

SEATTLE OB/GYN GROUP

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Obstetrics Practiced Exclusively at
Swedish Hospital

Office Hours: Monday-Friday
7:30am-4:30pm

CONGRATULATIONS!

Pregnancy is an exciting time filled with anticipation and joy, as well as concerns and anxieties. Childbearing is a natural, normal process with the primary objective of providing a healthy child to healthy parents. We ask you to seek the guidance of your Obstetrician and refer to this information pamphlet for basic questions or concerns. If your concerns are not addressed here, please feel free to ask during your OB visits or you may call the office during our usual business day. If you have an emergency, you may call our office number at (206) 682-5800. If this is after our regular business hours you will be given the option of connecting to the answering service operator who will forward your call to the doctor on call. We are very excited you have chosen us to take care of you during this special time in your life.

HEALTH IN PREGNANCY

Normal changes of pregnancy are summarized here. If you have special concerns, please call us.

EARLY CHANGES:

Mild increased vaginal discharge without itch or irritation
Increased urinary frequency
Increased thirst
Fatigue
Changes in food preference and disposition
Darkening or pigmented areas of skin or striae (stretch marks)
Ligament pains and pressure in back, groin or pelvis
Cessation of menstruation
Weight gain
Appetite change
Nausea and/or vomiting
Increased salivation
Breast changes (growth & tenderness)
Inability to sleep
Mood swings
Mild headache
Nose bleeds

LATER CHANGES:

Quickening around four-five months (fetal movement)
Abdominal enlargement due to uterine expansion
Uterine contractions (Braxton-Hicks)
Hemorrhoids
Breast enlargement
Inability to sleep
Generalized aches & pains, particularly in the hips and pelvis
Mild shortness of breath
Back pain

WARNING SIGNS TO BE REPORTED AT ONCE:

Persistent nausea or vomiting interfering with adequate food or fluid intake

Any vaginal bleeding except spotting after exam

Leaking or gushing of fluid from the vagina

Severe, persistent headaches not relieved by Tylenol

Disturbance of vision, i.e., spots, flashes of light or blind spots

Pain or burning with urination

Irritating vaginal discharge or sores near the vaginal opening

Abdominal pain and/or cramping lasting longer than one hour

Severe dizziness or fainting

Temperature over 101 degrees F.

Cramping, contractions, tightening or pressure occurring in a regular pattern

No fetal movement or decrease in fetal movement

Sudden swelling or weight gain

Sudden decrease in urinary output, fever, or backache

...Please call if you have any new symptom that concerns you.

NUTRITION

Nutrition is very important in pregnancy; you will feel better and your baby will benefit greatly from a healthy diet. Your diet should be well rounded and balanced in food groups; not more than 30% of fat and minimizing unnecessary carbohydrate intake. A reduction of salt intake is very important. Do not add table salt; reduce fried foods and eat plenty of fresh fruits and vegetables. Avoid sweets, starchy foods and sodas containing caffeine. Drinking enough water is very important in pregnancy and can minimize or prevent swelling, constipation and preterm contractions. Try and drink 8 glasses of water a day.

Your protein intake should consist of lean meats, cheese, eggs, legumes, fish and cooked seafood. Fish should be limited to 12 ounces/week of store bought fish, including shellfish or 6 ounces/week of fresh-caught or freshwater fish. Do not eat shark,

swordfish, king mackerel or tilefish secondary to mercury content. For a more extensive list, please check the website www.ewg.org.

Cheeses should be limited to pasteurized cheeses. We recommend avoiding soft cheeses like brie, feta, blue cheese, etc if they are imported or non-pasteurized. We also recommend avoiding cold hot dogs, cold lunch meat and non-cooked, smoked seafood secondary to a risk for a bacterial infection called Listeria.

Skim milk and green leafy vegetables should be incorporated into your diet as an excellent form of calcium. Having 1200-1500 mg of calcium per day is recommended. You can also take a supplement in order to reach this amount.

Fresh fruits and vegetables should be well washed and kept separate from raw meats. Do not attempt a reducing diet without consulting your Obstetrician first. Minimize foods with little nutrition value such as soda, candies and other sweets.

Taking a prenatal vitamin (PNV) daily is recommended in pregnancy and for women who are breastfeeding. Over the counter and prescription prenatal vitamins are essentially the same and you may use either. Occasionally, a prenatal vitamin can make nausea in pregnancy worse. If that occurs you can take your PNV at night to see if that helps. If you are unable to take a PNV due to nausea then take a folic acid supplement of at least 400 mcg per day. (400-1000mcg is the daily recommendation) Folic acid reduces the risk of neural tube defects and ideally is taken three months before a woman becomes pregnant. It is found in green leafy vegetables, orange juice and fortified cereals.

Many women become anemic during pregnancy as iron needs are increased during pregnancy. Anemia may cause symptoms of excessive fatigue, weakness or dizziness. Thirty-60 mg per day is recommended and is often found in your PNV. At times, it is recommended that a woman take more iron when she is pregnant. There are many excellent food sources of iron besides red meat but your provider may also recommend an extra iron tablet and this will be discussed as needed. Make sure to take iron with a source of Vitamin C such as orange juice or citrus fruits in order to

increase the absorption. Calcium inhibits the absorption of iron so please avoid eating calcium rich food at the same time as your iron supplement.

WEIGHT GAIN

On average, weight gain should be between 25-35 pounds however, it varies with each patient. You can discuss in greater detail your weight gain and expectations during your pregnancy with your provider. The important thing is to eat healthy, quality foods and maintain daily activity if allowed by your.

NAUSEA AND VOMITING

Nausea and vomiting may exist in pregnancy until around 14 weeks, or later, for some women. It may be worse in the morning, but unless it becomes excessive it should not be cause for alarm.

The following suggestions may alleviate the nausea and vomiting:

1. Take daily walks in the fresh air
2. Avoid odors in the kitchen
3. Eat multiple small snacks during the day, rather than a few large, heavy meals
4. Avoid rich, spicy, fatty and fried foods or foods that do not agree with you.
5. Eating dry crackers before arising in the morning may decrease nausea.
6. Stay well hydrated by drinking at least 8-8oz glasses of water, milk or juice each day.
7. Eat high protein food and avoid greasy or fried food. Increasing complex carbohydrates can help as well.
8. Take Vitamin B6 (total of 200 mg per day including your PNV)
9. Apply acupressure to wrists with bands available over the counter.

..... If necessary, contact the office for further assistance.

DRUGS AND MEDICATIONS:

It is best to avoid medications in pregnancy, especially in the first trimester. There are however many relatively safe medications.

Avoid alcohol, marijuana, cigarettes, birth control pills and discuss all other drugs, over the counter medications and herbal remedies with your Obstetrician. Studies have determined that the above substances can result in premature birth, low birth weight and/or increased chance of miscarriage or birth defects. Many food supplements have not been adequately studied to determine safety in pregnancy.

The medications noted below are acceptable to take while pregnant. However, we recommend not taking any medication during the first trimester as well as limiting the amount of medication that you take during your pregnancy. **Do not take any other medication, unless approved by your Obstetrician.**

TYLENOL for common headaches and aches of flu.

CHLOR-TRIMETON, 4 mg., **BENADRYL** 25 mg, **CLARITIN** 10 mg, or **Vicks VapoRub** for colds and congestion. **Tylenol cold, Sudafed, ROBITUSSIN DM** or **COUGH DROPS without** Zinc or Echinacea for sore throat or cough. Nasal Saline spray.

MYLANTA, ROLAIDS, TUMS or **Zantac** (if Tums has not helped) for heartburn

BRAN, extra water, fruits and vegetables for constipation

Docusate Sodium 100 mg (stool softener), **Citrucel** and **Metamucil** can also be used for constipation.

MONISTAT AND GYNE-LOTRIMIN 3 day or 7 day treatment may be used for yeast infection.

CALCIUM (not dolomite calcium or oyster shell). Tums is a good source of calcium. Consult with your Obstetrician for amount of calcium supplements necessary.

PRENATAL VITAMINS- consult with your Obstetrician for specific brand and amount of folic acid required.

HERBAL/NATURAL MEDICATIONS- all of these supplements should be discussed with your physician before taking.

The following antibiotics are available by prescription only and should be given by a physician or dentist. These antibiotics are acceptable:

Erythromycin, Penicillin, Cephalosporin or Macrodantin.

Never take Doxycycline, Minocin or Tetracycline type antibiotics or Cyprofloxin family of drugs.

Aspirin, Ibuprofen, Naproxen and 1-day yeast medications are not recommended.

Be sure to inform any other care provider about your pregnancy before you accept medication or diagnostic tests. Check the label or speak with a pharmacist before taking any over-the-counter drugs. Many medications contain aspirin (acetylsalicylic acid) and should be avoided.

DENTAL WORK may be performed under local anesthesia like novacaine without epinephrine. **Do not accept Nitrous Oxide gas.** Do not take Tetracycline-type antibiotics.

X-RAYS, IMMUNIZATIONS AND EXPOSURE TO CHILDHOOD ILLNESSES should be discussed with your Obstetrician.

PRENATAL EXERCISE classes are encouraged. Daily activity is recommended in pregnancy. Attempt to keep your pulse below 140 beats per minute during exercise and stay hydrated.

LOW IMPACT EXERCISE is encouraged. Swimming and running are acceptable as long as you are used to doing them and feel comfortable. Stretch well to avoid back or ligament injury. You should be able to carry on a conversation while exercising. Avoid shortness of breath. If there are suspicions of premature labor, ruptured membranes or bleeding, these activities must be avoided. After the sixth month, check with your Obstetrician regarding continuing these exercises.

PERMANENTS AND HAIR COLORING are acceptable during pregnancy. Be sure to inform your stylist about your pregnancy, as there are changes in your body that may affect your hair.

HOT TUBS AND SAUNAS, less than 100 degrees F. are safe. Avoid overheating the body. This is generally felt when your scalp tingles and you begin to perspire. Exit the tub or sauna when this is first felt and do not reenter until you have cooled down.

TANNING BOOTHS should be avoided during pregnancy as well as when not pregnant as the risk is unknown.

VARICOSE VEINS may appear at any time in pregnancy. Ask your Obstetrician about support stockings (over the counter or by prescription).

INTERCOURSE throughout an uncomplicated pregnancy is acceptable. Please discuss any concerns you may have with your Obstetrician. Avoid douching, water skiing or any other activity that may increase air pressure in the vagina.

BREAST-FEEDING is recommended and encouraged. Check to see if your nipples are inverted. This may make breast-feeding more complicated initially, but usually can be helped prior to delivery. Ask your doctor to check if you have questions. SWEDISH has lactation consultants available to help with questions. You may reach the Swedish Lactation Consultants by calling (206) 386-3606. Breast pumps may be useful, especially for the working mother or premature infant. Hand pumps may be purchased at the hospital and electric pumps may be rented at a pharmacy or medical supply store. If breast-feeding is not chosen or discontinued, we recommend using an iron-fortified formula.

You may wish to discuss this issue with your Pediatrician.

SORE NIPPLES may be relieved by ice packs and regular feeding from both breasts. Avoid prolonged feeding sessions and ensure a good latch. Keep your nipples as dry as possible between feedings. Be sure to wear a good support bra and allow the nipples to air dry after feeding. Apply ointment (such as bagbalm, lanolin, cool tea bags, Vaseline and A&D) to any cracks.

BLOCKED DUCTS are usually felt as a hard, firm mass without a fever. Gentle massage, hot packs and frequent feeding from both breasts are the best relief.

BREAST INFECTION (MASTITIS) causes a red, warm and painful mass associated with a temperature over 100.5 degrees F. Should this develop, contact your Obstetrician immediately.

Please have a telephone number of a pharmacy open for business at the time of your call, so that a prescription can be promptly called in. The usual treatment is antibiotics and hot packs. Avoid massage, as this can cause the infection to spread. Continue breast-feeding to avoid an abscess.

WEANING can be accomplished at any time desired. Planning ahead is helpful, beginning with a gradual decrease in the length and number of feedings. Avoid hot showers or any stimulation to the breast area that would encourage milk production. Continue to wear a good support bra, apply ice and bind the breasts tightly. Medication is not recommended to stop breast milk. It is recommended to use ibuprofen to decrease discomfort.

TRAVELING during pregnancy is permitted and is safe. There is no known harm from commercial air travel. However, it is best to be close to the hospital when you are nearing full term. Your physician may restrict air travel after the 32nd week of pregnancy or sooner if there are complications. If you need a note for airline boarding, please give the office as much notice as possible.

Avoid prolonged sitting. Try to walk around every 60 minutes. This is especially important in the third trimester.

Keep well hydrated.

Wear loose shoes as your feet may swell.

INFANT CAR SEATS are required by law for infants in this state. Please be prepared to transport your newborn home from the

hospital in a safety device. Swedish safe ride program sells car seats at a reduced price.

PEDIATRICIAN SERVICES should be arranged prior to delivery.

PRE-REGISTRATION is recommended for the hospital. One can arrange to do this at the time of their hospital tour or by mail. Tours are critical to avoid delays. Learn where the correct, validated parking areas are and the appropriate entrance for Labor & Delivery is located. To schedule a tour call 206-215-3338

INSURANCE

It is your responsibility to find out the allowable length of stay for either a vaginal or C-Section delivery.

TESTS

The following are standard tests during your pregnancy:

- Blood testing is done at the initial visit to determine Rh and blood type, rubella immunity and blood count.
- Syphilis, HSV, HIV and Hepatitis B status.
- Weight and blood pressure is checked at each visit
- An initial Urine screen is done and then urine testing is done periodically to check for protein and sugar.
- Ultrasound is done to determine viability and fetal age at the first visit. Position, placenta placement, or for any signs of problems with the fetus is checked at a later date.
- Gestational Diabetes/Glucola screening is performed at 24-28 weeks.
- Group B Beta-Strep culturing is done when appropriate.

The tests noted below may be indicated. If you would like written material describing these tests, please ask.

- Amniocentesis may be recommended, if you are over 35 years of age or have a family history of genetic problems in your family or your partner's family.
- A Sequential screen (SEQ) will be offered. This includes an ultrasound and blood test between 11-13 weeks and a 2nd

blood test between 15-18 weeks to check for increased risk for neural tube defects (i.e. Spina Bifida), Down's syndrome and Trisomy 18. The SEQ improves the accuracy of the Quad screen, which is another optional test.

- Rubella immunization will be advised following delivery if you are not already immune.
- Rh-negative mothers will be re-tested at 28 weeks.
The American College of Obstetricians and Gynecologists recommend women receive Rhogam during the 28th-29th week of pregnancy if they are Rh-negative. This is to prevent the 1-2% incidence of sensitization during pregnancy that results from fetal red cells leaking into the mother's blood system. Your baby's Rh will be checked after delivery and if the baby has Rh positive blood, we recommend you receive another Rhogam injection within 72 hours of delivery.
- Rhogam may also be given for bleeding during pregnancy so inform your doctor of any spotting or fluid.
- * Sexually Transmitted Disease testing: HIV, Gonorrhea, Chlamydia, Syphilis and Hepatitis. Herpes virus cultures are done when there are new symptoms or suspicious sores in the genital area.
- * Non Stress Tests (Fetal Heart Rate Monitoring) may be recommended to determine the health of the baby and placenta.
- * Genetic Counseling may be recommended if there is a family history of Genetic abnormalities, advanced maternal age or prior child with defects.
- * Cystic fibrosis testing is offered but may not be covered by your insurance. It is a blood test that is a genetic screen to see if one or both parents carry the gene for cystic fibrosis.

It is important to check with your insurance carrier concerning benefit and eligibility requirements for any test we may order.

CLASSES are encouraged. We recommend the programs in the prenatal information packet (Childbirth Education Association classes, Bainbridge "Get Away" or Swedish Hospital programs). Prenatal, early parenthood and Infant CPR classes are also available through Swedish Hospital. We recommend that you

take a tour of Swedish. Please see the Swedish Women and Infant website for more information and to sign up.
<http://www.swedish.org/>

IT IS IMPORTANT TO....

- * Make regular appointments every four weeks for the first seven months, then at two to three week intervals during the eighth month and weekly during the ninth month of your pregnancy. Please schedule at least two-three months in advance. It is difficult to secure an appointment with only a few days' notice so we ask that you plan ahead.
- * Bring someone to care for a child that might accompany you to any of your office visits.
- * Remember that Obstetricians have difficulty always being prompt due to the unpredictability of deliveries and emergencies. We appreciate your patience.

LABOR

True labor at full term is usually characterized by rhythmic (regularly spaced) contractions occurring every 3-8 minutes and lasting 30-60 seconds. Contractions are usually strong enough that they will interrupt your ability to talk or walk. An exception is premature labor (prior to full term). Those contractions can be completely painless and might only manifest as a rhythmic tightening of the uterus or mild pressure sensation.

Occasionally, the first event marking the onset of labor is leakage of the bag of water. This can occur without any contractions and should be reported as soon as you are aware of it. Usually the water is clear but it can also be green, yellow or brown in color (if the baby has passed a stool which has mixed with the fluid).

Be sure the fluid does not have a urine odor, as inadvertent urinary leakage is common as the baby puts more pressure on your bladder.

Be sure to call if you experience any bleeding, as that could be a warning sign of a problem. Do not confuse a “jelly like blood colored discharge” with bleeding. This is “bloody show” or the “mucus plug” and its passage carries no significance near term. You do not need to call to report “bloody show”.

Some women in labor do not have these classic signs, as there is great variability to the labor process. Please call if you have any concerns.

CONTACTING THE ON-CALL DOCTOR

You can reach us 24 hours a day. During the regular business hours you will reach a receptionist. Make it clear that you think you are in labor so she can give priority handling to your call.

After hours you will reach a recording. You will be directed to press “2” to reach our telephone exchange operator who will page the Obstetrician on call. If you do not hear from the Doctor within 20 minutes, call again. In the rare instance of a failure of the paging system, you can reach “Labor & Delivery” at Swedish Hospital by calling (206) 386-3288. The Doctor taking your call will need to know your name, the name of your regular doctor, estimated date of delivery, if you have had children before, frequency and duration of contractions, leakage and if there have been any prenatal problems.

If you deliver during the day and your physician is available, he or she will attend your delivery. If however, your delivery occurs after hours or at times when your physician is unavailable (such as vacations, meetings, holidays, nights off call, etc.) then the assigned on-call physician will care for you during your delivery. Rarely, for special occasions that require the involvement of all of the physicians in the group, a physician from another group might attend your delivery.

WHEN YOU GO HOME AFTER DELIVERY

The overall rule is to avoid fatigue!

Cesarean section patients should not drive a car until they are confident they can hit the brake pedal firmly in a panic-stop situation (at least two weeks), and are no longer taking narcotics.

Bleeding is rarely heavier than a heavy period. If it is, you may be doing too much and need to slow down. Call if it continues to be heavy, because occasionally there is a piece of placenta that did not expel.

Put nothing in the vagina for four weeks (this includes tampons, douching or intercourse) or until bleeding stops.

If you have intercourse between the fourth and sixth week (before your postpartum visit) use foam and condoms for contraception. Do not count on the fact that you recently delivered or may be breast-feeding as a means of birth control.

Sometimes too many visitors increase fatigue. Feel free to tell people that your doctor indicated "limited visitors for two weeks".

Do the Kegel exercises to increase bladder support and help the congestion in your perineum. Bent leg sit-ups (curl-ups) can be done at three weeks to shorten and strengthen your abdominal muscles. Even if you can only do one the first day, and add one each day, you will be doing 30 a day at the end of the month.

Your temperature should never be higher than 100.4 degrees F. Call if you experience fever higher than that.

THE POSTPARTUM VISIT

Please schedule your visit early so it occurs six to eight weeks after delivery. At this visit the progress of your postpartum recovery will be checked. Options regarding contraception may also be discussed.

FINANCIAL INFORMATION

Included in the “global” obstetrical fee are:

- * A comprehensive initial evaluation and examination
- * Monthly routine visits to 30 weeks menstrual age
- * Semi-monthly routine visits to 36 weeks menstrual age
- * Weekly routine visits until delivery
- * Obstetrician services for labor and delivery
- * Routine postpartum care for the first six weeks.

Additional charges will be assessed for ultrasounds, amniocentesis, non-stress tests, lab work and blood draws and additional hospitalizations or office visits beyond those defined above. Postpartum contraceptive devices (such as IUDs, Diaphragms or cervical caps) will be charged separately. In the event of a “high risk” delivery, such as vaginal birth after a Cesarean section, Cesarean section, multiple births, or another significant complication, the global fee will be higher.

If a patient changes their insurance coverage mid-pregnancy, the fee will be split out and the respective charges will be billed to the appropriate insurance company.

The discussion above refers only to the professional component for services rendered by your Obstetrician. The laboratory, Anesthesiologist, Pathologist and Hospital will bill separately. For questions regarding approximate hospital charges, you may wish to contact Swedish Hospital Medical Center at (206) 386-6000 and ask to speak to their Business Office.

If provided with the necessary billing information, we will be more than happy to bill your insurance company directly. We are preferred providers for many insurance companies. If you have questions about our participation with your insurance plan, please feel free to come into the Business Office during one of your visits.

If you participate in a managed care plan you need to be aware of its provisions and limitations. Our physicians are considered “specialists” and some plans place constraint on access to specialists. You may also be restricted to specific labs, radiologists, and hospitals. It is important to check your benefit book, speak to your Human Resources Department or

call the telephone number on your insurance card for specifics.

We accept VISA and MasterCard.

Thank you for choosing Seattle OB/GYN Group for your obstetrical care.

We hope this booklet has been of assistance to you. Please keep it as a reference tool throughout your pregnancy. Our office personnel are always willing to help you with any questions. If you have questions that are not addressed here, please feel free to bring them to your next visit.

We look forward to a happy, healthy pregnancy and the birth of your baby.