

## PREGNANCY SURVIVAL GUIDE

During the first few months of pregnancy, several questions and issues are raised. We hope that you will find the following information helpful.

- 1. RISK LINE** – If you have any questions about specific products, i.e., hair dye, house paint, nutrasweet, over-the-counter medications, work related environmental hazards, the most up-to-date information is available through the Pregnancy Exposure Risk Line (1-800-325-5391). This is a helpful free service provided by the State of Connecticut.
- 2. MEDICATIONS** – These medications may be safely used during pregnancy.
  - Tylenol** regular strength for headaches, low back pain (follow bottle directions)
  - Chlortrimeton** (4mg. tablet, yellow antihistamine)
    - Allergy formula for sneezing and runny noses
  - Robitussin** for cough (plain Robitussin)
  - Kaopectate** for diarrhea
  - Tums** 3/day for leg cramps & heartburn
  - Monistat** over-the-counter for yeast infectionUse the dosages as described on the bottles.  
Medicated nasal sprays should not be used-saline sprays are helpful for nasal congestion  
These medications are merely suggestions. Some patients feel uncomfortable taking medications if there is the slightest possibility that it could hurt the baby. We feel that these medications are safe. If you remain uncertain, then just do not take the medications.
- 3. COLDS** – If you develop a cough or cold, get as much rest as possible. Increase your fluid intake. You may feel better with a humidifier or cool air mister. You may use Vicks, Vaporub & lozenges. You may take Robitussin for a cough or Chlortrimeton for runny nose. Saline sprays are helpful for nasal congestion. Please call us if you develop a fever of 101 degrees, a productive cough, or earaches, as these would be reasons to consider antibiotics.

# Crescent Street Obstetrics & Gynecology, LLC

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- 4. BLEEDING** – Bleeding during the first 12-14 weeks of pregnancy is extremely common. Approximately 50% of pregnancies will have some bleeding and about one-half of these pregnancies will go on to miscarry or abort. The reasons for these abortions are not entirely understood but are thought to be related to genetic or immunologic causes. These abortions are not related to stress, exercise, work, intercourse, etc. The occurrence of one or two miscarriages has little, if any, effect on future pregnancies. Please call if bleeding occurs, specifically if you are bleeding more than one pad per hour or pass large blood clots (larger than a plum). If you pass anything that looks like tissue (or liver), save the tissue and bring it into the office so that it may be examined.
  
- 5. MORNING SICKNESS** – For the patients that have morning sickness, we suggest small, frequent meals. Eat cold foods such as oranges or cucumber sandwiches. You may try a cup of boiled rice or boiled potato. Eat first and follow your meal with your drink rather than drinking throughout the meal. If you cannot hold any solids down, try clear liquids, popsicles, sherbet, jello, quarter-strength Gatorade or quarter-strength tea. Rather than drinking your fluids, try using a teaspoon for sipping. If you cannot hold anything down for over twelve hours or you note that you are not urinating at least every 4 hours, you should call the office and we will arrange to give you IV fluid replacement in the Emergency room. The loss of several pounds while having morning sickness is not harmful to the baby.
  
- 6. FEVER** – Have a thermometer available. If you feel you might have a fever, please take your temperature prior to calling our office.
  
- 7. CONSTIPATION** – Constipation is a common problem that is usually treated by avoiding cheese and chocolate and increasing the fiber in the diet. Try 2 tablespoons of bran in oatmeal in the morning. If this fails, you can try Surfak, available at pharmacies without a prescription. Drink 2 quarts of water per day.

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- 8. PREGNANCY ANNOYANCES** – There are three symptoms which most women experience at some point during their pregnancy—fatigue, low back pain, and groin pain. Occasionally these symptoms may be surprising in their sudden onset, intensity and are best treated with common sense measures. Try and get extra rest, take a nap, try to get another hour or so of sleep at night. This will usually improve during the middle third of the pregnancy. A somewhat less severe fatigue may then develop as you approach term. Low back pain is particularly annoying. It is best treated by daily back stretching exercises. Avoid excessive weight gain as this will put more strain on your back. The groin pain and/or lower lateral pelvic pain can be amazingly sharp, sudden onset, and often occurs as you are getting out of bed, out of the car, etc. This pain lasts for a few minutes and goes away as rapidly as it developed. If the pain does not resolve after an hour or so or if you have a fever, call the office.
- 9. WEIGHT** – Watch your weight gain. Optimal weight gain is 22-28 pounds. Weigh yourself once a week and watch that your maximal weight gain is less than 1 pound per week. You will find that you can gain weight very easily when you are pregnant as pregnancy hormones are oriented to storing calories.
- 10. EXERCISE** – Daily exercise is important. We suggest 45 minutes of daily exercise, (daily walking, bicycling, dancing, or swimming). Regular daily activity is not considered exercise. You should set time apart for exercise.
- 11. THINGS TO AVOID** – Avoid being around sick children as much as possible, particularly if they have rashes. Avoid changing kitty litter, eating raw meat or raw fish, as these may cause toxoplasmosis. Avoid deli meats, hot dogs, unpasteurized milk & soft cheeses and smoked seafood, as these may have listeriosis which may cause miscarriage. Limit fish intake to 12oz. a week. Limit caffeine to one cup a day. Absolutely avoid cigarettes, illegal drugs and alcoholic beverages, all of which can seriously affect your baby.
- 12. CHILDBIRTH CLASSES** – We strongly urge you to attend prepared childbirth classes. Several questions are routinely raised in class:
- All delivery rooms have a “birthing room” configuration.
  - We encourage walking and position change during labor.
  - We do not prep (shave) or order enemas.
  - We use fetal monitors.
  - We generally use Stadol or epidurals for pain control.
- Many of our patients use little or no pain medication. We encourage you to use these very safe medications if you would like some relief from pain.

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**13. DENTAL CARE** – Routine dental check-ups are advised during pregnancy. Local anesthetic (i.e. Novocain without epinephrine) for repair work is considered safe. If x-rays can be deferred until after you deliver, please do so. If necessary before then, wear a lead body apron. Some antibiotics routinely prescribed for dental work are contraindicated. Check with us before using antibiotics.

**14. TRIPS** – Extended trips are permissible up to the 38<sup>th</sup> week. If leg pain is a problem, wear support hose. Whether by air, car or bus, you should take a brief walk every hour. Do not sit with your legs crossed and if possible, it is better to elevate your legs. Stay well hydrated. \*\*Please get a copy of your antepartum record to bring with you.

## 15. PHONE CALLS

### WHEN TO TELEPHONE

At any time during the pregnancy if you are discomforted by aches, pains or anything new & different that has not been discussed and explained, call the office. Do this after a reasonable time has elapsed & the condition has not improved. Do not let this go on for days. Occasionally some reassurance can be provided through a telephone call; however, others require a visit with the doctor to assess the situation. Questions of concern would be loss of fluid vaginally, vaginal bleeding, decreased fetal movement, no movement, cramps, contractions, abdominal pain, low back pain, increased perineal pressure, temperature greater than 100, and shortness of breath.

A. Routine calls (i.e. appointment, prescription refills, test results, etc.)

Please call between 9:00-12:00 & 1:30-4:30, Monday through Friday.

B. Nonemergency medically related questions (i.e. medications for colds, exercise)

Please refer first to your green survival guide-many questions are answered in this handout, your 28 wk sheet or postpartum instructions. If your question is not answered, call the office between 9:00-12:00 and 1:30-4:30, Monday through Friday.

Most nonemergent questions will be answered by one of our nurses. If they are not immediately available, they will call you back. We will do our best to avoid “telephone tag”.

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C. Emergent medically related questions (fever, bleeding, severe abdominal pain).

Call at any time and a nurse or physician will speak with you. Either the receptionist or the answering service (if you call after hours) will ask you specific questions regarding your condition in order to appropriately direct your call. A nurse or physician will speak with you shortly.

D. If for some reason there is a telephone service malfunction, it is best to come to the Emergency Room at Middlesex Hospital, the Shoreline or Marlborough. The Emergency Room may initiate care and their ER staff should be able to contact Drs. Flagg, Bingham or McLeod.

**16. SUPPORT PEOPLE**-Your support person is welcome to come to any and all visits and, of course, to attend classes and the delivery. If all goes well at delivery, they may cut cut the cord.

Most importantly, enjoy your pregnancy. Women generally take excellent care of themselves during their pregnancy. Even with this excellent care, 4-6% of babies will be born with some abnormalities—approximately half of these will be serious abnormalities. The essence of good obstetrical care is that the patient and her physician will do their best, acknowledging that there are limitations to obstetrical care.

Please call us at 344-9993 if you have any questions.

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