

WHAT TO EXPECT WHEN PARTNERING WITH IWH...



INNOVATIVE WOMEN'S HEALTH
GYNECOLOGY · MIDWIFERY · OBSTETRICS

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SCHEDULE: At your first visit you can expect an ultrasound to confirm/determine your estimated time of confinement, also known as your EDC or due date. The ultrasound is followed by a visit with one of the nurse midwives to review all of your medical history, your expectations and answer any questions you may have.

Depending on your individual situation, you may or may not also have a physical exam at your first visit. (If you do not, it will be done at the next visit.) We will also check and make sure you are taking any vitamins or medications that are necessary for your pregnancy and give you a lab-slip so you can have any lab work that you need as well as a routine drug-screen.

At anytime during your pregnancy, you may request to see Dr. Grogg for any reason. Take comfort in knowing that the Nurse Midwives review all patients with Dr. Grogg regularly.

FIRST AND SECOND TRIMESTER: WEEKS 1-12 AND 13-27

You will be seen by a Nurse Midwife every month during your first and second trimester. You may also be offered some optional genetic screening lab-work during the second trimester.

THIRD TRIMESTER: WEEKS 28 UNTIL BIRTH

After you complete your second trimester or week 27, you will be seen every 2 weeks by the Nurse Midwives. At week 28, most patients will have lab-work performed to screen for gestational diabetes. Other lab-work may also be recommended based on your individual situation.

It is also important to choose a pediatrician and register at your hospital of choice by 30 weeks.

If you have had a prior cesarean section or you develop any complications you may have a visit or two with Dr. Grogg to discuss treatment and delivery options.

If you have interest in permanent sterilization "having your tubes tied" please let us know by 30 weeks so we can obtain all the necessary paperwork and consents.

Starting at 36 weeks, you will have weekly visits with the Nurse Midwives which may include time on a monitor if you have any risk factors. It is recommended that you are screened for Group B Beta Strep through a vaginal culture and you will also have a vaginal exam to assess if your baby is "heads down".

You will not have to be vaginally examined again unless you are being considered for induction of labor. You may request for your cervix to be checked at any visit if you are interested. During the final visits, we will discuss any questions you have about breastfeeding, etc.

Also, if you would like to write-up a formal birth plan, that is great! Please bring it with you during your visit so we can review it with you. Please note: We DO NOT recommend elective inductions of labor and do not typically discuss this until after 41 weeks unless there is a medical issue.

LABOR AND DELIVERY

When you are in labor, you can expect that a Nurse Midwife will be following your progress closely and will likely appear at the hospital to visit with you often. We will be there as much or as little as you prefer, just let us know.

A Nurse Midwife will be there for your delivery unless any complications arise, at which time, Dr. Grogg will also be there for the birth of your baby.

WHERE DO WE DELIVER?

The team at Innovative Women's Health, delivers at Dublin Methodist Hospital.

FAQ'S ABOUT OVER-THE-COUNTER MEDICATIONS

DO NOT TAKE: Aspirin, ibuprofen (Motrin, Aleve, Advil), Pepto Bismol or anything containing alcohol such as NyQuil or DayQuil.

The following are considered safe suggestions for common ailments:

Cold/Flu: You may use nasal saline drops and a humidifier for nasal congestion, Vick's Vapor Rub is also safe in moderation.

Sore Throat: You may take Chloraseptic or Cepacol spray as directed or throat lozenges.

Cough/Congestion: You can use Robitussin and for head congestion, you may use Sudafed. Benadryl is also safe for a runny nose.

Allergies : Benadryl can be used for immediate relief and you may use Zyrtec or Claritin (plain) for daily use.

Aches/Pains/Headaches: Tylenol (regular or extra strength) can be used in a dosage of 1-2 tablets every 4 hours. Avoid pain creams with aspirin. You may use a heating pad on a low setting.

Hemorrhoids: Preparation H can be used as directed, also increase water intake. You may also use Miralax or a generic equivalent as directed.

Diarrhea: Immodium or Immodium AD

Heartburn: 2-3 Tums, Mylanta or Roloids for occasional heartburn. For more frequent heartburn, use Pepcid, Prilosec OTC, Zantac 75 or 100.

Insomnia: Benadryl 25-50 mg, Unison as directed and the "Sleepy Time" teas are safe remedies.

Nausea/Vomiting: It is important to keep something in your stomach. Try eating less but with more frequency (every 2 hours). Crackers with cheese, peanut butter or turkey can help. Other suggestions include eating something before rising out of bed in the morning, Sea-bands and other anti-nausea wristbands, Vitamin B6, Lemon and cinnamon candy/gum and food and drinks containing ginger.

Discontinuing use of prenatal vitamins may be helpful until symptoms improve. Very ill women should take one bite and one sip every 15 minutes. If you feel you **CAN NOT** hold anything down for 24 hours or more, are losing weight, or feel as if you are not producing an adequate amount of urine, please contact our office for evaluation. It may involve some trial and error to come up with foods and liquids that you can tolerate.

Excessive nausea or vomiting are common during early pregnancy, some women may require prescription medication and attention.

COMMON FAQ'S

When will I start to feel the baby move? Most women will feel occasional movement between 16-20 weeks.

Is vaginal spotting/bleeding normal? Vaginal spotting/mild bleeding is common during pregnancy. Your cervix (the entrance to your uterus) is made up of tissue similar to the inside of your nose and gums. These tissues become very vascular and develop lots of small blood vessels during pregnancy. In turn, the cervix sometimes bleeds with intercourse or just randomly. In addition, you may also experience nose bleeds and gum bleeding with pregnancy. If you have vaginal bleeding that is comparable to a period or menstrual cycle or accompanied by cramping/leaking fluids or severe pain, you should proceed directly to the hospital.

How many ultrasounds will I have? In most cases, you will have two ultrasounds. You will likely have an early ultrasound to confirm your pregnancy and due date. You will also have an "anatomy" ultrasound between 18-22 weeks either in our office or at the hospital depending on your individual pregnancy. We do not do ultrasounds specifically for gender determination, but this is addressed at your 18-22 week scan.

How is my due date estimated? If you know the first day of your last menstrual cycle, a due date can be calculated. The first ultrasound is used to confirm or set your due date. Once we have set a due date, it will never change. If you have other ultrasounds, often the machine will generate a different date, but we will never change the original due date.

Why don't we change due dates? The best way to explain is to say that every baby grows differently and just because a baby may measure larger than another, does not mean that its internal organs, lungs etc., are more mature. The earlier the ultrasound, the more accurate the estimated due date.

How often will I have appointments/blood-work? You will come in every 4 weeks during the first and second trimester. At your first visit, you will be given a lab-slip to have blood-work, a urine culture and a routine urine drug screen. You will also have vaginal cultures and a Pap smear during your first exam visit.

Starting around 28 weeks, you will come every 2 weeks and starting at 36 weeks, you will come in weekly. There are a lab tests done periodically during your pregnancy, typically at 28 weeks and 36 weeks.

How long is a pregnancy and when would I be able to be induced? The length of a pregnancy is measured in weeks and is typically 40 weeks long. Natural/spontaneous labor is best, but there are medical reasons to induce labor. Unless you have a medical reason, we recommend waiting for spontaneous labor to occur. If you exceed 41 weeks of pregnancy, we will discuss the risks and benefits of induction.

Can I get my hair-colored and/or my nails done? There are no studies that show any fetal risk, however, these are done with chemicals so if you choose to do them, make sure you are in a well-ventilated area. You should avoid these during the first trimester.

Can I get spray tans or go to the tanning bed? Spray tanning as well as sunless tanning creams and lotions are likely safe to use. Tanning beds do not pose a threat to your baby or pregnancy but are not good for you at anytime due to the skin cancer risk. If you choose to go to a tanning bed, limit your exposure to 10-12 minutes per session and pay close attention to make sure you are not getting overheated. Because your skin is more sensitive to UV rays during pregnancy, it is also recommended that you cut your usual time in half and keep well hydrated.

Can I take warm baths? Yes, but your vascularity changes with pregnancy and you may get lightheaded easily, so limit the bath to 15 minutes and be careful standing up, do it slowly. The same is true for hot baths. It will not harm the baby directly, but can cause your blood pressure to drop significantly and cause you to pass out which then does effect your babies blood flow.

Can I paint? Yes, you can paint as long as you are in a well-ventilated area and it is a water or latex-based paint. Do not climb ladders while pregnant due to the risk of losing balance and falling.

Can I travel/fly? Yes, you may travel and fly during your pregnancy until the last month. The last month, you should stay close to home due to the risk of delivery. When traveling by automobile, stop every few hours and get out and walk around due to the increased risk of blood clot formation. Also keep well hydrated. The same rules apply to flying, walk the aisle every few hours to improve circulation.

Is sexual activity safe? Yes, as long as we have not advised otherwise due to pregnancy complication. Spotting may occur after intercourse. Sex may become uncomfortable during pregnancy, try different positions, but if it hurts just avoid for a few weeks.

What is the normal weight gain with pregnancy? For the averaged sized person, normal weight gain is 20-40 pounds. Weight gain is very individualized, women gain at different rates. We will monitor your weight and discuss if it seems to be a concern. If you are overweight before pregnancy, the recommended total weight gain is 15-25 pounds.

Can I continue to work? Yes, pregnancy is not a disability. If your job requires you to repetitively lift greater than 25 pounds or any other risks, we will discuss a recommendation.

What do I do if I have a question or concern between visits? If it is normal business hours, call the office and a nurse will answer your question. If it is after normal business hours and is a routine question, please call the office the next business day. If your call is URGENT, call the office and you will be directed to leave a message with the answering service and that message will be delivered to the on-call provider and you will get a response within 30

minutes. If you have a concern that you may be in labor, your water broke, you are having vaginal bleeding, severe pain or your baby is not moving, you do not need to call first, just proceed straight to labor and delivery for evaluation because it is impossible to evaluate these things over the phone.

How much should my baby move? Download the "Fetal Movement Count Sheet" ...After 28 weeks, you should feel your baby moving pretty consistently. If you are ever concerned, lay down on your left side in a quiet room, lay your hands on your belly and you should feel at least 6 movements per hour or 10 in two hours. If you do not, you should proceed to labor and delivery for monitoring.

How will I know when I am in labor? Download the "When should I go to the Hospital Sheet" ... Labor can present itself in many different ways and is typically different for every individual pregnancy. If you are pre-term, less than 36 weeks and are having contractions or significant cramps more frequently than 6 times per hour, you should go to labor and delivery for evaluation. If you are full-term, you should go to the labor and delivery if your water breaks or you are contracting every 5 minutes and cannot walk through the contractions for over an hour. Lots of women contract frequently in the last few weeks of pregnancy, but it is not always labor. However, it is always better to be evaluated any time you have a concern.