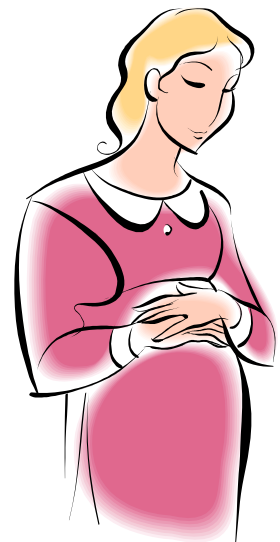




Expectant Parent Booklet



41680 Miss Bessie Drive, Suite 102 • Leonardtown, Maryland 20650
Phone: 301-997-1788 • Fax: 301-997-1790

Dear Expectant Parents:

Congratulations and welcome to our office!

We welcome you as a patient and we would like to take this opportunity to thank you for your decision to allow Southern Maryland Women's Healthcare to provide care for you during and after your pregnancy. This booklet we have put together is designed to answer many questions that you may have regarding our practice and our policies. It also will help answer some of your more general questions about your pregnancy.

It is our pleasure to serve and please do not hesitate to call if you are experiencing any problems or have any additional questions.

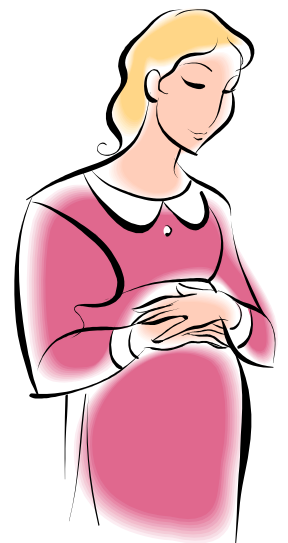
Thank you,

The Staff of Southern Maryland Women's Healthcare

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GENERAL INFORMATION



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ABOUT OUR PROVIDERS

Lisa E. Polko, M.D., F.A.C.O.G.

Dr. Polko completed her internship and residency in obstetrics and gynecology at the University of Tennessee -Memphis. Dr. Polko received her medical degree from George Washington University School of Medicine. Dr. Polko is board certified.

Nnamdi A. Davis, M.D., F.A.C.O.G.

Dr. Davis completed his residency in obstetrics and gynecology at Albany Medical Center, Albany, New York and earned his medical degree at the University of Louisville, Louisville, Kentucky. He is board certified in obstetrics and gynecology.

Jessica B. Colwill, M.D., F.A.C.O.G.

Dr. Colwill completed her internship and residency in obstetrics and gynecology at the Naval Medical Center- San Diego. She received her medical degree from the University of Pittsburgh- School of Medicine. She is board certified in obstetrics and gynecology.

Mallory L. Kincade, M.S.N., F.N.P.-C. (Nurse Practitioner)

Mallory is a Certified Registered Nurse Practitioner. She graduated from Simmons College in Boston, MA with a Master's of Science in Nursing. She is board certified as a Family Nurse Practitioner by the American Academy of Nurse Practitioners.

Amy J. Ramthun, W.H.N.P., B.C., N.M.C.P. (Nurse Practitioner)

Amy is a National Certification Corporation (NCC) board certified Women's Health Nurse Practitioner. She graduated from the University of Kansas with a Bachelors of Science Nursing degree and the University of Cincinnati with a Masters of Science Nursing degree. She is also a North American Menopause Society (NAMS) Certified Menopause Practitioner and trained as a Colposcopist with American Society of Colposcopists and Cervical Pathologists (ASCCP). Amy has 14 years of nursing experience, to include 7 years as a Women's Health Nurse Practitioner and serving as a United States Navy officer and Nurse during the Global War on Terrorism.

(continued on next page..)

ABOUT OUR PROVIDERS (cont.)

Eva Thompson, M.S.N., W.H.N.P.-B.C. (Nurse Practitioner)

Eva is board certified by the National Certification Corporation (NCC) as a Women's Health Nurse Practitioner, maintains an NCC certification in Inpatient Obstetrics, and is a member of the Association of Women's Health, Obstetrics, and Neonatal Nursing. She received her Master of Science in Nursing degree in Women's Health from the University of Cincinnati and her Bachelor of Science in Nursing degree from Marquette University. Eva has devoted her career to caring for women, working 17 years as a labor and delivery nurse. Her nursing experience has included caring for patients in a volunteer capacity at a free standing birth center as well as multiple hospital settings, having worked most recently at MedStar St. Mary's Hospital Women's Health and Family Birthing Center for over 10 years.

Susan Lufkin-Curtis, M.S.N., F.N.P., C.N.M. (Nurse-Midwife)

Susan is a Family Nurse Practitioner and Certified Nurse Midwife. She is a graduate of Husson University and Philadelphia University. She is board certified by the American Academy of Nurse Practitioners and by the American Midwifery Certification Board. Susan brings to her practice 13 years of labor and delivery experience and 9 years of combined experience in women's health and midwifery care. It is an honor to provide quality care to women of all ages.

Lauren Ervin, D.N.P., C.N.M. (Nurse-Midwife)

Lauren is a Certified Nurse-Midwife. She earned both her doctorate (DNP) and masters in nursing (MSN) at Frontier Nursing University. She is board certified by American Midwifery Certification Board. Lauren brings to her practice 10 years of labor and delivery nursing experience and 3 years of midwifery experience. Her passions include physiologic birth and shared decision-making. Her other hobbies include running, knitting, reading, and coaching youth sports. Lauren is also an Assistant Professor in Shenandoah University School of Nursing's Nurse-Midwifery program.

About the Office

Office Hours:

Monday 8a.m.-4p.m.
Tuesday-Thursday 8a.m.-5p.m.
Friday 8a.m.-12p.m.

Bloodwork Hours:

Monday 8a.m.-3:45p.m.
Tuesday-Thursday 8a.m.-4:45p.m.
Friday 8a.m.-11:45a.m.

Lab is closed from 1:00p.m.-1:30p.m. Monday-Thursday.

Office Phone: (301) 997-1788

Fax: (301) 997-1790

Southern Maryland Women's Healthcare, P.A.
41680 Miss Bessie Drive, Suite 102 23127 Three Notch Road, Suite 104
Leonardtwn, Maryland 20650 California, Maryland 20619

After Hours:

- If you have an emergency after hours, please call (301)683-8040 and leave a message for our doctor to return your call.
- **If you are a midwife patient, please call the midwife number.**
- If your call is not an emergency, please wait and call during our normal office hours.
- Prescription refills will not be filled after hours.
- Messages sent through the portal will not be responded to after hours.

Childbirth Classes

SMWH offers a Third Trimester Prenatal Education class open to anyone in their third trimester of pregnancy (28 weeks and beyond). There is a \$5 per couple fee. Check our website or call the front desk for more information.

There are several childbirth and childcare classes offered through Health Connections at St. Mary's Hospital. There is also a list of local natural childbirth classes and doula services that are available enclosed in this packet and on our website. We suggest you sign up early in your pregnancy as space is limited and classes are scheduled based on your due date.

Choosing a Pediatrician

Prior to the 30th week of your pregnancy you need to choose a pediatrician for your baby. We have enclosed a list of pediatricians in this packet that are in the area. We recommend you contact the pediatrician to arrange an introductory visit to discuss newborn care.

Tubal Ligations

If you are planning a tubal ligation following the delivery of your baby, it is necessary for you to make the doctor aware of this early in your pregnancy for two reasons: 1) the doctor needs to discuss this with you in detail prior to your delivery and 2) depending on the time of your delivery, you may have to schedule your post partum tubal ligation for the following day. If so, you may need authorization from your insurance company for the extension. Any patient wishing to have a tubal ligation at the time of delivery needs to speak with our pre-authorization department to discuss their particular insurance requirements.

NOTE: Patients with Medical Assistance must sign a tubal consent form thirty-one (31) days prior to the tubal ligation. If this is not signed in a timely fashion the tubal will not be performed until the required time has been met. This is a state requirement and there are no exceptions to this rule. Your cooperation and help in this matter will be appreciated.

Please check with your insurance company since many insurance companies require that you obtain a referral from your primary care physician for the tubal ligation.

Insurance and Payment Policy

The receptionist will make a copy of your insurance card to keep on file. If your insurance requires a co-payment, it will be due when you check-in for your appointments. The delivery fee will be charged and sent to your insurance company at the time you deliver and is based on a scheduled number of office visits. Any other charges, such as blood tests, sonograms, non-stress tests, emergency room visits, etc., may result in an additional outstanding balance after the insurance company has paid their portion of your delivery charge. We cannot guarantee coverage for standard lab testing and we encourage you to be familiar with your specific insurance coverage.

We are participating providers with most insurance companies. The billing office staff will be happy to help you with your insurance plan. We will file your claim with your insurance company if you supply us with the necessary information. It is to your advantage to be knowledgeable regarding your specific insurance requirements and benefits.

***IF YOUR INSURANCE COVERAGE SHOULD CHANGE DURING YOUR PREGNANCY, PLEASE ADVISE THE RECEPTIONIST IMMEDIATELY.**

If you have any questions regarding your bill please feel free to contact our office.

Pregnancy Medication List

It is recommended that you take NO medication during the first trimester unless medically indicated.

Medication Name	1 st Trimester 0-12 weeks	2 nd Trimester 13-28 weeks	3 rd Trimester 29-40 weeks
ANTACIDS/REFLUX/UPSET STOMACH			
Plain Maalox, Mylanta, Tums, Roloids	Yes	Yes	Yes
Pepto-Bismol (bismuth subsalicylate)	No	No	No
Pepcid (famotidine)	Yes	Yes	Yes
Zantac (ranitidine)	Yes	Yes	Yes
Tagamet (cimetidine)	Yes	Yes	Yes
Aciphex Rx (rabeprazole)	Yes	Yes	Yes
Nexium Rx (lansoprazole)	Yes	Yes	Yes
Prevacid Rx (pantoprazole)	Yes	Yes	Yes
Prilosec (omeprazole)	Yes	Yes	Yes
Protonix Rx (pantoprazole)	Yes	Yes	Yes
ANTIBIOTICS (ALL RX)			
Amoxicillin, Ampicillin	Yes	Yes	Yes
Augmentin (amoxicillin +clavulanate)	Yes	Yes	Yes
Bactrim (trimethoprin/sulfamethoxazole)	No	No	No
Cipro (ciproflaxcin), Levaquin (levofloxacin)	No	No	No
Clindamycin	Yes	Yes	Yes
Doxycycline	No	No	No
Erythromycin	Yes	Yes	Yes
Keflex (cephalexin)	Yes	Yes	Yes
Macrobid, Macrochantin (nitrofurantoin)	With Doctor Approval	With Doctor Approval	With Doctor Approval
Metronidazole	Yes	Yes	Yes
Tetracycline	No	No	No
Zithromax (azithromycin)	Yes	Yes	Yes
ANTI-DEPRESSANTS			
Discuss w/ Provider--- NO Paxil (paroxetine)	No	No	No
ANTI-DIARRHEALS			
Imodium capsules (loperamide)	Yes	Yes	Yes
Kaopectate (bismuth subsalicylate)	No	No	No
ANTI-EMETICS/NAUSEA			
Unisom Sleep Tabs (doxylamine)	Yes	Yes	Yes
Kytril Rx (granisetron)	Yes	Yes	Yes
Phenergan Rx (promethazine)	Yes	Yes	Yes
Reglan Rx (metoclopramide)	Yes	Yes	Yes
Zofran Rx (ondansetron)	Yes	Yes	Yes
Diclegis Rx (doxylamine, pyridoxine)	Yes	Yes	Yes
ANTIFUNGALS/YEAST/BV			
Diflucan Rx (fluconazole)	Yes	Yes	Yes
Monistat 1-day (miconzole, ticonazole)	Yes	Yes	Yes
Monistat 3 or 7-day (miconazole)	Yes	Yes	Yes
ANTIHISTAMINES/ DECONGESTANTS/COUGH/COLD*			
Allegra Rx (fexofenadine)	No	No	No
Afrin nasal spray (oxymetazoline)	No	No	No
Benadryl (diphenhydramine)	Yes	Yes	Yes
Chlor-trimeton (chlorpheniramine)	Yes	Yes	Yes
Clarinet, Alavert (loratadine)	Yes	Yes	Yes
Cough Drops	Yes	Yes	Yes

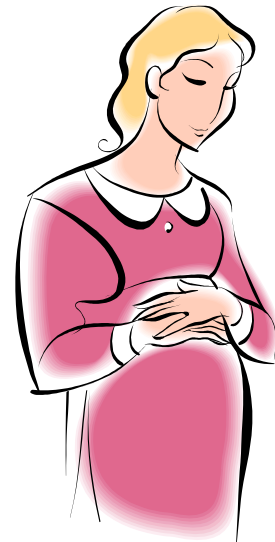
Mucinex (guaifenesin)	Yes	Yes	Yes
Mucinex-D (guaifenesin+pseudoephedrine)	No	Yes	Yes
Phenylephrine	No	No	No
Robitussin Cough, Delsym (dextromethorphan)	Yes	Yes	Yes
Robitussin CF cough & cold (dextromethorphan+guaifenesin+phenylephrine)	No	No	No
Robitussin DM (dextromethorphan+guaifenesin)	Yes	Yes	Yes
Sudafed (pseudoephedrine)	No	Yes	Yes
Tamiflu	Yes	Yes	Yes
Zicam	Yes	Yes	Yes
Zyrtec (certirizine)	Yes	Yes	Yes
ANTIVIRALS			
Famvir Rx (famcyclovir)	Yes	Yes	Yes
Valtrex Rx (valcyclovir)	Yes	Yes	Yes
Zovirax Rx (acyclovir)	Yes	Yes	Yes
LAXATIVES/STOOL SOFTENERS			
Citrucel (methylecellulose powder)	Yes	Yes	Yes
Colace (docusate sodium)	Yes	Yes	Yes
Dulcolax Tablets (bisacodyl)	No	No	No
Lactulose Rx	Yes	Yes	Yes
Milk of Magnesia	Yes	Yes	Yes
Miralax (PEG)	No	No	No
Senokat (senna)	No	No	No
HEMORRHOIDS			
Preparation H	Yes	Yes	Yes
Anusol	Yes	Yes	Yes
Witch Hazel	Yes	Yes	Yes
Tucks Pads	Yes	Yes	Yes
PAIN/FEVER			
Aleve (naproxen sodium)	No	Yes	No
Aspirin (81 mg)	Low Dose ONLY if RECOMMENDED	If Prescribed by a Doctor	
Tylenol (acetaminophen) including Extra Strength	Yes	Yes	Yes
Tylenol with codeine Rx	Recommended Dose ONLY		
TOPICAL CREAMS/ OINTMENTS			
Benadryl, hydrocortisone, caladryl	Yes	Yes	Yes
Retin A	No	No	No

*Any decongestants ending in PE contain phenylephrine should NOT be taken during pregnancy. Most decongestants ending in D contain pseudoephedrine which is okay to take in the 2nd and 3rd trimester. Be sure to check your active ingredients list on any medication.

Disclaimer: No medication is considered to be completely safe during pregnancy. These medications have been shown to be the safest and should only be taken as directed and when needed. During pregnancy, try to take medications with as little active ingredients as needed.

UPDATED 7/2016

**WHAT TO EXPECT
AT YOUR VISITS
THROUGHOUT YOUR
PREGNANCY**



What to Expect During Your Pregnancy

During your appointments at our office we will track the health of you and your unborn baby. We have designed our office hours and schedule to accommodate your schedule to the best of our ability. Visits with our providers are available at various times throughout the week. We are also available 24/7 for any urgent needs that may arise during your pregnancy by calling the on call physician or midwife. Our physicians and midwives do 24-hour on call rotations at the hospital. If you are not a midwife patient, we recommend that you meet all of our physicians at least once during your pregnancy. If you are a midwife patient, you will likely see only the midwives throughout the pregnancy.

First Prenatal Visits

Once you have had a positive pregnancy test, you will need to call the office to set up your first appointment with one of our Nurse Practitioners. Prior to your appointment, we may ask you to complete or update the online patient history portal. Having this information prior to your visit will enable our providers to address pertinent topics based on your personal and family history during your visit. The purpose of this appointment is to

- Discuss the health histories/genetics of you, your family, the baby's father, and his family
- Learn about prenatal screening tests
- Talk about obstetrician and midwifery options in our practice
- Receive information and resources about pregnancy
- Coordinate necessary blood tests to be completed at the lab
- Urine test

At this appointment, the provider will perform a physical which includes an exam similar to an annual gynecological physical. We will perform the following:

- Pelvic exam to verify gestational age by the size of your uterus
- Vaginal cultures required by the state
- Pap smear and breast exam if indicated
- We will listen for your baby's heart rate depending on your gestational age; although it is completely normal not to hear it at this early stage. If it is unable to be heard through the Doppler, the provider may do a sonogram.

Prenatal check-ups

After your initial prenatal visit with our providers, your routine visits to our office will occur at intervals appropriate for your gestational age to follow the health of you and your baby.

- Monthly until approximately 28-30 weeks
- Every two weeks until 36 weeks
- Weekly from 36 weeks until delivery; an internal exam will be performed from roughly 39 weeks until delivery to check for dilation of your cervix.
- Additional visits may be scheduled outside of these intervals as needed throughout your pregnancy.

This appointment schedule may vary depending on the complications or health issues that may arise during your pregnancy. We do recommend that you schedule your appointments as far in advance as possible to ensure that you have appointment times that accommodate your schedule.

At each prenatal checkup, we will:

- Assess your weight and blood pressure
- Ask for a urine sample to monitor for problems
- Listen to your baby's heartbeat
- Check your baby's approximate growth by assessing uterine size
- Answer any questions that you may have

Prenatal Testing

Prenatal testing provides information about your baby's health before he or she is born. Some routine tests during pregnancy also check on your health. At your first prenatal visit, your healthcare provider will test for a number of things, including problems with your blood, signs of infections, and whether you are immune to rubella (German measles).

Throughout your pregnancy, your healthcare provider will do multiple other tests screening for gestational diabetes, Down syndrome, and HIV. Other tests might be offered based on your:

- Age
- Personal or family health history
- Ethnic background
- Results of routine tests

First Trimester

Around 8 weeks-

At your first visit we will do the following routine blood work:

- Your blood type. If your blood type is Rh negative we will need to order an injection called RhoGam that you will receive later in pregnancy. If the baby's father is Rh negative, the injection is not necessary. If you are Rh negative, a provider will discuss this with you in more detail.
- A complete blood count is done to rule out anemia and platelet problems.
- Screening for common STDs (Gonorrhea, Chlamydia, syphilis, hepatitis B, HIV). This is very important information because we can prevent spreading these diseases from the mom to the baby. The pediatricians will want to know this information before they take care of the baby. These tests are required by law.
- Rubella antibodies. You were immunized against rubella (German Measles) as a child. We do this test to see if you still have that immunity. If you do not, you will get another rubella vaccine after delivery and before leaving the hospital. This is to prevent a rubella infection during any subsequent pregnancies.
- Urine culture. We look for any asymptomatic urinary tract infections in all pregnant women because you are more likely to have a bladder infection or kidney infection while you are pregnant. If it is a severe infection it can lead to preterm labor. If we find a certain bacteria in your urine (Group B Strep) we will also need to give you an antibiotic in labor.
- Cystic Fibrosis is an optional test. The staff will explain the test to you at your first visit. This test can be expensive. We do not recommend this test for everyone, but we want you to know what it is and that it is available so that you can decide for yourself if you want to have it done. You may have had this test done previously and we can attempt to get old records.
- Hemoglobin electrophoresis. We will do this blood test to determine if you are likely to have a baby with a genetic anemia such as Sickle Cell Disease or Thalassemia. This test only needs to be done once, so if you had it done during a previous pregnancy with us we will not repeat it.

After 10 weeks-

We are happy to offer our patients access to cell-free fetal DNA testing as a more accurate method of testing for chromosome abnormalities of the fetus. These include Trisomy 21 (Down's Syndrome), Trisomy 18 (Edward's Syndrome) and Trisomy 13. Cell-free fetal DNA tests also screen the fetus' sex chromosomes for abnormalities; therefore, gender is often included in the report. The staff will discuss this testing option with you.

Second Trimester

Around 15 weeks-

You have the option of having a screening test called a “Quad Screen,” if you have not yet had any genetic testing (CVS, amniocentesis or first trimester screening). The test will screen your baby for Down's Syndrome, Trisomy 18 (another chromosome disorder), neural tube defects and some other less common complications of pregnancy. It is not a diagnostic test, so it doesn't tell us whether the baby has any of these conditions or not. You will be sent for in depth testing if the results come back abnormal.

If you do any other screening for Down’s Syndrome, we will only screen for Spina Bifida at 15 weeks.

Third Trimester

Around 24 to 28 weeks-

We will screen you for gestational diabetes. This is a condition that can arise in the latter half of the pregnancy so we don't routinely screen until this gestational age. (If you have a strong family history of diabetes or have had gestational diabetes in the past we may screen you earlier and again at 26 to 28 weeks.)

A complete blood count is repeated at this point because many women develop anemia during pregnancy. You will be notified if your levels are low. If they are, it is important that you get more iron in your diet and we will often recommend a supplement. This is very important because it will help prevent you from feeling the symptoms of anemia (fatigue, dizziness, headaches, tiredness, shortness of breath) when you have a newborn child at home. It will also lessen the chances that we will have to give you a blood transfusion after your delivery.

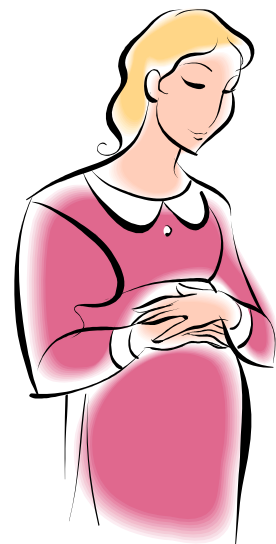
Repeat HIV, syphilis, and antibody screen will also be done at this point.

Around 35 weeks-

We will test you for Group B Strep (GBS) colonization. If you had this bacterium in your urine earlier in the pregnancy you may not need this test. To do the test we will use a Q-tip like swab to take a sample from your vagina and rectum.

**You can now obtain test results through your patient portal. If anything is abnormal, our providers or nurses will contact you. If you are unable to find your results on the portal, please do not hesitate to call us.

TAKING CARE OF YOU AND YOUR BABY



41680 Miss Bessie Drive, Suite 102 • Leonardtown, Maryland 20650
Phone: 301-997-1788 • Fax: 301-997-1790

Nutrition for Pregnant Women

Nutrition is an essential component of prenatal care. A healthy diet contributes to a successful pregnancy by reducing complications and promoting adequate fetal growth and development. The purpose of this guide is to provide general guidelines for maintaining good nutrition during pregnancy. For information on modifications due to specific conditions, consult your provider or a qualified nutrition specialist.

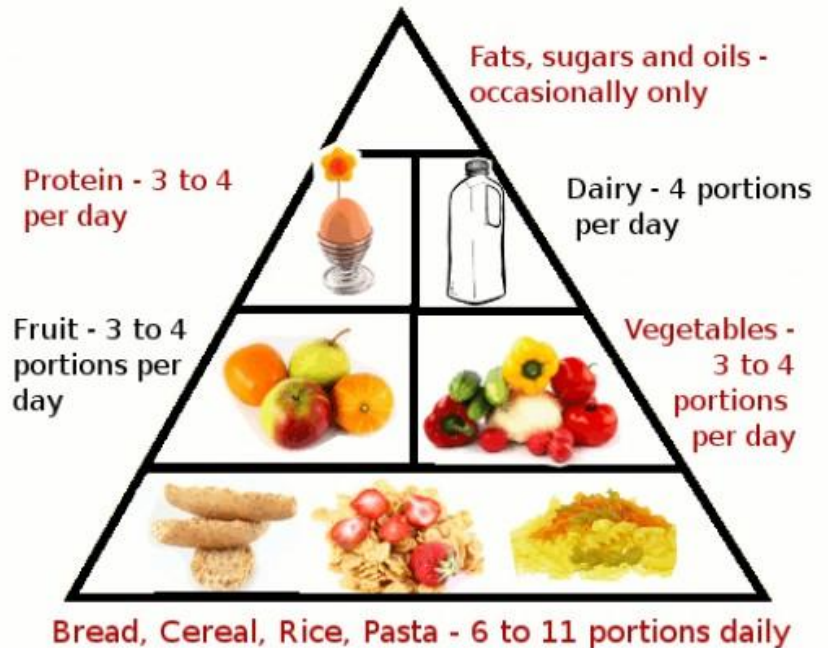
The following are helpful tips to promote healthy eating.

- Eat enough food to gain weight at the rate recommended by your provider. Continue to eat a balanced diet even if you think you are gaining weight too quickly.
- Include a variety of foods as outlined in the food pyramid.

Adequate amounts of vitamins, minerals and other nutrients required during pregnancy are easier to obtain when the diet is varied.

- Limit nutrient deficient, high kilocalorie foods. Substitute foods which have higher nutritive value.
- Eat meals and snacks at regular intervals. Do not skip meals. This reduces discomfort and helps you obtain the necessary nutrients.
- Do not omit foods from essential food groups. This can lead to nutrient deficiencies.
- Buy foods that are labeled “enriched” or “fortified” or made of whole grain.

Pregnancy Food Pyramid



What fish should pregnant women avoid?

The Food and Drug Administration (FDA) and the Environmental Protection Agency (EPA) are advising women who may become pregnant, pregnant women, nursing mothers, and young children to avoid some types of fish and shellfish that are higher in mercury.

By following these 3 recommendations for selecting and eating fish or shellfish, women and young children will receive benefits of eating fish and shellfish and be confident that they have reduced their exposure to the harmful effects of mercury.

1. Do not eat Shark, Swordfish, King Mackerel, or Tilefish because they contain high levels of mercury.

2. 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. Check local advisories about the safety of fish caught by family and friends in your local lakes, rivers, and coastal areas. If no advice is available, eat up to 6 ounces (one average meal) per week of fish you catch from local waters, but don’t consume any other fish during that week.

Follow these same recommendations when feeding fish and shellfish to your young child, but serve smaller portions.

Exercise during Pregnancy

What are the benefits of exercise during pregnancy?

Becoming active at least 30 minutes on most days of the week can benefit your overall health during pregnancy in the following ways:

- Helps reduce backaches, constipation, bloating, and swelling
- May help prevent or treat gestational diabetes
- Increases your energy
- Improves your mood
- Improves your posture
- Promotes muscle tone, strength, and endurance
- Helps you sleep better

What forms of exercise are safe during pregnancy?

- Walking is a good exercise for anyone
- Swimming is great for your body because it works so many muscles
- Cycling provides a good aerobic workout
- Aerobics is a good way to keep your heart and lungs strong
- If you were a runner before your pregnancy, you often can keep running throughout the pregnancy, although you may have to modify your routine.

What forms of exercise should be avoided?

Any activity that has a high risk of falling, such as gymnastics, water skiing, and horseback riding, should be avoided.

Also any of the following should be avoided:

- Downhill snow skiing
- Contact sports, such as hockey, basketball, and soccer
- Scuba diving

What should I be aware of when exercising during pregnancy?

Try to avoid activities that call for jumping, jarring motions, or quick changes in direction that may strain your joints and cause injury.

Follow these general guidelines for a safe and healthy exercise program:

- After the first trimester of pregnancy, avoid doing any exercises on your back.
- If it has been some time since you have exercised, start slowly. Begin with as little as 5 minutes of exercise a day and add 5 minutes each week until you can stay active for 30 minutes a day.
- Avoid brisk exercise in hot, humid weather or when you have a fever.
- Wear comfortable clothing that will help you to remain cool.
- Wear a bra that fits well and gives lots of support to help protect your breasts.

- Drink plenty of water to help keep you from overheating and dehydrating.
- Make sure you consume the daily extra calories you need during pregnancy.

When should I stop exercising?

Stop exercising and call your provider if you have any of the following:

- Vaginal bleeding
- Dizziness or feeling faint
- Increased shortness of breath
- Chest pain
- Headache
- Muscle weakness
- Calf pain or swelling
- Uterine contractions
- Decreased fetal movement
- Fluid leaking from the vagina

Also Important

Alcoholic Beverages

No safe level of alcohol has been established for pregnant women. Because of this, abstinence is the safest choice. Excessive intake is definitely associated with a condition called Fetal Alcohol Syndrome which can cause permanent mental retardation and physical problems. Intake of alcohol should be avoided even while you are trying to conceive. Do not be alarmed if you had a few drinks before finding out that you were pregnant, but do be careful for the remainder of the pregnancy. (Wine may still be used for cooking because alcohol evaporates during the cooking process.)

Caffeine

If you usually drink caffeinated coffee, tea, colas and cocoa products and cannot avoid them entirely, cut down to one or two cups (total) of caffeine-containing beverages daily. Coffee and tea can interfere with iron absorption; avoid drinking them with your prenatal supplement.

Artificial Sweeteners

Neither aspartame (NutraSweet/Equal) nor saccharin has been shown to harm pregnant women or fetuses, however, most experts do not recommend free use of these products. Women who have phenylketonuria, a disease which causes impaired metabolism of phenylalanine, should avoid any product containing aspartame. Anyone with other health concerns such as diabetes and hypertension should seek further information from their provider or nutrition specialist.

Travel

Patients may travel before 35 weeks as long as they have no complications during their pregnancy.

Hair Care

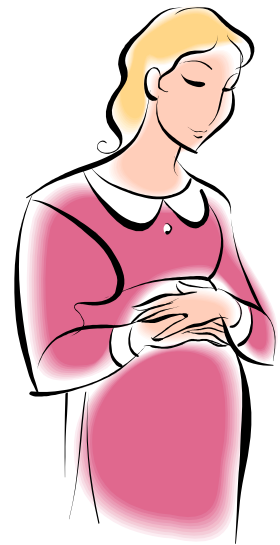
Patient may highlight or dye hair. Must use products with no peroxide.

Warnings

“Don’t do this, don’t do that.” You’ve probably heard every old wives’ tale. Here are some warnings worth heeding:

- Don’t smoke. Smoking raises your risk for miscarriage, premature birth, low birth weight and many other problems.
- Don’t use drugs. Cocaine, heroin and marijuana increase your risk of miscarriage, premature birth, low birth weight, and your baby could be born addicted to the drug you’ve been taking.
- Don’t drink alcohol. Drinking alcohol during pregnancy is the major cause of preventable birth defects, including mental slowness.
- Don’t clean your cat’s litter box, or eat raw or undercooked red meat. You could get toxoplasmosis, a disease that can cause birth defects.
- Don’t sit in the sauna or hot tub. This raises your risk of miscarriage and birth defects.
- Don’t douche. Douching could force air into the vagina, which can cause air embolism.

FREQUENTLY ASKED QUESTIONS



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Frequently Asked Questions

1. What medications can I take while I am pregnant?
 - Many prescription medications are safe to take while you are pregnant. If you are receiving medical care from a doctor other than your OB, make sure they know that you are pregnant so they give you the right prescription. You can always double check with the pharmacist as well when you pick up the prescription.
 - Many over the counter medications are safe to take. If you go to our website at www.smwomenshealth.com, you will find a complete list of approved medications. If you do not have internet access, please let us know so that we can print a list for you.
2. What foods should I avoid while I am pregnant?
 - There are some foods that are unsafe to eat while you are pregnant. If you go to our website at www.smwomenshealth.com, you will find a list of foods to avoid. If you do not have internet access, please let us know so that we can print a list for you.
3. What can I do for my morning sickness?
 - Unfortunately, morning sickness is a common symptom at the beginning of pregnancy. Vitamin B6 has been shown to help with nausea if taken regularly. Combining Vitamin B6 with a half of a Unisom is sometimes more effective.
4. My doctor told me that I had Group B strep (GBS). What does this mean?
 - Group B strep is a common bacteria that is found in the vagina of many women. It is not harmful to you; however, if it is passed to the baby during delivery, it can make the baby very sick. Since you are GBS positive, you will receive antibiotics during labor to help protect the baby. The pediatrician may require that your baby not be discharged before it is 48 hours old so that he/she can be monitored closely.
5. I lost my mucous plug. Am I in labor?
 - No. Losing your mucous plug can mean that you are going into labor soon, however; this is often not the case. It can still be weeks before labor begins.
6. I don't feel my baby moving as much as usual. Should I worry?
 - Most women begin to feel the baby moving between 18-22 weeks. The amount of movement will not decrease over time, but the movements will be smaller as the baby grows and has less room. At any point, if you haven't felt the baby move, eat a snack and drink some juice. Then rest on your left or right side and count the movements of the baby for two hours. Any type of movement counts, not just kicks. If you don't feel 10 movements in those two hours, contact your doctor or midwife.
7. I am having contractions and I am not due yet. What do I do?
 - If you are less than 35 weeks and having contractions, we want you to pay attention. Many times, not having enough to drink can cause preterm contractions. If you are feeling contractions, we want you to lie down and rest for an hour. While you are lying

down, drink a large glass of water. If you continue to have more than 5 contractions an hour, call your doctor or midwife. They will likely have you go to Labor and Delivery at the hospital.

8. Is prenatal care important?

- Yes! You can help make sure that you and your baby will be as healthy as possible by following some simple guidelines and checking in regularly with your provider.

9. Should I take vitamins?

- You should take 800-1000 mcg of folic acid everyday for the first 12 weeks of your pregnancy. Folic acid can help prevent problems with your baby's brain and spinal cord. It is best to start taking folic acid before you get pregnant.
- Your provider wants you to take a prenatal vitamin. If you do take a prenatal supplement, make sure you're not taking any other vitamin or mineral supplement along with it unless your provider recommends it.

10. How long can I keep working?

- This depends on if you have any problems with your pregnancy, what kind of work you do and if you're exposed to anything at work that could harm your baby. For instance, lifting heavy objects or standing for long periods can be hard on you. Radiation, lead and other heavy metals, such as copper and mercury, could be damaging to the baby. Working in front of a computer screen is not thought to cause harm to an unborn baby.

11. What about exercise?

- Unless you have problems in your pregnancy, you can probably do whatever exercise you did before you got pregnant. You may feel better if you're active. Try to get at least 30 minutes of exercise each day. Talk to your provider about any special conditions that you may have.
- Some women say exercising during pregnancy makes labor and delivery easier. Walking and swimming are great choices. If you didn't exercise before pregnancy, start slowly. Don't overdo exercise. If you can't talk easily while exercising, you are working too hard. Don't get overheated. Be sure to drink plenty of water so that you don't get dehydrated. It's best to avoid anything that could cause you to fall, such as water skiing or rock climbing.

12. Is it okay to have sex?

- Yes, unless your provider believes you're at risk for problems. Don't be surprised if you're less-or-more-interested in sex. As you get larger, you may find you need to try different positions, such as lying on your side or being on top. If you have oral sex, tell your partner not to blow air in your vagina. This could force air inside you, which could cause an air embolism. Air embolisms can cause permanent brain damage and even death to a pregnant woman and her baby. If you have been told you have placenta previa, you should not have intercourse.

13. What can I do to feel better?

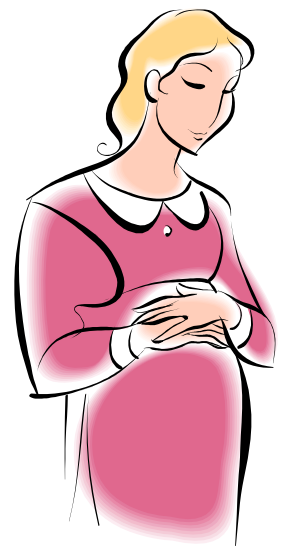
- Here are the most common discomforts of pregnancy and some tips for handling them:
 - **Morning Sickness.** Nausea or vomiting may strike anytime during the day (or night). Try eating frequent, small meals. Keep crackers by your bed to eat before getting up. Try to avoid odors that make you feel ill. Talk to your provider if morning sickness lasts past the first 3 months of pregnancy or causes you to lose weight.
 - **Tiredness.** Sometimes tiredness in pregnancy is caused by anemia, so tell your provider. Get enough rest. Take a daytime nap if possible.
 - **Leg cramps.** Gently stretch the calf of your leg by curling your toes upward, toward you knee.
 - **Constipation.** Drink plenty of fluids. Eat foods with lots of fiber, such as raisins, fruits, whole grains, vegetables, and bran cereal. Drink ½ cup of prune juice or eat four prunes daily. Don't take laxatives without talking to your provider first. Stool softeners may be safer than laxatives or try Metamucil or Fibercon.
 - **Hemorrhoids.** Don't strain during bowel movements. Try to avoid becoming constipated. Clean yourself well after a bowel movement (wet wipes may be less irritating than toilet paper). Take several warm soaks (sitz baths) a day.
 - **Urinating More Often.** You may need to urinate more often as your baby grows because he or she will put pressure on your bladder. This can't be helped.
 - **Varicose Veins.** Avoid clothing that fits tightly around your legs or waist. Rest and put your feet up as much as you can. Move around if you must stand for long periods. Ask your provider about support hose.
 - **Moodiness.** Your hormones are on a roller coaster ride during pregnancy. Plus, your life is undergoing a big change. Don't be too hard on yourself, if you feel sad or think about suicide, talk to your provider.
 - **Heartburn.** Eat frequent small meals often. Avoid spicy or greasy foods. Avoid caffeine and alcohol. Don't lie down right after eating. Try sleeping propped up on pillows. Refer to the medication list for safe antacids.
 - **Yeast Infections.** The amount of discharge from the vagina increases during pregnancy. Yeast infections, which can also cause discharge, are more common during pregnancy. It's a good idea to talk with your provider about any unusual discharge.
 - **Bleeding Gums.** Brush and floss regularly, and see your dentist for cleanings. Don't put off dental visits because you're pregnant, but be sure to tell your dentist you're pregnant.

- **Stuffy Nose.** This is related to changes in the levels of the female hormone estrogen. You may also have nosebleeds.
- **Edema (Retaining Fluid).** Rest with your legs up. Lie on your left side while sleeping so blood flows from your legs back to your heart better. Don't use diuretics (water pills). If you're thinking about cutting down on salt to reduce swelling, talk with your provider first. Your body needs enough salt to maintain the balance of fluid and cutting back on salt may not be the best way to manage your swelling.
- **Skin Changes:**
 - *Stretch marks* appear as red marks on your skin. Lotion can help keep your skin moist and may help reduce the itchiness of dry skin. Stretch marks really can't be prevented but they often fade after pregnancy.
 - Other skin changes may include darkening of the skin on your face and around your nipples, and a dark line below your belly button. Staying out of the sun or using a sunscreen may help lessen these marks. They'll probably fade after pregnancy

14. When should I call my provider?

- You should call the office or on call physician if you have any of the following:
 - Blood or fluid coming from your vagina
 - Sudden or extreme swelling of your face or fingers
 - Headaches that are severe or won't go away
 - Nausea or vomiting that won't go away
 - Dizziness
 - Dim or blurry vision
 - Pain or cramps in your lower abdomen
 - Chills or fever
 - A change in your baby's movements
 - Less urine or burning when you urinate
 - Any illness or infection
 - Anything that bothers you

ADDITIONAL RESOURCES AND INFORMATION



Additional Information

Free Pregnancy Stuff

Free Samples and Magazines Free Information and Coupons Sponsored by:
www.everydayfamily.com

Pregnancy A-Z: What You Can Expect

Get answers to all your questions, a day-by-day personal pregnancy planner, solutions to your symptoms, support from other moms-to-be like you. Free month trial...

www.whattoexpect.com

Pregnancy Information and More from Amazing Pregnancy

Conception guide which includes week by week pregnancy calendar, due date calculator, birth plan creator, ultrasound, and birth picture galleries.

www.amazingpregnancy.com

American Baby- a Pregnancy Resource

Get a free one-year subscription to American Baby magazine. American Baby is a trusted resource for expert advice, support and product information for every stage of pregnancy. Sponsored by:

www.americanbaby.com

American Pregnancy Association

Articles on pregnancy wellness, complications, loss, labor and birth.

www.americanpregnancy.org

Pregnancy Information

Information for expectant mothers on pregnancy, childbirth, and more.

www.verybestbaby.com

Pregnancy Week-by-Week Guide from StorkNet

Your online pregnancy and parenting resource

www.pregnancyguideonline.com

Maternity. Pantyhose, Belts and More

Maternity support pantyhose in fashion colors. Relieve abdominal pain and pressure with amazing maternity support garments online and save.

www.supportsockshop.com

Text 4 Baby

Get great tips during your pregnancy straight to your phone and more.

www.text4baby.org

Pregnancy Week by Week

Free e-newsletter, daily calendar, health magazine plus free baby stuff.

www.babycenter.com

Pregnancy & Birth

A week by week calendar, prenatal testing information, breastfeeding, labor, signs and symptoms
pregnancy.about.com

Pregnancy & Pregnancy Information

Monitor your pregnancy with Baby Center's free weekly e-mail newsletters and online library of pregnancy information to help you have a healthy pregnancy and baby
www.pregnancy.com

KellyMom

Breastfeeding resource website
www.kellymom.com

Pregnancy, Childbirth, and After Book Recommendations

- ⊕ Pea in a Pod - Linda Goldberg
- ⊕ Ina May's Guide to Childbirth - Gaskin
- ⊕ The Thinking Woman's Guide to a Better Birth - Goer
- ⊕ Obstetric Myths vs. Research Realities - Goer
- ⊕ Pregnancy, Childbirth, and the Newborn - Whalley
- ⊕ The Labor Progress Handbook - Simkin
- ⊕ The Birth Partner - Simkin
- ⊕ GentleBirth Choices - Harper
- ⊕ Active Birth - The New Approach to Giving Birth Naturally - Balaskas
- ⊕ Natural Hospital Birth - Gabriel
- ⊕ The Birth Book - Sears
- ⊕ The Complete Book of Pregnancy and Childbirth - Kitzinger
- ⊕ Rediscovering Birth - Kitzinger
- ⊕ The Doula Book - Klaus
- ⊕ Mothering the Mother - Klaus
- ⊕ Spiritual Midwifery - Gaskin
- ⊕ Birthing from Within - Pam England

Prenatal Classes/Doula Services

For a list of prenatal classes/doula services please see our website.

Prenatal Classes Offered By Medstar St. Mary's Hospital

- ❖ **Childbirth Classes**—A one day class is offered as well as an online version. There is a fee for the class.
- ❖ **Baby Care and Beyond**—An evening class covering basic care of your newborn infant. There is a fee for this class.
- ❖ **Breastfeeding Basics**—An informative class covering the basics of breastfeeding taught by a certified Lactation Consultant. There is a fee for this class.
- ❖ **Infant CPR**—This class covers life-saving techniques for a choking infant who isn't breathing. There is a fee for this class.
- ❖ **New Brothers and Sisters**—A short class to help siblings prepare for the arrival of your new baby. There is a fee for this class.
- ❖ **Child Passenger Safety Seat Check**—Certified passenger safety technicians will inspect and teach parents how to properly install car seats. There is no charge but an appointment is required.
- ❖ **Women's Health & Family Birthing Center Tours**—Tours of the unit offered on the second and fourth Sunday of each month. The group meets in the hospital lobby at 4 pm. There is no fee but registration is required.

Please call MedStar St. Mary's Hospital Health Connections at 301-475-6019 to register for the above classes.

St. Mary's County Pediatricians

California

Beena Khetpal, M.D.
(Breton Medical Center)
22590 Shady Court
California, MD 20619
301-737-0500

Amit H. Sheth, M.D.
22934 Three Notch Road
California, MD, 20619
301-863-6373

Charlotte Hall

Ila V. Shah, M.D.
(St. Mary's Medical Center @ Char. Hall)
37767 Market Drive
Charlotte Hall, MD 20622
301-884-7330

Hollywood

M.F.O. Lafeer, M.D.
(Philip J. Bean Medical Center)
24035 Three Notch Road
Hollywood, MD 20636
301-373-7200

Leonardtwn

Robert E. Miller, M.D. & Associates
23000 Moakley Street, Suite 103
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22811 Washington Street
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301-475-9499

Kiritkumar K. Patel, M.D.
40855 Merchants Lane
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301-475-8833

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301-863-9000