



Terri Holt, MD, FACOG  
Emily Bienvenu, MD, FACOG  
Jessica Pugh, MD  
Sumner Women's Associates

## Information Packet

Congratulations on your new pregnancy, and thank you for choosing Sumner Women's Associates! This packet has been given to you at the beginning of your pregnancy to help to guide you on what to expect from your prenatal care. Please keep this packet as a reference through your pregnancy.

We would like for your pregnancy to be as happy and healthy as possible for both you and your baby. Our goal is to be with you each step of the way providing quality care and support. Pregnancy and childbirth can be a wonderful experience for a woman and her family, but it can also be a time of uncertainty and anxiety. Rest assured that our staff is here to address your concerns and try to make you as comfortable as possible! We encourage you to ask questions along the way.

## Your Due Date

The duration of the average pregnancy is 40 weeks (280 days). The emphasis is on the word "average". Only about 4% of all women will actually deliver on their "due date". However, over 90% will deliver within two weeks of that due date. If you should go more than one week past your due date, other tests may be performed. If this situation arises, we will discuss it further at that time. Elective induction of labor will NOT be performed before 39 weeks, no exceptions. This is hospital policy as well as standard of care. This does not include inductions that are done for medical indications. Your doctor will determine if and when inductions are necessary.

## Doctor's Visits Prenatal

**Initial pregnancy visit:** a review of your history, full physical exam, and determination of your due date will be done by your physician. Routine prenatal blood work will also be drawn.

**Second prenatal visit:** an ultrasound will also be performed to confirm your due date, verify pregnancy viability (check for baby's heartbeat), and screen for any potential problems.

**Third prenatal visit:** your doctor will review your total family history and provide in depth counseling about your pregnancy. Of course you are always welcome to ask your doctor any questions you may have at any time.

**Subsequent visits:** your blood pressure, weight, and urine dip will be done at each visit to screen for any problems. Visits after 16 weeks will include listening to your baby's heartbeat, and your fundal height (measurement of your uterine size) will be done after 20 weeks. Cervical exams are often necessary as you approach the end of your pregnancy. You will be seen about every four weeks until 28 weeks, every two weeks until 36 weeks, and then weekly until your baby is born. Should a problem arise, you may be seen more frequently.

## **General Guidelines**

**Travel:** The best time to travel is typically between 14 and 28 weeks as most problems tend to happen in early or late pregnancy. If your pregnancy is uncomplicated, air travel is unrestricted until you are close to delivery. After 34 to 36 weeks, it is more sensible to stay close to home unless there are justifying circumstances. Most airlines will refuse your passage in your last month of pregnancy unless you have a note from your provider. Long trips by car can be taken if common sense is used (up to 36 weeks). You should stop every two to three hours, move around, exercise your legs, etc. to prevent blood clots.

**Sexual Intercourse:** Unless otherwise instructed, you may continue to have intercourse until the onset of labor. Do not have intercourse if you have vaginal bleeding, if your water breaks, or if you are being treated for premature labor. The sexual practice of blowing air directly into the vagina during oral sex should NEVER be performed during pregnancy. Though rare, this practice can cause an air embolism that can be fatal to both a woman and her unborn baby.

**Nutrition and Weight Gain:** The average weight gain in pregnancy is 25 to 35 pounds. At term, your baby weighs approximately 7 1/2 pounds, the placenta 1 pound, amniotic fluid 2 pounds and the uterus 2 1/2 pounds. Do not eat more than you did before you were pregnant. You are not truly "eating for two." Eat three balanced meals a day plus two snacks or five small meals a day. Concentrate on a balanced, low-fat, low-sugar diet that is high in fruits, vegetables and protein. Watch out for "hidden sugars" such as that are found in many fruit juices and avoid excess fast food or junk food. Caffeine in moderate amounts is thought to be safe in pregnancy, but consider limiting caffeine intake, especially in the first trimester (no more than two 8 oz drinks/day). You should have a liberal intake of vitamin-rich foods such as raw fruit and vegetables (but be sure to thoroughly wash them first). Vitamin supplements are a good idea although not absolutely necessary. Additional folic acid is needed (prenatal vitamins come with this) to help prevent neural tube defects. If you do not take vitamins, you should add folic acid to your diet by eating green, leafy vegetables, and whole grain products. Iron is an important supplement. Dietary sources often cannot keep up with iron needs later in pregnancy. It is essential that your body have enough iron to make the red blood cells necessary to carry oxygen for both you and the baby. Calcium may be obtained by eating three to four low-fat dairy servings daily or by taking a calcium supplement once a day. You may season your foods to taste and may use salt if you wish unless specifically instructed otherwise (limit salt if you are experiencing swelling). Women can safely eat 12 ounces of cooked fish per week as long as they select smaller fish and eat a variety. Large fish, such as, shark, swordfish and king mackerel should be limited or avoided. The FDA recommends limiting consumption of large fish because they may contain mercury. The EPA recommends limiting non-commercially caught fresh-water fish to one serving per week. Do not eat any raw or rare meats during pregnancy, and avoid deli meats and unpasteurized cheeses. Never drink alcohol during pregnancy.

**Hygiene:** Douching is not recommended, especially in the last trimester. Tub baths are fine throughout pregnancy. Caution should be used because balance is sometimes difficult to maintain and it is easier to slip and fall getting in and out of the tub. Hot tubs are not recommended because your body heat rises and that may not be good for your baby.

**Dental Hygiene:** Pregnancy is a good time for a thorough dental checkup; some women seem to suffer more cavities at this time. Special attention should be given to the care of your gums. Dental x-rays with abdominal shielding and Novocain are safe in pregnancy. A note can be written for your dentist upon request. You may notice that your gums bleed very easily. Use a soft toothbrush, brush at least twice a day and use dental floss.

**Breast Changes:** During pregnancy your breasts are getting ready to produce milk. They get larger and the milk glands enlarge. Veins may become visible. Your nipples and the pigmented area around your nipples (areola) will darken and widen. Your nipples may begin to itch; unscented lotion may help. Change your bra size as needed; support is important. A milky or clear discharge from one or both of your nipples at any time during your pregnancy is common.

**Skin Changes:** You may notice changes in your skin and hair. Wrinkles may be less obvious. You may grow new moles, red spots and skin tags. This is normal. If your moles become blue-black, let us look at them. You can use Vitamin E oil for dry and itchy skin. Stretch marks may appear on the belly, thighs, and breasts, and no lotions or creams prevent them. Cocoa butter and other lotions are safe to use if desired (but no creams with retin A or retinoids).

**Miscellaneous:** Hair processing (such as coloring, perms and straightening) will not hurt your pregnancy. Spray tanning and self-tanners are generally thought to be safe (but you should not use a tanning bed). It is important that you continue wearing seat belts in vehicles. Place the lap portion of the belt low near the hip bones (under your belly) and always wear the shoulder harness too. Do not place the shoulder harness under your arms. Generally, you may safely lift 30-40 pounds but please make sure your doctor knows if you are routinely lifting more than that. Avoid changing cat litter boxes or exposure to cat feces during pregnancy, as cats can carry toxoplasmosis, an infection that can affect your unborn baby.

**Alcohol, Drugs & Cigarettes:** Alcohol and drugs pass from your blood through the placenta to the baby. Alcohol, methamphetamine and cocaine may have long-term effects on your developing baby, such as learning disabilities. They may also cause complications during pregnancy and at delivery. To be safe, stop drinking or taking drugs – it is not worth the risk. Even a small amount may be harmful. Smoking can increase your risk of a miscarriage, still birth, a low birth weight baby, SIDS and the likelihood of health problems during infancy (such as ear infections and asthma.) Quitting during your pregnancy will help give your baby a healthy start and improve your health as well.

#### **Drug Policy:**

We do not condone the use of recreational drug use in pregnancy, as this is bad for both your health and the health of your unborn baby. This includes the use of prescription drugs/ narcotics that you do not have a prescription for from your physician. Non-prescription narcotic use is illegal, and you can be prosecuted for this in the state of Tennessee. Chronic narcotic use during pregnancy can cause neonatal abstinence syndrome in your baby, which is a painful condition in which the baby suffers withdrawal at birth. It can also cause many complications in pregnancy including stillbirth. Please note that all newly pregnant patients will have drug testing performed at the first prenatal visit, and are subject to random drug screens during pregnancy if testing is

positive. If you have two or more confirmed positive screens that are not explained by your current prescription medications, then you may be dismissed from our practice.

All pregnant patients are routinely testing with urine drug screens at Sumner Regional as well when presenting for hospital care or delivery. Please note that positive screening tests will be sent for confirmation testing as false positives can occur. If you have a confirmed positive drug screen for any substances that you do not have prescriptions for, this may be reported to Social Services and the Department of Child Services. If you have a problem with addiction, please be open and honest with your physician so that you can get the help you need.

**Maternity Leave:** You may continue your employment as long as you wish unless otherwise instructed by your doctor. Some women feel too tired and uncomfortable by the 39th week to carry on full-time employment. If you think you have an unusual occupation that may adversely affect your pregnancy, bring it to our attention early. Please check with your employer regarding your maternity leave benefits. It is generally recommended that you take at least 6 weeks maternity leave to recover from childbirth and bond with your baby.

**Prepared Childbirth:** We encourage you and your spouse or labor support person to enroll in a childbirth class. Information is available in our office about locations and times of classes. Sumner Regional offers complimentary childbirth classes to help prepare you for your labor and delivery. Touring the Labor and Delivery Unit is also encouraged so that you can know what to expect!

**Exercise:** exercise has excellent physical and emotional benefits. Exercise will help you remain healthy and feeling your best while your body rapidly changes. It can also help prepare you for labor and delivery. Women at high risk for premature labor, growth restriction (decreased blood supply to the placenta), or other high risk conditions should not exercise and will be reminded of this by their provider. Women who were in good shape prior to pregnancy may continue to work out at their previous levels. It is also rare for a fit woman to overheat while exercising. Based on this information, the American College of Obstetrics and Gynecology recommends:

1. Continue mild to moderate exercise. Regular exercise (at least three times per week) is preferable to intermittent exercise.
2. Avoid exercise lying directly on your back after 12 weeks.
3. When exercising, make sure you drink lots of water and modify your exercise by how **you** feel.

**Exercises generally considered safe in pregnancy include:**

- Low impact aerobics/pregnancy fitness classes
- Cycling/stationary bike
- Jogging, walking, or hiking
- Non-competitive racket sports/golf
- Swimming/Water Aerobics
- Weight Training (avoid excessive straining)

### **Exercises that should be avoided in pregnancy:**

- Contact sports
- SCUBA
- Downhill skiing
- Extremely vigorous exercise/ overexertion
- Gymnastics

**\*\*Stop exercising if you experience vaginal bleeding, contractions, chest pain, dizziness, or shortness of breath.\*\***

### **Safe Medications in Pregnancy**

It is preferable to avoid taking medications during pregnancy, but when necessary, there are several safe options. The list below is a general guide and is not designed to be a substitute for medical advice. If you have specific questions, please contact your doctor. Please notify your doctor of all prescription medications.

#### **Cold/congestion/cough**

Tylenol Cold and Sinus, Sudafed, Mucinex, Robitussin, Cough drops, humidifier

#### **Pain (headache, backache)**

Tylenol (do NOT take aspirin, Advil or Motrin (ibuprofen), or Aleve (naproxen) during pregnancy)

#### **Morning Sickness**

- Vitamin B6 (over the counter) – 25 mg three times a day
- Unisom (Doxylamine) – one tablet at bedtime
- Small, frequent meals
- Ginger or peppermint
- Sea bands

#### **Heartburn**

- Tums
- Maalox/ Mylanta
- Zantac
- Pepcid

#### **Allergies**

- Benadryl
- Saline nasal spray
- Claritin (Loratidine)
- Zyrtec (Cetirizine)

#### **Constipation**

- Plenty of water!!
- Metamucil or Fibercon
- Colace (Docusate) – stool softener
- Miralax

#### **Diarrhea**

Immodium (do NOT take Pepto Bismol)

#### **Hemorrhoids**

Preparation H

#### **Insomnia**

- Unisom
- Benadryl

## **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. We feel strongly about breastfeeding because there are so many benefits for both you and the baby. SRMC has excellent lactation consultants available to assist you with breastfeeding.

### **Health benefits for infants:**

Stronger immune system

Reduced risk for sudden infant death syndrome (SIDS)

Reduced risk for gastrointestinal and severe lower respiratory tract infections

Lower risk for developing asthma

Protection against allergies and intolerances

Promotion of correct development of jaw and teeth

Association with a higher intelligence quotient and school performance

Lower risk of developing childhood leukemia (cancer of the blood)

Reduced risk for later development of chronic diseases such as obesity, diabetes, heart disease, high blood pressure, and high cholesterol

### **Health benefits for the Mother:**

Strong bonding with infant

Faster shrinking of the uterus, helping reduce blood loss after birth

Delays the return of menstrual periods after birth

Decreased risk for developing type 2 diabetes

Lower risk for developing breast and ovarian cancer later in life

Decreased risk for postpartum depression

Enhanced self-esteem in the maternal role

Time and money saved from not having to buy and mix formula

Easier to return to pre-pregnancy weight due to the extra 300-500 calories burned in the body's production of milk

## **FAQs:**

### **When will I receive an ultrasound?**

You will have an ultrasound done at your second visit to determine the number of babies and also to confirm your due date. If everything progresses normally, your next ultrasound will be done at 20 weeks. At that time, a detailed ultrasound is done to scan for birth defects and other problems. This will also be the time when you can learn the sex of your baby, if you wish. This ultrasound is done at The Perinatal Group located at 300 Steam Plant Road, Suite 260, in Gallatin, phone number (615)989-7951. A third ultrasound will be done at 36 weeks to measure your baby's estimated weight and confirm position. Additional ultrasounds are generally not covered by insurance unless medically indicated.

**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 (if you are over 21), and at that time you will be screened for other STDs that can cause serious problems for your baby. At around 26 to 28 weeks, you will be screened for gestational diabetes and anemia. In addition, you will be given the option early in the pregnancy to screen for other genetic abnormalities such as Down syndrome, Cystic Fibrosis, and Spina Bifida. These tests are not required, but do give mothers and their doctors the chance to learn more about the baby. Ask your doctor 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 does not always 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 or are having heavy bleeding with clots, contact your doctor.

**It is early in my pregnancy and I'm having cramping. Is that normal?**

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 fluids. If the cramping worsens, contact your doctor.

**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, and a warm bath. It often helps to lie on the side that hurts the most (For example: if your left side hurts, lie on your left side). This takes the tension off the ligament and may bring relief. Typically, this pain will go away as you progress through the second trimester.

**What can I take for morning sickness?**

Morning sickness is a common problem in early pregnancy that is caused by rising levels of pregnancy hormones. If you are affected by morning sickness, try to eat at least six small meals a day and avoid spicy, greasy foods. It may be helpful to eat crackers before you get out of bed in the morning. If these tactics don't work, you may try the over the counter remedies Vitamin B6 and Unisom (Doxylamine). If you are unable to keep down any food or drink, be sure to contact your doctor as prescription medications may be needed.

**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 of the over the 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 (1000mg), zinc, manganese, iodine, and vitamin B6.

**How much weight should I gain during pregnancy?**

Women who are normal weight before pregnancy (BMI <25) should gain between 25 to 35 pounds. If you are starting the pregnancy slightly overweight (BMI 25-30), your goal weight gain is between 15 and 25 pounds. If you are more overweight (BMI >30) your goal is to gain around 10-15 pounds during the pregnancy. Ask your doctor for a personalized recommendation. Too much or too little weight gain can cause problems in pregnancy.

**How can I prevent back pain in pregnancy?**

Back pain is a common problem in pregnancy and is caused by changes in posture, hormones, and stretching of the abdominal muscles. To avoid problems, wear low-heeled (not flat) shoes with good arch support. Always lift by bending your knees and ask for help when moving large or heavy objects. Sleep on your side with 1 or 2 pillows between your knees. If you have to stand for long periods of time, place one foot on a stool or a box. When sitting, use good posture and place a small pillow to support your lower back. A regular exercise routine that includes walking or swimming is very important for preventing back injury.

**What can I use to treat back pain?**

Start by applying heat or ice to your lower back and have your partner massage the area. Stretches and exercises for the back can be very beneficial and will help increase muscle tone to prevent further injury. Swimming and walking are both excellent activities for both treating and preventing back pain. If none of these steps help, ask your doctor about other options.

**How do I know when I'm in labor?**

When you are in labor, the 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. When they are coming at regular intervals (approximately every 3 to 5 minutes) and have lasted for 3 to 4 hours, go to Labor and Delivery (L&D) for evaluation. It is not necessary to call your physician before going to the hospital. The L&D Staff will notify the on-call physician when you arrive.

**What is false labor?**

Your uterus may contract off and on weeks before your labor actually begins. These irregular contractions are called Braxton-Hicks 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-Hicks contractions are a normal part of pregnancy.



**How can I tell the difference between true and false labor?**

**False labor:** contractions are usually weak and don't get stronger with time. They are usually felt in the front. They may go away with walking, resting, or changing in position. Braxton-Hicks contractions are typically irregular and do not get closer together with time. These contractions do not change your cervix.

**True labor:** contractions get stronger as time goes by and are very painful (more than a strong menstrual cramp). They continue despite changes in position or movement and are regular. When contractions become every 3-5 minutes and continue for several hours, go to L&D for evaluation as you may be in labor.

**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, go straight to L&D. A small leakage of fluid that does not continue may just be urine leaking and is unlikely to indicate that labor is approaching. If you have any question that your water is broken, you should be evaluated by your doctor.

**Heavy Vaginal Bleeding** – If you begin to have bleeding like a heavy period, go to L&D. This may be a sign that labor is beginning or that something is wrong. It is very common to have some spotting, especially after using the restroom or intercourse. 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 third 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, go to L&D for evaluation.

**How do I get in touch with my doctor after hours for emergencies?**

For urgent problems that cannot wait until the next business day, call the office at (615)328-3390 and you will be forwarded to the answering service. The answering service will direct your call to the on-call doctor. If you have an emergency, dial 911 or go immediately to the Emergency Department. If you are more than 20 weeks pregnant with an obstetrical emergency, please go to L&D at SRMC and the on-call doctor will be contacted.

Dr. Holt, Dr. Bienvenu and Dr. Pugh care for their own patients during the hours of 7AM-5PM Monday to Friday. Night, weekend, and holiday call is shared with the physicians of Gallatin Women's Center. Scheduled inductions and Cesarean sections will be done on days that your provider is available for your care. Please use discretion and save the emergency answering service and middle of the night calls for true emergencies or problems that absolutely cannot wait for regular office hours.

Office hours are Monday-Friday from 8:00-4:30 PM.