

## OTHER IMPORTANT TOPICS

**Cats:** Pregnant women should avoid contact with the feces of outdoor cats (including changing litter) as it can uncommonly carry toxoplasmosis. Cats that are exclusively indoor do not represent a significant risk.

**Chicken pox:** If you have not had chicken pox or are unsure of your status, your blood should be drawn to determine if you are immune. If you are not, you should avoid contact with any children presumed to be infected. You may receive a vaccine postpartum.

**Dental care:** Local anesthesia is permitted and x-rays can be taken after 12 wks with abdominal shielding. If you normally take penicillin before dental procedures, you may still do so during pregnancy.

**Exercise:** We encourage our patients to continue their exercise routines during pregnancy with a few modifications. Avoid exercising on your back after 20 wks so as not to diminish uterine blood flow. Maintain adequate hydration. Do not exercise to exhaustion, and stop if dizziness, pain, or bleeding develops.

**Hair dyes and permanents:** The Centers for Disease Control has not found any increased incidence of birth defects in women exposed to hair chemicals. Permanents do not always “take” as well during pregnancy.

**Traveling:** We do not recommend traveling after 36 wks unless an emergency exists. Check with your airline to see if they have additional restrictions.

**Food borne illness:** Several foods are best to avoid in pregnancy secondary to possible bacterial contamination, mercury content, or the presence of other pollutants. These foods include: hotdogs, luncheon or deli meats, unless reheated to steaming hot; soft cheeses such as feta, brie, camembert, blue vein cheeses, or Mexican style cheeses; pâté or meat spreads; raw seafood or fish including: shark, swordfish, king mackerel, tilefish, albacore tuna, tuna steak, “farm raised” salmon, or Chilean sea bass. Also make sure you thoroughly cook all meats. Avoid unpasteurized milk or its derivatives.

## MEDICATIONS IN PREGNANCY

Although it’s best to avoid all medications in pregnancy, especially the first trimester, the following can be taken safely according to package instructions:

**Pain or headache:** Tylenol

**Nasal congestion or cold:** Sudafed, Benadryl, Vicks Vaporub, Cepastat spray

**Cough:** Robitussin DM, cough drops

**Constipation:** fiber supplement (Metamucil, Citrucel, Fibercon), Colace

**Heartburn and gas:** Tums, Rolaids, Mylanta, Mylicon, Gas X

**Diarrhea:** Kaopectate

**Hemorrhoids:** Anusol, Preparation H, Tucks pads

**Nausea and vomiting:** Emetrol, acupressure bands; combination of half tablet of Unisom and 25mg of vitamin B<sub>6</sub>

## THE CROSSWOODS WOMEN’S HEALTH

### SURVIVAL GUIDE

FOR  
OBSTETRICAL CARE

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### Congratulations on Your Pregnancy!



The physicians, nurses and staff at CWH look forward to assisting you during this exciting time. This pamphlet is designed to guide you through your prenatal care and serve as a reference for common obstetric questions.

## PRENATAL VISITS

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During your initial appointment, you will meet with one of our RNs who will update your medical history. Lab work will be drawn for your blood type, Rh status, rubella titer, blood count, syphilis serology, hepatitis screening and HIV status. A urinalysis will be completed. You will receive information about St. Ann's or Riverside Methodist Hospitals and a resource packet. In addition, you will be asked to consider options for prenatal testing including ultrascreen, quad testing, and cystic fibrosis carrier screening.

During your second visit, you will meet with the physician who will perform a physical exam and discuss your concerns and questions. Your physician will complete a dating ultrasound and offer appropriate interpretation. Often this sonogram takes place vaginally for more precise images.

Thereafter, your prenatal visits will be scheduled every four weeks, and then more often as your due date approaches. We will check your weight, blood pressure, urine and the baby's heart rate at each visit. You will be screened for gestational diabetes at a visit between 24 and 28 wks and have a follow-up "iron" check completed as well. If indicated and your blood type is Rh negative, you will receive Rhogam. Screening for GBBS (Streptococcus) is done between 35 and 37 wks, and pelvic exams take place in the last month.

Our goal is for you to see your primary physician at each office visit. Infrequently, your doctor may have to leave the office for a delivery. We will make every effort to notify you in advance so that you may reschedule your visit, or you may elect to see another physician for that appointment. We appreciate your understanding.

## QUESTIONS BETWEEN VISITS

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Our RNs are available by phone Monday-Friday from 9 am to 4:30 pm to answer your questions. We have a dedicated phone line staffed by our nurses throughout the day. If they are not immediately available, you may leave a message, which will be retrieved and returned that day. A prescription line is also available to expedite medication refills. A helpful web site is [acog.org](http://acog.org), the official site of the American College of Obstetricians and Gynecologists, which you may access at your convenience.

## PRENATAL CLASSES

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You may register for childbirth education classes at your hospital of choice. They take place in the third trimester and include a tour. Call before 20 weeks. Classes are also offered for siblings, newborn care, breastfeeding, and CPR.

## LABOR AND EMERGENCIES

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When you enter labor, or in any emergency, please phone the office at (614) 431-1634 and, after hours, follow the prompts to page the physician on call. **Disconnect any call blocking or privacy manager services** so that our doctors can retrieve your message and return your call.

Call if you:

suspect your water has broken  
have vaginal bleeding  
experience decreased fetal movement  
have contractions every 3-5 min (first baby), or every 5-10 min (subsequent pregnancies)

The doctor on call will discuss your symptoms and offer advice. Your primary physician will be present for your delivery weekdays, during daytime hours. We also share call on evenings,

weekends, and holidays with Doctors Clifford Raymond, Marc Parnes and Amol Arora who may be present for your delivery and answer your emergency calls.

## ARRIVING AT THE HOSPITAL

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At St. Ann's Hospital, enter the Women's Pavilion and take the elevators to the second floor. At Riverside, proceed to the third floor *via* the north elevators. A labor and delivery nurse will greet you and initiate admitting procedures. Your contractions and the baby's heartbeat will be monitored and your cervix will be checked. The staff conveys all information to the physicians who will issue orders and be in regular contact with your labor and delivery nurse. There is always an OB physician in-house for emergencies.

Both hospitals have birthing rooms where expectant mothers labor, deliver, and recover with their newborns before being transferred to their postpartum room. Your spouse or support person is encouraged to participate in the labor and delivery process. Your preference for pain management will be honored whenever possible. Address any special needs for labor with your doctor during your prenatal visits. During your prenatal care, we hope to earn your trust so that should emergencies develop, you feel confident that we will recommend what is best for you and your baby.

During the first hour after birth, you will remain in your delivery room with your baby and may initiate breastfeeding and bonding. A doctor will see you daily during your postpartum course. If Rh negative, Rhogam will again be administered and, if needed, a rubella vaccine given. Most women are discharged 24-48 hrs after vaginal delivery and 72-96 hrs after Cesarean delivery. Home-going instructions will be given. Should problems arise during your postpartum course, please notify the office. Also, call to schedule your postpartum visit for 4-6 weeks.