



PRENATAL CARE

GUIDE



www.columbusmetroobgyn.com | 614-759-6200



Congratulations on your pregnancy, and thank you for choosing Columbus Metropolitan OB-GYN as your obstetrics provider. Pregnancy is a life-changing event. Navigating the complex medical system and making choices regarding your health and your growing baby's health can be overwhelming.

We are delighted that you have chosen Columbus Metropolitan OB-Gyn (Drs. Bokor, Birkenholz, Rajchel and Nurse Midwives, Ashley Turner, CNM, and Taylor Krinock, CNM) to help you plan and prepare for the birth of your child. Pregnancy is a wonderful time of excitement, preparation, anticipation, and at times can be quite overwhelming. Our goal is to provide support, and, medical expertise to ensure a healthy pregnancy and safe delivery.

From your first trimester to postpartum care, our staff provides personalized guidance, answer your questions, and will address any concerns. Their compassionate and knowledgeable approach ensures you receive the highest level of care, making your pregnancy experience as smooth and stress-free as possible.

At Columbus Metro OB-GYN, we pride ourselves on being your go-to resource. Below, we provide a detailed overview of what to expect during your first trimester, including symptoms you may experience and lifestyle changes you should implement now and throughout your pregnancy. We also offer detailed information on the second and third trimesters, helping you feel prepared and confident as your due date approaches.

We value the relationship that we develop with our patients during this very exciting time. We strive to be a part of all aspects of your pregnancy and delivery and hope to maintain continuity as much as possible. As a group, we provide 24 hr on call coverage for our practice. **Please remember that in the evenings and on the weekends, only one physician is on-call and we strongly encourage you to always call the on-call physician prior to going to the hospital so that we can ensure we are providing quality, safe care to all our patients.** The on-call provider will be the one to deliver you. This means that that your physician is not required to deliver your baby if you go into labor at night or over the weekend. This allows us to provide you with the best care while also allowing our physicians to keep a healthy work life balance and be present with their families.

We are excited to be able to offer care at the three local hospitals that are listed below.

Our Group Offers Care At:

Grant Medical Center
(Ohio Health)
111 South Grant Ave.
Columbus, OH. 43215
(614) 566-9000
www.ohiohealth.com

Pickerington Methodist Hospital
(Ohio Health)
1010 Refugee Rd.
Pickerington, OH. 43147
(614) 788-4000
www.ohiohealth.com

Mount Carmel St. Ann's Hospital
(Mount Carmel)
500 South Cleveland Ave.
Westerville, OH 43081
(380) 898-4000
www.mountcarmelhealth.com

Remember, Columbus Metro is just a phone call away, ready to answer questions or discuss concerns.

Sincerely,

Your Columbus Metro OBGYN Care Providers



ACCESSIBILITY

For **non-urgent matters**, you can reach out to your physician or our office through our patient portal. Kindly allow **48 hours for a response**. This is an excellent option for non-emergent or time-sensitive requests, as we can forward them directly to the providers, with a staff member monitoring them consistently during office hours. As a reminder, if you think you may need a prescription called in, please call the office during business hours and have the contact information for your preferred pharmacy on hand.

For **urgent problems or questions**, always call our office at **(614) 759-6200, Option #5 (OB Triage)**. During office hours, our OB Nurse will assist you with your inquiries and offer our recommendations. After hours, follow the prompts to connect with the on-call physician for further assistance. If you believe your symptoms are an emergency, please call **911** or proceed directly to the nearest hospital if possible.

If you think you are in labor, please contact the office at **(614) 759-6200**.

BILLING

Insurance plans and coverage can be very overwhelming and complicated. We will assist you through this process and can answer any questions as they arise. There are many unpredictable variables regarding insurance and coverage for you and your family over the next few months; we do not want this to be a source of confusion, stress, or surprise for you. From the beginning, we will inform you about what to expect financially over the next few months. In the next few days, you can expect a letter that breaks down your financial responsibility for the care during your pregnancy, which will be sent to your portal and by mail. If you have any questions, please call and press option 3 to speak with our billing expert.



Day or Night

Important Signs to Monitor During Pregnancy

- **Labor Indicators:** If you suspect you are in labor or believe your water has broken, be aware of the signs of preterm labor (before 37 weeks):
 - Painful contractions lasting 1-3 minutes, occurring 3-5 minutes apart; the pain is intense enough to change your facial expression.
 - Severe cramping similar to menstrual pain, which may come and go or be constant.
 - Low back pain that may radiate to the lower abdomen, either intermittent or persistent.
 - Pelvic pressure, as if the baby is pushing down.
 - If you think your water has broken, it may manifest as a significant gush or a slow leak; observe the color (it should be clear and resemble water).
 - If you are not sure, call and we will help guide you on next steps
- **Bleeding Concerns:**
 - 50% of women will have bleeding early in pregnancy. Half of the time it is just to scare you , half of the time it can be an indication that something is not right.
 - Call in with bleeding and we can help you with next steps.
 - Any heavy bleeding (soaking a pad in 1 hour) needs to be evaluated please go to the ER,
 - Later in pregnancy , spotting could be a sign of placental or cervical issues. Please call!
- **Other Symptoms to Watch For:**
 - Abdominal pain.
 - Decreased fetal movement.
 - A fever of over 100.4° oral temperature lasting more than 12 hours.
 - Severe headaches that do not improve with Tylenol and caffeine, particularly if accompanied by vision changes or extreme swelling in the face, hands, or lower extremities after 20 weeks.
- **Urinary Issues:**
 - Experiencing burning and pain during urination, a significant increase in frequency, the sensation of incomplete bladder emptying, or blood in your urine.
- **Injury Alerts:**
 - Any falls, involvement in a car accident, or abdominal trauma.
 - Inability to keep down fluids or food for 24 hours or more.

If you are encountering any of the symptoms mentioned above, please reach out to us at 614-759-6200 ext. #5 (OB Triage) during our regular office hours.

For after-hours inquiries and weekends, you can call 614-759-6200 and press option on for on call physician.

****In case of severe chest pain or shortness of breath while at rest, it is imperative that you visit the emergency room.**



Guide Overview

The following guide provides a basic outline of what you can anticipate; however, this schedule may be adjusted according to your individual needs.

Typical Schedule for Prenatal Visits

Every 4 Weeks	First Prenatal Visit [Up to 10 Weeks]	<ul style="list-style-type: none"> • Ultrasound to confirm pregnancy and determine the baby's estimated due date. Review your medical, surgical, genetic, and family medical history. • Physical exam. • Lab work to analyze blood work, screen for STIs/STDs and immunity to various viruses (such as Chickenpox and Rubella). • Discuss optional testing available. • Genetic and carrier testing. May not be covered by insurance.
	12 Week Visit	<ul style="list-style-type: none"> • Check baby's heart rate, check mother's weight and blood pressure, and perform urine exam. • Review your initial prenatal labs. • Perform first-trimester genetic screen, if necessary.
	16 Week Visit	<ul style="list-style-type: none"> • Check baby's heart rate, check mother's weight and blood pressure, and perform urine exam. • Routine lab work. • Optional screening for birth defects.
Every 4 Weeks	20 Week Visit	<ul style="list-style-type: none"> • Check baby's heart rate, check mother's weight and blood pressure, and perform urine exam. • Detailed anatomy and gender scan.
	24 Week Visit	<ul style="list-style-type: none"> • Measure uterine size, check baby's heart rate, check mother's weight and blood pressure, and perform urine exam.
	28 Week Visit	<ul style="list-style-type: none"> • Measure uterine size, check baby's heart rate, check mother's weight and blood pressure, and perform urine exam. • Routine lab work and screening for gestational diabetes and infections.
Every 2 Weeks	30 Week Visit	<ul style="list-style-type: none"> • Measure uterine size, check baby's heart rate, check mother's weight and blood pressure, and perform urine exam. Review your 28 week lab results. • If blood work determines you are RH-negative, you will get a Rhogam injection.
	32 Week Visit	<ul style="list-style-type: none"> • Discuss plans for breastfeeding, vaccinations (Tdap, RSV, Flu, COVID) and Pediatrician planning. • Measure uterine size, check baby's heart rate, check mother's weight and blood pressure and perform urine exam.
	34 Week Visit	<ul style="list-style-type: none"> • Measure uterine size, check baby's heart rate, check mother's weight and blood pressure and perform urine exam.
Weekly	36 Week Visit	<ul style="list-style-type: none"> • Measure uterine size, check baby's heart rate, check mother's weight and blood pressure and perform urine exam. • Perform Group Beta Strep test (pelvic exam). <p><i>We suggest asking your provider about planning for delivery at the hospital.</i></p>
	37 Week Visit and Weekly Until Delivery	<ul style="list-style-type: none"> • Measure uterine size, check baby's heart rate, check mother's weight and blood pressure and perform urine exam. • Possible cervix check to assess for dilation (pelvic exam). • Discuss labor planning and Induction options and recommendations.



For many women, nausea and vomiting may occur during the early months of pregnancy. For most women, nausea resolves around the start of the second trimester, 14 weeks, but for some women it may last longer into the pregnancy. Although this is often referred to as “morning sickness”, it can happen any time of the day or night. Pregnancy nausea is thought to be caused by the increased hormone levels, estrogen and progesterone, that are produced by the ovaries early in pregnancy. Because of increasing levels of these hormones, the secretory cells in the stomach increase their production of gastric juices, at the same time the bowels slow down their ability to empty the contents of the stomach. This can cause the feeling of nausea and in some cases, vomiting.

Tips and Tricks to Help

- Keep some saltine or graham crackers at your bedside and eat them before you get out of bed in the morning.
- Get out of bed slowly in the morning.
- Slow position changes, from sitting to standing, etc.
- Sip carbonated soda, caffeine free (Sprite, 7Up).
- Increase fluid intake, try lemon slices in water, lemonade, and Lemonhead candy. May try sparkling water instead of plain, as the carbonation may help.
- Peppermint hard candy or peppermint gum. No peppermint essential oils.
- Avoid greasy/fried or spicy foods.
- Avoid smells that bother you.
- Eat small frequent meals or snacks, every 2-3 hours.
- Increase protein intake (eggs, cheese, nuts, meats, yogurt).
- Rest when able.
- Get some fresh air. Breathe through your nose.
- Sea Bands.
- Ginger tea or Ginger ale.
- Ginger tablets 250-500mg 2 or 3 times/day.
- Vitamin B6, 25mg, 3 to 4 times/day (up to 200mg/day).
- Unisom (Doxylamine) 12.5mg 2 times/day or 25mg before bed. This is a sleep aid and may cause you to feel drowsy.

Unisom (doxylamine) and B6 can be taken together

If you cannot retain any fluids or food for 24 hours or longer, please contact our office at 614-759-6200. Kindly refrain from sending a message through the Privia portal.





Although each pregnancy is unique, many women encounter similar discomforts. A significant number of these changes, whether physical or emotional, can be attributed to hormonal fluctuations.

- Nausea and/or vomiting.
- Shortness of breath: This is typically caused by the increasing size of your uterus putting pressure on your internal organs which then puts pressure on your diaphragm. Near the end of pregnancy, when your baby drops lower into your pelvis, this tends to get better.
 - ****If you're experiencing severe chest pain or shortness of breath at rest, call 911 or go to the ER.****
- Loose and aching joints: It is very important to use proper body mechanics in pregnancy because hormones relax your joints and muscles. You may feel as though your joints are loose, pop or even feel achy. Lower back pain is extremely common as your pregnancy progresses. Daily stretches can be helpful!
- Urinating more frequently: This can occur even in the beginning of pregnancy and will likely return at the end of the pregnancy. If you have burning or discomfort with urination, feel as though you are not emptying your bladder completely, urinating even more than you have been or have any one-sided lower back pain, call your physician.
- Constipation: You may experience less frequent bowel movements and/or your stools may be harder than normal. See Safe Medication page for treatment options.
- Heartburn: Your stomach capacity decreases and may cause stomach acids to rise into your esophagus which results in a burning feeling. To reduce symptoms, try increasing fluids, sit up after eating and avoid eating within 2 hours of going to bed, avoid spicy and/or fatty foods, use pillows to prop yourself up after a meal, and elevate the head of your mattress 6 inches, see Safe Medications page for treatments.
- Round ligament pain: There are ligaments on each side of the abdomen that hold the uterus in place. As the uterus grows, these ligaments stretch. Often at about 15 weeks, you may notice that any sudden movements cause them to spasm, resulting in pain along the lower abdomen and groin. Usually this discomfort only lasts a short time and may often be relieved simply by changing your position slowly. Tylenol (650mg every 6 hours), athletic tape, and belly bands can be helpful.
- Fatigue: Very common in early pregnancy. Rest as much as you can. You will generally notice an increase in your energy level around the start of the second trimester, which will often last until closer to delivery.
- Breast tenderness/increase in breast size: Supportive bras may be helpful.
- Sciatica: A common condition in pregnancy that causes pain in the sciatic nerve, which runs from the lower back down each leg. Treatments include PT, massage, chiropractic care or medication.





Pregnant women may safely use the following over-the-counter (OTC) medications. Please follow the directions on the package for adult dosage and use. Generic substitutions are OK. If taking other medications, please consult with your doctor first.

DO NOT TAKE: Aspirin products (unless instructed by physician), Ibuprofen (Advil) or Naproxen (Aleve).

If you have any further questions about a medication, be sure to ask your nurse or doctor.

Problem	Over-the-Counter Medications	Call Your Obstetrician If You Have
Mild headaches/aches and pains	Tylenol (Acetaminophen) 325mg, Extra Strength Tylenol (Acetaminophen) 500mg, DO NOT exceed 4000mg/day	Severe and/or persistent headaches
Antibiotics	Prescription: Ampicillin, Amoxicillin, Keflex, Omnicef, Macrobid, Z-pack, clindamycin	No Relief
Heartburn	Tums, Mylanta, Maalox, Pepcid NO PEPTO-BISMOL	No relief - If taking Nexium or omeprazole prior to pregnancy consult physician
Sore throat	Alcohol-free lozenges, Tylenol	Severe or persistent
Constipation	Metamucil, Colace stool softener, Milk of Magnesia, Miralax	Severe
Gas	Gas-X (simethicone)	straining
Diarrhea	Imodium, Lomotil	If no relief after 24 hours, or blood in the stool
Hemorrhoids	Anusol HC, Chilled witch hazel packs, Sitz bath, Tucks, Preparation H cream/ointment	Bleeding or severe pain
Insomnia	Warm bath, Warm milk, Vitamin B6 (50mg), Benadryl (25mg), Unisom, Magnesium Glycinate	
Nausea	Vitamin B6 Unisom Pepcid Sea Bands Ginger Tylenol PM, Unisom (25mg) 1 tablet at bedtime	No relief - call for appointment to evaluate
Allergies	Flonase, Nasacort, short term-Afrin (for only 3 days), Benadryl (may cause drowsiness or decrease in milk supply), Claritin/ Zyrtec/Allegra (plain- no D)	No relief with plain antihistamines
Sore Muscles	Icy Hot, Tylenol (extra strength is ok) Heat pad on low (do not place directly over your abdomen), Biofreeze	



Weight, Blood Pressure & Fetal Heart Tones (FHT)

At every prenatal appointment, the nurse will check your weight and blood pressure while also providing information related to your baby's gestational age—essentially, how many weeks and days you are into your pregnancy. Your physician will listen for fetal heart tones (FHTs) during each visit, and the nurse will explain any tests or actions you need to undertake.

OB Panel

The initial routine blood test done on the mother in early pregnancy is called the OB Panel. It includes a Complete Blood Count (CBC) which gives information about your red blood cells such as the hemoglobin and hematocrit, an indicator of anemia. It also tells the physician about your disease fighting cells (white blood cells) and your clotting ability (platelets). The panel will show your blood type and Rh factor. You will be tested for immunity to Rubella (German measles) and infectious diseases like Hep B and C, Syphilis & HIV

Ultrasound

Columbus Metro OB-GYN practice has its own Ultrasound (US) department. All our sonographers are AIUM accredited and use up-to-date equipment. First trimester US will be done around 7-8 weeks unless medically indicated sooner. Then you will get a detailed Anatomy at 18-20 weeks.

Pelvic Exam

Your initial visit with the physician for your prenatal care may involve a pelvic exam, pap test (if due) and swabs in your vagina to rule out certain infections. FHT's are obtained by the physician at every visit over 10 weeks by means of a handheld Doppler device placed on your abdomen.

Urine Culture

Urine culture will be at your first appointment to ensure you have no bacteria in your urine.

Anatomy Ultrasound

Anatomy Ultrasound is performed between 18 - 21 weeks. This test takes about 1 hour and looks carefully at the growth and development of your baby. Gender may often be determined at this US if not gotten during genetic testing. You will schedule an appointment for this.

Glucose Tolerance

Glucose Tolerance test is done between 24-28 weeks. This is a test that will measure the amount of glucose (sugar) in your blood after drinking a "glucose drink" and having your blood drawn 1 hour later. This is to look for any concerns related to Gestational Diabetes (GDM), in other words, diabetes caused by pregnancy. A repeat CBC test will also be done at the same time you have your glucose test blood draw. You Do Not need to be fasting for the 1 Hour test- though we do encourage you to avoid high sugar meals prior. If you fail the 1 Hour screening test, you will need to do a 3 Hour Fasting test. (You will be notified by our office if you need this testing).

Group B Streptococci (GBS)

Group B Streptococci (GBS) is a swab of the vagina at 34-36 weeks. It is looking for a normal type of bacteria that lives in the vagina and rectum. There are usually no symptoms of GBS. If you do test positive, you will be treated with antibiotics in your IV during labor. This will prevent your baby from contracting it during delivery, which could cause illness to the baby.

Additional Syphilis Test

Syphilis is a serious infection that's usually spread by sexual contact. During pregnancy, syphilis can pass to a fetus and cause premature birth, miscarriage, and stillbirth. It can also cause lifelong health issues for a baby or death of a baby soon after birth. It's important to get repeat testing while you are pregnant. You are tested initially in the OB panel and then additionally tested at 28 weeks gestation. Some physicians may also recommend another screening upon admission to the hospital for delivery so that your newborn can receive immediate treatment if necessary.



Flu vaccine to protect against influenza. Pregnancy is a challenge to your immune system therefore you are at greater risk for severe illness and complications if you contract influenza. You may receive the flu vaccine at any time in pregnancy during flu season. No one can get influenza from the vaccine because it is an inactivated virus that is used.

Tdap vaccine is protection against Whooping cough (Pertussis) infection and is recommended for all pregnant women to get during each pregnancy. The vaccine should be given between 27-36 weeks. The purpose of getting this during pregnancy is to protect yourself and the baby. You will pass some immunity against whooping cough infection to your unborn baby and provide some coverage against contracting it in the first few weeks of life.

Covid Vaccine The American College of Obstetricians and Gynecologists (ACOG) strongly recommends that pregnant individuals be vaccinated against COVID-19. Given the potential for severe illness and death during pregnancy, completion of the initial COVID-19 vaccination series is a priority of our Columbus Metro OB-GYN providers. mRNA COVID-19 vaccines (Moderna or Pfizer) are preferred over J&J/Janssen COVID-19 vaccines for all vaccine-eligible individuals, including pregnant and lactating individuals, for primary series and booster vaccination. Vaccination may occur in any trimester. COVID-19 vaccines may be administered simultaneously with other vaccines including vaccines routinely administered during pregnancy, such as influenza and Tdap. If you have already been vaccinated with the COVID-19 vaccine, ACOG recommends you receive a booster dose of COVID-19 vaccine.

RSV Vaccine RSV or respiratory syncytial virus is a virus that spreads in the fall and winter. RSV can be dangerous for babies and young children. It is the leading cause of hospitalization among infants in the United States. You can get the RSV vaccine at the same time as other vaccines recommended during pregnancy. Common side effects of the RSV vaccine include arm pain, headache, muscle pain, and nausea, similar to other vaccine side effects. Side effects are normal and not a cause for concern. ACOG recommends the RSV vaccine if you are 32 to 36 weeks pregnant from September to January. The vaccine creates antibodies that pass to your fetus. This means the baby will have some antibodies to protect them from RSV for the first 6 months after birth.

It is also recommended that family members and childcare providers be vaccinated with the Flu, Covid and Tdap vaccines. Tdap however does not need to be repeated for these people if they have had one in the past 10 years.

****Vaccines to AVOID during pregnancy are Chicken Pox (Varicella), Shingles (Zoster), Measles-Mumps-Rubella (MMR) and Human Papilloma Virus (HPV).****

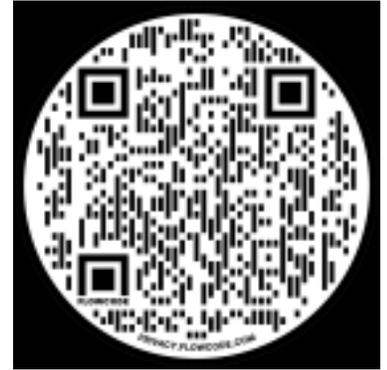


Natera Non-Invasive Prenatal Testing (NIPT)

NIPT uses single nucleotide polymorphism (SNP) technology that requires only a blood draw on the mother. SNP's are the 1% of our DNA that makes us different from one another. This test may be done any time after 10 weeks of pregnancy, but should not be done until after your first appointment with your physician.

Natera Panorama NIPT is a screening for chromosomal abnormalities in the fetus, such as Trisomy 21, 18, 13 and analysis of sex chromosomes, as well as 5 additional microdeletions. It can be used for single and twin pregnancies. Fetal sex can be determined for a single pregnancy and on both fetuses in a twin pregnancy.

This test is optional. Natera billing specialists will get a comprehensive view of your insurance and individual situation and help to determine what the cost of testing will be for you. You can learn more at natera.com, by calling 844.778.4700, email: estimate@natera.com or by texting "coverage" to 636363. They will discuss with you any out-of-pocket costs in addition to checking your insurance coverage.



Quad Screen

Offered to all pregnant patients to screen for both chromosomal and anatomical abnormalities including Spina Bifida and anatomical defects. Mom's Blood work is drawn and a risk score is assigned based on certain hormone levels in her blood during pregnancy. This is not a diagnostic test and is offered for screening purposes only. Abnormal results would require further testing.

Alpha-fetoprotein

There is a screening test available in the Second Trimester called Alpha-fetoprotein (AFP). AFP is a blood test done on the mother between 15 weeks and 20 weeks 6 days of pregnancy. This test is screening for neural tube defects of the spine or skull, such as Spina Bifida. If the level of AFP is elevated, there is an increased risk of having a child with a neural tube defect.

Carrier Testing (Natera Horizon)

Specialized Genetic Testing: Specific screening for genetic diseases that may be more prevalent in certain populations. Test include screening for Cystic Fibrosis, Sickle Cell, Thalassemia's, Tay Sachs, Canavan's Disease, Fragile X, Spinal Muscular Atrophy etc.

Non-Stress Test

A non-invasive monitoring test that is available in our office to assess the baby's well being. It is indicated in complicated pregnancies but also pregnancies that progress past their due date, or with women who are not experiencing adequate fetal movement. An external monitor is applied to assess the baby's heart rate and you will be monitored for at least 20 minutes. It is advisable to eat or drink prior to the testing and avoid smoking at least 1 Hour prior to the appointment as these can affect the baby's activity and responses.

Biophysical Profile (BPP)

An alternative non-invasive option for assessing a baby's health and well-being. An Ultrasound is performed and a score is assigned based on specific evaluations including movement and amniotic fluid assessment within a 30 min. period.

*****If you are interested in having the Natera NIPT testing, AFP, or any other genetic testing, you will let your physician know at that first office visit. If you choose to have these optional tests performed, you will need to contact your insurance regarding coverage. You will need to know PRIOR to your first office visit with the physician what your financial responsibility will be before having these tests.*****

Diagnostic Testing

If you choose to have any of these genetic screening tests and have a positive result, your physician will discuss with you in detail what the next steps would be. Any further testing could be invasive such as Chorionic Villus Sampling (CVS) or Amniocentesis depending on how far along the pregnancy is. Usually, a referral to Maternal Fetal Medicine sent as well.

Carrier Screening for Specific Genetic Conditions

We offer expanded screening to test if you or your partner(s) are carriers for a genetic disorder that you may pass to your baby. For example, we can test for cystic fibrosis, spinal muscle atrophy, fragile X, or sickle cell disease. Many patients are unsure of their ethnicity or family history. *The testing is the same cost whether selected diseases or a whole panel are tested for. *Therefore, we recommend screening for the whole panel of diseases listed below.*

Heritage or History	Recommended Carrier Screening
All patients, regardless of race or ethnicity	<ul style="list-style-type: none"> Cystic fibrosis and spinal muscle atrophy
African, Mediterranean, Middle Eastern, Southeast Asian, West Indian	<ul style="list-style-type: none"> Sickle cell disease, thalassemia, and other hemoglobinopathies
Ashkenazi Jewish	<ul style="list-style-type: none"> Tay-Sachs disease, Canavan disease, and Gaucher disease
Cajun, French Canadian	<ul style="list-style-type: none"> Tay-Sachs disease
Women with a family history of intellectual disability or premature ovarian failure	<ul style="list-style-type: none"> Fragile X

**Our testing partner offers cost reduction options based on your insurance plan including out-of-pocket pricing if there is no insurance coverage.*

Complicated pregnancies:

Some women experience medical or obstetrical complications during pregnancy or may have a pre-existing medical condition. In the event of a high-risk pregnancy, we may need to see you more often to ensure a safe, and healthy delivery. We may even refer you to High-Risk Specialist (Maternal Fetal medicine) to co-manage your pregnancy and those appointments would be separate from your routine care.

Maternal fetal medicine is utilized for many things. We can send a referral to get clearer pictures of your anatomy scan if our on-site sonographer is having trouble. They have an in-depth and high-tech ultrasound machine that can help us see clearer pictures. They can help manage blood sugars by adjusting insulins if needed. They will be the ones who do the invasive prenatal testing, like the amniocentesis if required.

If you are referred to Maternal Fetal Medicine (MFM), we encourage you to keep your regularly scheduled appointments. Prenatal care is very valuable entity in optimizing your and your baby's health. We will work in tandem with Maternal Fetal Medicine to give you the highest level of care. So please continue to see our providers as your main care team and MFM as a consulted provider.



Eating well and taking a prenatal vitamin are things you should do to have a healthy pregnancy. There are also things you should avoid to decrease the risk of possible complications in pregnancy.

Avoid all alcoholic beverages. There is no research available that demonstrates what level of alcohol consumption is likely safe. If you had alcoholic beverages prior to knowing you were pregnant there is no need to be concerned if you stopped with your positive pregnancy test.

Avoid changing a litter box. If you have cat(s) at home, it is recommended that you do not change the cat litter box. There is a parasite that can be in a cat's feces that when mixed with the dust from the litter can be inhaled by the person changing it. We prefer that you do not expose yourself to this during your pregnancy.

Avoid all tobacco and smokeless products. Cigarette smoking is known to be harmful to your developing baby as well as causing complications in pregnancy. Babies born to smokers are more likely to be premature and smaller in weight. E-cigarettes and vaping are not safe alternatives to cigarette smoking! These contain numerous harmful chemicals. There is help available to assist you to stop smoking. Your nurse and doctor will give you resources.

Avoid the use of any recreational drugs. This includes marijuana and all "street" drugs. There is no evidence on if CBD oil and any other products with CBD are safe to use during pregnancy. Our recommendation is to avoid these products.

Avoid extreme sports and activities. While mild exercise is okay and even recommended, you should avoid activities like riding ATVs, snowmobiles, horses, and rollercoasters. You should also refrain from extreme sports like downhill skiing. Anything potentially traumatic or have rapid heart rate increase.

Avoid hot tubs and saunas during your pregnancy. These temperatures may elevate your own body temperature above 101 degrees and may have a harmful effect on baby.

Avoid skin care products that contain Retinol, Retin-A or Salicylic acid.

Avoid painting. Painting with non-lead-based paint is okay if you paint in a ventilated area and take frequent breaks.

Avoid sleeping on your back. *Caution* during the second and third trimesters.

Avoid prolonged exposure to loud noise. Using heavy machinery for long periods of time (working in a factory, etc.) or frequently attending loud concerts.





Healthy eating and weight gain are subjects that are of great interest to women during pregnancy.

Eating a diverse range of foods, not skipping meals, and incorporating healthy snacks are crucial for your baby's growth. Aim to include a source of protein in every meal, such as chicken, meat, eggs, beans, cheese, yogurt, nuts, or peanut butter. Ensure you consume plenty of fruits and vegetables while trying to limit your intake of sweets and junk food.

A well-balanced diet, proper nutrition, and regular exercise can help you maintain a healthy weight, enhance your own health, and improve the outcome of your delivery. For women of normal weight, the average weight gain during pregnancy is between 25 to 35 pounds. It's important not to focus solely on the numbers, as many women find it challenging to adapt to rapid body changes. Concentrate on your health and optimizing your pregnancy, reminding yourself that these changes are temporary. Additionally, you only need about 300 extra calories a day to support a full-term pregnancy. Prenatal vitamins with 400mg Folic Acid, and Hydration: 8-10 glasses of water daily.

Weight gain during pregnancy varies among individuals. Typically, during a full-term pregnancy, weight gain is distributed as follows:

- 7-8 lbs for the baby
- 6-8 lbs of fat stores
- 3-4 lbs of increased blood volume
- 2-3 lbs of water weight
- 2 lbs of amniotic fluid
- 1-3 lbs due to breast enlargement
- 2 lbs from uterine enlargement
- 1-2 lbs related to the placenta

If you experience any unusual cravings, please consult your physician.

There are a few food restrictions during pregnancy.

- Lunch meat, deli meat (cold cuts), and hot dogs need to be consumed in small amounts over the course of your pregnancy. You will need to cook hot dogs completely and heat lunch/deli meat for 30 seconds in the microwave before eating. Processed meats have a greater risk of listeria bacteria which is harmful in pregnancy.
- Fish and seafood are limited to 1-2 servings (6-8 oz) per week. You should not consume anything raw, so avoid Sushi or any raw seafood such as oysters. Fish to avoid completely are Tilefish, Kingfish, Shark, Whale, Swordfish, Ahi Tuna and King Mackerel. Light tuna is allowed, however if you do eat it, it will count as your 2 servings for that week.
- Artificial sweeteners may be used in small amounts during pregnancy, except saccharin, which is not recommended in pregnancy.
- **Meats and poultry** need to be cooked completely.
 - Poultry: 165°
 - Pork: 160°
 - Beef: 160°
- Avoid any **raw or undercooked** foods.
- **Wash** all fruits and vegetables before eating.





Is it ok to douche during pregnancy? NO

May I have my hair colored? YES - There is very minimal absorption into your system.

Should I go to the dentist? YES - Regular dental cleanings and check-ups are important to continue. Always let your dentist know you are pregnant and use extra protection if x-rays must be done.

May I use sunscreen and insect repellent? YES - It is recommended that you protect yourself from the sun and insect bites. You may use repellent that contains DEET, just not at 100%. We suggest you shower off these products at the end of the day.

Should I wear my seat belt? YES - Seat belt should be positioned on your hips and below your belly.

May I get a manicure, pedicure, massage? YES - For a massage we recommend a "Prenatal Massage." Services should take place in a well-ventilated area.

Is exercising OK? YES - There are a few restrictions to keep in mind. No weight - lifting or resistance training over 25 lbs. Now is not the time to take up a new routine or sport. Use common sense, if you do not feel well doing something you are used to doing, then stop! Always use correct form and body mechanics. Drink plenty of fluids and eat. Abdominal crunches and lying flat on your back after 16-18 weeks GA should be avoided. If you need activity restrictions during your pregnancy for any reason, your physician will discuss it with you.

May I continue to have sex? YES - If you experience any type of pain during intercourse or have vaginal bleeding, then abstain and call your physician. It is considered normal to see a very small amount of spotting when wiping with bathroom tissue 24-48 hours after intercourse. If this is all that you experience, then no need for concern. However, even though it is considered "normal", we ask that you do not have anything inside of your vagina then for the next 7 days. There are some problems in pregnancy that could cause your physician to tell you to avoid sex completely during your pregnancy. We call this "pelvic rest." Please ask any questions you have about sexual relations during your pregnancy.

Is it OK to travel during my pregnancy? YES - There are several precautions and restrictions, however. Please stop all travel outside of the immediate area (within 1 hour or less of the hospital) at 35 weeks GA. If you are traveling by airplane, drink plenty of water and get up out of your seat to walk around 3-5 minutes for every 1 hour of flying. For travel by car, stop and walk around for several minutes every 2 hours. Also wear compression socks! You are at an increased risk for blood clots during pregnancy and these tips will keep your circulation moving. If you plan to vacation/travel to altitudes above 8,000 feet sea level, stay well hydrated and be aware that you may not tolerate high altitudes well when you are pregnant. It is always important to discuss travel plans with your physician.





Columbus Metro OB-GYN Associates, is here to assist you with the completion of your disability / FMLA forms for your maternity leave. We have trained staff who work closely with the physicians to complete and submit your medical leave paperwork to either your employer or Disability Company.

Completion of disability or FMLA forms takes approximately 7-10 days. Your paperwork can be submitted to our office by email, fax, mail or you can drop it off at the front desk with the office staff.

We ask that you submit all your medical leave forms. Please make sure that the information section has been completed and signed. Your signature is needed to release information. Also please have the number to fax the form to and how long you need your leave to be on document.

Please feel free to contact us with any questions or concerns regarding this.





Preparing for delivery

- Birth plan
 - Our birth plan for you: [Healthy Mom and Healthy Baby](#)
- The hospitals we deliver at offer birthing classes. We recommend attending some.
- It is recommended to have a pediatrician picked before delivery. Your pediatrician will not be at hospital but there will be a qualified team of hospital pediatricians to care for your baby during your stay. The baby doctors at the hospital often prefer for an appointment to be set up before discharge.
- An induction may be recommended based on the course of your pregnancy.
 - Some conditions such as high blood pressure require delivery at 37 weeks due impaired blood flow to the placenta.
 - If you go past 40 weeks, sometime inductions are indicated due the placenta aging. Placentas are not created to last much past 40 weeks. They can start to deteriorate at full term. The placenta is what feeding the baby. So we may need to induce to keep the baby healthy.

When to Go to Labor & Delivery

- If you believe you are experiencing a medical emergency related to your pregnancy at 16 weeks.
- If you are over 36 weeks and experiencing strong contractions every 5 minutes for more than 2 hours.
- If you are under 36 weeks and having strong contractions more than 4 times in an hour.
- If you suspect your water has broken, which may present as a significant “gush” of fluid or a continuous leak.

What to Expect at Delivery Time

- Upon your arrival at the hospital, you will go to the Labor & Delivery triage, where a nurse or midwife will likely perform an initial assessment.
 - If you are there for an induction, we will start by administering medication to kickstart the labor process.
 - If you are in natural labor, the in-house provider will evaluate and admit you if you are in active labor.
- Our approach focuses on allowing your body and the baby to take the lead, providing minimal intervention to ensure the safety of both you and your baby.
- Your labor will be overseen by our provider or the on-call provider from our team, who will provide recommendations throughout the process.
- As labor advances and contractions become stronger and more frequent, some women choose to use pain relief medication. Options include:
 - Regional anesthesia, such as: **epidural**(the most commonly used) and **spinal block** (used in cesarean sections)
 - Analgesics, such as: **opioids**
- Once you reach 10 cm of dilation and the baby is positioned low in the birth canal, it's time to start pushing!
- While we aim to avoid cesarean deliveries, it is crucial to recognize that unforeseen emergencies can occur.
 - Your baby is experiencing distress
 - Your cervix has ceased to dilate despite all possible interventions
 - You have been pushing for several hours without the baby descending
 - You have a medical condition that makes vaginal delivery unsafe
 - Your baby is not in the head-down (vertex) position
- After the baby is born, our goal is to practice delayed cord clamping for one minute and to encourage one hour of skin-to-skin contact, provided the baby is not in distress. If you wish to breastfeed, we aim to facilitate a latch within the first hour as well.



- **Before labor**
 - I have chosen my delivery hospital.
 - My Group Beta Strep (GBS) status is:
 - I have selected a pediatrician.
 - My infant car seat is properly installed in the car.
 - I am knowledgeable about infant CPR techniques.
 - My bags are packed and ready.
 - I have made arrangements for my pets and other children during labor and birth.

- **Supplies to Bring to the Hospital**
 - 2 extra pillows with dark pillowcases
 - T-shirts, tank tops, or nightgowns for labor (you may use the hospital gown)
 - Bathrobe, slippers, socks, nursing bra
 - List of phone numbers to call family and friends
 - Toiletries: toothbrush, toothpaste, shampoo, hairbrush, lip balm, ponytail holders
 - Clothes to wear after the birth
 - Clothes for the baby and self to go home in
 - Infant car seat (state law, required before discharge)
 - Bluetooth Speaker

- **Suggested Supplies to Have at Home**
 - Sanitary pads (24 long maxi pads, with wings recommended)
 - Plastic cover on mattress (shower curtain, rubber sheet, or mattress pad)
 - Nursing bras (one cup size larger than pregnant size) and breast pads (for leaking)
 - Nightgown that opens in front for breast feeding
 - Tucks pads
 - Sitz bath
 - Breast pump
 - Head of cabbage, if bottle feeding



Postpartum Appointments and Follow-Up

- If you haven't scheduled your postpartum appointments yet, please call to set them up after you have delivered.
- For both vaginal delivery please schedule an appointment for 6 wks after deliver and a cesaren section 2-4 wks after, but please call with any concerns to be seen sooner
- There are certain circumstances that require additional visits. Please refer to your discharge paperwork to ensure that your doctor does not want additional visits.
- Topics that will be covered at your postpartum visit include:
 - Postpartum recovery
 - Postpartum depression screening
 - Postpartum hypertension
 - Contraception

Caring for Yourself After Delivery

- Your mental health is a critical part of achieving healthy babies and healthy families. Please see the postpartum complications page for a more more in depth explanation of what emotional disturbances in postpartum can look like.
- Your stamina and energy levels will gradually improve week by week, so start slowly and increase your activity as you feel able.
- **REST!** We cannot emphasize enough how crucial rest is during this time. Your sleep patterns will be disrupted by your newborn, leading to quick onset of sleep deprivation. Make sure to rest whenever your baby is sleeping.
- Nutrition remains vital as your body recovers from the lengthy journey of pregnancy, labor, delivery, and postpartum. Just like during pregnancy, stay hydrated and eat healthily!
- Swelling is quite common after delivery due to the fluids administered and the shift of extra blood volume into your tissues. Wearing compression socks and elevating your feet can provide relief. This usually starts to resolve 7 days after delivery.
 - If the swelling becomes painful, please call our office.
- Bleeding may last for 4-6 weeks, changing in color from red to dark red, then brown, and finally pink. You might notice clots or clumps of blood. Avoid using tampons. Excessive activity may lead to increased bleeding. Contact us if you soak a maxi pad in an hour or less or if clots are as large as an orange.
- Resuming intimacy is different for everyone and every couple. Your body needs time to heal, especially where the placenta was attached, which is a healing wound. Introducing bacteria from semen can lead to infection, and it's possible to conceive before your first postpartum period. We recommend postponing sexual intercourse until you receive clearance from a healthcare provider.
- If you experienced an episiotomy or tear requiring stitches, use a Sitz Bath 2-6 times daily to promote healing. You can use warm or cold water, whichever feels most soothing for you. The stitches will dissolve on their own and do not require removal.



*******While we encourage patients to breastfeed, our team fully supports patients who choose to or require bottle feeding.*******

Breastfeeding

Here are some helpful hints for breastfeeding:

- **Stay Patient:** This journey involves a learning curve for both you and your baby.
- **Hydration is Key:** Ensure you are well-hydrated to produce sufficient milk for your little one.
- **Prioritize Rest:** Make sure to rest whenever your baby sleeps.
- **Helpful Aids:** Consider using Mother's Milk tea, lactation cookies, pineapple juice, coconut water, and breast pumps to support milk production.
- **Understand Latching:** Latching can create significant force and suction, which may lead to sore nipples for a brief period of 1-2 weeks.
- **Consult Your Pediatrician:** Your pediatrician will guide you on the appropriate weight gain and feeding amounts for your baby.

Breastfeeding benefits for mom:

Breastfeeding can facilitate weight loss after pregnancy. Women who breastfeed for extended periods tend to experience lower rates of type 2 diabetes and high blood pressure. Additionally, breastfeeding is associated with reduced risks of both breast and ovarian cancer. It also stimulates the release of oxytocin, which helps the uterus contract and may lessen postpartum bleeding.

Please call us with signs of fever and/or red, itchy, burning, or painful breasts.

Breast Milk Benefits for Baby:

- Breast milk provides the perfect balance of fat, sugar, water, protein, and minerals essential for a baby's growth and development.
- It is easier to digest than formula, leading to fewer issues such as gas, feeding difficulties, and constipation in breastfed infants.
- Additionally, breast milk is rich in antibodies that shield babies from various illnesses, including ear infections, diarrhea, respiratory infections, and allergies.
- Breastfeeding is also linked to a reduced risk of sudden infant death syndrome (SIDS).
- For babies born prematurely, breast milk can significantly lower the chances of many short-term and long-term health complications.

Bottle Feeding

If you opt for or need to use bottle feeding, we suggest utilizing either breast milk or an iron-fortified formula. It's advisable to discuss formula options with your pediatrician. To alleviate discomfort caused by engorgement and breast swelling, cool compresses or clean, chilled cabbage leaves may provide relief. You can take antihistamine to help dry up the milk. (Sudafed, claritin, zyrtec)





While postpartum complications are uncommon, they can occur and are regarded as medical emergencies. By addressing these issues promptly, we can minimize adverse effects. Remember, early intervention is crucial.

Please call our office or 911 if you are having difficulty with any of the following:

- **Heavy Bleeding:** Soaking through more than one pad per hour, or passing large clots.
- **Fever:** Temperature above 100.1F
- **Chest Pain or Shortness of Breath:** May indicate a blood clot or pulmonary embolism
- **Severe Headache or vision changes:** Can be a sign of postpartum pre-eclampsia
- **Persistent pain in the abdomen or pelvis:** May indicate an infection or uterine rupture
- **Extreme Fatigue or weakness:** Can be a sign of postpartum depression or anemia
- **Thoughts of harming yourself or your baby:** This is serious emergency and requires immediate professional help.



<https://mhaohio.org/poem>

Baby Blues vs Postpartum Depression

Among the many changes that you will experience in a short period of time including alternations in your sleep schedule and in your sleep schedule and learning how to care for a newborn, your hormones will also abruptly drop. It is very common for women to experience temporary postpartum blues within the first few days after delivery.

If the feelings become overwhelming and/or are not improving by the end of week 2, then please do not hesitate to give us a call. This could be a sign of Postpartum Depression.

Postpartum Depression comes in many forms. It is not always just feeling sad as the name suggests. It is an umbrella term we use to diagnosis emotional disturbances related to the hormone drop from pregnancy. It can be severe anxiety (the most common), rage, sleep disturbances, dissociation (feeling away from self and reality), even changes in appetite. It also can present itself for up to a year after birth.

- Certain things can put you at higher risk for Postpartum Depression.
 - Previous diagnosis of Postpartum Depression
 - Previous diagnosis of a mental health disorder
 - Traumatic birth
 - Complications for you or baby. (NICU stay/High risk Pregnancy)
 - Family history of Postpartum Depression
 - Stressful major life events during pregnancy and postpartum period
 - Lack of social support
 - Financial stress

If you have a history of mental health issues, it's particularly important to stay vigilant for signs of postpartum depression or psychosis.

Don't hesitate to seek support and guidance from your healthcare provider, friends, or family. Remember, being proactive and seeking medical help when needed is key.

Early detection and treatment can facilitate a smoother and healthier recovery following childbirth. Approximately 15% of women may experience pregnancy-related depression. Fortunately, both medical and therapeutic interventions have shown to be very beneficial for many women.



SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. But any woman can have complications after the birth of a baby. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.



Call 911
if you have:

- P**ain in chest
- O**bstructed breathing or shortness of breath
- S**eizures
- T**houghts of hurting yourself or your baby

Call your healthcare provider
if you have:
(If you can't reach your healthcare provider, call 911 or go to an emergency room)

- B**leeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- I**ncision that is not healing
- R**ed or swollen leg, that is painful or warm to touch
- T**emperature of 100.4°F or higher
- H**eadache that does not get better, even after taking medicine, or bad headache with vision changes



Tell 911 or your healthcare provider:

"I had a baby on _____ and
(Date)
I am having _____"
(Specific warning signs)

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- Pain in chest, obstructed breathing or shortness of breath (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- Seizures may mean you have a condition called eclampsia
- Thoughts or feelings of wanting to hurt yourself or your baby may mean you have postpartum depression
- Bleeding (heavy), soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- Incision that is not healing, increased redness or any pus from episiotomy or C-section site may mean you have an infection
- Redness, swelling, warmth, or pain in the calf area of your leg may mean you have a blood clot
- Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge may mean you have an infection
- Headache (very painful), vision changes, or pain in the upper right area of your belly may mean you have high blood pressure or post birth preeclampsia

GET HELP My Healthcare Provider/Clinic: _____ Phone Number: _____
Hospital Closest To Me: _____



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WISHING YOU A HAPPY & HEALTHY PREGNANCY

At Columbus Metro OB-GYN, our focus is on women's health care, placing our patients' needs at the forefront. We invite you to reach out to us with your questions and encourage you to rely on our experts as a trusted resource for valuable information.

Scheduling an appointment is simple! Just call 614-759-6200, and our friendly staff will be delighted to assist you in setting up your appointment.

Wishing You a Joyful Pregnancy
Our team at Columbus Metro OB-GYN sends our heartfelt wishes to you and your family for all the best during this special time!



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