



LOUISIANA WOMEN'S Healthcare

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MAIN: 225-201-2000
APPOINTMENT: 225-201-2010

General Information for Pregnant Patients

Pregnancy is usually a very special time in your life and can be a very rewarding experience. However, it is important for you to take proper care of yourself. This information should serve as a guideline for you throughout your pregnancy and help to answer some of your most common questions. If you have any other questions, discuss them with your physician during your prenatal visits.

!!!!!!!!!!!!!!!!!!!! PLEASE KEEP THIS INFORMATION FOR FUTURE REFERENCE !!!!!!!!!!!!!!!!!!!!!

Office Hours: The office is open Monday through Friday from 8:00 am until 5:00 pm. Individual physicians hours may vary. The office may be reached at 225-201-2000. Non-emergency questions will be answered during office hours or at the end of the day. Emergencies will be addressed immediately.

After Hours: After regular office hours, the physician can be reached by contacting Woman's Hospital Medical Exchange: 225-922-3766. Please limit these calls to emergencies only. Calls regarding prescriptions, appointments, lab results, etc. will be handled during office hours.

Associates: Your physician and his/her associates provide 24-hour coverage for emergencies. The coverage consists of one call group of male and female providers. Please note, you may be examined, treated or delivered by a member of the call group other than your regular physician. If your physician is not on call, the covering provider may also be reached through the Medical Exchange at 225-922-3766.

Visits: During the first seven months of your pregnancy, your exams will be scheduled every four weeks. In the seventh and eighth month, you will be seen every two to three weeks. After that, you will be seen weekly until delivery. Four weeks after your delivery, a postpartum examination is performed. All of these routine examinations for uncomplicated obstetric care are included in your global delivery fee.

Vitamins: Prenatal vitamins are to be taken daily and up to three months after delivery. In some cases, supplemental iron will be added. You may also add a plant based DHA supplement if your vitamin does not contain this. If you are breast feeding, vitamins should be continued as long as you breast feed.

Diet: A balanced diet with special attention to protein, calcium, iron, and fresh fruits and vegetables is recommended. *Remember, the quality of your nutrition is more important than the quantity.* Drink plenty of water and avoid high mercury fish, unpasteurized dairy and under cooked meats.

Dental Work: Local Anesthesia (Lidocaine shot) is permissible in pregnancy - if not allergic. Regular dental appointments and routine dental hygiene should be continued during pregnancy. X-rays are safe with the abdomen shielded by a lead drape. Penicillin and Cephalosporin antibiotics are acceptable, if not allergic.

Exercise: You should continue a low level of physical activity during pregnancy. If you already jog or attend exercise classes, it is acceptable to continue in moderation. If you are not exercising regularly now, walking and swimming are good forms of exercise that you can begin during pregnancy. Avoid excessive fatigue, dehydration or overheating. Sauna, whirlpools and steam baths are to be avoided because they may elevate your body temperature, which may harm the baby. Potentially hazardous activities to be avoided include: motorcycle riding, water or snow skiing, horseback riding, scuba diving, skate boarding, skating and heavy lifting (no more than 20-30 pounds).

Sexual Activity: Sexual intercourse is safe throughout pregnancy unless complications are present. Complications include bleeding, ruptured membranes, threatened miscarriage, and cervical incompetence.

Smoking, Alcohol and Drugs: These can be very hazardous to you and the baby and may result in a miscarriage, birth defects or severe growth retardation for your baby. Smoking should be stopped immediately. Hard (or street) drugs should never be used. Alcohol should be avoided because of the potential risk to the baby with even moderate use.

Medications: If possible, medications should be limited during pregnancy. The following are relatively safe and can be purchased over the counter without a prescription. No medication is completely safe as very few have been tested extensively for use during pregnancy.

HEADACHES, BACKACHES, MUSCULAR PAINS, FEVER Tylenol - 2 extra-strength every 4 to 6 hours.

COLD, SINUS PROBLEMS Claritin, Zyrtec, Sudafed, Tylenol Sinus, saline nasal spray - Take as directed.

COUGH, CHEST CONGESTION Mucinex, Robitussin (Plain or D.M.) - Take as directed.

DIARRHEA Imodium AD - Take as directed.

CONSTIPATION Metamucil, Miralax, Citrucel, Surfak, Colace, High fiber diet, bran flakes, lots of water.

HEMORRHOIDS Preparation H, Tucks pads, Anusol suppositories or Anusol HC cream and hot sitz baths.

INDIGESTION/HEARTBURN Pepcid, Prevacid, Tums, Roloids, Maalox, Riopan.

SORE THROAT Any over-the-counter throat lozenges or spray, gargle with warm salt water.

NAUSEA Vitamin B-6 10-25 mg every 6 to 8 hours.
Emetrol, Bonine, Dramamine - Take as directed.
If Nausea persists, try Vitamine B-6 10-25 mg every 6 to 8 hours and add Unisom (doxylamine) 12.5 mg every 6 to 8 hours.

VAGINAL YEAST INFECTION Monistat 3 or 7 - May be used at any stage of pregnancy.

ALLERGIES Benadryl may be used any time during pregnancy for colds, allergic reaction or sleep.

Use common sense with medications. Although these medications appear safe in pregnancy, no medication is completely without risk. You must balance your discomfort against the small but potential risk of any medication.

Travel: Travel is usually permitted during most of your pregnancy. If you have questions, check with your Physician. Seat belts should be worn with the belt fastened below the abdomen. Ask for a copy of your prenatal records to take with you.

Work: In most cases, it is possible to work until late in pregnancy. You should avoid heavy lifting and dangerous chemicals. Be sure to get adequate rest.

Hair Perms: You may Perm or Dye your hair any time in pregnancy.

Painting: You may paint rooms or refinish furniture in well-ventilated areas (use gloves and a filter mask). Do not use oil base products.

Hot Tubs: Do not use Hot Tubs or Saunas in early pregnancy.

Ultrasounds: Obstetrical ultrasounds will be performed for medical indications at your doctor's discretion. Due to limited space and seating, there is a **three person guest limit** (including children).

Insects: You may have your house sprayed for insects, but the home should be ventilated for several hours before you return home.

Fever: Use Tylenol for any fever over 101°. If the fever does not respond very quickly, call your doctor.

Rest: Increased fatigue and back pain are very common. Frequent rest periods with the feet elevated may ease some of the discomfort. For better circulation in the legs, full-length panty hose are preferred over knee high stockings. For varicosities of the legs, full-length support panty hose are needed.

Hemorrhoids: If you have hemorrhoids, it will be necessary to increase the amount of liquids you drink. You may also need to use stool softeners. Anusol and Tucks pads assist with discomfort.

Douching: Douching should not be done during pregnancy unless your physician instructs you otherwise. Increased vaginal discharge is normal, provided vaginal burning, itching and odor are absent.

Bloody Show: After 36 weeks of pregnancy, a brown or blood tinged mucus may come out of the birth canal. This is the mucus plug and is not dangerous. It does not necessarily mean labor will happen soon, but usually indicates the cervix is effacing.

Bleeding: Should heavy bleeding occur, call immediately!

Ruptured Membranes: If your bag of water breaks, call immediately!

Lamaze Classes: Classes are recommended unless you have attended them during a previous pregnancy. The classes are for educational purposes. Many women who take Lamaze classes intend on using the breathing techniques only for the early part of labor and plan to have an epidural for active labor. Others may wish to have a natural childbirth without anesthesia. These choices are detailed in the classes.

Family: Your partner is always welcome to attend your regular prenatal visits and is encouraged to be with you at delivery. If children accompany you to your visit, we ask that they remain quiet and calm. Cell phones are not permitted past the waiting room area. Food and drink are NOT ALLOWED in our office.

Labor: At term, when contractions begin, wait until they are regular and strong in character before going to the hospital. If this is your first baby, contractions should be about 4-5 minutes apart for at least 2 hours.

Pregnancy Outcome: With modern obstetrical care, most pregnancies will progress to a happy and healthy outcome. However, this is not true in all cases. Miscarriages, stillborns and abnormal births do occur, even in the best of care. Your greatest chance for a successful outcome can be realized by attending your prenatal visits regularly, maintaining a nutritious diet and informing your physician should any unusual or dangerous symptoms occur.

Fees: Your insurance company will usually cover your obstetrical fees at 75-80%. Co-pays for patients with managed care plans may be required at each visit. Arrangements for payment of your part of the fee should be made with the business office early in pregnancy. A payment schedule will be established for you. If there are any changes in your insurance coverage, please inform the business office at once.

With all this in mind, we hope you will have a rewarding and satisfying pregnancy!

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