

Bellevue Obstetrics & Gynecology Associates, P.C.

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Welcome to Bellevue OBGYN!

We are excited you chose our practice to provide your obstetrical care. Please take the time to read all of the information provided in this packet. If you will keep this information handy, it will answer many of your questions throughout your pregnancy. However, we encourage you to write down any questions you don't find here and bring them to your next appointment, or to call us at any time in an emergency. In the event of an emergency, you can reach our answering service after hours by dialing the office number. We request that you call before going to the hospital if possible. If it is a life threatening emergency, you should call 911.

Office Hours:

Monday – 9:00a.m. to 4:30p.m.

Tuesday – 9:00a.m. to 4:30p.m

Wednesday – 9:00a.m. to 7:00p.m.

Thursday - 9:00a.m. to 4:30p.m.

Friday – 9:00a.m. to 4:30p.m.

Location:

Bellevue OBGYN

2206 Longo Drive Suite 107

Bellevue, NE 68005

402-734-4106 - phone

402-734-0366 – fax

Office Visits

A normal gestational period consists of 40 weeks past the first day of your last menstrual cycle. Generally, we will see you every 4 weeks until you are 30 weeks gestation. Between 30 and 36 weeks, we will see you every 2 weeks. Then, starting at 36 weeks, we will see you every week until you deliver. If you are at high risk, or develop a problem during your pregnancy, more frequent appointments may be necessary.

Initial visit / OB work up:

Complete history

Complete physical

Lab tests: blood type, Rh factor, antibody screen, RPR (syphilis), CBC (Complete blood count), Rubella, Hepatitis B, HIV, Sickle cell, cystic fibrosis, Pap smear, Gonorrhea, Chlamydia and urinalysis

Subsequent visits:

Urinalysis

Weight

Blood Pressure

Fundal height measurement (> 20 weeks)

Fetal heart tones (>12 weeks)

Additional Tests

AFP: offered between 15 – 20 weeks to screen for increased risk of spinal cord problems, Downs Syndrome and Trisomy 18.

Diabetes Screen: done between 24 – 28 weeks to screen for gestational diabetes. If the one-hour test is elevated, a three hour test will be performed.

Anemia Screen: done between 24 – 28 weeks. If your hemoglobin is low, you will be started on iron supplements in addition to your prenatal vitamin.

GBS Vaginal Culture: done between 35 – 37 weeks to identify women who are positive for group B strep, which is a bacteria normally found in the vagina of approximately 40% of all women. If the culture is positive, it is routine to receive antibiotics during labor.

Antibody Screen: done at 24 weeks on mothers who have an Rh negative blood type. You will receive rhogam injection at 28 weeks.

Ultrasound/Sonogram: done between 18 – 20 weeks to examine fetal anatomy. Additional ultrasounds may be necessary if medically indicated.

Amniocentesis: this test is not routine. It is done between 16 – 21 weeks to determine the genetic makeup of the baby. Usually done on women who are greater than age 35 at delivery, have a family history of genetic abnormalities, or is at increased risk for genetic disorders. It can also be done late in pregnancy to determine if the baby's lungs are mature when early delivery is indicated.

Non-stress Test (NST): done (when indicated) to evaluate the well being of the baby. This test is done on a fetal monitor in the office. Common indications are decreased fetal movement and a postdate pregnancy.

Biophysical Profile (BPP): done (when indicated) to evaluate the well being of the baby. This test is done by ultrasound. Common indications are multiple gestation, non-reactive NST, diabetes, and high blood pressure during pregnancy.

Patient Confidentiality

Unless we receive written permission, by law we are not allowed to release any information about you, your care, test results or medications you are on to any person except you. Please keep this in mind when asking someone to call our office regarding information about your care.

Pregnancy Care

Smoking, Illicit drugs, and Alcohol:

All of these increase the risk of miscarriage, bleeding, smaller babies, premature babies, developmental delays, and other serious complications. All of these substances are thought to be dangerous in pregnancy and should be stopped as soon as possible. Talk to one of our providers if you need help.

Traveling:

The act of traveling itself is not harmful to the baby. However, obstetrical problems can and do occur with no warning at all. Therefore, any travel during pregnancy is considered to be at your own risk. It is very important to be seen prior to traveling and to request a copy of your records to take with you in case of an emergency. If traveling by car, it is important to stop every 2 – 3 hours for stretching, fluids, and a chance to stimulate circulation.

Hair treatments:

Because of the lack of scientific studies on the effects of chemical treatments on your hair, we must advise that you do it at your own risk. If you choose to treat your hair, we recommend that you wait until after 12 weeks gestation. At this time there is no reason to believe that treating your hair is associated with any consequences to the baby.

Intercourse:

Intercourse is safe during pregnancy. Exceptions to this are vaginal bleeding, ruptured membranes, multiple gestation, or premature labor.

Dental Care:

It is very important to continue with routine dental care during pregnancy. If something more serious arises, you can receive Novocain injections, but no gas analgesia. Dental X-rays are permitted with an abdominal shield.

Water:

Water is an important nutrient in a good diet. **However, it cannot be stressed enough that during pregnancy water is essential.** The body has increased circulation through blood vessels, and without a large increase in water, pregnant women will be dehydrated. It is critical for decreasing constipation, preventing pre-term contractions, decreasing swelling, and preventing dizziness. We recommend that you drink 8 – 10 glasses of water per day.

Exercise

Bellevue OBGYN wants to encourage everyone to get some form of exercise while pregnant. It is good for your stamina, circulation, weight control, and decreased feeling of fatigue. If you have been exercising, you may want to continue to do what your body is accustomed to. If you are new to exercising, we want you to start off slowly and increase with time. The American College of Obstetrics and Gynecology considers the following conditions to be incompatible with vigorous exercise in pregnancy: history of 3 or more miscarriages, ruptured membranes, pre-term labor, incompetent cervix, bleeding or placenta previa, heart disease or multiple gestation. Always speak with a provider if you are unsure about a particular activity.

The following are guidelines to exercising:

1. Start off slowly, and warm up and cool down adequately
2. If you feel breathless, dizzy, or overtired, stop and rest
3. Do not hold your breath during exercising
4. Exercise should be performed slowly and in control. Avoid pushing, pulling or leaning that will strain muscles or cause you to lose your balance.
Remember, your center of gravity is different when you are pregnant.
5. Wear supportive footwear and comfortable clothing
6. Keep pulse rate under 140 beats per minute
7. Avoid exercise in hot, humid weather
8. Be sure to drink plenty of water during exercise

Good Activities During Pregnancy:

- low impact aerobics
- swimming
- treadmill and walking
- prenatal yoga

Not Recommended Activities During Pregnancy:

- scuba diving
- skydiving
- water-skiing
- downhill skiing
- rock climbing

General Concerns

Swelling: elevate feet and legs frequently, rest often, avoid tight clothing, increase fluid intake, rest on left side

Lower abdominal pain and back pain: no garter or girdles, avoid crossing legs while sitting, practice good posture, good support bra, and maternity belt may be helpful

Fatigue: frequent rest periods, adequate nutritional intake

Leg cramps: stretch cramped muscles, elevate legs, take additional calcium supplement in addition to prenatal vitamin

Shortness of breath: good posture, sleep, semi-sitting, avoid over eating

General Information

Many women have questions concerning DHA supplements during pregnancy. DHA is a supplement that helps with brain and eye development. Many prenatal vitamins contain a DHA supplement with them. However, if you are taking a vitamin that does not contain this, you can take an additional supplement if you choose. Expecta is a safe DHA supplement during pregnancy.

Caffeine should be limited during pregnancy. If you like to drink coffee and sodas, we recommend that you use decaffeinated products.

Certain fish contain increased levels of mercury.

Fish to avoid include: swordfish, shark, tilefish, king mackerel and marlin

Safe fish to eat include: salmon, sardines, tilapia, shrimp, scallops, clams and cooked oysters

Canned tuna, mahi mahi, and sea bass should be limited to once a week

Avoid unpasteurized milk and juice, feta cheese, brie cheese, camembert cheese, blue veined cheese and Mexican style queso

Avoid cat litter and soil. These may contain toxoplasmosis, a harmful parasite.

Your cat is safe, but the litter may not be. Do not change cat litter while pregnant.

When gardening, wear rubber gloves and wash fruits and vegetables well.

Nutrition

Iron Rich Foods (Vitamin C helps the body absorb iron)

Best Sources: Liver, lean meats, enriched cereal, raisins

Good Sources: Peas, lima beans, raw spinach, leafy greens, enriched breads, prune juice, eggs, fish, enriched pasta

Fair Sources: Nuts, sweet potatoes, cream of wheat, beets, oatmeal, rice, carrots, tomatoes

Calcium Rich Foods

Best Sources: Yogurt, milk, cheese, salmon, tofu, black-eyed peas

Good Sources: Crab and lobster, rhubarb, figs, navy beans, molasses

Fair Sources: Leafy greens, oranges, nuts, okra

Protein Foods

Meat, salmon, shrimp, cheese, eggs, low-fat yogurt, low-fat cottage cheese, tuna, nuts, turkey, milk, peanut butter, cooked oysters, soybeans

Recommendations

Milk, yogurt and cheese group – 4 servings / day

Meat, poultry, fish, dry beans and nuts group – 3 servings / day

Fruits and vegetables group – 5 servings / day

Breads, Grains, and Cereals group – 6 servings / day

Medications during Pregnancy

Most patients have serious questions and concerns about medications during pregnancy. It is best to avoid taking any medication, however, there will be times that taking a medication is both safe and helpful. Any prescription medication we give you will be safe in pregnancy. Other, over the counter medications are also considered safe. If at any time you are unsure or what we have suggested is not effective, please feel free to call us for assistance. The following guidelines should be used when choosing medications.

Ibuprofen and aspirin are not recommended during pregnancy.

Nausea: Vitamin B-6 (50mg, 2 times per day), Ginger (in the form of ginger ale, ginger tea, or ginger tablets). Seabands (available at the drug store), Emetrol, eat small frequent light meals. If these do not help, notify the office and we can recommend other treatments. Nausea is very common during the 1st trimester.

Headache: Tylenol, 500mg every 4 hours as needed.

Nasal congestion or cold: warm salt water gargles, cold air humidifier, Sudafed or Actifed, Benedryl 50mg every 6 hours, Tylenol cold medications, ocean nasal spray.

Cough: Robitussin or Robitussin DM, one teaspoonful every 4 to 6 hours.

Constipation: increase water intake, Metamucil, Citrucel, Senokot, Fibercon, Konsyl or a stool softener.

Diarrhea: Immodium, Kaopectate.

Hemorrhoids: Tucks pads, anusol, or preparation H with Cortisone, ointment or suppositories.

Heartburn: Tums, Maalox, Mylanta, Pepcid AC, Zantac 75, Riopan, Tagament HB.

Skin irritation: Alpha Keri, Aveeno, Caladryl, or Benedryl lotion, spray or cream.

Sleep: Tylenol PM.

When to notify the office:

- Contractions every 5 to 7 minutes in a one-hour period. If you are under 36 weeks, notify the office if you are feeling more than 5 in an hour. If you are under 32 weeks, notify the office if you are feeling more than 2 in an hour.
- Bleeding that is like a menstrual cycle.
- As soon as your water breaks. It may be clear, yellow, green, or bloody. Inform the doctor of the color of your fluid. You may feel a “gush” of fluid, or you may feel a slow constant leak.
- If you are feeling a significant decrease in fetal movement. If you are unsure, then drink some juice and eat. If the baby is still not moving, then contact the office.
- Severe headache that does not respond to Tylenol, right upper abdominal pain, vision changes, and sudden swelling in the face or hands. As this can be a sign of a serious condition.
- If you are unable to keep any food or fluids down.
- Have painful urination that is cloudy, foul smelling or bloody.
- Unusual or severe cramping or abdominal pain.
- A fever above 100.6 degrees.
- If you are unsure if a symptom is serious, but do not feel like yourself, then call the office.

