

# COLUMBUS WOMEN'S CARE

CHERIE RICHEY, MD. F.A.C.O.G / CAROL THOMAS, CNM

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Congratulations on your  
pregnancy!

## MEET OUR PROVIDERS

### CHERIE A. RICHEY, M.D. F.A.C.O.G



#### Dr. Cherie Richey

President of Columbus Women's Care, Inc.

Dr. Richey graduated with High Honors from Bryn Mawr College in Pennsylvania. Her major was cellular biology. During her undergraduate career Dr. Richey was a recipient of a grant from the Howard Hughes Research Foundation to pursue her interest in cellular biology in the laboratory of Dr. Karen Grief. During medical school Dr. Richey received another Howard Hughes Research Fellowship in the Department of Molecular Genetics and Biochemistry at The University of Pittsburgh with a focus on the Human Papilloma Virus. Her medical degree was granted from the University of Pittsburgh School of Medicine where she received a full academic scholarship for all four years.



**Carol Thomas** is a Certified Nurse Midwife and Women's Health Nurse Practitioner. Carol was born and raised here in Columbus, Ohio where she attended and graduated from Whetstone High School. She then went on to graduate from The Ohio State University College of Nursing with her BSN in 2002. Carol has worked in ICU and L&D in her nursing career. Her love for L&D led her to graduate school in California, where she attended California State University, Fullerton.

## Ob Testing Schedule

New Ob: (6 weeks +)

- Ultrasound for dating
- Prenatal Labs:  
ABO/RH, Antibody screen, CBC, Cystic Fibrosis, HBSAG, HIV, Rubella, Syphilis, Varicella and Urine Culture
- Prescription for prenatal vitamins
- General education

2<sup>nd</sup> Ob visit at 30 days.

- Pap and cultures

15-21 weeks appt

- Quad screen (screening for Trisomy 13, 18, 21 and Neural tube defects)

18- 22 weeks appt

- Ultrasound for growth/gender/anatomy

24 – 28 weeks appt

- Glucose testing (also will order CBC and Syphilis screen)

28 weeks

- RhoGam injection (only for patients with a negative blood type)

35 – 36 weeks

- Group B Strep Swab

Our Contact information:

5965 E Broad St Suite 320 Building #5

Columbus, Ohio 43213

(Located next to Mt Carmel East Hospital)

Practice Manager: Dora Fann 614-591-0598

Office hours:



Monday: 8:30 – 4:30pm  
Tuesday: 8:30 – 4:30pm  
Wednesday: 8:30 – 4:30pm  
Thursday: 8:30 – 4:30pm  
CLOSED Fridays

You can also visit us online at <https://columbuswomenscare.com>

## WHEN TO CALL YOUR PROVIDER

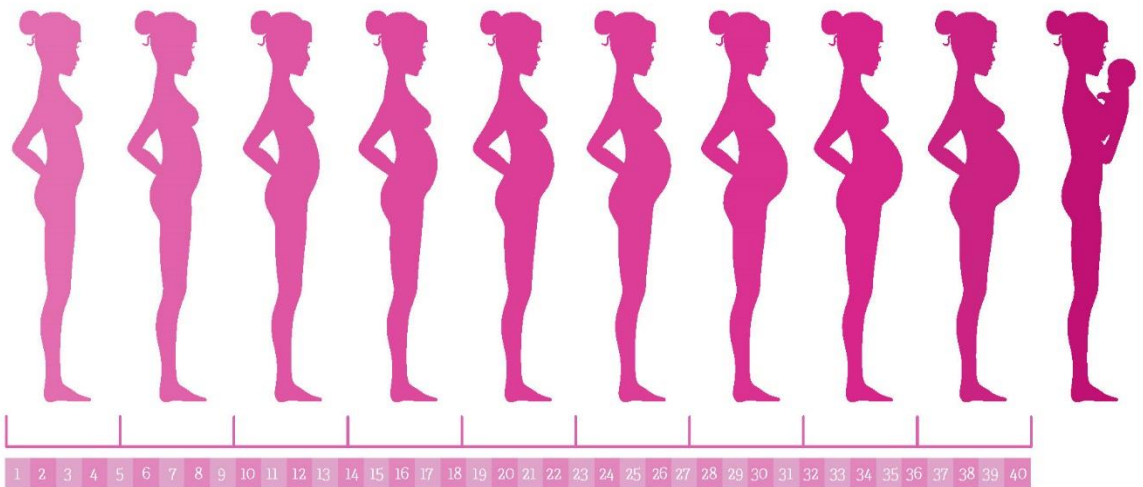
Please call your provider if you experience any of the following:

- Severe nausea and vomiting (not able to keep anything down for a whole day)
- Bleeding from your vagina
- Decreased fetal movement.
- Leaking fluid
- Discharge for the vagina that smells bad, itches, or causes you pain.
- Pain or burning urination.
- Pain in the lower abdomen
- Blurred vision
- Sudden swelling of hands or face
- Severe headache not relieved by Tylenol (acetaminophen)
- Fever of more than 100 degrees
- If you think you have been exposed to a contagious disease
- If someone is making you feel unsafe.



# Pregnancy Trimesters: At a Glance

Each trimester of pregnancy brings new experiences, changes and challenges - for mama and baby.



I Trimester	II Trimester	III Trimester	Birth
<ul style="list-style-type: none"> <li>Extreme fatigue</li> <li>Tender, swollen breasts</li> <li>Food cravings or aversions</li> <li>Nausea, vomiting (morning sickness)</li> <li>Mood swings</li> </ul>	<ul style="list-style-type: none"> <li>Mild swelling of the ankles and feet</li> <li>Leg cramps</li> <li>Achiness or pressure in the lower abdomen</li> <li>Congestion</li> <li>Varicose veins and hemorrhoids</li> </ul>	<ul style="list-style-type: none"> <li>Constipation, heartburn and indigestion</li> <li>Stretch marks</li> <li>Leaky breasts as your body gets ready to feed your baby</li> <li>Vivid dreams</li> <li>Braxton Hicks contractions</li> </ul>	<ul style="list-style-type: none"> <li>Yay!</li> <li>Baby is here</li> </ul>
Baby weighs about an ounce and is about 3 inches long	Baby weighs 2-3 pounds and is 13-16 inches long	Average birth weight is 6-9 pounds & is 19-21 inches long	



**OhioHealth**

Visit [blog.ohiohealth.com](http://blog.ohiohealth.com) for more tips for your healthy pregnancy!



Good eating habits during pregnancy will help make sure that you and your baby are as healthy as possible.

## EATING RIGHT DURING PREGNANCY

Eating a balance diet is important. This is especially true during your pregnancy. The foods you eat provide the nutrients that you and your baby need. Eating for two does not mean doubling portions. Pregnancy increases your caloric requirements by only about 300 calories per day, which is about the same amount of calories in  $\frac{1}{2}$  a sandwich and 1 cup of low fat milk. What is most important is selecting a variety of foods from all the foods groups.

Here are some common questions about eating and drinking during pregnancy. If you have concerns or needs regarding nutrition, ask about a referral to a dietitian.

## HOW MUCH WEIGHT SHOULD I GAIN?

Most sources recommend that you gain between 25- and 35-pounds during pregnancy. Individuals who were underweight before becoming pregnant may gain more, those who started out overweight may be able to safely gain less. Check with your provider about the amount of weight gain is right for you.

In general, it's not the number of pounds you gain that is important – its whether you are eating well and whether your baby is growing as it should.

Most people gain 3 – 5 pounds during the first 12 weeks and a little less than a pound a week after that. Remember, you should not diet to lose weight during pregnancy.



If you are not gaining weight, you can boost calories by including more healthy fats such as olive oil, avocado and nuts. If you are gaining weight too quickly, limit sweets, fats, and fried foods. You can also focus on choosing reduced fat dairy products and leaner proteins.

If you are concerned that you are gaining too much weight, or not gaining enough, please talk with your provider. Your pattern of weight gain may be normal for you. Let your provider help you decide what to do.

## WHAT PRECAUTIONS MUST I FOLLOW REGARDING FOODS OR DRINKS

There are some precautions you must take regarding what you eat and drink. Some foods may contain bacteria or other organisms that could be harmful to you or your baby. Other foods or drinks have toxic materials that could have harmful effects on your baby's growth and development.

We recommend that you do not drink alcohol during your pregnancy. It is not known how much alcohol is safe for the unborn baby. If you are having trouble not drinking, please discuss this with your provider.

Do not eat raw or undercooked meat, eggs, poultry, or fish. Do not eat raw clams, oysters, or any other uncooked fish and/or sushi. These may contain bacteria or other organisms that could be harmful to your baby. Please wash hands, cooking surfaces, and utensils well if they have been exposed to raw meat, eggs, poultry, or fish.

Do not eat cheese made with unpasteurized milk. Semi soft and hard cheese, such as mozzarella, parmesan, Swiss, and cheddar are okay. Processed cheeses and cottage cheeses are also safe. Do not drink unpasteurized milk or fruit juices.

Please limit the amount of caffeine in your diet to 250 mg/day. Most people get caffeine from coffee or cola drinks. Caffeine is also found in chocolate, tea, and some over the counter medicines.

Although fish is an excellent source of protein that is low in fat, pregnant women need to be cautious about the types and amounts of fish they eat because mercury and PCB contamination. Nearly all fish contain some amount of mercury. Long-lived, larger fish have the highest levels and should not be eaten during pregnancy. These include shark, swordfish, king mackerel, blue fish, tuna steak and tilefish.

Canned tuna may be eaten, but please limit your intake to two servings a month. Pregnant women should not eat freshwater fish. Talk with your provider if you have any additional questions.

## DEPRESSION AND ANXIETY DURING PREGNANCY AND AFTER DELIVERY

Pregnancy and the postpartum (after delivery) period are times of great change.

-physically, hormonally, emotionally, and socially. Even though pregnancy and birth are joyful occasions, they are also times of increase stress that put women at higher risk for mood concerns like depression and anxiety.

### DEPRESSION IS COMMON

Depression and anxiety affect 10-20% of all women in pregnancy. They can begin before the baby is born or develop months after the baby arrives. Any woman can develop mood concerns during pregnancy or post-partum.

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On the other hand, having the blues is a normal part of adjusting to pregnancy and motherhood. It is common for most pregnant women and new mothers to have emotional ups and downs and to feel overwhelmed. After delivery, a majority of women will develop postpartum blues with the first two days to two weeks.

Many women find that talking to family and friends (including other new mothers), taking time to care for themselves and getting more rest and assistance with childcare duties will help them feel better.



## MOOD CONCERNS DURING PREGNANCY AND POST PARTUM: MORE THAN JUST THE BLUES

Untreated depression and anxiety are both problems for the mother and her family. We want to hear from you as soon as you are encountering difficulties. Please know that you are not alone, women who are depressed suffer from a variety of the symptoms below every day for two weeks or more:

### MOOD CONCERNS IN PERINATAL SETTING INCLUDE:

- Anxiety
- Attachment difficulties
- Depression
- Greif reaction
- Obsessive-Compulsive disorder
- Post-Traumatic stress disorder

### SYMPTOMS OF PERINATAL MOOD CONCERNS:

Tearfulness/sadness

- Irritability/Hopelessness/Excessive guilt
- Anxiety/racing thoughts/panic/sleepiness
- Difficulty concentrating/Obsessive thoughts



### FIRST MONTH (4-8 WEEKS)

The baby has begun to develop a heart, liver, and digestive system. The baby is being nourished and getting rid of wastes through the placenta and umbilical cord (the vascular structures that connect the baby to the wall of the uterus). The entire baby is approximately 1/8 inch in length.

### SECOND MONTH (8 -12 WEEKS)

By the end of the second month, most women begin to notice the physical signs of pregnancy (i.e., nausea, fatigue, breast pain, etc.). The baby's arms and legs have begun to form. All the major internal organs have developed, and the tiny heart begins to pump blood. Facial features become more defined and brain development is well underway. The baby is nearly 2 inches long.

### THIRD MONTH (12 – 16 WEEKS)

By the third month, the baby is now growing rapidly, adding a few millimeters of length each day. Features are becoming distinct. The baby weighs about 1 ounce and is 3 inches long.

### FOURTH MONTH (16 – 20 WEEKS)

All of the organs are formed and now the baby must simply grow in size. By the fourth month, babies become more active and may begin to push their arms and legs against the sac in which they float. The baby is now more than 6 inches long and weighs more than ¼ pound.

### FIFTH MONTH (20 – 24 WEEKS)

Movements are stronger and more easily felt. The baby is now about 10 inches long and weighs about ½ pound.

### SIXTH MONTH (24-28 WEEKS)

The woman's abdomen continues to get bigger, and the baby's movement become faster. The baby's skin is red and wrinkled. The baby is about 12 inches long and weighs about 1 ½ pounds.

### SEVENTH MONTH (28 – 32 WEEKS)

The baby's eyes may occasionally be open for short periods of time. If born at this time, the baby would be considered premature and require special care. The baby weighs about 2 ½ pounds and is about 15 inches long.

### EIGHTH MONTH (32- 36 WEEKS)

The baby is now almost fully grown and movements or "kicks" are strong enough to see from the outside. The skin is no longer wrinkled and the baby is usually in the head down position from which birth will occur. The baby weighs about 4 pounds and is about 16 ½ inches long.

### NINTH MONTH (36 – 40 WEEKS)

The baby has now reached a size and maturity that allows it to live outside the mother's body. The head is covered with hair. The baby settles down to lower into the abdomen preparing for birth. The baby weighs around 6 to 7 pounds and is 20 inches or more in length.



## FEELING PREGNANT

Although many weeks may pass before there are outward signs of pregnancy, tremendous changes are taking place in your body.

You may feel a wide range of physical and emotional reactions. Even if you've been pregnant before, you may find that no two pregnancies are the same, and that you have a different set of reactions and feelings to this pregnancy. Here are some of the things that commonly occur, and some ideas on how to manage so you feel your best. Please ask your provider about any concerns you may have related to the changes in your body, your emotions, and your life during this special time.

## FEELING TIRED

Many pregnant individuals feel more tired than usual in the first weeks of pregnancy. This is normal as your body adjusts to meeting the needs of your growing baby. Try these tips to help balance your body's need for rest and exercise.

- Try to plan extra rest periods if you can. In an important way, being tired is a signal from your body (and your baby) that rest is needed. It will be important for you to learn to listen to these signals and take action if you can. **REST!**
- Plan power naps at lunch or after work. Settle into bed early with a good book if your schedule permits. Many find that doing mild exercise on a regular basis helps them feel less tired.
- Take your prenatal vitamins and eat a well-balanced diet. Good nutrition will help ensure that you have enough for you and your baby.

## NAUSEA, VOMITING OR HEARTBURN

Pregnancy hormones affect the way your stomach works. They also affect your sense of smell and appetite. In some cases, this leads to nausea. Some find that strong odors or spicy foods make nausea worse. Hormones can also affect the acid in your stomach, leading to classic symptoms of heartburn or indigestion.

Even though it may sound strange, one of the best ways to fight nausea in pregnancy is to keep food in your stomach. This means eating small amounts of food throughout the day.

Eat as soon as you feel hungry.

If morning nausea is a problem, keep some high carbohydrate foods, such as crackers or bread next to your bed and eat something as soon as you wake up.

Take antacids, as needed, for heartburn. These are safe in pregnancy.

Ginger has been shown to help relieve nausea. Try ginger ale, ginger tea or cook with ginger.

## FOOD CRAVINGS, FOOD AVERSIONS, AND HUNGER

Many people experience food cravings during pregnancy. In general, this does not pose a problem. If you crave sweets, such as ice cream, it's okay to indulge occasionally. Try to limit your intake of foods high in fat and sugars. Cravings for more nutritious foods can almost be satisfied without worry.

You may also suddenly find that you can't stand the thought of a food you once loved. Food aversions are also common, and you should not worry as long as you continue to eat a wide variety of healthy foods.

Some are less bothered by nausea or cravings, but instead develop an unusually strong appetite, wanting to eat up to every two hours, sometimes around the clock. Once again, use common sense as you listen to your body's signals. If you find you need to eat frequently through the day (or night), stock up on nutritious, filling foods. It's usually best not to ignore intense hunger, as doing so can lead to nausea.

## HEADACHES

Pregnancy hormones can trigger headaches in some people. This may be especially true if you were prone to headaches before you got pregnant. Some have headache related to vision changes during pregnancy. It's a good idea to have your eyes examined during pregnancy. If you wear glasses or contacts, your prescription may change. Have your eyes checked even if you've never worn glasses.

If your headaches are severe, please be sure to let your provider know right away.

Try taking Tylenol for headaches. Never take more than the recommended dose of any product containing acetaminophen. Do not take other pain relievers, such as aspirin, ibuprofen (Motrin, Advil) or naproxen (Aleve) unless approved by your OB provider. Be sure to tell your provider if you've been asked by another doctor or nurse to take aspirin or another medicine each day to prevent blood clots.

### GAS AND CONSTIPATION

Early in pregnancy hormones changes affect your stomach and bowels, causing more gas and in some cases, constipation. Later, the pressure of the baby on your intestines can interfere with moving of the bowels.

All the usual diet and exercise remedies for these problems also help when you are pregnant. Drink plenty of fluids, get enough exercise, and make sure you have plenty of fiber in your diet.

If needed, you may take a stool softener or a fiber supplement. Please talk to your provider about whether taking a laxative is right for you.

Kegel exercises can sometime help if you have problems with gas. Gentle heat to the abdomen may also help.

### FREQUENT URINATION< LEAKING URINE WHEN YOU LAUGH OR COUGH

Early in pregnancy, hormones can cause you to urinate more frequently than usual. They also relax the muscles in your genital area, which can lead to leakage or urine. Later, your baby's weight puts pressure on the bladder, which can also cause frequency and leakage.

Don't be concerned about going to the bathroom a lot, unless there is pain or burning when you go. If this happens, be sure to contact your provider office for advice – you could have an infection.

If you are getting up a lot at night to use the bathroom, try to stop drinking fluids a few hours before bedtime.

If leakage is an issue, try Kegel exercises, which strengthens the muscles in your genital area.

Some use a panty liner or pad throughout pregnancy to help with leakage when they laugh or cough.



The moisture from leakage of urine combined with an increase in vaginal discharge during pregnancy, causes some to develop irritation in the genital area. Keep the area as dry as you can. If you wear a pad, be sure to change it frequently. Allowing the area to air dry is also helpful. You can do this for part of each day by sleeping without underwear.

If urine leakage becomes a severe or ongoing problem, now or in the future, please be sure to tell your provider. Treatments are available that can help.

### BREAST TENDERNESS OR LEAKING FLUID FROM THE BREASTS.

Hormones cause your breasts to get larger during pregnancy and can also sometimes cause fluid to leak from your breasts even before delivery.

Wear a supportive bra that is the right size. Make sure the bra fits well. You may go up two or three bra sizes during your pregnancy. If the cost of bra is a concern, don't buy too many in one size until you get a sense of how large your breasts will get while pregnant.

Many find that sports bras comfortable during pregnancy. They provide support while also allowing room for your breasts to grow.

Underwire bras may increase discomfort and constrict your breasts as they grow; however, for some individuals, the added support of the underwire may be important. Let comfort be your guide.

### VAGINAL DISCHARGE

Your body naturally increases the secretions in your vagina during pregnancy. The secretions help prevent bacteria from entering the uterus. The secretions should be white or very pale yellow. They should not be bloody, smell bad or cause pain or itching.

Remember, more wetness in your genital area is normal now. Practice good routine hygiene and wear cotton panties to help feel fresh.

### DO NOT DOUCHE

Sleeping without underwear helps promote drying of your genital area.

Tell your provider if your discharge is bloody, smells bad, or causes itching or pain.

## HEMORRHOIDS

Hormones cause the walls of the blood vessels in your rectum to relax, which can lead to hemorrhoids. Later, the pressure of the baby can intensify the problem. Constipation can also worsen hemorrhoids.

Witch hazel pads or Hemorrhoid creams can help ease discomfort.

## CHANGES IN YOUR LEGS

The weight of your baby can have an effect on the blood vessels in your legs. For some, varicose veins become an issue during pregnancy. For other's swelling of the ankles and feet is a problem.

For mild swelling, elevating your feet and legs whenever you can is the best treatment. Try not to sit or stand without moving for long periods of time, and don't cross your legs or ankles when you sit. If you're traveling and need to be in a car or plane for an extended period, make sure to fit in a short walk at least every two hours.

For more severe swelling, or to treat swollen veins in your legs (varicose veins), you may want to try compression stocking. These are specially made support stockings that can help move fluid and blood out of your legs and back into your circulation. The stockings come in various weight depending on the amount of support that provide. The lightest weights can be bought without a prescription. Look for JOBST or other varieties of support stockings at your local pharmacy. In more severe cases, your ob provider can give you a prescription for the heavier stockings that provide maximum support. Be sure to talk with your provider if leg swelling is a serious issue for you.

## EMOTIONAL CHANGES

Most people are aware of how hormones can affect mood and emotions. The hormone changes of pregnancy will probably have some effect on how you feel. In addition, just being pregnant is bound to cause strong emotions, which vary depending on whether the pregnancy was planned, whether you have people around you to support you, and how much stress you feel in your daily life.

While mood swings are normal to a certain extent some people are prone to develop problems, such as depression, during this time. This is especially true to those who have been depressed or have had other mental health problems in the past. Those who have close relatives who have had mental health problems may be at increased risk to develop these conditions as well.

Be sure to talk with your provider about any feelings that are causing you concern.

If you were taking antidepressants before becoming pregnant, talk with your provider about the medicine you have been taking. Try to have this conversation as early as possible during your pregnancy. In general, it is not a good idea to stop taking antidepressants without supervision.

If you have seen a therapist or counselor in the past, think about scheduling an appointment to talk over how you are feeling as your pregnancy develops.





## QUESTIONS YOU MAY HAVE DURING PREGNANCY

How often should I see my obstetric provider?

Up to 32 weeks	Every 4 weeks
32 to 36 weeks	Every 2 weeks
36 weeks to delivery	Once a week

It very important to keep all your appointments. If you are not able to come to an appointment, please call us to set up another time.

### Ultrasound

You will have an ultrasound done at your first visit to confirm your due date. If everything progresses normally, your next ultrasound will be done at 20 weeks. At that time, a detailed 4D ultrasound is done to scan for any birth defects and any other possible problems. This will be the time you can learn the sex of your baby if you wish to know.

### What types of tests are recommended during pregnancy?

All women will have blood work done at some point during the first or second trimester. These tests will check your blood count, blood type and will look for other infections such as syphilis, hepatitis B, rubella, and HIV. It is important to screen for these infections for the health of your baby. You may also need a pap smear during the pregnancy and at that time you will be screened for other STD's that can cause serious problems for your baby. At around 26 -28 weeks, you will be screeded for diabetes with a simple finger poke blood test. In addition, you will be given the option early in the pregnancy to screen for other genetics abnormalities such as Down Syndrome, Cystic Fibrosis, and spinal bifida. These tests are not required but do give mothers and their doctors the chance to learn more about the baby. Ask your provider for more information on these genetic tests.

## IS IT NORMAL TO HAVE BLEEDING DURING EARLY PREGNANCY?

Many women have some bleeding during the first 12 weeks of pregnancy. This is a common occurrence and typically does not mean there is a problem with the pregnancy. Bleeding can be caused by intercourse, a cervical infection, or from normal changes during pregnancy. Slight bleeding often stops on its own. If you are changing a pad more than once an hour, contact your provider.

## Is it normal to have cramping during early pregnancy?

Yes, it is common and normal to have cramping during early pregnancy. The uterus grows in pregnancy and this stretching can cause the uterus to contract or cramp. This is usually nothing to worry about and simply indicates that your baby is growing normally. To help with the pain, take 1 or 2 Tylenol, get off your feet, and drink plenty of water. If the cramping worsens, contact your provider.

## IS IT NORMAL TO HAVE PAIN DOWN BY MY GROIN?

Yes, this is a very common problem called “round ligament pain”. This happens as the uterus grows in early pregnancy causing the ligaments that support the uterus to stretch. Most women experience this at some time. This can be treated with Tylenol, a heating pad, or a warm bath. It often helps to lie on the side that hurts the most. This takes the tension off the ligament and may bring relief. Typically, this pain will go away as you progress through to the second trimester.



## WHICH PRENATAL VITAMINS SHOULD I BE TAKING?

Pregnant women should be taking a Prenatal vitamin to provide additional nutrients that are needed during pregnancy. Choosing a prenatal vitamin should not be a complex decision as most all the over counter vitamins are acceptable options. Be sure that the vitamin you choose has at least 400 mcg of folic acid (Aka folate or vitamin B9). Other important Nutrients to look for include iron (40mg), calcium (1000 mg), zinc, manganese, iodine and vitamin B6.

## I HAVE A LOT OF NAUSEA AND VOMITING, WHAT SHOULD I DO?

Many women have nausea and vomiting early in pregnancy. In most cases, this is easily managed with some changes in diet and, in severe cases, the use of anti-nausea medicine (if prescribed by your provider). Nausea and vomiting usually passes after about 12 weeks. People sometimes find that eating dry carbohydrates, like toast, crackers, or rice helps decrease nausea. Some providers recommend the use of vitamin B-6 as a treatment for nausea.

Ginger in the diet may help. You may want to try ginger ale, hard ginger candy, or ginger tea. Keeping a small amount of food in the stomach at all times works well for some. Try to eat something anytime you feel hungry. Listen to your body and don't be overly concerned about gaining weight. Taking in small, healthy snacks every few hours throughout the day may help you avoid nausea. Try to stay away from strong odors, and spicy, greasy, or acidic foods. If you are not able to hold anything down for 24 hours, please call your provider. You could become dehydrated, which is not good for you or the baby. Your provider may prescribe medicine to help control vomiting and may want you to visit the hospital for IV fluids to prevent dehydration.



## HOW DO I KNOW WHEN I'M IN LABOR?

When you are in labor your uterus will contract causing your cervix to dilate. These contractions will cause your abdomen to become hard. Between contractions, your uterus will relax, and your abdomen will become soft. Labor contractions are typically stronger than a painful menstrual cramp and will last for 30 to 70 seconds. They will become stronger as time goes on and get closer together. Real contractions will continue despite changes in position or movement. When they are coming at regular intervals (approximately every 3 to 5 minutes) and have lasted for 3 to 4 hours, contact your provider.

## FALSE LABOR

Your uterus may contract off and on before your true labor actually begins. These irregular contractions are called Braxton-Hick's contractions or false labor. They can be painful but typically do not come at regular intervals and are not as strong as true labor contractions. Braxton-Hick's contractions are a normal part of pregnancy.

## WHAT IS PREMATURE LABOR?

A term pregnancy takes about 40 weeks to complete. Babies born before 37 weeks may have problems breathing, eating and keeping warm. Premature labor occurs after the 20<sup>th</sup> week but before the 37<sup>th</sup> week of pregnancy. It is a condition in which uterine contractions (tightening of the womb) causing the cervix to open earlier than normal. It could result in the birth of a premature baby. Certain factors may increase a woman's chances of having a premature baby, such as carrying twins. Often, the cause of premature labor are unknown. Sometimes a woman can have premature labor for no apparent reason.

It may be possible to delay a premature birth by knowing the warning signs of premature labor and by seeking care early.

Warning signs and symptoms include:

- Uterine contractions that occur every 5 or more minutes in an hour, with or without any other warning signs
- Menstrual like cramps felt in the lower abdomen that come and go or be constant.
- Low dull backache felt below the waistline that may come and go or be constant.
- Pelvic pressure that comes and goes and that feels like your baby is pushing down.
- Abdominal cramping with or without diarrhea
- Increase or change in vaginal discharge.

It is normal to have some uterine contractions throughout the day. They often occur when you change positions, such as from sitting to lying down. It is not normal to have frequent (six or more) uterine contractions in an hour. This could cause your cervix to begin to open.

**CALL YOUR PROVIDER OR GO TO THE HOSPITAL IF YOU HAVE:**

- 6 or more uterine contractions in one hour
- Any of the other signs and symptoms for one hour
- Bleeding or leaking fluid from your vagina





## WHAT ARE OTHER SIGNS THAT LABOR MAY BE BEGINNING?

**Continuous Leakage of Water** - This may indicate that your water has broken. This is typically a large amount of fluid that will soak through your clothes and continues to leak even after the initial gush. If this happens, call your provider. A small leakage of fluid that does not continue may just be urine leaking and is likely to indicate labor is approaching.

**Heavy Vaginal Bleeding** – If you begin to have bleeding like a heavy period, call your provider. This may be a sign that labor is beginning. It is very common to have some spotting, especially after using the restroom. This is not usually associated with labor and will stop with time.

## WHAT IS NORMAL BABY MOVEMENT?

The sensation of your baby's movement will change during your pregnancy. You can expect to begin feeling movement between 16 to 18 weeks. Early on, this will be sporadic, and you may not feel the baby move every day. As the baby grows, you will feel more and more movement. Later in pregnancy, the movements you feel may be smaller. This is normal. During the 3<sup>rd</sup> trimester (after 28 weeks), count fetal movements every 24 hours. Pick a time of the day when the baby is most active. Mark down on a piece of paper each time you feel a movement (any movement counts). Stop when you feel 10 movements. If you do not feel 10 movements in two hours, call your provider.

## PRENATAL SCREENING

A wide range of tests are now available to help plan and monitor your care and needs during your pregnancy. Listed below are explanations of the usual screening tests performed on all new OB patients. The fee for these test are NOT include in the basis OB care and delivery fee. You will be billed from the facility performing the service.

- Pap smear: (1<sup>st</sup> trimester) a test for cancer of the cervix
- Urine Culture: a test for bacteria that can cause complications during pregnancy.
- Prenatal Blood Work: (1<sup>st</sup> trimester)
  - Blood type and Rh factor
  - Complete blood count (CBC)
  - Rubella titer (test to see if you are protected against the German measles)
  - VDRL (screening for syphilis)
  - HIV (recommended test for all pregnant women)
  - HAA (screening test for Hepatitis B)
- Ultrasound: (1<sup>st</sup> trimester and at 20 weeks) – done to confirm your due date and to screen for birth defects. If you wish, you can learn the sex of your baby, see 4D ultrasound pictures.
- Glucose: (24-28 weeks) – screening test for diabetes in pregnancy. Increased blood sugar can cause complications for both mother and baby.
- Group B Strep: (35 weeks) – a test for bacteria found in come pregnant women that can be passed to the baby during delivery. Obtained via vaginal and rectal swab.
- Genetic Screening tests: All women are given the option to have additional testing done to determine if their baby is at risk for Down Syndrome, Spina Bifida, or Cystic Fibrosis. They are not required these tests are up to you if you want them.



## SCREENING OPTIONS FOR DOWN SYNDROME

What is Down Syndrome?

Down Syndrome is a genetic condition caused by having an extra copy of chromosome 21. It is also known as trisomy 21. Children with Down Syndrome experience developmental delay and some degree of mental retardation. They usually have characteristic facial features and may have other health conditions such as congenital heart defects, thyroid problems, infections, respiratory problems, and vision and hearing problems.

What are my options for screening?

- First trimester screen
  - Combines an ultrasound and a finger-stick blood test.
  - Done between 11 and 14 weeks.
  - Detects 90% of affected babies.
- Quad Screen
  - A blood test.
  - Done between 15 and 18 weeks.
  - Detects 75% of affected babies.
  - Also screens for Spina Bifida
- Amniocentesis
  - Samples fluid from around the baby
  - Done any time after 15 weeks.
  - 99.9% accurate in identifying affected babies.
  - Very safe (risk of miscarriages is 1 in 600)

### WHO SHOULD HAVE THIS DONE?

Anyone who desires more information about her baby should consider screening. More than 95% of babies with Down Syndrome and trisomy 18 are born to families with no history of these conditions. The diagnosis of a problem before birth leads to different options during the pregnancy and special management of the delivery to improve the outlook for the baby.

### IS THIS SCREENING JUST FOR WOMEN OVER 35?

No. Women who are 35 or older at the time of delivery do have an increased risk of having a baby with Down Syndrome or trisomy 18. However, babies with these conditions can be born to women of any age. In fact, more than 75% of babies with Down Syndrome are born to women who are under 35 because they have more babies than women who are over 35.

### IF I AM 35 OR OLDER, SHOULD I HAVE A SCREENING TEST, OR SHOULD I JUST HAVE INVASIVE TESTING (AMNIOCENTESIS)?

Some women 35 and older choose to have an invasive test without having any screening. However, screening techniques have become so accurate that women of any age should consider screening to better quantify their risk before deciding whether to have an invasive procedure.

## SEX DURING PREGNANCY

Pregnancy is a time of physical and emotional change. Personal history, symptoms, and attitudes about becoming a parent influence the feelings that a woman has about her body and about making love during pregnancy.

There also can be a difference in sexual needs. The best way to deal with these differences is to talk, to listen, and to be open with each other's feelings and concerns. Talk with your provider during one of prenatal appointments with any questions regarding sexual practices and their effect on the baby and the pregnancy.

## PREGNANCY CHANGES AND SEXUALITY

Many women are nauseous and tired during pregnancy. If a woman feels that way, she may not feel like making love. Sex is safe during pregnancy and many women continue to enjoy it.

During pregnancy there is an increase in blood supply to the pelvic area. Many women enjoy sex during pregnancy.

A woman's breasts increase in size during pregnancy and get even larger with sexual arousal.

## SEXUALITY AND HIGH-RISK PREGNANCY

Certain problems can occur during pregnancy that put the baby at risk for premature delivery. If you are experiencing vaginal bleeding, preterm labor, or ruptured membranes, you should not have sex and avoid having orgasms. Your health care provider will tell you if sex could be harmful but do not hesitate to ask if you have questions or concerns.

## BREASTFEEDING BENEFITS

It is recommended that babies receive no foods or liquids except breast milk for the first six months of life and then get complementary foods along with continued breastfeeding when your baby is 6 – 12 months of age. There are more benefits in breast milk than formula, but this is solely your choice. A fed baby is a healthy baby whether breastfed or bottle fed.



## PREPARING FOR BIRTH TO DO LIST

### COMPLETE BY THE END OF YOUR SECOND TRIMESTER

- Sign up for a hospital tour by the second trimester.
- Speak to your employer/HR about family leave benefits/disability.
- Turn in FMLA paperwork to your provider office. The office will charge \$25.00 to complete.

### COMPLETE DURING YOUR THIRD TRIMESTER

- Check with provider if you need a PPD test for tuberculosis.
- Receive a Tdap vaccine for whooping cough.
- Receive the flu vaccine, if indicated by your provider
- Familiarize yourself with when and where to come for delivery.
- Review birth preference with your provider
- Know to call if you are in labor or leaking water.
- Know to bring two forms of ID to labor and delivery, one with a photo.

### GOING HOME FROM THE HOSPITAL AFTER BIRTH & POSTPARTUM

- Schedule a postpartum appointment for 6-8 weeks after delivery
- Arrange a ride home by 12:00pm on your going home day.
- Bring an infant car seat.
- Plan to stay 24-48 hours after a vaginal delivery.
- Plan to stay 48-72 hours after a cesarean section unless there are complications.

## CESAREAN BIRTH

### Reasons for a C section

Most often women have a cesarean birth when labor does not progress (the cervix does not completely dilate, or the baby cannot be pushed out) over a long period of time. It is a decision made by the woman and her doctor when both feel everything else has been tried and this is the only alternative. Sometimes a c-section is planned. Situations that might require a schedule c-section include:

- Breech position
- Previous cesarean section
- Placenta previa (placenta covering the cervix)

Although it is rare, a c-section birth can sometimes be necessary due to an emergency situation that endangers the woman's or her baby's health. In these situations, there is no time to wait for the regular process of labor, and the decision to perform a C-Section must be made very quickly. Indications for an emergency C-Section may include:

- Maternal bleeding
- Baby is "distress"

## ANESTHESIA FOR A CESAREAN BIRTH

For a planned or non-emergency C-Section an epidural or a spinal is the anesthesia of choice. It allows the mother to be awake and able to see her baby as soon as it is born.

In an emergency, the mother is put to sleep using general anesthesia. This is the fastest anesthesia to administer when time is of the essence.

## SUPPORT/PARTNERS AT C- SECTIONS DELIVERY

If the mother is awake, a support person can be with her for the birth. If general anesthesia is used and the mother is asleep, support people need to wait in the labor room or waiting room until surgery is completed.

## TYPE OF INCISION

Most often a “bikini cut” or low transverse incision is made both on the skin (just above the pubic hair) and the uterus itself. This is done for both comfort and recovery. Occasionally an “up and down” or vertical incision is made on the skin and/or uterus. This is a faster cut and may be used in an emergency. The size and position of the baby may also determine the need for this kind of incision.

## RECOVERY FROM A C-SECTION DELIVERY

Recovery from surgery takes longer than recovery from a vaginal birth. Most women are ready to go home on the third day after surgery. Also, more help at home might be required in the first few weeks after delivery.

# ATTENTION PATIENTS

Dr Richey is NOT on-call every day.

Columbus Women's Care has  
partnered with Columbus OBGYN  
to share the on-call days  
at the hospital and  
to take after-hour calls.

This arrangement is the standard practice  
for OBGYN offices.

If you receive a call back from  
COLUMBUS WOMENS CARE or  
COLUMBUS OBGYN...  
Make sure you answer the call!

## **COLUMBUS WOMEN'S CARE**

Wants to focus on JUST YOU during your appointment, therefore we do enforce a NO CHILDREN policy in our office unless you are here for your post-partum visit. We strive to give you the best care possible so please respect our policy.

**THANK YOU**