



Women's Integrative Medicine

- PREGNANCY GUIDE -



Important Office Information

Congratulations and thank you for choosing Women's Integrative Medicine (WIM) OB/GYN to care for you during your pregnancy. We are dedicated to providing the best care for you and your unborn baby. Our team of professionals provide a multidisciplinary approach to help you achieve the best possible outcome: a healthy mother and a healthy baby.

Dr. Angela Rouse and Dr. Seretha Ransom are planning to care for your urgent medical needs that may arise after hours. WIM OB/GYN providers practice exclusively at Mt. Carmel St. Ann's Hospital. If you need to speak to a physician after office hours, simply call the main office number ((380)201-3390) and choose the option to speak to the on-call doctor. (If it is late at night and you are in labor, you can simply go to St. Anne's and the doctor on-call will be informed by the hospital.) In the event that Dr. Rouse and Dr. Ransom are not available, we pair with the physicians at Northside Women's Health for added support; Dr. Heidi Arbona, Dr. Tammy Chan, and Dr. Jodi Bender.

Our certified Women's Health Nurse Practitioners, Carey Barber, Sara Yoder, and Christina Cherry, are an important part of our health-care team. Their focus is on wellness care and patient education.

Our office will contact your insurance company to verify maternity benefits. We strongly encourage you to become familiar with your insurance company's maternity benefit details as well. Our staff will establish a payment plan for the portion of your bill that insurance is not expected to cover. We have found that ultrasounds, non-stress tests, lab work, and additional problem visits may not be covered. These services are billed separately and will increase the cost of your care.

In this packet is an outline that describes what you can expect during the normal course of your pregnancy. We will discuss any differences your care may require as changes arise.



Sincerely,

The staff of Women's Integrative Medicine (WIM) OB/GYN

Meet Your Care Team



Dr. Angela Rouse



Dr. Seretha Ransom



Carey Barber, CNP

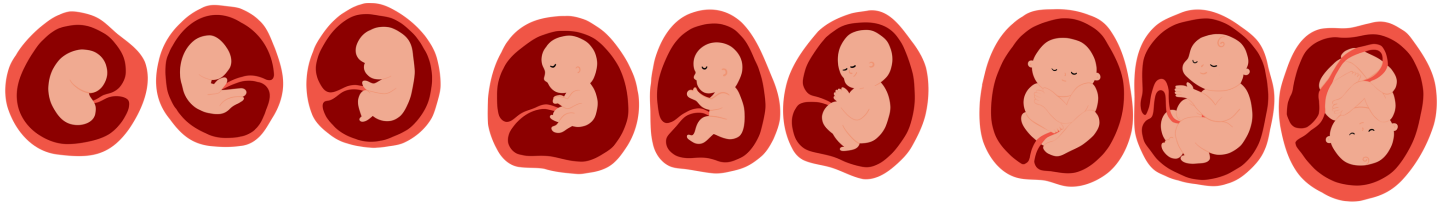


Sara Yoder, CNP



Christina Cherry, CNP

What to Expect at Your Routine Pregnancy Visits



FIRST TRIMESTER:

4-9 weeks

- Pregnancy confirmation by urine pregnancy test
- Pap smear and annual exam if due
- New OB teaching / packet given
- offer genetic testing

seen by nurse practitioner

12 weeks

- Routine prenatal appointment with physician
- Continue monthly appointments

seen by doctor

SECOND TRIMESTER:

16 weeks

- Routine prenatal appointment
- AFP testing offered
- Schedule ALL future OB appointments!

seen by nurse practitioner

20 weeks

- Ultrasound for fetal anatomic survey (abdominal) and cervical length (transvaginal)
- Optional gender revealed at ultrasound
- Routine prenatal appointment after ultrasound

seen by doctor

24 weeks

- Routine prenatal appointment
- Gestational diabetes screening:
 - 1 hour following taking glucose drink lab work will be drawn to test for gestational diabetes and anemia

seen by doctor

****Car Seat Safety:** Learn how to properly install and use the car seat. If you're unsure or need help, Mount Carmel can help! Call **614-636-3131** to schedule an appointment to make sure your car seat is installed correctly.

THIRD TRIMESTER:

28 weeks

- Gestational diabetes screening (if not done at 24 weeks)
- Routine prenatal appointment
- RhoGam administration if applicable (depending on blood type)
- Begin every other week appointments
- Schedule repeat c-section if applicable

seen by doctor

30 weeks

- Routine prenatal appointment
- Discussion of components of birth plan (type of delivery expected)
- Third trimester education

seen by nurse practitioner

32 weeks

- Routine prenatal appointment
- Boostrix (DTAP) vaccine offered/given

seen by doctor

34 weeks

- Routine prenatal appointment

seen by doctor

36 weeks

- Ultrasound for fetal growth and position
- Routine prenatal appointment
- Group B Beta Strep test
- Cervical check if desired
- Review birth plan
- Sign VBAC consent
- Begin weekly appointments

seen by doctor

37 weeks +

- Routine prenatal appointment with physician and cervical check

seen by doctor

****See our website for our “Trimester Guide” about your growing baby, you body, and tips to help you prepare for your new addition!**

myprivia.com/wimobgyn → patient resources → patient forms





Low Risk Over-the-Counter Medications During Pregnancy



COUGHS, COLDS, AND CONGESTION

- Robitussin, Delsym
- Benadryl - allergy/cold
- Sudafed, Actifed (only after 12 weeks)
- Halls cough drops, Vicks VapoCool sore throat spray, or Mucinex InstaSoothe sore throat spray
- Mucinex (**NO** DM)
- Claritin or Zyrtec for allergies (**NO** D)
- Saline nasal spray, RhinoCort, Flonase

PAIN RELIEVERS

- Extra strength Tylenol, Acetaminophen
- **NO**: Motrin, Ibuprofen, Advil, or Aleve during pregnancy unless directed by a physician

STOOL SOFTENERS

- Colace, Surfak, Metamucil, Citrucel, Fibercon, Milk of Magnesia, Miralax

DIARRHEA

- Kaopectate or Imodium, Pedialyte, Gatorade
- **NO** Pepto-Bismol
- BRAT diet (bananas, white rice, apple juice, plain toast)
- **Please call the office** if diarrhea lasts more than 2 days

NAUSEA AND VOMITING

- Vitamin B6 25mg 3-4 times per day (It comes in 100mg tabs so you'll need to cut into fourths to take 25mg) take with ½ tab of Unisom at bedtime
- Emetrol (if not diabetic)
- Sea Bands
- Ginger root capsules (one before meals)
- Sip on homemade lemonade and eat pretzels throughout the day

ANTACIDS

- Maalox, Maalox Plus, Mylanta II, Tums, Rolaids
- Riopan
- Pepcid, Zantac, or Priolosec

HEMORRHOIDS

- Preparation H, Anusol, Tucks, Witch Hazel (keep pads in the refrigerator)

RASHES

- Benadryl cream or oral tablet
- Caladryl lotion/cream
- 1% Hydrocortisone ointment

WIM OB/GYN Pregnancy Do's and Don'ts

PRENATAL VITAMINS

Pregnant women should contain the following through diet and/or supplements daily:

- 400-800 micrograms Folic Acid (first trimester)
- 30 mg of Iron
- 600 IU of Vitamin D
- 1000mg Calcium

Prenatal vitamins are not harmful, but their necessity is uncertain, especially for women who eat a well-balanced diet.

NUTRITION and WEIGHT GAIN

Pregnant women should eat a well-balanced diet and should typically increase their calories by a small amount (+350-450 extra calories a day)

The recommended amount of weight gain in pregnancy is based on your pregnancy BMI:

Pre-pregnancy BMI Category (kg / m2)	Recommended Weight Gain (pounds)
Underweight - less than 18.5 BMI	28 - 40 pounds
Normal Weight - 18.5 - 24.9 BMI	25 - 35 pounds
Overweight - 25.0 - 29.9 BMI	15 - 25 pounds
Obese - 30 BMI or greater	11 - 20 pounds

ALCOHOL

The exact safe amount of alcohol in pregnancy is unknown. Therefore, alcohol should be avoided in pregnancy.

ARTIFICIAL SWEETENERS

Artificial sweeteners may be used in pregnancy. There is conflicting data on saccharin use in pregnancy, though it is thought that typical consumption is safe.

CAFFEINE

Caffeine may be used in pregnancy but should be limited to 200mg/day. A typical 8oz cup of coffee contains 130mg and an 8oz cup of tea or 12oz can of soda contains approximately 50mg.

FOODS TO AVOID

- Raw and undercooked meat
- Wash all fruits and vegetables before eating them
- Avoid unpasteurized dairy products
- Deli meats need to be heated until steaming hot to reduce the risk of listeria
- Avoid any food being recalled for listeria contamination

***See “Nutrition” later in the pregnancy guide for further instruction.*

SMOKING, NICOTINE, AND VAPING

Pregnant women should not smoke cigarettes during pregnancy. If quitting is not possible, you should reduce as much as possible. Nicotine replacement (patches or gum) may be used to aid in cessation of smoking.

Vaping should also be avoided due to lack of studies available.

MARIJUANA

Marijuana use is not recommended in pregnancy due to lack of data regarding the long term neurodevelopmental outcomes.

EXERCISE and BEDREST

Women with uncomplicated pregnancies should exercise regularly. You should strive for 20-30 minutes of moderate-intensity exercise 4-5 times per week.

You do not need to ensure your heart rate stays below a certain threshold, but you should work at a level in which you can still talk while exercising.

You should avoid exercises with a higher risk of injury, such as contact sports, downhill skiing, and horseback riding.

There is no known benefit of exercise restriction or bedrest for pregnancy with uncomplicated pregnancies.

AVOIDING INJURY

Pregnant women should wear both shoulder and seat belts and should not disable the airbag.

ORAL HEALTH

Pregnant women should continue oral health screening and dental procedures as scheduled during pregnancy.

Please call the office if your dentist requires a letter for procedures.

HOT TUBS and SWIMMING

The data on hot tub use is limited, but pregnant women should avoid the use of a hot tub in the first trimester. Pregnant women may swim in a swimming pool.

INSECT REPELLANTS

Topical insect repellants (including DEET) can be used in pregnancy. they should be used when in high-risk areas for insect-borne illnesses.

HAIR DYES

Limited data exists, but since systemic absorption is minimal, hair dye is thought to be safe in pregnancy.

TRAVEL

Airline travel is safe in pregnancy. Airlines will not allow travel after 36 weeks.

Pregnant women should wear compression stockings and stop to walk around every 2 hours on long car rides or flights.

Pregnant women should be aware of possible infection exposures (including Zika virus) and medical care available at destination.

SEXUAL INTERCOURSE

Pregnant women without complications have no restrictions on intercourse.

SLEEPING POSITIONS

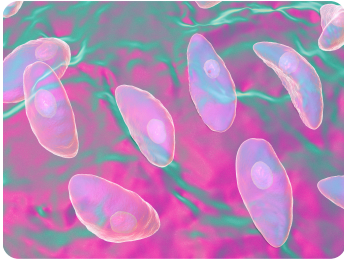
It is currently unknown at what gestational age women should be advised to sleep on their side.

FISH CONSUMPTION

You should try to consume 2-3 servings a week of fish with high DHA and low mercury content.

Current recommendations state, pregnant women should generally avoid undercooked/raw fish.

It is thought that sushi prepared in a clean and reputable establishment is unlikely to pose a risk to the pregnancy.



Toxoplasmosis



The best way to protect your unborn child is by protecting yourself against Toxoplasmosis:

- Wash your hands with hot, soapy water after any exposure to soil, sand, raw meat, or unwashed vegetables.
- Cook your meat completely (no pink should be seen and the juices should be clear). The internal temperature of the meat should reach at least 160 F.
- Do not sample meat until it is cooked thoroughly.
- Freeze meat for several days before cooking to greatly reduce the chance of infection.
- Wash all cutting boards and knives thoroughly with hot soapy water after each use.
- Wash and/or peel all fruits and vegetables before eating them.
- Wear gloves when gardening or handling sand from a sandbox. Wash hands afterward.
- Avoid drinking untreated water, particularly when traveling in less developed countries.

CATS

No you don't have to give up your cat if you are pregnant. Follow these helpful tips to help you reduce your risk of exposing yourself to Toxoplasma.

- Have someone else change the litter box if possible. If you have to change it, wear disposable gloves and wash your hands thoroughly with soap and water afterward.
- Change the litter box daily because the parasite does not become infectious until 1-5 days after it is shed in the feces.
- Feed your cat commercial dry or canned food.
- Never feed your cat raw meat because this can be a source of Toxoplasmosis infection.
- Keep indoor cats indoors.
- Avoid stray cats, especially kittens.
- Cover your outdoor sandbox.
- Do not get a new cat while you're pregnant.

WHAT IS TOXOPLASMOSIS?

Toxoplasmosis is an infection caused by the parasite *Toxoplasma Gondii*. More than 60 million people in the United States probably carry the *Toxoplasma* parasite, but very few have symptoms because the immune system usually keeps the parasite from causing illness. However, expectant mothers should be cautious because an infection can cause problems in pregnancy.

HOW CAN IT AFFECT MY UNBORN CHILD?

If you are pregnant and become infected with the parasite for the first time during or just before your pregnancy, you can pass the infection to your unborn child even if you don't have any symptoms. Most infants who are infected while in the womb have no symptoms at birth but later in life may develop serious symptoms, such as blindness or mental retardation. A small percentage of infected newborns have serious eye or brain damage at birth.

HOW IS TOXOPLASMOSIS SPREAD?

Cats play an important role in the spread of Toxoplasmosis. They become infected by eating infected rodents, birds, or other small animals. The parasite is then passed in the cat's feces. Kittens and young cats can shed millions of parasites in their feces for as long as three weeks after infection. Mature cats are less likely to shed Toxoplasma. Cats and kittens prefer litter boxes, garden soils, and sand boxes for elimination, and you may be exposed unintentionally by touching your mouth after changing the litter box, or while gardening without gloves. Fruits and vegetables can be contaminated with soil or water and will infect you if you eat them before washing and peeling them. Animals such as pigs, deer, and sheep become infected by eating feed that has been contaminated by cat feces. The parasite forms cysts in the muscle of the food animals. People can be infected by eating undercooked meat and even handling raw meat that contains cysts and not washing their hands thoroughly afterwards.

HOW DO I KNOW IF I'VE BEEN INFECTED?

Your healthcare provider may suggest a blood test to check for antibodies to Toxoplasma if you are pregnant or have a weakened immune system.

WHEN SHOULD I BE CONCERNED?

Generally if a woman has been infected with Toxoplasma before becoming pregnant, the infant will be protected because the mother is immune. Some experts suggest waiting 6 months after a recent infection to become pregnant. See your healthcare provider if you have any questions about Toxoplasma and pregnancy.

For more information on Toxoplasma, ask your healthcare provider or visit:
www.cdc.gov/ncidod/did/parasites/toxoplasosis

NOTES
