage nurse. If cramping is severe and cannot be alleviated with acetaminophen or is associated with abdominal pain, proceed to the emergency room for evaluation.

Ectopic Pregnancy

This is a pregnancy growing outside the uterus, usually in the fallopian tube. An ectopic pregnancy can cause pain, bleeding into your belly and even death if not appropriately treated. You are at risk for an ectopic pregnancy if you've had a:

- Prior ectopic pregnancy
- Tubal ligation ("tube tying")
- History of gonorrhea, chlamydia or PID (pelvic inflammatory disease)
- History of a ruptured appendix

Some ectopic pregnancies have no symptoms. However, you can develop pain, bleeding, shoulder pain, dizziness or weakness. If these symptoms occur, **ESPECIALLY** if you have not had your first OB appointment visit, call our office or proceed to the emergency room.



Second Half of Pregnancy

Preterm Labor

About one out of every ten babies is born too early (less than 37 weeks). If you develop the symptoms of preterm labor, call our office. If it is after hours, go to your UChicago Medicine AdventHealth hospital. Check in at the obstetrics triage area for evaluation.

Symptoms of Preterm Labor (before 37 weeks)

- More than six contractions in one hour (one every ten minutes)
- Persistent cramps in your lower back
- Worsening pelvic pressure
- Vaginal bleeding like a period
- Increasing mucus vaginal discharge

Preeclampsia

Preeclampsia is a condition that causes the blood pressure to rise in pregnancy. It may also damage the liver, kidneys and placenta. It usually develops in the third trimester. If you develop symptoms, call our office. If it is after hours, call our after-hours number or proceed to your UChicago Medicine AdventHealth hospital.

Symptoms of Preeclampsia

- Severe headache that doesn't respond to acetaminophen
- Spots in front of your eyes
- Worsening nausea and vomiting
- Worsening pain under your right ribs
- Vaginal bleeding like a period
- Rapid swelling of your face, eyes and hands

Fetal Movement

For most people it is not necessary to count fetal movements (also known as kick counts). However, if you are more than 28 weeks pregnant and perceive that your baby is not moving as much as before, it is important to come to the obstetrics triage area for evaluation.

Labor

The end of pregnancy is finally here! Now, when is the right time to head to the hospital? You should head to the hospital, complete with hospital bag and birth plan if:

- Your water breaks
- You are bleeding like a period
- You feel less frequent baby movement
- Your contractions are five minutes apart for more than one hour

Before going to the hospital, contractions should be strong enough to make it hard to complete a sentence. Our hospitals follow national guidelines on when labor starts, and will usually admit you when you are in **active** labor. If you are not in active labor, you may be evaluated and treated for contraction pain, and then return home until labor is more advanced.

Vaginal Birth After Cesarean (VBAC)

A VBAC is when you have had a previous Cesarean delivery (C-section) and have the next baby vaginally. Sometimes this is known as a "trial of labor after Cesarean" or TOLAC. UChicago Medicine AdventHealth Bolingbrook and Hinsdale support VBACs.



Amy Smith Photography

What are the benefits of having a VBAC?

There are many benefits to having a VBAC. These include:

- No abdominal surgery or large incision
- Shorter recovery time
- Less blood loss
- Lower risk of infection
- Ability to have a natural delivery, which is important to many people
- Less risk of future surgical complications like scar tissue or emergency hysterectomy

Are there risks to having a VBAC?

If you are trying to have a VBAC and end up needing a Cesarean delivery, there is a risk of blood loss, infection, and a longer recovery. A rare but serious risk of a VBAC is that the scar on the uterus might split open, called a uterine rupture. This will require an emergency Cesarean and may lead to a hysterectomy. Thankfully this is rare. We advise everyone thinking of a VBAC to have their baby in a hospital that can perform an emergency Cesarean.

There are some conditions that decrease the chance of a successful or safe VBAC. Talk to your doctor or midwife about these conditions, which include:

- A prior C-section with a vertical (up and down) cut on the uterus
- Having a breech (feet first) baby
- Having a baby that is very large
- Needing a very early delivery
- Being past your due date
- An abnormal fetal heart rate during labor
- Labor that does not progress normally

Ask your UChicago Medicine AdventHealth physician or midwife about whether a VBAC is the right option for you. We will review your health and delivery history and make a plan together.

Scheduled Induction

What to Expect

In some instances, you may be scheduled for an induction. Your provider will educate you on this process if you need a scheduled induction. Please review the information below prior to your arrival at the hospital.

What is induction of labor?

Induction of labor is the artificial start of the birth process through medical interventions or other methods. Your cervix must become shorter, softer, and dilated for your baby to be born. Hormones called prostaglandins usually get the cervix ready on its own. If it stays long and thick, your health care provider may induce labor in one of the following ways.

Medications to Induce Labor

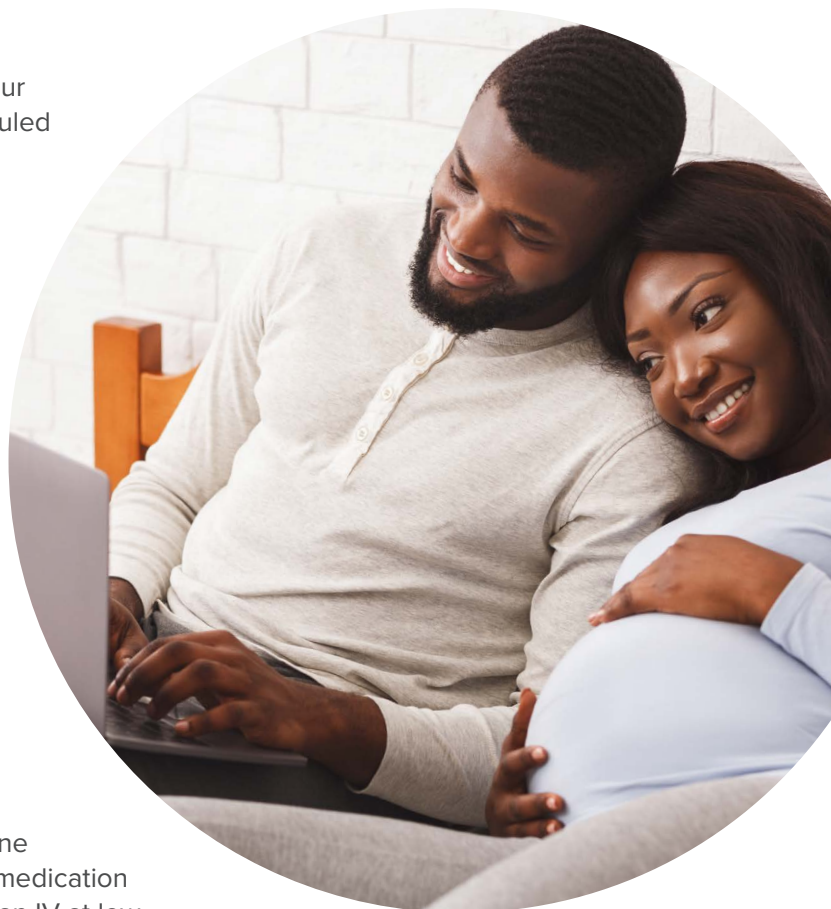
- Prostaglandin — Misoprostol is a medication in tablet form that is inserted into the vagina during a vaginal exam or can be given orally. Cervidil is a medication that is inserted into the vagina during a vaginal exam. Either of these prostaglandin medications can be used to help the cervix soften and will cause the uterus to begin to contract.
- Oxytocin/Pitocin — The body naturally produces the hormone oxytocin to stimulate contractions. Pitocin is a brand name medication that is a synthetic form of oxytocin. It can be given through an IV at low doses and gradually increased to stimulate contractions.

Artificial Rupture of the Membranes (AROM)

To help start labor, your health care provider may break your water manually. This may also be done if labor is not moving forward by itself. It allows the baby's head to move down against the cervix, which usually causes the contractions to become stronger and more effective. The procedure releases a gush of warm amniotic fluid from your vagina. You may continue to leak fluid until delivery.

Cervical Ripening Balloon

A cervical ripening balloon is inserted into the cervix during a vaginal exam. The balloon is then filled with sterile saline solution to create steady pressure on the cervix and allow for cervical dilation or opening.



Call **800-684-0408** for more information.

This guide is provided to the general public to disseminate health-related information. The information is not intended to be used for diagnosing or prescribing. Please consult your physician before undertaking any form of medical treatment and/or adopting any exercise program or dietary guidelines.

UChicago Medicine AdventHealth complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos — de asistencia lingüística. Llame al número siguiente.

Notes