

[www.aawdocs.com](http://www.aawdocs.com)

Our website had been designed with the convenience of our patients in mind. You will find a wealth of information that will answer many of the questions that you will have during your pregnancy. You can track your pregnancy and the development of your baby, learn about testing ordered during your pregnancy, safe medications in pregnancy, what to expect when you go to the hospital and much more. After visiting our website, you will be sure to add it to your favorites.

### Obstetrical Call Group

Our call group consists of ten highly qualified physicians and a nurse midwife. The providers routinely rotate call throughout the week and on weekends. Those providers are:

Jessica Apel, DO

Casey Bedder, DO\*

Natalie Chavez, MD\*

Molly Larkin, MD\*

Diane McCracken, MD\*

Regina Smith, DO\*

Clare Szymanski, MSN WHNP-BC CNM\*

Julia Powell, MD

Kirsten Smith, MD

Janice Tildon-Burton, MD

Sara Nichols, MD

Kelly Orzechowski, MD.

\*Indicates All About Women Provider

OB/GYN Research at Christiana Care has many clinical research programs available to patients. Christiana Care believes the best medical care for tomorrow can only be developed by studying the care we give today, learning from it and proposing improvements to it. OB/GYN research focuses on health concerns for newborns and new mothers. We invite patients and members of the community to join us in participating. If you would like more information please call 302-733-3576 or email [slynch@christianacare.org](mailto:slynch@christianacare.org) to reach one of the Research Nurses.

Christiana Care Health System is a teaching institution and you may encounter, during your time in the hospital, a medical student or resident. Residents are involved in various procedures on patients of private physicians. They will be involved in your induction, if you need a cesarean section or if you need to be admitted to the hospital. There is a resident available 24 hours a day and maybe be the first responder in the event of an emergency, though all your care will be reported directly to your primary OB/GYN. If you have any questions or concerns please call 302-733-6565 and leave a message for Anthony Sciscione, DO Program director via Sandi Kardos.

Parent Education: <http://www.christianacare.org/parented>

Registration for classes should take place before 20 weeks gestation. You can do so by phone 302-733-2472 or visit the website and download/print the registration form and send it in by mail.

Visitor Policy: Per staff discretion.

**ACOG**

THE AMERICAN CONGRESS OF  
OBSTETRICIANS AND GYNECOLOGISTS

[http://www.acog.org/For\\_Patients](http://www.acog.org/For_Patients)



**INSTITUTE OF MEDICINE**  
OF THE NATIONAL ACADEMIES

**TABLE 1 NEW RECOMMENDATIONS FOR TOTAL AND RATE OF WEIGHT GAIN DURING PREGNANCY, BY PREPREGNANCY BMI**

Prepregnancy BMI	BMI* (kg/m <sup>2</sup> ) (WHO)	Total Weight Gain Range (lbs)	Rates of Weight Gain* 2nd and 3rd Trimester (Mean Range in lbs/wk)
Underweight	<18.5	28-40	1 (1-1.3)
Normal weight	18.5-24.9	25-35	1 (0.8-1)
Overweight	25.0-29.9	15-25	0.6 (0.5-0.7)
Obese (includes all classes)	≥30.0	11-20	0.5 (0.4-0.6)

\* To calculate BMI go to [www.nhlbiupport.com/bmi/](http://www.nhlbiupport.com/bmi/)

\* Calculations assume a 0.5-2 kg (1.1-4.4 lbs) weight gain in the first trimester (based on Siega-Riz et al., 1994; Abrams et al., 1995; Carmichael et al., 1997)

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Here are the guidelines for weight gain during pregnancy with twins, based on the mother's prepregnancy BMI:

- Normal weight: Gain 37-54 pounds
- Overweight: Gain 31-50 pounds
- Obese: Gain 25-42 pounds
- Underweight: No weight gain guidelines are available because of insufficient data.

## Food Safety

<http://www.fda.gov/food/resourcesforyou/healtheducators/ucm081785.htm>

### Foodborne Risks for Pregnant Women

#### 1. Listeria

What it is:

A harmful bacterium that can grow at refrigerator temperatures where most other foodborne bacteria do not. It causes an illness called listeriosis.

Where it's found:

Refrigerated, ready-to-eat foods and unpasteurized milk and milk products.

How to prevent illness:

- Follow the 4 Simple Steps above.
- Do not eat hot dogs and luncheon meats ~~unless they are cooked until steaming hot.~~
- Do not eat soft cheese, such as Feta, Brie, Camembert, "blue-veined cheeses," "queso blanco," "queso fresco," and Panela - *unless it's labeled as made with pasteurized milk.* Check the label.
- Do not eat refrigerated pâtés or meat spreads.
- Do not eat refrigerated smoked seafood - *unless it's in a cooked dish*, such as a casserole. (Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna, or mackerel, is most often labeled as "nova-style," "lox," "kippered," "smoked," or "jerky." These types of fish are found in the refrigerator section or sold at deli counters of grocery stores and delicatessens.)
- Do not drink raw (unpasteurized) milk or eat foods that contain unpasteurized milk.

#### 2. Methylmercury

What it is:

A metal that can be found in certain fish. At high levels, it can be harmful to an unborn baby's developing nervous system.

Where it's found:

Large, long-lived fish, such as shark, tilefish, king mackerel, and swordfish.

How to prevent illness:

- Don't eat shark, tilefish, king mackerel, and swordfish. These fish can contain high levels of methylmercury.
- It's okay to eat other cooked fish/seafood as long as a variety of other kinds are selected during pregnancy or while a woman is trying to become pregnant. She can eat up to 12 ounces (2 average meals) a week of a variety of fish and shellfish that are lower in mercury. Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock, and catfish. Another commonly eaten fish, albacore ("white") tuna has more mercury than canned light tuna. So, when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of albacore tuna per week.

#### 3. Toxoplasma

What it is:

A harmful parasite. It causes an illness called toxoplasmosis that can be difficult to detect.

Where it's found:

Raw and undercooked meat; unwashed fruits and vegetables; soil; dirty cat-litter boxes; and outdoor places where cat feces can be found.

How to prevent illness:

- Follow the 4 Simple Steps above.
- If possible, have someone else change the litter box. If you have to clean it, wash your hands with soap and warm water afterwards.
- Wear gloves when gardening or handling sand from a sandbox.
- Don't get a new cat while pregnant.
- Cook meat thoroughly: see the Apply the Heat chart for the proper temperatures.

### **DENTAL PROCEDURES APPROVED FOR OBSTETRICAL PATIENTS:**

- All teeth cleaning procedures
- Local anesthesia without epinephrine
- Filings and extractions
- Necessary dental x-rays with appropriate shielding using a lead apron; although preferably not in the first trimester
- Root canals
- Crowns and bridges
- Periodontal cleanings

APPROVED ANTIBIOTICS: Penicillins and Cephalosporins (if no drug allergy)

APPROVED ANALGESIA: Tylenol with Codeine or Percocet (if no drug allergy)

### **Early Pregnancy Diet**

The following diet tips are helpful when dealing with morning sickness. Morning sickness can occur at any time of the day and usually goes away once you are in your second trimester (around the 12<sup>th</sup> to 14<sup>th</sup> week of gestation). If, after changing your diet, you still experience severe nausea, please call our office. Also, if you are unable to keep fluids down for 24 hours please call our office because this may not correct itself and may be cause for concern.

#### **Diet tips to try:**

Eat six to eight small meals per day instead of three large meals.

Avoid hunger, it can increase nausea.

Eat foods that are high in protein and carbohydrates. Eat plain, starchy foods like toast, crackers, melba toasts, rice, noodles, potatoes, dry cereals, etc. These are easily digested and less likely to cause nausea.

Drink plenty of fluids between meals. Concentrate your nutrients in fluids if you are not tolerating solids well. Drink milk shakes, pureed soups, fruit sorbets, sherbet, cottage cheese or yogurt. Ginger ale, lemonade and sports drinks may also reduce nausea.

Do not drink while you eat. Separate foods from liquids by a least an hour.

Avoid fatty, fried and spicy foods. Eat very bland simple foods.

Avoid the sight and smell of food that makes you queasy. Some women cannot tolerate food preparation in early pregnancy. Prepare food when it is cold to avoid odors.

Some herbal teas have been recommended to help with nausea; Ginger tea, Raspberry tea and Mint tea (Spearmint or Peppermint) can also help with gas. Pennyroyal tea is to be avoided.

Your prenatal vitamin is insurance of adequate nutrition because all of the baby's organs are forming right now. It is extremely important to take your vitamin if your daily intake is decreased due to nausea. Take your vitamin at the time of day when it will most likely stay down and not on a full stomach. Some women think taking their vitamin before bed helps (to sleep through any nausea that the vitamin may cause).

You may need to use a child sized toothbrush and a non-gritty (gel type) toothpaste.

Physical and mental fatigue may also contribute to nausea. Listen to your body and get extra rest as needed.

### **Common Discomforts of Pregnancy**

During your pregnancy your body goes through many changes. These changes may cause you to feel discomforts that are normal during pregnancy. Listed below are some of the feelings you might have. Tips for coping with these discomforts are given as well.

### Nausea and Vomiting

Many women have morning sickness. This usually occurs around 4 – 6 weeks of pregnancy and generally lasts until the third month of pregnancy. Some women have nausea and vomiting during their entire pregnancy.

To help relieve the feeling of nausea, eating saltine crackers or dry toast prior to getting out of bed in the morning is suggested. Eating small frequent meals throughout the day, and avoiding foods that are greasy and high in fat is also suggested.

**\*\*\*If you are not able to keep liquids and solid foods down for more than 24 hours or if the nausea and vomiting become constant or severe; contact your provider.**

### Fatigue (Tiredness)

Many women in early pregnancy have decreased energy and a feeling of tiredness. It is important to get as much sleep and rest as possible. The fatigue generally goes away after the first few months of your pregnancy. The tiredness may return again near the end of the pregnancy. A back rub or warm bath may help relax you so that you can fall back to sleep. Taking short naps during the day may also help.

### Nasal Stuffiness/Nosebleeds

It is not unusual for women who are pregnant to have nasal congestion and/or nosebleeds. Pregnant women sometimes have bleeding gums when they brush their teeth. To combat these symptoms, use a vaporizer or breathe in the steam from a hot shower. If you have a nosebleed, apply pressure by holding the nose shut tight and leaning forward or use a cold compress to your nose. If you have

bleeding gums, consider using a toothbrush with soft bristles and talk with your dentist.

**\*\*\*Contact your provider before taking any over-the-counter medications, as certain medications may be harmful to your baby.**

### **Breast Tenderness**

During the first month of pregnancy, your breasts may get very sore and tender. You may feel tingling in your nipple area. A larger bra with more support may help and make you feel more comfortable.

### **Abdominal Pain**

You may notice some cramping or sharp pains in your abdomen. You might feel this when you are sneezing, coughing, or moving suddenly. While you are pregnant your stomach muscles stretch as your baby increases in size. Try to avoid sudden movements. It is helpful if you hold your lower abdomen with your hands when you are sneezing or coughing. This helps by providing support.

**\*\*\*If you have cramping or pain that occurs more than 4-6 times an hour, or lower back pain that comes and goes, contact your provider. This may or may not occur with spotting or a brownish discharge.**

### **Lower Back Pain**

Lower back pain is very common as the body gets used to carrying extra weight in the front. Doing an exercise called the pelvic tilt will help build up the lower back muscles, which will help ease the soreness. To do these exercises for help with lower back pain:

- Stand with your feet about a foot apart and your knees bent. Place your



hands on your hips near the hip bone.

- Move your pelvis forward and back 10 to 15 times.
- You can also do this while lying on your back with your knees bent. Move the abdomen upward keeping the buttocks on the floor and then press your lower back to the floor.

Also, change your position often if you are standing for a long time. This might make your back feel better. If you are sitting, it is helpful to get up every couple of hours and stretch, and walk around. You might find that using extra pillows for support while you are sleeping also helps.

**\*\*\*If you have pain on the left or right side of your lower back that does not go away, contact your provider.**

### **Heartburn/Indigestion**

Heartburn and indigestion often occur in pregnant women. This happens when your growing belly puts pressure on your stomach. Avoid eating foods that are spicy or fatty. Eat smaller meals through the day instead of three large ones. Do not lie down right after eating. When you lie down, use pillows to raise your head and shoulders. Drinking milk or soda may also make you feel better.

### **Urinary Frequency**

Expect to go to the bathroom often at the beginning and the end of your pregnancy. Your uterus and the baby place pressure on your bladder (the part of your body that stores your urine before you void). There is no treatment, but the symptoms will go away after the baby is born.

**\*\*\*If you have any pain or burning when you use the bathroom, call your provider. You may have an infection.**

### **Vaginal Discharge/Yeast Infection**

Many women have a thick, white discharge when they are pregnant. You may notice an increase in vaginal discharge. This is normal. It is not normal for your discharge to have an odor or cause you to have itching. If your discharge had an odor or causes you to feel itching, you may have an infection which needs to be treated with medicine.

**\*\*\*If you believe you have an infection, contact your provider before taking any medications that you buy at the store.**

### **Constipation**

You may have constipation if your bowel movements are less often and/or your stool is hard and difficult to pass. By eating high-fiber foods (such as fresh fruits and fresh vegetable), drinking 8-10 glasses of water daily, and getting regular exercise, you can help reduce your chance of becoming constipated.

**\*\*\*Do not use laxatives. If the constipation becomes severe, check with your provider for medications that can be taken during pregnancy.**

### **Hemorrhoids**

Sometimes when you are constipated you can get hemorrhoids. Hemorrhoids are little sacs around your rectum. Hemorrhoids also may occur later in pregnancy because of the pressure that the uterus and baby places on blood vessels. Applying witch hazel or Tucks to the area may help relieve some of the discomfort.

**Notify your provider IMMEDIATELY if you have:**

- A sudden gush of fluid or constant leaking of fluid from your vagina.
- Vaginal bleeding similar to that of a menstrual period.
- Cramping or a tightening in your lower abdomen that occurs more than four times an hour if you are less than 36 weeks pregnant.
- Contractions that are closer than every five minutes if you are over 36 weeks pregnant and are having your first baby, and the contraction do not go away with rest or fluid intake.
- Contractions that are regular if you are over 36 weeks pregnant and you have already had a baby.

-Information provided by Christian Care Health Services

### **Round Ligament Pain**

As your uterus grows during pregnancy, the ligaments on your uterus may become stretched and pulled, sometimes causing sharp or dull pain. Twisting, stretching, or quick movements can make the pain worse. This pain will stop after your baby is delivered.

#### **Reducing Pain**

Some of these things may ease your pain:

- Avoid sudden twisting, bending or stretching movements.
- When getting out of bed, turn your whole body to the side at one time, and push up with your arms. This helps to avoid muscle strain.
- Lay on the side that hurts. (putting pressure on this side helps).
- Apply warm wash cloths to the area that hurts. A hot water bottle or heating pad can also be helpful. Do not use heating pads while sleeping.
- Take a warm bath. (Be careful getting in and out of the bathtub).
- Massage the painful area.
- Avoid excessive exercise, standing or walking.
- Avoid staying in one position, such as sitting or standing, for a long time.

#### **When to Call Your Doctor**

Call your doctor right away if you have:

- Contractions or your belly gets hard more than four times an hour (if you are less than 36 weeks pregnant).
- Vomiting, diarrhea, chills or a fever over 100.5 degrees F.
- Burning or pressure when you urinate.
- Severe pain that does not go away.
- Increased pain.
- Fluid leaking from your vagina.
- Vaginal bleeding that is heavier than a light day of your period.

-Information provided by Christiana Care Health Services

## ALL ABOUT WOMEN, PA

### Safe Non-Prescription Medications During Pregnancy and Nursing

ALLERGIES	Claritin (plain, no D), Tylenol Allergy-Sinus, Zyrtec
CHEST CONGESTION	Sudafed, Actifed
COLDS	Tylenol Multi-Symptom, Contac, Sinutab
CONSTIPATION	Colace, Metamucil, Citrucel, Fibercon, Benefiber, Dulcolax, Milk of Magnesia, Pericolace
COUGHS	Robitussin DM, Mucinex
DIARRHEA	Kaopectate, Immodium
GAS	Gas-X, Mylicon
HEADACHES	Tylenol, Extra Strength Tylenol, Tylenol Migraine, Aspirin-Free Excedrin
HEARTBURN	Tums, Mylanta, Maalox, Zantac, Pepcid AC
HEMORRHOIDS	Preparation H Ointment with Cortisone, Tucks
INSOMNIA	Tylenol PM, Benadryl, Unisom
MOTION SICKNESS	Dramamine
NAUSEA/VOMITING	Flat coke or ginger ale, avoid solids for 24 hours, Dramamine
YEAST INFECTION	Monistat 3 or 7 day

Please call the office if your temperature rises above 101 degrees Fahrenheit or symptoms persist

302-224-8400

## ALL ABOUT WOMEN, PA

### Pediatricians

Pediatric Associates  
302-368-8612

CHOP Care Network  
302-368-2501

Pike Creek Pediatrics  
302-239-7755

Brandywine Pediatrics  
302-479-9610

Bonnie Field, MD  
302-234-0890

Franczyk Pediatrics  
302-529-1735

Karen Kelly, MD  
302-994-8887

Appoquinimink Pediatrics  
302-285-0813

Jason Hann-Deschaine  
302-449-2570

Matthew Gotthold  
302-762-6222

Just Kids Pediatrics  
302-918-6400