



Women's Care Group
OBSTETRICS & GYNECOLOGY

Pregnancy Information Packet

Congratulations on your pregnancy! Please read this entire packet. Do not hesitate to call our office with any questions. In the event of an emergency, please call our office regardless of time, weekend, or holiday – one of the providers is always on call to speak with you over the phone (it may take us up to 15 minutes to call you back). In the event of any motor vehicle accident, fall, abdominal trauma, severe pain, lack of fetal movement, leaking of fluid, regular contractions, or vaginal bleeding- call the office or go to the hospital immediately.

Oak Lawn Office

5851 W. 95th St., STE 400
Oak Lawn, IL 60453
Phone: (708) 857-7230
Fax: (708) 425-5779
www.womenscaregroup.net

Orland Park Office

10762 W. 167th St.
Orland Park, IL 60467
Phone: (708) 873-0400
Fax: (708) 425-5779

Providers

Dr. Foti Chronopoulos
Dr. Alan Luke
Dr. Tejas Sheth
Dr. Maria Kronlage
Mary Bisaga, APN
Rebecca Lawrence, APN
Ashley Fajardo, APN



New Dawn
Wellness Group

Women's Care Group is affiliated with New Dawn Wellness, a specialized counseling service for women's health. Our Licensed Clinical Social Worker, Stefani Godina, is available to see patients at both of our offices.

Stefani is experienced counseling patients with perinatal mood disorders, anxiety/depression, infertility, infant loss, and postpartum depression. Please ask the front desk if you are interested in making an appointment.

HOSPITAL AFFILIATIONS

Our providers are on staff at **Advocate Christ Medical Center** in Oak Lawn and **Little Company of Mary Hospital** in Evergreen Park. These are the only hospitals we are affiliated with. If you go to another hospital for an ER visit or delivery, our physicians will not be able to manage your care.

WHO WILL DELIVER MY BABY?

Our physicians - Dr. Chronopoulos, Dr. Luke, Dr. Sheth, and Dr. Kronlage alternate taking call for deliveries. Whoever is on call when you go into labor or are induced will most likely be the physician doing your delivery. If you are a scheduled c-section, you will be able to choose which physician you desire to perform your surgery. **It is our office policy that you see all of the physicians (male and female) during your pregnancy so they have all met you.** You can also see our nurse practitioners for pregnancy visits, however they will not be involved with your delivery at the hospital.

FMLA

For a small fee, our office can fill out any FMLA paperwork that your employer requires. Please allow 1-2 weeks for paperwork to be filled out. **Our providers can only write you off work during your pregnancy if there is a legitimate medical reason. After delivery, 6 weeks of medical leave is given for a vaginal delivery and 8 weeks for a c-section. Leave greater than 6 or 8 weeks without medical indication is considered Family Leave and is between you and your employer. We cannot extend your postpartum medical leave if there is no medical reason.**

WHAT TO EXPECT WEEK BY WEEK (normal pregnancy)

High risk pregnancies will require visits more often than listed below

FIRST VISIT:

- Extensive visit with provider and possible physical exam/pap smear. **An ultrasound may not be done at the first visit.**
- First visit blood work: CBC, blood type, urinalysis, urine culture, urine drug screen, HIV, gonorrhea/chlamydia, hepatitis B, hepatitis C, syphilis, rubella immunity, varicella (chicken pox) immunity, cystic fibrosis, spinal muscular atrophy(possibly), Fragile X(possibly), thalassemia testing (only in certain ethnicities), sickle cell screening (possibly)
- Receive prenatal vitamin samples and pregnancy information packet
- Flu shot-given yearly if desired by patient. The flu vaccine can be given any time in pregnancy.

OB VISITS EVERY 4 WEEKS:

- Routine visits every 4 weeks with provider until 28 weeks
- Urine sample left at every visit to check for protein and glucose
- Fetal heart rate, blood pressure, and maternal weight assessed at each visit

~ 6-9 WEEKS:

- Ultrasound confirming due date (**this ultrasound is usually done using a vaginal probe**)

12-13 WEEKS:

- First Trimester Genetic Screen (Optional blood work) and Ultrasound. You may find out the sex of the baby (if desired) through the genetic blood work screen.
- May not be able to hear fetal heart beat with external Doppler but you can see heart

15-21 WEEKS:

- Second Trimester Genetic Screen- AFP (Optional blood work)

20-22 WEEKS:

- Ultrasound for structural survey (Level 2 Ultrasound)
- You may find out the sex of the baby if you haven't already

24-28 WEEKS:

- 1 hour glucose test to screen for gestational diabetes (Blood work)
- 3 hour glucose test if abnormal 1 hour test
- Antibody screen for RH-negative patients

28 WEEKS:

- Rhogam injection if indicated for RH negative patients
- Tdap vaccine offered

28-36 WEEKS:

- Begin visits every 2 weeks
- Possible fetal monitoring if indicated

35- 36 WEEKS:

- Ultrasound for fetal weight and position
- Group Beta Strep vaginal culture (if expecting vaginal delivery), CBC and HIV (Blood work)
- Discuss pediatrician, pain management in labor, circumcision, and breast/formula feeding

36 - 40 WEEKS:

- Begin weekly visits
- Receive copy of records

Anything on this schedule can change at any time due to practitioner's discretion or changes in pregnancy

Lab Work Done at First Visit

Our routine lab work is listed below. Depending on your individual needs, you may receive additional lab work.

- **Pap smear** – to screen for cervical cancer in women age 21 and over. Pap smears are considered safe in pregnancy.
- **CBC** – to check your hemoglobin and hematocrit levels to identify women who are anemic and may need extra iron supplementation
- **Blood type and screen** –to know your blood type and detect potentially harmful antibodies
- **Rubella** – to make sure you have immunity to rubella. If you grew up in the United States, you most likely received the MMR vaccine and have immunity.
- **Varicella** – to make sure you have immunity to the chicken pox virus. If you have been exposed to chicken pox in the past or had the varicella vaccine, you are most likely immune. If you are pregnant and have never had the chicken pox or the vaccine or you are found to be non-immune to varicella, you are to avoid contact with people who are infected with the chicken pox or shingles.
- **HIV** – to detect the human immunodeficiency virus
- **Hepatitis B** – to detect current hepatitis B infection
- **Hepatitis C** - to detect current hepatitis C infection
- **Gonorrhea/Chlamydia** – to detect current gonorrhea/chlamydia infections
- **RPR/VDRL** – to detect current syphilis infection
- **Urinalysis/Urine culture** – to detect a urinary tract infection
- **Urine drug screen** – to detect drug use that may be harmful to a developing baby
- **Cystic Fibrosis (CF)** (Possible testing) – to detect if you are a carrier of the cystic fibrosis gene. Cystic fibrosis is a progressive, genetic disease that causes persistent lung infections and limits the ability to breathe over time. Depending on your ethnicity, your risk of being a carrier can be as high as 1 in 29. If you are a carrier, we will test the father of the baby. If the father of the baby is a carrier, there is a 25% chance the baby will be affected.
- **Sickle Cell Screening** (Possible testing) – to detect if you are a carrier of the sickle cell trait
- **Spinal Muscular Atrophy (SMA)** (Possible testing) – to detect if you are a carrier for SMA. Spinal muscular atrophy is a genetic disease that results in progressive muscle weakness and paralysis. About 1 in 50 people are carriers of the abnormal gene that causes SMA. If you test positive, we will test the father of the baby. If the father of the baby is found to be a carrier as well, there is a 25% chance the baby will be affected.
- **Fragile X** (Possible testing) – to detect if you are a carrier of the Fragile X gene. People affected with Fragile X syndrome can have intellectual disabilities, behavioral problems, as well as abnormal physical features.
- **Thalassemia testing** (Possible testing) – to detect if you are a carrier of a thalassemia gene. Thalassemia is an inherited condition affecting the blood which can cause various levels of anemia. It is most common in people of Mediterranean or Asian descent. If you carry a thalassemia gene, we will test the father of the baby to determine the potential risk to the baby.

PREGNANCY INFORMATION

THE TRIMESTERS OF PREGNANCY

First trimester: Week 1 through week 12

Second trimester: Week 13 through week 27

Third trimester: Week 28 through birth

Your due date is calculated by using the first day of your last menstrual period (LMP) or by ultrasound.



NUTRITION

- **Prenatal Vitamin** – In addition to eating healthy, take a prenatal vitamin daily. It is recommended to take a prenatal vitamin that has 200mg of DHA to support your baby's brain development. During pregnancy, you need more folic acid and iron. It is recommended that pregnant women get at least 600mcg of folic acid daily (from all sources) and 27mg of iron daily.

In addition to taking a prenatal vitamin containing iron, it is recommended to eat iron rich foods such as lean red meat, poultry, fish, dried beans and peas, iron-fortified cereals, and prune juice.

- Water – Aim to drink at least 10 eight-ounce glasses of water daily (or 5 water bottles). You can tell if you are drinking enough if your urine looks pale yellow or colorless.
- Caffeine – Most experts say that consuming fewer than 200mg of caffeine (approximately one 12 ounce cup of coffee) a day during pregnancy is safe. Sources of caffeine include: coffee, tea, soda, energy drinks, and chocolate.
- Fish – Omega-3 fatty acids are a type of fat found naturally in many kinds of fish. To get the most benefits from omega-3 fatty acids, women should eat at least two servings of fish or shellfish per week while pregnant or breastfeeding (about 8-12 ounces per week, max 20 ounces per week). Some types of fish have higher levels of mercury than others. Mercury has been linked to birth defects. Choose fish and shellfish low in mercury such as shrimp, salmon, catfish, pollock, cod, tilapia, and canned light tuna. Avoid shark, swordfish, king mackerel, marlin, orange roughy, bigeye tuna, or tilefish. Limit white (albacore) tuna to 6 ounces per week.
- Foods to Avoid
 - Raw meat, uncooked seafood, or rare or undercooked beef or poultry
 - Non-pasteurized cheeses (most cheeses in the United States are pasteurized, check package labels)
 - Runny or undercooked eggs
 - Freshly cut lunch meat is ok to eat in moderation- if you are concerned you may microwave meat to steaming before consuming.

WEIGHT GAIN

The amount of weight gain depends on your health and your body mass index (BMI) prior to pregnancy. If you were normal weight prior to pregnancy (BMI 18-25), you should aim to gain between 25 to 35 pounds. If you started off pregnancy underweight (BMI < 18), it is recommended that you gain 25 pounds or more. If you started off pregnancy overweight (BMI > 25), it is recommended that you gain less than 25 pounds. Eating healthy and staying active are the most important things you can do to control your pregnancy weight gain.

SLEEP POSITIONS

All sleep positions are fine in pregnancy. Sleep however you are most comfortable. You may lie on your back as long as it does not make you feel dizzy, nauseous, or short of breath. Adding a long pillow to one side behind your back to create a slight tilt may help you feel more comfortable with back sleeping.

CAR SAFETY

Wear a lap and shoulder belt every time you travel. Buckle the lap belt below your belly. Place the shoulder belt across your body (between your breasts). If your car has airbags- keep 10 inches between the steering wheel and your breastbone. If your car has an airbag “on/off” switch, make sure it is turned to “on”.

TRAVEL

We do not recommend airplane travel after 34 weeks of pregnancy. If your pregnancy is considered high risk, recommendations may be different so please consult a provider. If you are going on a car trip, try to limit driving to no more than 5-6 hours/day. Plan to make frequent stops to move around and stretch your legs. Plan to get up, use the bathroom, and walk around every 2 hours. If you are planning a trip outside the country, the CDC is a great resource for travel alerts, safety tips, and up-to-date vaccination facts for many countries. While you are pregnant, you should not travel to areas where there is risk of malaria, including Africa, Central and South America, and Asia. You should also not travel to any areas at risk for Zika infection- see section below.

ZIKA VIRUS

Zika virus disease is caused by the Zika virus, which is spread to people primarily through the bite of an infected mosquito (*Aedes aegypti* and *Aedes albopictus*). The illness is usually mild with symptoms lasting up to a week, and many people do not have symptoms or will have only mild symptoms. Zika virus infection during pregnancy can cause a serious birth defect called microcephaly and other severe

brain defects or cognitive defects (such as learning disabilities). The most common symptoms of Zika virus disease are fever, rash, joint pain, and red eyes. Other symptoms include muscle pain and headache.

If you or your partner have traveled in the 3-6 months prior to pregnancy, please let our office know. You may qualify for Zika testing. If you are planning to travel during pregnancy, call our office to make sure you are not traveling to an area with active Zika infection. The CDC website www.cdc.gov/zika is also a great resource for the most up-to-date info on Zika as well as the list of the Zika infected areas.

EXERCISE

Most types of moderate exercise is considered safe during pregnancy, especially if you were exercising regularly prior to pregnancy. It is recommended that pregnant women get at least 150 minutes of moderate-intensity aerobic exercise each week. Moderate-intensity means you are moving enough to raise your heart rate and start sweating – you can still talk normally, but cannot sing. If you are new to exercise, start out slowly and gradually increase your activity. Good examples of exercise include: walking, jogging, swimming and water workouts, stationary bicycling, yoga, and pilates. **Stop exercising and call our office if you develop any of the following symptoms: vaginal bleeding, significant cramping, feeling dizzy or faint, chest pain, headache, muscle weakness, calf pain or swelling, regular contractions of the uterus, or fluid leaking from the vagina.**

SEX

Sex is fine in uncomplicated pregnancies. Orgasms will not harm or hurt the baby. Sex can become more uncomfortable during pregnancy so you may need to use artificial lubricants. Vaginal spotting may happen after sex but if you have persistent bleeding or other symptoms develop – call the office.

HAIR CARE

Highlighting or dying of hair is considered safe during any trimester of pregnancy. Hair dying in pregnancy poses no known risk to the fetus, however some women choose to wait until after the first trimester to dye their hair or just get highlights to limit the amount of dye absorption.

SPA ACTIVITIES

Manicures, pedicures, and massages are ok during pregnancy. Some facilities may require a doctor's letter for a pregnancy massage. Hot tubs, saunas, steam rooms, tanning beds, and spray tans should be avoided in pregnancy.

ACCUPUNTURE AND CHIROPRACTOR

It is ok if you get acupuncture or see a chiropractor in pregnancy. Make sure you tell them you are pregnant. Our office is not responsible for the care that you would receive through a chiropractor.

DENTAL CARE

It is recommended to brush and floss your teeth during pregnancy. It is also recommended to see your dentist for regular annual or semi-annual cleanings. Your gums may become more sensitive and bleed easier during pregnancy. Dental cleanings and necessary dental work is fine. Please notify the dentist that you are pregnant. If medically necessary, dental x-rays are ok as long as an abdominal shield is used. Novocaine and most antibiotics for dental infections are safe. If antibiotics are prescribed, please call our office to make sure they are safe in pregnancy. Please realize that untreated dental disease can put you at risk for many pregnancy complications including preterm labor and preterm delivery.

BEHAVIORS TO AVOID

The following activities are **not** recommended in pregnancy:

- Triathlons or marathons
- Roller coasters / bumper cars
- Water skiing, rollerblading, ice skating, or snow mobile riding
- Horseback riding
- Jacuzzis, tanning beds, spray tans, steam rooms, saunas, hot tubs
- Cleaning a litter box

- Direct exposure to pesticides, fertilizers, or toxic chemicals. Please wear gloves when cleaning with household cleaners that contain bleach or other strong chemicals.
- Any other activity that puts you at risk of hitting or jarring your pregnancy

CATS AND TOXOPLASMOSIS

You can live with, work with, and be around cats in pregnancy. You cannot change a litter box during pregnancy due to the risk of being exposed to cat feces that could potentially be infected with toxoplasmosis. Toxoplasmosis can also be transmitted through raw or undercooked meat, raw fruits or vegetables that are not washed thoroughly, and gardening. Always cook meat thoroughly, wash fruits and vegetables, and wear gloves when gardening.

INFECTIONS (Viral or bacterial)

Please call our office if you have any type of bacterial or viral infection. Definitely call our office if you are exposed to or think you have the following:

- **Toxoplasmosis**
- **Cytomegalovirus (CMV)**
- **Parvovirus B19 (Fifth Disease)**
- **Hand, Foot, and Mouth Disease**
- **Varicella (Chicken pox)** – We will test you at the beginning of your pregnancy to see if you are immune to the chicken pox virus. If we tell you that you are not immune- do not come in contact with anyone who has the chicken pox or shingles. Varicella infection can be dangerous to the baby during pregnancy.

PAINTING

It is best to limit your exposure to paint and paint fumes while pregnant. Research studies are inconclusive on the effects paint exposure can have in pregnancy. Have someone else do the painting if possible. If you are painting, choose a paint labeled "low-VOC" or "zero-VOC." These are usually latex paints that contain lower levels of solvents, or "volatile oil compounds." Avoid exposure to oil-based paints, leads, and mercury. The painting should be done in a well-ventilated area. If the fumes make you dizzy or nauseous- stop painting.

TOBACCO, ALCOHOL, and DRUGS

- It is recommended that you do not smoke during pregnancy. If you smoke during pregnancy, your baby is exposed to harmful chemicals such as tar, nicotine, and carbon monoxide. The risk of preterm birth and problems with the way the placenta attaches to the uterus are increased in women who smoke during pregnancy. Also, infants born to women who smoke during pregnancy tend to be smaller. They are more likely to have asthma, colic, and childhood obesity. They also have an increased risk of sudden infant death syndrome (SIDS). Breathing secondhand smoke can increase the risk of having a low birth weight baby by as much as 20%.
- There is no known safe level of alcohol use during pregnancy. It is best not to drink at all while you are pregnant. Heavy drinking in pregnancy can result in fetal alcohol syndrome which causes growth problems, mental or behavioral problems, and abnormal facial features.
- Do not use illegal drugs while pregnant. Illegal drug use includes the use of heroin, cocaine, methamphetamines, marijuana, and prescription drugs for non-medical reasons. Drug use can interfere with the growth of the baby and cause preterm birth or death of the baby during the pregnancy or after birth.

UMBILICAL CORD AND/OR CORD BLOOD BANKING

Cord blood is the blood from the baby that is left in the umbilical cord and placenta after birth. It contains stem cells that can be used to treat certain types of diseases. You have the option of banking your child's umbilical cord/cord blood for future use. Please talk with one of our providers for more information.

THE FLU AND Tdap VACCINE

The CDC recommends that all pregnant women receive a flu vaccine. The flu is more likely to cause severe illness in pregnant women than in women who are not pregnant due to decreased immunity in pregnancy and changes in your lungs during pregnancy. Pregnant women with the flu are more likely to experience premature labor, require hospitalization, or even life-threatening complications. Getting the flu vaccine is the most important step in protecting against the flu. The flu vaccine has not been shown to cause harm to pregnant women or their babies.

The CDC also recommends that pregnant women receive the Tdap (Tetanus, diphtheria, and pertussis) vaccine in the 3rd trimester (preferably between 27 and 36 weeks of pregnancy). Pertussis is another name for whooping cough which is a disease that can be deadly for babies. Babies cannot be vaccinated until two months old. If you receive the Tdap vaccine in your 3rd trimester, you pass antibodies to your baby before birth. These antibodies can protect your baby for the first few months of life. It is recommended that you received a Tdap vaccine in each pregnancy. Caregivers and close family members of the baby should also make sure they are up to date with the Tdap vaccine.

Group Beta Strep (GBS)

Group B streptococcus (GBS) is one of the many types of bacteria that live in the human body and usually does not cause serious illness. It can be found in the reproductive tracts of men and women. GBS is not a sexually transmitted infection. If you are planning on a vaginal delivery, you will be tested in the 3rd trimester of pregnancy to see if your vagina/rectum is colonized with GBS. If you are positive, there is a potential risk to pass GBS to the baby during delivery. Therefore, if you are positive, you will be treated with antibiotics in labor to minimize risk to the baby. About 1 in 4 women will be positive for GBS in the vagina or rectum during pregnancy. A pregnant woman who tests positive for GBS bacteria and receives antibiotics during labor has only a 1 in 4,000 chance of delivering a baby who will develop group B strep disease, compared to a 1 in 200 chance if she does not receive antibiotics.

FETAL KICK COUNTS

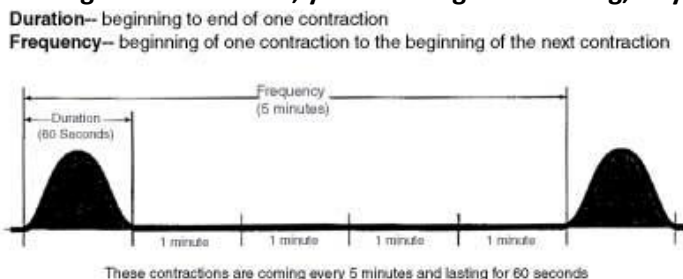


You will begin to feel your baby move sometime between 18-25 weeks of pregnancy. You will get to know your baby's movements and when they are most active. Starting at 28 weeks, you can count fetal movements to assess fetal well-being. Start by finding a comfortable position during the time of the day when your baby is most active. It is recommended that you feel 10 movements (kicks, flutters, swishes, or rolls) within 2 hours.

If your baby does not meet this goal, try again in a few hours after eating or drinking. If your baby still does not move 10 times in 2 hours, call our office.

HOW TO TELL IF LABOR BEGINS

- As labor begins, the cervix opens (dilates). The uterus will begin to contract at regular intervals. When it contracts, the abdomen becomes hard (like your forehead). Between contractions, the uterus relaxes and your abdomen becomes soft again.
- Your uterus may contract on and off before labor begins. These irregular contractions are called false labor or Braxton Hicks contractions. They are completely normal but can be painful at times. False labor contractions are usually less regular and not as strong as true labor contractions.
- To time a contraction, note how long it is from the beginning of one contraction to the beginning of the next. You may download a contraction timing app on your smart phone.
- **You could be in labor if you are having contractions every 5-10 minutes consistently for 2 hours. If you are in labor or unsure, please call our office or go to the hospital.**
- **Go to the hospital immediately if your bag of water breaks, you have vaginal bleeding, or your baby is not moving like normal.**



COMMON PREGNANCY COMPLAINTS AND REMEDIES

Symptom	Remedy
Nausea/Vomiting	<ul style="list-style-type: none"> ▪ Try eating dry toast or crackers in the morning before you get out of bed to avoid moving around on an empty stomach. ▪ Drink fluids often, but in small amounts ▪ Eat small frequent meals or snacks. Saltine crackers and ginger ale (made with real ginger) can be helpful. Try bland foods such as the “BRAT” diet (bread, bananas, rice, applesauce, and toast) ▪ Avoid dairy products, citrus, red meats, and fried foods ▪ Avoid smells that bother you ▪ Try over the counter vitamin B6, Preggie Pops, or sea bands ▪ <u>If you are unable to keep any food or fluids down please call our office. If you begin to feel weak, dizzy, have a fast heartbeat, noticed a decrease in urination/dark urine, or your mouth becomes very dry– call our office or go to the ER.</u>
Swelling	<ul style="list-style-type: none"> ▪ Increase water intake ▪ Decrease sodium intake ▪ Elevate your lower extremities as much as possible (preferably higher than the level of your heart) ▪ Wear compression stockings
Headache	<ul style="list-style-type: none"> ▪ Extra strength Tylenol (you may take 1,000mg at once up to 4 times daily as needed) ▪ Cold pack to head ▪ Increase fluid intake ▪ Drink something with caffeine ▪ Maintain blood pressure by eating small frequent meals or snacks ▪ Massage ▪ Rest in a dark room ▪ Take a warm shower or bath ▪ Severe or persistent headaches, especially with high blood pressure, may indicate a more serious condition in pregnancy. Please call our office if you are concerned about your headaches.
Heartburn	<ul style="list-style-type: none"> ▪ Eat small, frequent meals instead of three large ones. Eat slowly. ▪ Avoid fried, spicy, or fatty foods ▪ Do not lie down directly after eating or go to bed within 2 hours of eating dinner. ▪ Elevate your head while sleeping ▪ OTC medications as listed
Constipation	<ul style="list-style-type: none"> ▪ Increase water intake ▪ Eat prunes or drink prune/pear juice ▪ Exercise ▪ Increase fiber intake or take OTC fiber supplements. Foods high in fiber include: raspberries, pears, apples with skin, green peas, broccoli, turnips, lentils, black beans, baked beans, chia seeds, whole wheat pasta, quinoa, barley, and oatmeal. ▪ OTC medications as listed
Hemorrhoids	<ul style="list-style-type: none"> ▪ Avoid constipation ▪ Stool softeners such as Colace ▪ Warm bath ▪ OTC medications as listed

Diarrhea	<ul style="list-style-type: none"> ▪ Increase oral fluids (specifically Gatorade, Powerade, Pedialyte, and water) ▪ Avoid dairy products ▪ Follow the BRAT diet (bread, bananas, rice, applesauce, toast) ▪ OTC medications as listed
Leg cramps	<ul style="list-style-type: none"> ▪ Stretch calf muscles ▪ Yoga ▪ Stay hydrated ▪ Eat magnesium-rich foods such as whole grains, beans, dried fruits, nuts and seeds ▪ Eat potassium-rich foods such as banana, avocado, spinach, pomegranate, kiwi, and sweet potato ▪ When a leg cramp strikes, stretch the calf muscle on the affected side. Hot shower, warm bath, ice, or massage may also help.
Restless leg	<ul style="list-style-type: none"> ▪ Moderate –intensity exercise (brisk walking, water aerobics, dancing, etc.) ▪ Get adequate sleep ▪ Avoid caffeine and nicotine

SAFE OVER THE COUNTER MEDICATIONS

Use medications as directed per instructions on package

Indication	Medication (generic)	Medication (trade name)	Trimester
Allergy	Diphenhydramine	Benadryl	Any
	Loratidine	Claritin	Any
	Cetirizine	Zyrtec	Any
Cold, Flu, Cough, Congestion			
Cough Suppressant	Dextromethorphan	Robitussin-DM	Any
Loosens mucus	Guaifenesin	Mucinex - plain	Any
	Vicks Vapor Rub	Mentholated cream	Any
	Metholated or non-mentholated cough drops		Any
Nasal Decongestant	Pseudoephedrine	Sudafed (No Sudafed PE)	2 nd and 3 rd trimester only, Do not use if you have high blood pressure
Fever, Aches & Pains	Acetaminophen	Tylenol	Any, Do not take more than 4,000mg in 24 hours
	Tylenol Cold and Flu products		Avoid use in 1 st trimester, use sparingly
	Saline nasal drops / spray	Ocean Mist	Any
	Salt water gargle		Any
			*Do not use Nyquil secondary to alcohol content
Diarrhea	Loperamide	Imodium	2 nd and 3 rd trimester, only for 24 hours
	Bismuth subsalicylate	Kaopectate	Any

			*Do not take Pepto Bismol in pregnancy
Constipation	Methylcellulose fiber	Citrucel	Any
	Docusate	Colace	Any
	Psyllium	Fiberall Metamucil	Any
	Polycarbophil	FiberCon	Any
	Magnesium hydroxide	Milk of Magnesia	Any
	Polyethylene glycol	MiraLAX	Occasional use
First Aid Ointment	Bacitracin, Neomycin/polymyxin B/Bacitracin	Neosporin	Any
Headache	Acetaminophen	Tylenol	Any, Do not take more than 4,000mg in 24 hours
Heartburn	Ranitidine	Zantac	Any
	Omeprazole	Prilosec OTC	Any
	Aluminum hydroxide/magnesium carbonate	Gaviscon	Any Occasional use
	Famotidine	Pepcid AC	Any
	Aluminum hydroxide/magnesium hydroxide	Maalox	Any
	Calcium carbonate/magnesium carbonate	Mylanta	Any
	Calcium carbonate	Tums	Any
Hemorrhoids	Phenylephrine/mineral oil/petrolatum	Preparation H	Any
	Witch hazel	Tucks pads or ointment	Any
Insect repellent	N,N-diethyl-meta-toluamide	DEET	Any
Nausea and vomiting	Pyridoxine (Vitamin B6) with doxylamine (Unisom)	Dosing: 25mg Vitamin B6 three times daily and 12.5mg Unisom tablet twice daily (you will have to cut 25mg tablet in half)	Any
	Preggie Pops		Any
	Sea-bands		Any
Rashes	Diphenhydramine cream	Benadryl Cream	Any
	Hydrocortisone cream or ointment		Any, use sparingly
	Oatmeal bath	Aveeno	Any
Sleep	Diphenhydramine	Unisom sleep gels, Benadryl	Any
Yeast infection	Miconazole	Monistat 3 or 7 day	Any

We cannot advise to take OTC herbal supplements due to limited research studies and limited regulation by the FDA.

The Postpartum Period

During pregnancy and the postpartum period, your body will experience various changes both physically and emotionally that will require a bit of extra insight and patience. Below are a few common feelings you may find yourself dealing with after giving birth:

- Feelings of alternating sadness, weepiness, and emotional oversensitivity
- Overwhelming feelings of fear and worry
- Feelings of anger in the days after delivery is also common
- Feeling on edge (easily startled, very tense, or even very anxious)
- Heightened sensitivity
- Feeling of doubt
- Feeling exhausted (physically and emotionally)



Understanding **baby blues** vs. **postpartum depression**:

- **Baby blues** is common and affects up to 80% of mothers. Emotional symptoms are mild and typically last anywhere from a week to two weeks and diminish on their own within that timeframe.
- **Postpartum depression** impacts one in every seven women. Postpartum depression includes extreme feelings of emotional distress interfering with a mom's ability to care for herself or her family. Symptoms are most prevalent a week to a month postpartum but may begin up to a year postpartum.
- **Postpartum psychosis** is a rare illness that usually happens suddenly within the first two weeks after delivering. Symptoms may include: delusions, hallucinations, hyperactivity, insomnia, paranoia, harmful thoughts to yourself/baby/others, and difficulty communicating with others. Please go to the ER immediately if experiencing any of these symptoms.

If you are experiencing severe mood and/or anxiety symptoms or symptoms such as loss of motivation, sleep disturbances, disturbing thoughts, or feelings of hopelessness call our office to schedule a visit. If you are having harmful or suicidal thoughts, go to the ER immediately.

If you have experienced any of the symptoms listed above, please know you are not alone, you are not the first mother to battle with postpartum emotional changes, and there is support for you. Talk therapy and medication can also be helpful tools for relief.

Postpartum Resource List

Phone Contacts:

- Evanston Northwestern Hospital Perinatal Depression Project
(866) ENH-MOMS
- Postpartum Support International – Postpartum Depression Helpline
(800) 944-4PPD
- IL Information and Referral services for PPD, Dept. of Health
(800) 843-6154

Online connection:

- Postpartum Depression Alliance of Illinois – www.ppdil.org
This website has useful resources and education about PMADs, including warning signs and symptoms. Also has a list of support groups and events.
(847) 205-4455

Individual Counseling – www.NewDawnWellnessGroup.com

Stefani A. Godina specializes in working with women to cope before, during, and after pregnancy at New Dawn Wellness Group. Call to set-up an evaluation and begin counseling session to address the changes and adjustments to starting a family, including mood and anxiety issues.
(708) 581-7950

Additional Resources

- **The Crisis Nursery** provides short term care for children ages birth to six (6.11 years) for families who are experiencing a severe disruptive crisis such as domestic violence, parental stress, home crisis/homelessness, legal issues, family medical problem, mental health, substance use/abuse, public support/services, job/school issues or family instability.

4015 N. Oak Park Ave. Bldg. B
Chicago, IL 60634
24 hotline: 773-205-3637

*Additional information for crisis nurseries - <http://www.dhs.state.il.us/page.aspx?item=55909>

- **The Fussy Baby Network**

Located in Chicago they offer telephone support, home visits, parent groups, and a Fussy Baby Clinic for families with questions about crying, sleeping or feeding during the first 12 months of their baby's life.

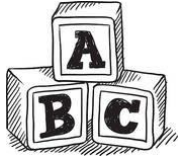
Contact info: www.fussybabynetwork.org; 1-888-431.BABY answered M-F 9am to 5pm; e-mail fussybaby@erikson.edu All calls are welcome.

Suicide Crisis Hotline:

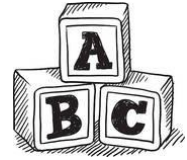
24hrs a day, 7 days a week - (800) 273-TALK (8255)

Child Birth Education Class Phone Numbers

- Christ Hospital 1-800-323-8622 or 708-684-8000/ www.advocatehealth.com
- Little Company of Mary Hospital 708-422-6200/ LCMH.org



Classes offered through Advocate Christ Medical Center
To register & inquire about dates, please call
1-800-3-ADVOCATE (1-800-323-8622) or schedule online



It is best to call in the second trimester to schedule tours and classes.

Visit advocatehealth.com/cmc/health-services/obstetrics/ for more information and to schedule a class. Prices are subject to change.

1-Day Childbirth Education

\$65.00 per couple

Breastfeeding Basics

\$20

Delivery Options

\$25 per couple

Women & Infant Center Tour

(Adults age 18 & older)

FREE

Childbirth Refresher

\$25 per couple

Childbirth Education

\$60 per couple

Breastfeeding Support Group (for moms who have already delivered)

Free