

Your Guide to Pregnancy



State of Franklin OB/GYN Specialists

A division of State of Franklin Healthcare

Compassionate Care for Women

423-794-1300 | www.SoFHAObGyn.net

 State of Franklin
HEALTHCARE ASSOCIATES

Office Information

Address: 301 Med Tech Parkway Suite 200, Johnson City, TN 37604
Office Phone: 423-794-1300 **After Hours:** 423-794-1300 (for urgent needs)
Office Fax: 423-794-1398
Office Hours: Monday through Friday 8:00am until 5:00pm

Online Patient Resources

Patient Portal: Our office offers online tools that provide anywhere, anytime access for your personal healthcare needs. With our Patient Portal, you can message any of our providers or make changes to your appointments. On the Patient Portal you may also send messages, request appointments and view your lab and procedure results! We encourage all Obstetrical patients to join our Patient Portal to assist in your healthcare communication with our providers.

FollowMyHealth  <http://sofha.net/patient-portal>

Website Information and Social Media: We believe that it is important to keep our patients informed, and provide them with easy access to updated and current information. Our office maintains and regularly updates a website and Facebook page with important information! Please take the time to visit both, as we believe you will find them beneficial.

Web Address: www.SoFHAObGyn.net

 www.facebook.com/sofhaobgyn

Scan this code with your Smart Phone and it will direct you to our Facebook page!



Affiliations:

Franklin Woods Community Hospital: Our primary facility, an award winning 80 bed not-for-profit community hospital. FWCH 20 bed Family Birth Center consistently provides the highest level of quality and patient satisfaction. Franklin Woods is the FIRST hospital in Tennessee and the 8th in the United States to earn the prestigious Perinatal Care certification from The Joint Commission in recognition of FWCH excellence in providing integrated, coordinated and patient-centered care for mothers and their newborns.

Johnson City Medical Center: For those patients requiring tertiary care services. JCMC is a 445 bed referral center offering specialized services for those occasional patients who require more intensive care including cardiac, orthopedic, neurosurgery, cancer, trauma, neonatology, and perinatology services. As an academic teaching facility associated with ETSU College of Medicine, supervised residency programs expand services to our community.



First Trimester

The first trimester is defined as the first 13 weeks of your pregnancy. Most women determine that they may be pregnant between the 4th and 8th weeks of pregnancy.

What changes will you experience?

The first sign of pregnancy is usually the lack of menstruation. Other signs, which are experienced in varying degree and sometimes not all, are the following:

- Fatigue and tiredness
- Nausea (possibly with vomiting)
- Food cravings or aversions
- Breast tenderness
- Increased frequency of urination
- Emotional swings similar to PMS
- Weight gain - usually minimal and in some cases weight loss occurs.
- Dizziness related to blood pressure changes and blood sugar changes are common.
- Mild uterine cramping
- Vaginal Bleeding – Spotting is common. Any bright red vaginal bleeding, “like a period,” should be reported as you need further evaluation based on blood type.

How will the fetus change?

Dramatic growth and development of the fetus occurs in the first trimester. The fetus starts off as a cluster of cells no bigger than a pinpoint and ends up the size of your thumb (approximately 3 inches). By the end of the first trimester the baby weighs about 3 ounces. The baby’s heartbeat can be seen by ultrasound as early as six weeks and can be heard by Doppler at approximately 10-12 weeks.

First OB Appointment

At your New OB appointment we will:

- Obtain your medical history and complete necessary paperwork all designed to assist your provider in determining the best care for you and your baby.
- Complete physical examination
- Review of studies for blood type, anemia, and STD infections
- Urinalysis to screen for sugar, protein, red/white blood cells, and bacteria; also includes a urine culture.
- Review of urine drug screen results
- Pap smear
- Chlamydia testing
- Ultrasound to help determine due date (for those 6 weeks gestation or greater).

Other tests may be necessary based on your current medical condition and your family history. Your provider will discuss these if needed.



Medication List for OB Patients

If you develop any of these symptoms or problems, please try the medications listed. If symptoms persist, please notify our office. All medications are available at local 24 hour convenience stores. Only take these medications if you are not allergic to them.

Symptoms	Suggested Medications & Treatments
Cold or Flu (Congestion)	Sudafed*, Tylenol, Tylenol Cold, Benadryl, Guaifenesin, Netipot, Saline Nasal Spray
Cough	Robitussin DM, Halls Cough Drops, Mucinex DM, Humidifier, Diffuser w/ essential oils
Allergies	Benadryl, Sudafed*, Tylenol Allergy Sinus, Zyrtec, Claritin, Allegra
Headaches	Tylenol, Hydration (drink plenty of water)
Diarrhea	Imodium AD, Kaopectate, Hydration (drink plenty of water)
Constipation	Metamucil, Citracel, Fibercon, Colace, Miralax, Probiotics
Hemorrhoids	Preparation H, Anusol, Tucks Pads
Heartburn	Tums/Maalox, Mylanta, Pepcid AC
Nausea**	Emetrol, Unisom, Ginger, Peppermint, Seabands, Eat smaller more frequent meals
Yeast Infection	Monistat7, Monistat3
Insomnia	Melatonin, Unisom Sleep Tabs 25 mg, Benadryl 25mg

*Sudafed is not recommended for patients with blood pressure issues. **Nausea is very common. Some simple lifestyle changes can make a big difference. First, try eating small, frequent meals. Snack on nuts, fruits, crackers, toast, and similar foods. Avoid strong odors and flavors. Ginger has been reported to be helpful for some who may prefer a more natural therapy. We also recommend adding vitamin B6 (pyridoxine) 25 mg with each meal and at bedtime. Adding one-half of a doxylamine (Unisom SleepTabs) 25 mg tablet two or three times daily to the vitamin B6 can make a dramatic difference in your symptoms. These over-the-counter remedies are safe and effective and should be your first treatment option.



Taking Care of Mother and Baby

Rest: A minimum 8 hours of sleep per night and if possible a 30 minute nap during the day is suggested.

Hydration: A minimum of 8-10 cups of water each day is recommended. Studies also suggest that excessive caffeine intake should be avoided (maximum 12 ounces per day). It may be necessary to gradually taper off of caffeine. If you are used to high levels of caffeine in your diet, sudden discontinuation may result in headaches.

Diet: It is important to eat a balanced diet every day, including a variety of: healthy fruits, vegetables, whole grains, calcium-rich foods, lean meats and approved seafood. It is recommended that you avoid raw eggs, raw meat (including fish, shellfish, and sushi), raw sprouts, and unpasteurized juice and/or dairy products. Also, avoid hot dogs and deli-style cold cuts or luncheon meats unless they have been heated until steaming hot just before serving.

Vitamins and Minerals: We recommend prenatal vitamin supplements. Ask your provider which one is right for you.

Folic Acid: Getting a proper amount of folic acid lowers the risk of certain birth defects of the fetal spine and brain called *neural tube defects*. The recommended dose of folic acid is a minimum of 400 mcg (folate) before and during pregnancy to prevent birth defects.

Iron: During pregnancy, you need almost double the amount of iron intake to help your body make more blood to supply oxygen to your baby.

Calcium: Calcium is used to build the baby's bones and teeth. All pregnant women need a minimum of 1,000 mg of calcium and 1,300 mg if you are between the ages of 14-18.

Vitamin D: Vitamin D works together with calcium to further support the development of the baby's bones, teeth, skin, and eyesight. *May also decrease the risk of Post Partum Depression.

Omega-3 Fatty Acids: Omega-3 fatty acids are believed to be important to fetal brain development. A minimum of 2 servings of fish or shellfish is recommended each week while pregnant or breastfeeding. However, some type of fish have higher levels of mercury than others. Mercury has been linked to birth defects. To decrease your exposure to mercury, choose fish and shellfish including shrimp, salmon, catfish, and Pollock. Do not eat shark, swordfish, king mackerel, or tilefish. Limit white (albacore) tuna to 6 ounces per week.

Weight Maintenance: Weight gain is natural in pregnancy. If you were of normal body weight at the onset of pregnancy, it is expected that you will gain between 25 and 35 pounds during the pregnancy. Depending upon your weight status at the beginning of your pregnancy you may gain more or less. Our providers will discuss your individual weight gain expectations and monitor this at each visit. Excessive weight gain and obesity can contribute to many pregnancy problems including gestational diabetes, high blood pressure, pre-eclampsia, preterm birth, and cesarean delivery. Also, babies born to significantly overweight mothers have a greater risk of certain birth defects, macrosomia, birth injury, and childhood obesity.

Exercise: Regular mild to moderate aerobic physical activity is beneficial for you and your baby. Try 20-30 minutes at least 5 days per week. We suggest limiting your weight lifting activities to less than 30 pounds.

Safety: In order to protect the safety you and your unborn baby, please remember to wear your seatbelt.

Lifestyle: We encourage you to spend some time outdoors, fresh air and some sunlight are good for your body and mind. Don't forget your sunscreen!

Taking Care of Mother and Baby (cont.)

Avoid any lifestyle habits that may harm your baby including the use of alcohol, tobacco, or recreational drugs.

Tobacco: Smoking during pregnancy increases the risk of small birth weight infants, SIDS deaths, pre-term labor and infant withdrawal symptoms of babies in homes where the parents smoke.

Alcohol: There is no known “safe” amount of alcohol that a woman can consume while pregnant. Fetal alcohol syndrome can be severe and cause significant brain damage to the unborn fetus.

Recreational Drugs: Infants who are exposed to drugs may have their health affected by symptoms of withdrawal as well as other long term problems. Ask your doctor before starting or stopping any current medications.

Environmental Concerns: Protect yourself from the flu and other illnesses. Wash hands frequently and stay away from others who are ill. We recommend flu shots for all pregnant patients in accordance with ACOG and CDC guidelines. Toxoplasmosis can be carried in cat litter so wear gloves and a mask when you change the litter box (or better yet, ask another family member to do this for you). Limit contact with rodents and their droppings (this includes hamsters, guinea pigs, and gerbils). Avoid lead, mercury, pesticides, and chemicals in general.

Prenatal Care: See your provider regularly as scheduled. Routine visits help us to keep you and the baby safe. If there is a problem, regular visits allow us to intervene earlier. We provide 24/7 emergency services. For any after-hours emergent needs, please contact our on-call provider to allow them to assist in your care and treatment. 423-794-1300

Resources: Enroll in childbirth, lactation, and parenting educational classes. Our staff can assist you with enrolling in a local class. Network with others who are or have been recently pregnant and are familiar with your journey. Follow along on our Facebook page or website for occasional highlights of interest.



OB Checklists

1st Trimester

- ☐ Results of labs
 - ☐ Blood Type
- ☐ Schedule of visits
 - ☐ Routine US
 - ☐ Routine Labs
- ☐ Medicines
- ☐ Foods to Avoid
- ☐ Travel
- ☐ Sign-up for Patient Portal
- ☐ How to contact provider in case of emergency
- ☐ Provider Rotation
- ☐ Hospital Pre-Admission
- ☐ Franklin Woods Community Hospital Directions
- ☐ Schedule Gender Reveal Appointment at 16 weeks (Optional)
- ☐ Lifting Recommendations Reviewed
- ☐ Physical Activity/Exercise Recommendations Reviewed
- ☐ Flu Vaccine
- ☐ VBAC – Vaginal Birth After previous C-Section
- ☐ Repeat C-Section (if indicated)
- ☐ Group Prenatal Care

2nd Trimester

- ☐ Ultrasound
- ☐ Glucose Tolerance Test
- ☐ Recheck CBC
- ☐ Rhogam (if indicated)
- ☐ Anesthesia Consult
 - ☐ (423) 302-1436 to schedule consult
- ☐ Hospital Tours
- ☐ Breast / Bottle Feeding Information
- ☐ Schedule Appointment with Lactation Consultant
- ☐ Choosing a Pediatrician
- ☐ Quad Screen 15-20 weeks genetic testing (optional)
- ☐ Contraception Planning After Birth

3rd Trimester

- ☐ Tdap Vaccine
- ☐ Fetal Kick Counts (10 kicks in two hours)
- ☐ Group B Strep (GBS)
- ☐ Labor Precautions
- ☐ When to go to Hospital (Call Provider On-Call First)
- ☐ Induction of Labor
- ☐ Schedule 3D Ultrasound Appointment (Optional)



2nd Trimester

The second trimester starts at week 14 through the 27th week.

What changes will you experience?

If you happened to experience some of the less desirable effects of pregnancy in the first trimester, you will be glad to know that most women report a decline in those symptoms during the second trimester. The following is a list of changes that you may experience between the fourth and seventh month:

- Increase or decrease in fatigue and tiredness
- Indigestion, heartburn, or gas
- Swelling in the breasts, ankles, feet, hands, and/or face
- Bleeding from your nose or from your gums
- Constipation
- Vaginal discharge (usually white in color)
- More frequent urination
- Wardrobe change - most women will start wearing maternity clothes sometime in their second trimester
- Weight gain
- Round Ligament Pain

How will the fetus change?

Between the fourth and seventh month, the baby's weight will increase from around 3 ounces to almost 2 pounds. The length will have nearly quadrupled to approximately 12 inches long. Your baby is moving more and you may experience fluttering called "quickening" in the beginning to outright kicking by the end of the second trimester.

Developmentally, your baby has grown into a complete little person. All organs have developed (although immature) and he/she is already sucking and swallowing. It is important that the baby now working on gaining weight and maturing all its organs to guarantee his/her healthy delivery.

2nd Trimester OB Appointments

Unless your provider otherwise instructs you, your appointments will continue on a monthly basis through the second trimester.

- Weight and blood pressure monitoring
- Determining the height (by tape measure) and/or size (feeling the outside) of the uterus
- Fetal heartbeat monitoring
- Glucose tolerance test (test for blood sugar) between the 24th and 28th week
- Comprehensive Blood Count (to test for anemia and platelets)
- Rhogam - antibody screen (if indicated)
- Class instruction - information about classes you may take to prepare for labor and delivery, new baby care and breastfeeding instruction will be provided by your provider
- Paperwork - you will need to fill out pre-admissions forms and submit them to the hospital where you will be delivering. You may want to contact your insurance company to clarify what they will expect from you, your provider, and the hospital
- Ultrasound

3rd Trimester

The third trimester is defined as the 28th week to term. This is often termed the “showing and glowing” period. You could deliver your baby anytime during this period and, thanks to modern technology, he/she most likely would survive. The best chance for a healthy baby is to deliver as close to your due date as possible.

What changes will you experience?

During the last stage of pregnancy, your body will continue to change. Some of the changes you may experience are the following:

- Increase in intestinal problems like heartburn, gas, or constipation
- Increased swelling in your legs and extremities. Staying off of your feet and elevating them can reduce swelling.
- Abdominal aches and itchiness due to increased size and pressure
- Backaches
- Difficulty sleeping - use more support pillows for your abdomen and legs
- Headaches and dizziness
- Sinus and nasal congestion problems (including nose bleeds)
- Breast swelling and leaking of colostrum (Breast Milk)
- Braxton-Hicks contractions - usually felt late in the trimester, you will experience a tightening of your abdomen that usually lasts for less than a minute.

How will the fetus change?

The baby will grow dramatically during this trimester. The length will grow up to 20 inches long and the weight will triple. Average delivery weight at the end of 40 weeks is between 7 and 8 pounds. Your baby is growing hair and even finger and toenails. By the 8th month your baby's movements may be settling down because there is simply less room (the intensity of movement is expected to be less, but the baby should move 10 times in two hours). Usually, the baby has settled into a vertex position where the head is down into the pelvis area. Your provider will usually be able to externally feel where the baby's head and bottom are sitting.

3rd Trimester OB Appointments

Beginning the third trimester, your provider will request to schedule weekly appointments. All the routine tests such as weight, blood pressure, abdominal measurement and fetal heart rate monitoring will continue.

Other tests that may occur are the following:

- Group B Strep culture obtained at 35-37 weeks and possibly repeated 4-5 weeks later (if positive antibiotics are necessary during labor)
- Cervical exam - internal exam to determine effacement and dilation

You may want to be prepared to discuss childbirth with your provider at the beginning of this trimester. Clarifying your expectations and fears about delivery with your provider will help guarantee a successful and joyous birth experience.

Labor & Delivery

During the last month of pregnancy, there are a lot of signs that your body is preparing you for delivery. You may or may not experience the following:

- "Nesting" instinct or a sudden energy boost and desire to organize
- Increased Braxton-Hicks contractions
- A lightening or dropping of the baby which results in an increase in the frequency of urination and allows you to breathe easier
- Upset stomach with/without diarrhea
- Loss of mucous plug which may cause some spotting
- Spotting due to the opening of the cervix (cervical exams and/or intercourse may also cause spotting)
- Home remedies to try to bring on labor should be avoided

When is it really labor?

The game of guessing if it's really labor or just Braxton-Hicks will get old quickly as you near your due date. Don't despair - every practice contraction is pushing your baby closer to the real thing.

When to call your provider?

1. Rupture of membranes ("water breaks") - this can be a big gush of fluid or trickle of fluid that does not stop (see below for more information).
2. Regular, painful contractions every 3-5 minutes for two hours that are getting more regular and predictable, or gaining in intensity or frequency. Contractions are timed from the start of one contraction to the start of the next contraction.
3. Bleeding like a menstrual period.
4. A sudden and significant change in fetal kick movements.

Ruptured membranes can occur before the onset of labor. If you suspect that your membranes have ruptured you should call your provider immediately. It is not always obvious and sometimes it can be confused with loss of urine or normal vaginal discharge. Undetected or ignored ruptured membranes can lead to infection.



Individualized Childbirth Experience

We understand that childbirth is a very intimate process and is intensely personal. Our providers have dedicated their lives to helping patients through this process and have extensive training in the various methods of accomplishing this safely.

Birth Preferences: Together we will partner with our patients to develop individualized birth preferences. It is our desire that the ultimate outcome is a pleasant experience with a healthy mother and baby. Your questions will be answered during your prenatal care visits so that you will already have a plan when you come to the hospital in labor. We will provide you with a birth planning checklist to assist you in this process.

Natural Childbirth: This can mean many things to different people. At its most basic definition, this refers to a non-medicated process without interventions. This can often be accomplished if a patient is motivated and prepared. Labor can be painful and the most successful natural childbirth experiences involve patients who have prepared for the process before the onset of labor. These techniques include the Alexander, Bradley, Lamaze and hypnotherapy methods. Currently, no local facilities offer underwater birth services. We have found that we can offer natural childbirth in a comfortable hospital setting that allows for the most common goals of natural birth processes to be met while providing for the safety of mother and baby. If you prefer to have a doula support your labor process, we will be happy to assist you in finding a qualified doula during your prenatal care visits so that you may establish a relationship with them prior to delivery.

Medical Intervention: Medical interventions are kept to a minimum, but are available if needed and desired. Alternatively, some patients desire advanced medical interventions for pain relief such as epidural anesthesia, intravenous medications and local anesthetics. There are many options to deal with the discomfort during the childbirth process. Our goal is to honor your wishes while you remain in control of your body.

Emergent Medical Intervention: If at any time, the safety of the mother or baby are in jeopardy, our experienced team of providers are able to provide any necessary interventions that will give our patients the highest chance for a healthy mother and baby. Because we view childbirth as a natural process, our providers will be there at your side to facilitate your progress in labor and intervene if necessary.

Surgical Intervention: The risk of performing an elective cesarean section is unwarranted unless there is a medical reason as to why this would be best. Interventions will only be performed after carefully weighing the risks and benefits. We encourage you to discuss your personal desires with your physician.



The 3 Stages of Labor

Stage One: Beginning of labor until the cervix is fully dilated

The first stage of labor can last from 3 weeks to one hour. Effacement (thinning of the cervix) and dilation (opening of the cervix) begins to occur. Although, this usually occurs long before a patient goes into actual labor. The cervix is fully dilated when it reaches 10 centimeters. Contractions will be mild, lasting less than a minute and several minutes apart. Once your contractions are painful and regular and less than five minutes apart for more than two hours, you should contact your provider.

Stage Two: Active labor (fully dilated to delivery)

During this stage the baby begins to move down the birth canal until it crowns (the head is visible) and you will feel an urge to push. The baby's head is usually delivered face down and then the rest of the body follows after the shoulders have been turned. The second stage of labor lasts an average of 2 hours and 45 minutes. Contractions during this phase are usually 3 to 4 minutes apart and last a little over a minute.

Stage Three: Baby delivery to placenta delivery

The hardest work is over now and you may be holding and enjoying your baby already. During this phase your contractions subside, the umbilical cord is cut, the placenta is delivered and any repairs from an episiotomy or laceration will be performed. This phase usually lasts no more than a half-hour.

Once your baby has been delivered we encourage early skin-to-skin contact between the mother and baby. In most cases, the baby may rest immediately on the mother's chest. Frequently, the father will cut the umbilical cord if you prefer. This can be a great bonding opportunity and serves to bring the baby's father into the process in an active role. If cord blood banking is desired, this will occur during this stage before removing the placenta. Your baby will be continuously assessed during the first few minutes of life to make sure the baby transitions from your support through the placenta to his or her lungs providing oxygen. If the baby continues to transition well, we will encourage you and your baby to spend some time together

bonding. During this first hour of life, a baby needs one thing more than anything: alone time with Mom. This precious first hour together solidifies the bond between the mother and newborn, and is critical to the child's growth and development. This is a perfect time to begin breastfeeding and our experienced staff will be able to assist you with this as needed.



Boutique Ultrasound Packages

Ultimate Early, Now and Later Combination Package \$250.00

This is a **savings package** for expectant parents who want to document the growth and development of their baby throughout the pregnancy.

This session includes the following packages:

- Early Standard 2D Session (10 – 12 Weeks) \$100.00 value
- Ultimate 3D Gender Determination (16 – 20 Weeks) \$100.00 value
- Ultimate 3D/4D Viewing (Once anytime 27 – 32 Weeks) \$150.00 value



3D Gender Determination Package \$100.00

Optimal 16 – 20 Weeks

- 2D Gender Reveal with 3D/4D Quick Peek
- Listen to your baby's heartbeat and determine the heartrate in beats per minute
- CD with session images including both 2D and 3D images
- Printed black and white thermal pictures
- 3D pictures
- Viewing for friends and family

Ultimate 3D/4D Viewing Package \$150.00

Optimal 27 – 32 Weeks

- 2D, 3D & 4D live video imaging
- Listen to your baby's heartbeat and determine the heartrate in beats per minute
- CD with session images including both 2D and 3D images
- Printed black and white thermal pictures
- 3D pictures
- Viewing for friends and family



Payment for packages must be received in full prior to all sessions.

Keep Track of What's Happening in Your Prenatal Care

Use these pages to get ready for your prenatal care visits. Write down questions you want to ask your provider and things you want to remember from the checkup.

Here's a general prenatal care schedule:

Months 2 to 6: One checkup every month

Months 7 and 8: Two checkups every month

Month 9: One checkup every week

Month 2

Questions to ask your provider:

Notes from your visit:

Date:	Weeks:		
Weight:	Blood Pressure:		
Baby Heart Rate:			
Labs:			

Month 3

Questions to ask your provider:

Notes from your visit:

Date:	Weeks:		
Weight:	Blood Pressure:		
Baby Heart Rate:			
Labs:			

Month 4

Questions to ask your provider:

Notes from your visit:

Date:	Weeks:		
Weight:	Blood Pressure:		
Baby Heart Rate:			
Labs:			

Month 5

Questions to ask your provider:

Notes from your visit:

Date:	Weeks:		
Weight:	Blood Pressure:		
Baby Heart Rate:			
Labs:			

Month 6

Questions to ask your provider:

Notes from your visit:

Date:	Weeks:		
Weight:	Blood Pressure:		
Baby Heart Rate:			
Labs:			

Month 7

Questions to ask your provider:

Notes from your visit:

Date:	Weeks:		
Weight:	Blood Pressure:		
Baby Heart Rate:			
Labs:			
Date:	Weeks:		
Weight:	Blood Pressure:		
Baby Heart Rate:			
Labs:			

Month 8

Questions to ask your provider:

Notes from your visit:

Date:	Weeks:		
Weight:	Blood Pressure:		
Baby Heart Rate:			
Labs:			
Date:	Weeks:		
Weight:	Blood Pressure:		
Baby Heart Rate:			
Labs:			

Month 9

Questions to ask your provider:

Notes from your visit:

Date:	Weeks:		
Weight:	Blood Pressure:		
Baby Heart Rate:			
Labs:			
Date:	Weeks:		
Weight:	Blood Pressure:		
Baby Heart Rate:			
Labs:			
Date:	Weeks:		
Weight:	Blood Pressure:		
Baby Heart Rate:			
Labs:			
Date:	Weeks:		
Weight:	Blood Pressure:		
Baby Heart Rate:			
Labs:			

