We would like to congratulate you on your pregnancy! As your care providers, we are privileged to participate in your care as the miracle of a new life develops within you and to be a part of helping you to bring your new baby into the world. It is the goal of the physicians and staff of Genesee Valley OB/GYN, P.C. to assist you in every way in order that you may have the healthiest baby possible.

We have developed this booklet for our patients to answer many of the common questions expectant mothers have. It is not meant to replace any personal questions you may have. It is meant to supplement your understanding so that having your baby will be one of the happiest and most satisfying experiences of your life.

Whatever success we have in establishing your confidence is based on our mutual cooperation. Please feel free to ask any questions or share any concerns that you may have with us.

M. Elizabeth Bostock, M.D., Ph.D.
James Steven Burkhart, M.D., C.M.
Joan W.Chisholm, M.D.
M. Tariq Qureshi, M.D
Kathleen M. Robischon, M.D.
G. Theodore Ruckert, M.D.
Catalina Vial, M.D.

Jennifer Mariani, RPA-C
Bernadette Strada, R.N.C., M.S.

Developed May 2003 – Updated January 2007

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About the Providers

Genesee Valley OB/GYN, P.C., is comprised of seven physicians who are Board Certified in Obstetrics and Gynecology, one certified nurse midwife, a nurse practitioner, a physician assistant, two ultrasonographers and an experienced staff of nurses, medical assistants and medical receptionists. Dr. James Steven Burkhart and Dr. G. Theodore Ruckert merged their practices in 1989 to form Genesee Valley OB/GYN, P.C.

Dr. G. Theodore Ruckert, MD attended medical school at Columbia University and completed his OB/GYN residency at the Genesee Hospital, an affiliate of University of Rochester. He served as Chief of OB/GYN in the U.S. Army in Okinawa. In 1977 Dr. Ruckert joined his father in private practice in Rochester.

Dr. James Steven Burkhart is from the Rochester area and attended medical school at McGill University. Dr. Burkhart completed his OB/GYN residency at the University of Rochester School of Medicine and has been practicing in the Rochester area since 1986.

Dr. Joan Chisholm was born and raised in Jamaica. She is a graduate of UMDNJ – Rutgers Medical School. Dr. Chisholm completed her OB/GYN residency at Nassau County Medical Center in New York. Having been in practice in the Rochester area since 1989, Dr. Chisholm joined Genesee Valley OB/GYN in 1994.

Dr. Catalina Vial, was born in Santiago, Chile and graduated from the University of Vermont. She completed her OB/GYN residency at the University of Rochester School of Medicine. Dr. Vial, who is fluent in Spanish, joined Genesee Valley OB/GYN in 1996.

Dr. Kathleen Robischon is a native of Rochester. She graduated from UMDNJ – Rutgers Medical School and completed her OB/GYN residency at the University of Rochester School of Medicine. Having practiced since 1996 in Rochester, Dr. Robischon joined Genesee Valley OB/GYN in July 2001.

Dr. M. Elizabeth Bostock, who also possesses a Ph.D. in Neurobiology from UNC at Chapel Hill, graduated from Case Western Reserve School of Medicine. Dr. Bostock successfully completed her OB/GYN residency at the University of Rochester School of Medicine and joined Genesee Valley OB/GYN in 2001.

Dr. M. Tariq Qureshi joined Genesee Valley OB/GYN in July 2004. A graduate of the Royal College of London, England, Dr. Qureshi completed his OB/GYN residency at the University of Rochester School of Medicine. He has practiced in the Rochester area since 1998.

Jennifer Mariani, RPA - C joined Genesee Valley OB/GYN in the fall of 2004. A Rochester native, Jennifer graduated form the Physician's Assistant program at Gannon University in Erie, Pennsylvania. Jennifer began her career in 1995 specializing in OB/GYN care.

Bernadette Strada, R.N.C., M.S. has been with Genesee Valley OB/GYN since 1992. Bernie formerly worked as a labor and delivery nurse and nurse manager. Bernie graduated from the University of Rochester with a degree as a Nurse Practitioner in Women's Health.

Office Hours and Locations

We have two locations. All of our providers split their time between the two offices. You may be seen at either location.

990 South Avenue, Suite 103 - Physicians Office Building 585-232-3210
Located on the campus of Highland Hospital. Parking is available in the parking ramp, located *directly behind* the physician's office building.

21 Willow Pond Way, Suite 100 585-641-0399
Located near the intersection of routes 441 and 250 in Penfield. Free parking is available on site.

We see patients Monday through Friday, but are closed on major holidays. We always have a physician who is on call and available 7 days a week, 24 hours a day, 365 days a year, for emergencies, deliveries, labor related questions and concerns with the pregnancy. We offer appointments as early as 7:30 in the morning on Mondays, Tuesdays, Wednesdays and Fridays. We have later afternoon appointments available on Thursdays. Very late afternoon and early evening appointments are also available several times a month.

On Call Arrangement

If you have an emergency or are in labor and you need to contact a physician, always call the office during regular business hours. Office numbers are 232-3210 (Highland Office) or 641-0399 (Penfield Office).

When the office is closed, a physician is available to you through the use of our answering service. By calling **Northside Telephone Exchange at 585-453-2407** you will be put in contact with a provider. Once you call the exchange, you can expect a call back from one of our providers. *Please leave your telephone line available* **and** *remove any blocks you may have on your telephone that will prevent our provider from reaching you with ease*.

We also participate with other obstetrician-gynecologists on staff, in the Highland Hospital emergency call rotation. This insures there is a qualified OB/GYN physician in house at the hospital every minute of every day, should an unexpected emergency arise.

What to Expect During Scheduled Visits

The First Visit – Generally between 6-8 Weeks: At your first appointment we will obtain a medical and family history, perform a complete physical exam, answer any questions you may have and provide you with general pregnancy related information. Routine laboratory testing including a pap smear, cultures and urinalysis will be performed. We will check your weight, blood pressure, and do a physical exam. You will also be given a lab requisition for blood work to be drawn and analyzed. These tests may include:

- Blood count to check for anemia and infection
- Blood type and RH factor
- Abnormal antibodies
- Serology (syphilis)
- Rubella to check for immunity to German measles
- Hepatitis
- Sickle Cell
- HIV
- Varicella if no history of Chicken pox

In certain situations, an ultrasound exam may be ordered. This is not done routinely and will be ordered only if the provider determines it is *medically necessary* and will provide important clinical information.

If any of these tests results are not normal you will be notified. Otherwise, they will be reviewed with you at your next office visit. Generally, the next appointment will be with your own doctor and will be scheduled approximately 4 weeks after the first one.

Subsequent Visits:

8 -12 Weeks: At each appointment we will check your weight, fetal growth, blood pressure, and urine for protein and sugar. We will review your laboratory tests, listen for your baby's heart beat, and answer any questions you may have. Your partner is welcome to come with you. A pelvic exam is not usually required again until about 36 weeks.

12-16 Weeks: Routine prenatal visit to check your weight, blood pressure, urine for protein and sugar, fetal growth and fetal heart rate.

16-20 Weeks: Routine prenatal visit to check your weight, blood pressure, urine for protein and sugar, fetal growth and fetal heart rate. We will check the growth of your uterus, and give you a lab slip for your AFP test if you desire. This optional blood test screens for neural tube defects and assesses your risk for having a baby with Downs Syndrome.

18–20 Weeks: An ultrasound to check your baby's anatomy and growth will be scheduled between 18-22 weeks. You can bring a blank VCR tape to the ultrasound appointment and a few minutes of video will be captured for you of the baby during the ultrasound exam. You may also consider if you would like to learn the sex of the baby. This visit is often combined with a prenatal visit.

20-24 Weeks: Routine prenatal visit. You will be given a requisition and instructions on how and when to get your glucose screening and blood count done. If any of these test results are not normal you will be notified.

24-28 Weeks: Routine prenatal visit. If you are Rh negative, you will be tested for the development of antibodies and given an injection of RhoGam. By now you should be registered for childbirth classes and have chosen a pediatrician. After this appointment you may start coming every 2 weeks.

28-30 Weeks: Routine prenatal visit to check your weight, blood pressure, urine for protein and sugar, fetal growth and fetal heart rate.

30-32 Weeks: Routine prenatal visit to check your weight, blood pressure, urine for protein and sugar, fetal growth, position of the baby and fetal heart rate.

32-34 Weeks: Routine prenatal visit to check your weight, blood pressure, urine for protein and sugar, fetal growth, position of the baby and fetal heart rate.

34-36 Weeks: Routine prenatal. At this visit we will also do a vaginal/rectal culture to check for a bacteria called Group B Strep, which may be harmful to your baby if present at the time of delivery and is untreated. You will now start weekly visits.

36-37 Weeks: Routine prenatal visit. We will also review the signs of labor and you will be given instructions about when and how to contact us when your labor starts.

38 Weeks until Delivery: Routine prenatal visit. We will do a vaginal exam each week to check the status of your cervix and the baby's position. After a vaginal exam you may experience some slight spotting or staining.

Special Tests and Procedures

Amniocentesis: Generally performed at the perinatology office at Highland Hospital or Strong Memorial Hospital between 14-16 weeks of pregnancy, a small amount of amniotic fluid is withdrawn from the bag of fluid that surrounds the baby with the guidance of ultrasound. This fluid, which contains fetal cells, is then sent to a lab and analyzed. Cultures can be performed which can be studied for chromosomal abnormalities, such as in Downs Syndrome. Amniocentesis will also reveal the sex of the baby.

Chorionic Villi Sampling (CVS): Usually performed between 10-12 weeks. A sample of tissue is removed from the cervical canal with the guidance of ultrasound. The data obtained is the same as amniocentesis.

Electronic Fetal Monitoring – Non Stress Test: A non-stress test evaluates the baby's heart rate and movement. This test is completely external and painless and is performed by placing two belts around your abdomen. One belt has a TOCO that measures uterine contractions, another belt has a CARDIO that allows us to hear the baby's heart rate. You will also be given a hand held device to push a button when the baby moves. This device will mark the movement on the printout. When a baby moves in utero, usually the heart rate will accelerate above the pre-determined baseline of the baby's heart rate. When there are two accelerations, which meet criteria, in a 20- minute period, we consider it a reassuring sign of fetal well-being.

Kick Counts: One of the tools we sometimes use to determine fetal well-being is to monitor the number of times your baby moves each day. We suggest you begin this routinely once you are at 32 weeks gestation. It is simple to do, non-invasive and painless. Select a time each day, when the baby is generally the most active, to evaluate the number of times the baby moves or kicks. After a meal is generally a good time to perform kick counts. Count each time the baby kicks or moves until the baby has moved or kicked 10 times. Any movement, no matter how slight, counts towards the total number of kick counts. Write down the time you start to count the movements and the time you feel movement number 10. Your baby should move 10 times within two hours during an active period. If the baby does not move 10 times within two hours, that does not necessarily mean anything is wrong, however, **if you have not felt the baby move at least 10 times in 8 hours, call our office or the doctor on call.**

Ultrasound: Also referred to as a Sonogram. An ultrasound is a picture of the baby created using sound waves. Valuable information can be obtained from an ultrasound such as dating (determining the age of the baby), the size of the baby, and the number of babies! The location of the placenta can be determined and fetal growth can be evaluated. Rarely, birth defects may be detected. Ultrasound can also be used to assess fetal well being by evaluating fetal position, fetal movement, fetal breathing and fetal heart rate and amniotic fluid status.

About the Family Maternity Center at Highland Hospital

Your baby will be born at the Family Maternity Center at Highland Hospital. This newly remodeled unit consists of LDR rooms (*L*abor, *D*elivery and *R*ecovery) and postpartum rooms that you will be transferred to after your recovery period. Many of the LDR rooms contain whirlpool tubs that can be used for relaxation during labor. The entire unit has central monitoring which allows staff to closely watch and assess your baby's well being. Babies are allowed to room in with their family during their stay. Tours of the unit may be arranged by appointment. To schedule an appointment, please call Highland Hospital at 473-2229

Childbirth Education

Childbirth classes are available at Highland Hospital that will accommodate a variety of needs. Classes include exercising for childbirth, childbirth preparation, Vaginal Birth After Cesarean (VBAC) Sections, infant care, infant and child CPR, breastfeeding and sibling classes. You will be provided with a brochure regarding this information from our staff. Please feel free to contact Highland Hospital directly about classes by calling 271-4636.

General Pregnancy Information

Weight gain and Nutrition

For women whose weight is average prior to pregnancy, a gain of 25 to 35 pounds appears to be associated with the most favorable outcome. Generally, this can be accomplished by an increase of 300 calories a day. (A yogurt and a piece of fruit equals 300 calories.) In most women, increasing 300 calories a day can be attained by eating according to your appetite. Meals adequate in milk, dairy products, fruits, vegetables, meats or other protein foods, breads, and cereals are best.

Eliminate raw fish (sushi) and non-pasteurized soft cheeses (brie, feta and blue cheese).

According to the Food and Drug Administration (FDA) and the Environmental Protection Agency (EPA), it is recommended you do not eat shark, swordfish, king mackeral or tilefish during pregnancy, and if nursing, due to the high levels of mercury they contain. You may eat up to 12 ounces (2 average meals) a week of a variety of fish and shellfish that are lower in mercury. A few of the most commonly eaten fish, which are low in mercury are shrimp, canned *light* tuna, salmon and pollock. Another commonly eaten fish, albacore ("white") tuna contains more mercury than canned light tuna. It is recommended that you limit your intake of albacore tuna to no more than 6 ounces per week of your total 12 ounces.

Eliminate, or decrease the amount of caffeine in your diet to no more that one to two servings a day.

Avoid snacks such as candy, pastries, and those that are very salty.

Weight gain and Nutrition, continued

Avoid Honey.

It is important to increase your intake of fluids, especially water.

For most pregnant women, Aspartame (NutraSweet / Equal) seems to be safe. However, women with a hereditary error of body chemistry called PKU (phenylketonuria) should not consume foods or drinks with this ingredient. If you have special dietary concerns please consult with your provider.

Vitamins

The need for supplemental vitamins during pregnancy is generally recommended. You may purchase prenatal vitamins at your local pharmacy. Make sure your vitamins contain 30-60 mg of iron and at least 800 mcg of folic acid. Vitamins may cause some stomach distress in early pregnancy. If stomach distress occurs, or if you are unable to swallow pills, you may try 2 children's chewable vitamins a day. It is also suggested to take vitamins before bed to decrease stomach distress.

Exercise

If you are in good physical condition and used to being active, there is no reason that being pregnant should keep you from your normal exercise routine. Use common sense and avoid activities that carry a risk of bodily injury. Avoid becoming fatigued or excessively short of breath, and drink lots of water. Walking and swimming are excellent forms of exercise for pregnant women. Additionally, many local gyms have exercise programs designed specifically for the pregnant woman.

Travel

Provided there are no complications with your pregnancy you may travel until 36 weeks gestation. It is advised that you stretch your legs and empty your bladder every hour or two on long trips.

Work

In most normal pregnancies women are capable of working until the onset of labor. It is important to take frequent breaks and avoid working until you are exhausted. If your job requires prolonged periods of standing or excessive walking, it is recommended that you take a brief rest period every few hours. Support hose can be helpful. It is important to avoid heavy lifting, ladder climbing, and excessive stair climbing.

Smoking

Smoking is NOT recommended during pregnancy. It has been shown to be associated with pregnancy loss, SIDS deaths, and childhood respiratory illnesses. Mothers who smoke during their pregnancies frequently have smaller babies than non-smokers. These infants may have an increased incidence of health problems and learning disorders.

Alcohol

A pregnant woman who consumes alcohol risks having a child with birth defects. Alcohol is NOT recommended during pregnancy.

Drugs
Illicit or social drugs such as marijuana, cocaine, crack, heroin and similar substances are associated with many serious complications of pregnancy, in the fetus, as well as in the newborn. They are to be completely avoided during pregnancy. If you have a substance abuse problem please confide in us so that we can help you obtain the assistance you need to insure a healthy pregnancy.

Exposure to Fumes
Painting in one room of the house is allowed provided the room is well ventilated. If a headache or nausea should occur, leave the area. If, in your work environment, you are exposed to high levels of fumes, chemicals, or lead, please consult with your employer and advise us of the substance(s) to which you are exposed.

Hair Coloring and Permanents
We suggest that you wait until the second trimester before treating your hair with chemicals, and then only rarely.

Tanning
Though there is no data to support any ill effect on the pregnancy, tanning has been proven harmful to your skin. We do not recommend it.

Waxing and Electrolysis
Fine during pregnancy

Hot Tubs/Saunas
Exposure to high temperature for long periods of time may be harmful to the fetus, especially in the first trimester. We therefore recommend that you stay out of commercial hot tubs and saunas during your pregnancy. If you have your own jacuzzi or hot tub, it is clean, and the water temperature is adjusted to 98 degrees or below, you may find it to be beneficial. NEVER go in a tub if you think your bag of water might be broken.

Intercourse
If your pregnancy is progressing normally you can continue to have intercourse as long as comfort permits. The fetus is well protected and will not be harmed. If there is any question that you may be leaking amniotic fluid then you should NOT have intercourse. It is common for either partner to experience changes in their sexual feelings or desires during pregnancy. It is helpful to openly communicate with each other to improve mutual understanding.

Dental Care
You should continue to have your regularly scheduled cleanings and any necessary dental work performed. You must notify the dentist that you are pregnant. Novocaine without epinephrine may be used. Dental X-rays are fine with proper shielding. Nitrous Oxide, or “gas”, should not be used during pregnancy.

Douching
Douching is not recommended during pregnancy.

Insect Repellants
You may use Skin So Soft by Avon and Off Skintastic and apply it directly to your skin. Deep Woods may be applied on your clothes only. It should not be applied to the skin.

Medications
NO medication can be guaranteed as "absolutely safe" during pregnancy. However, if your symptoms are severe, certain medications may be indicated. It is especially important to control fevers and prevent dehydration while you are pregnant. If indicated, your primary care physician or dentist may order prescription medications. Please remind them that you are pregnant. If they have any questions regarding medications during pregnancy, they can consult with our staff.

Approved Medications During Pregnancy

The following are medications we have approved for use during pregnancy. All may be taken as directed on the product label unless otherwise indicated.

- **Nausea** — Emetrol or Emechek,
  Unisom Sleep Aid 25 mg. ½ tablet 2-3 times a day
  Vit B6 (pyridoxine HCl) 50 mg. 2-3 times a day
- **Headaches** — Tylenol (acetominophen) or Extra Strength Tylenol
  NO aspirin. Ibuprofen is permitted in limited amounts up until the last 2 months of pregnancy.
- **Sore Throat** — Over-the-counter lozenges
- **Diarrhea** — Kaopectate, Imodium AD
- **Constipation** — Metamucil, Colace, Milk of Magnesia
  It is especially important to increase your fluid intake, roughage, and exercise.
- **Heartburn** — Maalox, Mylanta, Tums, Rolaids or antacid of choice.
  Use low salt (sodium) products
- **Congestion** — Actifed, Sudafed, Chlor-Trimeton, Afrin
  Buffered saline nasal spray
  Vicks VapoRub - apply a small amount in each nostril.
- **Cough** — Robitussin or Robitussin DM
  Cough drops
- **Fever** — Tylenol
- **Hemorrhoids** — Sitz baths, soaks, Preparation-H, Tucks, Anusol, Americaine, Colace
- **Rash / Itch** — 1% Hydrocortisone Ointment or cream
  Calamine/Caladryl Lotions or Cream, Aveeno Oatmeal Baths, Benadryl 25 mg
- **Yeast** — Use over the counter products. Monistat 3 or 7 day may be used.
  Gynelotrimin may also be used

Shots and Vaccines

- **Allergy Shots** — It is OK to continue receiving your allergy shots
- **Flu Shots** — Influenza vaccines may be used at any time during pregnancy
- **Vaccines** — *Do not* have an MMR vaccine or the varicella (chicken pox) vaccine during pregnancy
  Tine test and PPD for tuberculosis may be performed during pregnancy

Common Discomforts of Pregnancy

Backache: May occur during the mid to late pregnancy. Back discomfort during pregnancy, is generally caused by the stretching of muscles as the abdomen increases in size. Usually some relief is obtained by use of a maternity girdle or support. Massage may also be helpful or warm compresses or ice. If you have back pain that is accompanied by abdominal cramping or tightening or changes in urination such as frequency or pain, contact the office. If the office is closed, you can contact the physician on call by calling Northside Telephone Exchange at 585-453-2407.

Bleeding gums and nosebleeds: Both are common during pregnancy and are related to hormonal changes. See your dentist regularly and make sure they know you are pregnant. Use a soft toothbrush and continue to brush at least two times per day. For nosebleeds, utilize a humidifier in your home during the winter. Sometimes a little Vaseline inside your nose may relieve dryness. Call if nosebleeds become frequent or if heavy bleeding persists for greater than 15 minutes.

Breast changes: During the early part of pregnancy the breasts may become tender and enlarge. This is caused by the hormonal changes. Later in the pregnancy your breasts may begin to leak colostrum. This signifies your body is preparing for breastfeeding. Wearing a supportive bra may help with discomfort. If leaking should occur, you may wear breast pads in your bra.

Constipation: Can occur at any time during pregnancy but is especially common towards the end. Is caused by slowing of the bowel function due to normal changes such as hormones, as well as pressure from the baby pressing on the intestines. Drinking 8-12 glasses of water every day, including plenty of fiber in your diet and eating fresh fruits and vegetables may be helpful. If this alone is not helpful try one of the medications on the list included in this booklet.

Fainting / Lightheadedness: May occur during early and late pregnancy. This can be be related to changes in your blood volume which normally occur. Dehydration and decreases in blood sugar may also be the cause. Try to avoid standing in place for long periods. It is also important to eat regularly and drink 8-10 glasses of fluid in a day.

Fatigue: Can occur in early and late pregnancy. Fatigue may be related to the hormonal changes and also lack of sleep. Sleeping can become more difficult due to increased physical discomforts as your pregnancy progresses.

Headaches: Can occur throughout pregnancy and are usually caused by the changes in hormones. Migraines may become more frequent or may stop altogether. Should a headache occur, two Tylenol and resting in a dark, quiet room may be helpful. Tylenol with one serving of caffeine (coffee, tea, or soda) may relieve a persistent headache. If not relieved by these measures or if accompanied by visual changes, ringing in your ears, and/or numbness in your extremities call the office.

Heartburn: Can occur at any time throughout pregnancy. Causes include slowing of digestion due to hormonal changes. In later pregnancy, as the baby grows the stomach and intestines become more crowded and this may also contribute to heartburn. Eating small and frequent meals may be helpful. Anything with ginger in it also aids digestion. Tums or Maalox may also help. Decrease caffeine, spicy and fatty foods. Try not to eat to close to bedtime, and prop up the head of the bed as this may relieve some problems at nighttime.

Hemorrhoids: Hemorrhoids can be caused by the increased pressure in the rectal area due to growth of the baby. Constipation can occur and may make hemorrhoids worse. Try to avoid constipation by increasing your fluid intake, adding more fiber to your diet, and eating lots of fresh fruit and vegetables. If hemorrhoids do occur, Tucks pads are helpful. Many suggest keeping the Tucks pads in the refrigerator so they are cool when applied to the hemorrhoid. Over the counter meds are safe. (See list). Warm tub soaks or warm or cool sitz baths may also provide relief.

Ligament pain: These are pains that can occur both in the early months of pregnancy as well as towards the seventh and eighth month of pregnancy. Pain is caused by the uterus growing and the round ligaments, which support the uterus, stretching. Pain may occur when standing or turning over in bed.

Morning Sickness: This occurs most commonly in the first 12 weeks of pregnancy. In some women, morning sickness may persist beyond this point. Morning sickness is generally caused by the many changes going on in your body, especially hormonal changes. Eating small frequent meals may help to relieve morning sickness. Dry crackers, pretzels, anything with ginger, (gingerale, gingersnaps, dry ginger in capsules or ginger tea), and sometimes sour things like sourballs or lemon peel may help. Many women find it helpful to avoid foods that are spicy, fried, gas producing or acidic. Vitamin B6 (100mg 2x per day) and Unisom 12.5 mg. 3x per day may be helpful if other measures do not seem to work. It is important to keep well hydrated. If these measures don't help, or if unable to keep fluids down or persistent vomiting occurs, call the office.

Shortness of breath: This occurs in mid to late pregnancy. Generally it occurs as the uterus expands and pushes up on the diaphragm. Elevating the head of your bed may relieve difficulty sleeping. During activity, simply pacing yourself more slowly may be helpful.

Skin changes and stretch marks: During pregnancy, skin may become blotchy and discolored due to hormonal changes. Stretch marks occur later in pregnancy and are not preventable. Using mild lotions will help prevent itching and may relieve feelings of tightness.

Swelling: Swelling in legs and hands may occur in mid to late pregnancy. Elevating feet periodically and not standing in one place for long periods of time may help. Try to limit salt intake in your diet and increase fluids.

Varicose Veins: These can be helped by the use of support stockings or special elastic stockings prescribed by your provider. Varicose veins are caused by several changes including the increase in your weight, hormonal changes and heredity. Elevation of your legs several times a day may provide some relief from discomfort. Changes in circulation and hormonal changes, as well as not enough calcium in your diet can cause leg cramps. Flexing your calves may relieve discomfort or walking around.

Infections During Pregnancy

Chicken pox (Varicella): If you've previously had the chicken pox you have immunity and do not need to be concerned. If you have never had the chicken pox, you should advise us and avoid exposure to anyone with the chicken pox.

Fifth Disease: Also known as ParvoVirus. About half of all adults have antibodies to it. Infection during pregnancy can be a concern, notify us if you think you may have been exposed.

Toxoplasmosis: Exposure can occur if contact with cat feces occurs. Eating raw meat also puts you at risk. The danger to the fetus occurs if the mother is exposed during pregnancy. The best way to avoid this illness is to avoid known, possible causes during pregnancy. Cook all meats thoroughly. Avoid changing litter boxes and wash your hands after handling your cat. You should also wear gloves if doing any gardening or yard work.

Hepatitis B: You will be tested for Hepatitis B at your first prenatal visit. If you become exposed to any variety of hepatitis during pregnancy, please call the office to notify your provider.

Measles: Measles, Mumps and Rubella should be avoided during pregnancy as these can have serious consequences. You will also be tested for these during your initial prenatal visit. If you are not Rubella immune you will be immunized after delivery.

Cytomegalovirus: (CMV) is difficult to detect as not every one has symptoms. If you think you are at risk check with your provider.

HIV/AIDS: This virus can be transmitted to your unborn fetus. You will be offered testing with your initial prenatal blood work. New York State requires testing of all newborns prior to discharge from the hospital, if the mother is not tested during the course of her pregnancy.

Herpes: This virus can be harmful to the newborn if present at the time of delivery. If you have a history of Herpes make sure you inform us at your initial prenatal visit. We also need to be aware of any outbreaks during the pregnancy. There is medication that may reduce or prevent outbreaks that may be used at the end of pregnancy.

Call Us Right Away IF:

The following signs and symptoms may indicate a serious problem and you should call us immediately!

- Severe headaches and visual changes
- Rapid weight gain and swelling of hands, ankles, feet and face
- If less than 34 weeks, uterine contractions ten minutes apart for an hour or six or more in an hour
- If between 34 and 37 weeks, uterine contractions five minutes apart for an hour.
- Menstrual like cramps in the lower abdomen that are continuous in nature and may be accompanied by bleeding or spotting
- Any leaking of fluid from the vagina, especially if large in amount or if bloody or greenish or brown tinged
- A decrease in fetal movement
- Any vaginal bleeding

Signs of Labor

- Contractions that are three to five minutes apart for more than one hour if this is your first baby, or five minutes apart if not your first pregnancy.
- Leaking of fluid, either a large gush or trickle, from the vagina
- Bloody Show, or mucous with streaks of blood, is normal and generally occurs up to 2 weeks before labor and delivery

Breastfeeding

Breast milk contains all the nutrients your baby needs to grow and develop normally for the first 6 months of life. Breastfeeding is highly recommended by the American Academy of Pediatrics. If you are thinking about breastfeeding, you will be learning more about it in your childbirth classes. Highland Hospital also offers a specific breastfeeding class.

If you are more comfortable with bottlefeeding, your physician will support you in your decision. You will want to discuss your options with your pediatrician as well.

If your nipples are inverted please talk to a nurse or your provider. There are special breast cups that you can wear the last month of pregnancy to prepare for breastfeeding. We do not recommend nipple stimulation before 36 weeks because it might cause premature contractions and delivery.

There is a lactation consultant at Highland Hospital who can offer you practical advice and encouragement. Additionally, La Leche League is an international support group that provides assistance to those committed to breastfeeding.

Selecting a Pediatrician

There are many wonderful pediatricians in the Rochester area. We suggest the best way to find one is to ask friends and family. You may also want to consider such things as the location of the office, the hours that the pediatrician is available, and are weekend and evening appointments available? Is there a nurse or nurse practitioner available to you for common infant care and feeding questions? Find out if there are hours available daily for sick child visits.

To help in selecting a pediatrician, you may wish to interview them prior to making a final decision. This is an important decision. You should feel confident and comfortable with your pediatrician.

Circumcision

Circumcision is a commonly performed procedure to remove the foreskin from the glans (head) of the penis. Circumcision is generally performed for social and/or religious reasons. Please feel free to discuss this issue with your obstetrician and/or your pediatrician. Should you choose to have your baby circumcised, you can plan on having this procedure performed prior to your discharge from the hospital as long as the baby is in stable condition. The circumcision will be performed by one of our physicians.

After the Baby is Here

Day of Discharge
On the day you are discharged home one of your providers will come to see you and review instructions for your care at home. We will review warning signs to call the provider for, instructions regarding activity, exercises, and when to receive follow-up care. We will give you take home instructions and any necessary prescriptions.

Warning Signs
Should any of these warning sign occur, call the office immediately:

- Persistent temperature over 101 degrees F°
- Increased bleeding, bright red bleeding
- Increase pain, which is not relieved by Ibuprofen, Tylenol, or any prescribed medication that was given to you
- Pain in the calves of your legs, accompanied by increased swelling or redness
- Feelings of sadness or moodiness that last more than a few days

The Postpartum Visit
This visit takes place about six weeks after delivery. You should schedule an appointment soon after you are discharged. In most cases, your appointment is usually scheduled with the provider who performed your delivery. This visit will include discussion of how you are feeling, and any concerns you may have. You will also have a complete physical and Pap smear at this time.

The Baby Blues

These are normal feelings of sadness or moodiness that some women experience after the delivery of their baby. These feelings are normal and related to the many changes that are going on including hormonal changes as well as actual physical changes. These feelings are enhanced by the physical discomforts of delivery as well as the lack of sleep most new mothers experience. The postpartum, or baby blues, usually occur around day three to five after delivery. You may feel unexplainably sad, easily upset, or be prone to bouts of frequent crying. These feelings should not last more than a few days to about a week. Extra support at home, including a chance to get extra rest and a little extra pampering are helpful.

Postpartum Depression

This differs from postpartum, or baby blues. Postpartum depression is much more serious in nature. This can occur at any time in the first year after the baby is born. You may become increasingly more depressed and may find yourself gradually less able to function at daily activities. You may experience feelings of anger towards the baby, and feel like an inadequate mother. You may feel a loss of all positive feelings toward anything, increased anxiety, difficulty sleeping and change in appetite. This may be a serious situation, which requires the help of your provider. It is important that you contact us if you feel you may be experiencing this.

Recommended Resources for Pregnancy

What to Expect When You're Expecting by Arlene Eisenberg, et al (Paperback - November 1996)

The Pregnancy Journal: A Day-to-Day Guide to a Health and Happy Pregnancy by A. Christine Harris PhD (Spiral Bound)

Your Pregnancy Week by Week by Glade B Curtis, Judith Schuler (Paperback)

When You're Expecting Twins, Triplets, or Quads: A Complete Resource by Barbara Luke, Tamara Eberlein (Paperback - August 1999)

Pregnancy Fitness by Fitness Magazine (Editor), Ginny Graves (Paperback-September 1999)

Recommended Resources for Breastfeeding

The Womanly Art of Breastfeeding by Gwen Gotsch, Judy Torgus (Paperback - September 1997)

The Breastfeeding Book: Everything You Need to Know About Nursing Your Child from Birth Through Weaning by Martha Sears R.N., William Sears M.D(Paperback - March 2000)

Mothering Multiples: Breastfeeding & Caring for Twins or More by Karen Kerkhoff Gromada (Paperback - 1999)

Nursing Mother, Working Mother: The essential Guide for Breastfeeding and Staying Close to Your Baby After You Return to Work by Gale Pryor (Paperback – 1997)

Bon Appetit, Baby! The Breastfeeding Kit by Elaine Moran, et al (Hardcover - January 2000)