



pregnancy guide



dedicating our lives to taking care of yours

obstetrics & gynecology department // 515.875.9290 // iowaclinic.com

hello!

WELCOME TO THE IOWA CLINIC OB/GYN DEPARTMENT

Thank you for choosing our department for your prenatal care. We pride ourselves with providing the most comprehensive and professional care possible in Central Iowa.

Our group is made up of several physicians and healthcare professionals that may be involved in your care. We believe this provides you with the specific level of expertise needed for a safe and healthy outcome. We utilize the most up-to-date information and resources, combined with practical experience and common sense, to help care for you and your baby. Our common goal is to help you have a healthy delivery in the safest way possible for you and your baby.





GROUP PRACTICE ADVANTAGES

When you are a patient at The Iowa Clinic, you have the advantage of several different physicians reviewing your care and ensuring that everything is progressing ideally. All of our physicians are expected to be board certified by the American Board of Obstetricians and Gynecologists within a few years of employment and must maintain this certification throughout their careers. Several of our physicians have obtained additional certifications and training to provide advanced levels of care not possible in single or small group practices.

As a patient in our practice, you have the option of seeing only a few physicians or rotating through the practice to meet all of the physicians that may be involved in your care. We have several offices to serve you better, and you may select which office you prefer to use. You may on occasion be scheduled with one of our Nurse Practitioners or Physician Assistants for a routine visit, but will always be seen by a physician if any complications arise. A physician will always be managing your labor and delivery. There is a physician that is on call 24 hours a day who will be responsible for those patients entering labor spontaneously. If your pregnancy requires an induction or a scheduled C-section, then often times this can be scheduled with the physician of your choice.

SERVICES AVAILABLE

The Iowa Clinic provides complete obstetric care under one roof. We were among the first physicians in Central Iowa to become certified in early first trimester prenatal screening using nuchal translucency ultrasound. This valuable technique, combined with bloodwork, can detect upwards of 99% of common chromosomal abnormalities, up to 97% of Down's syndromes and Trisomy 18 in the first trimester.

If additional testing is needed, such as non-stress tests, biophysical profiles, contraction monitoring, etc. — these can usually be performed in our offices during your prenatal visits. If more advanced testing or consultation is required, we will help coordinate this for you.

We have a full-service laboratory, Medical Imaging Department and Pathology Department — all available within The Iowa Clinic. Ultimately, this means less wasted time for you and easier coordination of appointments.



PHYSICIANS



Robert
Casper, MD



Steven
Keller, MD



Jenna
Kubat, MD



Amy
McEntaffer, MD

WE DELIVER AT THE FOLLOWING HOSPITALS:

// **Methodist West:** This is our primary hospital and recommended for most patients.

// **Mercy West**



A. Perry
Osborn, DO



Gregg
Polzin, MD



Danielle
Valentine, DO



Therese
Tran, DO



PROVIDERS



Kimberly
Alton, ARNP



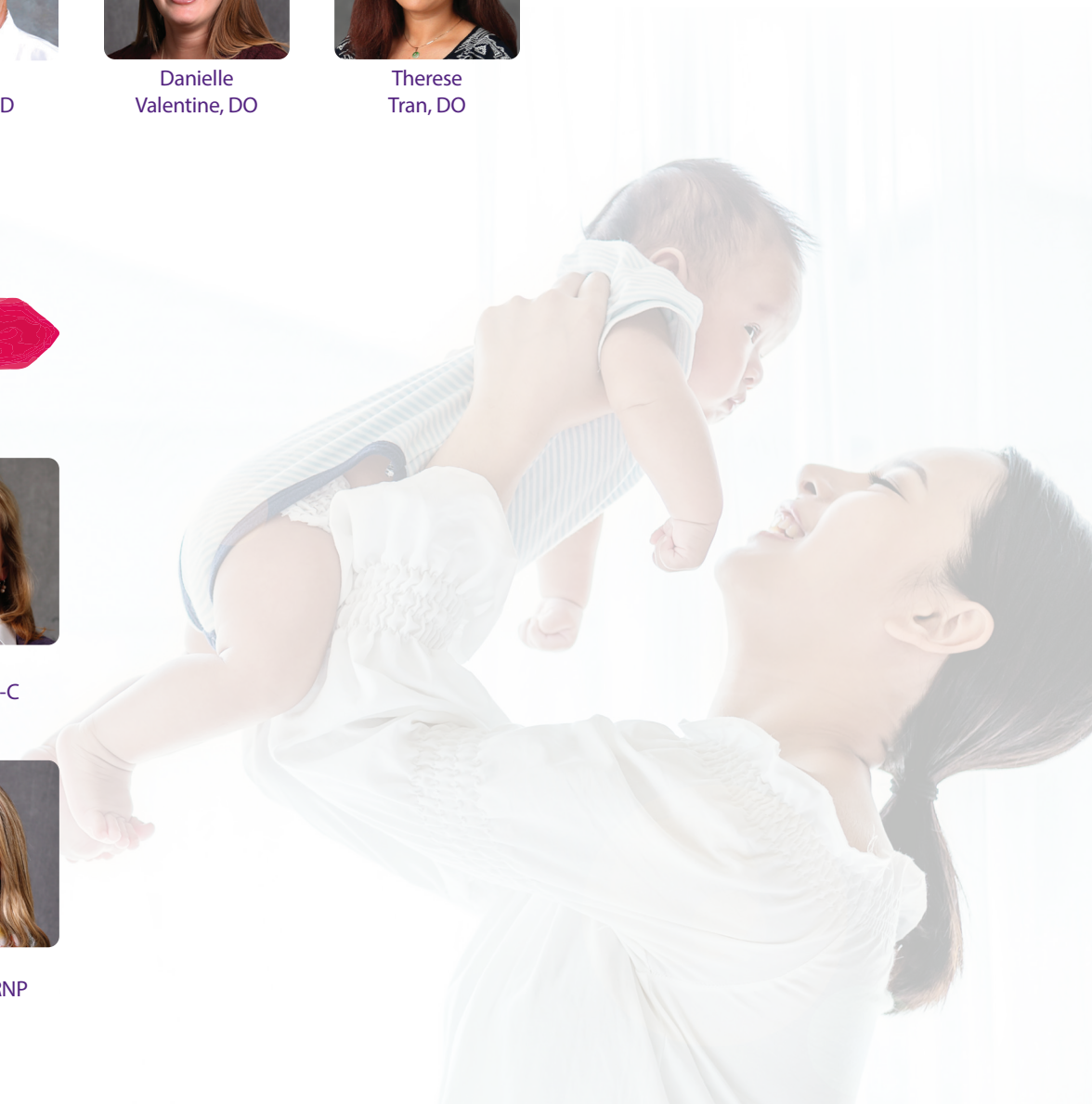
Nicole
Meyer, PA-C



Dianna
O'Neill, ARNP



Melissa
Phillips, ARNP



CARE LOCATIONS

Ankeny Campus

1410 SW Tradition Drive
Ankeny, IA 50023



DIRECTIONS FROM I-80 (WESTBOUND)

- // From I-80 West take the 2nd Avenue Exit
- // Turn Right onto 2nd Avenue
- // Travel North and turn Right onto Tradition Drive
- // Turn Left into 1410 SW Tradition Drive

DIRECTIONS FROM I-80 (EASTBOUND)

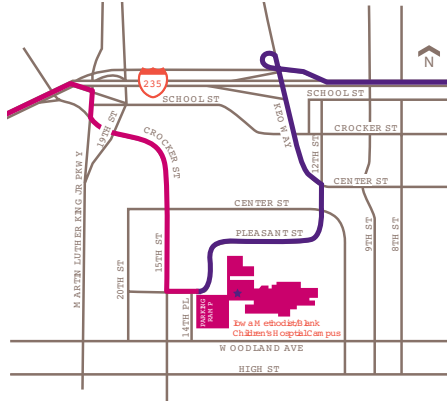
- // From I-80 East take the 2nd Avenue Exit
- // Turn Left onto 2nd Avenue
- // Travel North and turn Right onto Tradition Drive
- // Turn Left into 1410 SW Tradition Drive

DIRECTIONS FROM I-235 (NORTHBOUND)

- // From I-235/35 North take I-80 West Exit and merge onto I-80
- // From I-80 West take the 2nd Avenue Exit
- // Turn Right onto 2nd Avenue
- // Travel North and turn Right onto Tradition Drive
- // Turn Left into 1410 SW Tradition Drive

Methodist Campus

1221 Pleasant Street, Suite 400
Des Moines, IA 50309



DIRECTIONS FROM I-235 (EASTBOUND)

- // Take I - 235 to the Martin Luther King Jr. Parkway exit
- // Turn Right onto Martin Luther King Jr. Parkway (Merge to left lane quickly)
- // Turn Left onto Cottage Grove
- // Cottage Grove becomes Crocker Street
- // Turn Left onto Pleasant Street
- // Park in Hospital Parking Ramp

(The walkway to the Medical Plaza is on the P4 floor.)

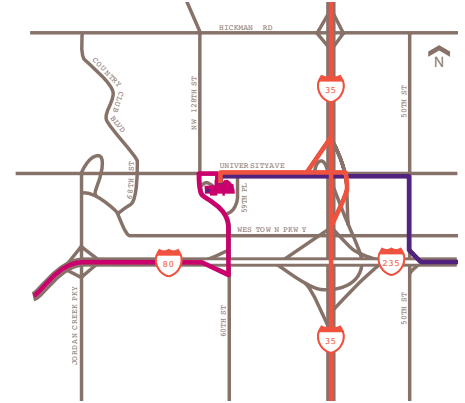
DIRECTIONS FROM I-235 (WESTBOUND)

- // Take I-235 to the Keo Way exit
- // Travel Southeast on Keo Way
- // Turn Right onto 12th Street
- // 12th Street becomes Pleasant Street
- // Park in Hospital Parking Ramp

(The walkway to the Medical Plaza is on the P4 floor.)

West Des Moines Campus

5950 University Avenue
West Des Moines, IA 50266



DIRECTIONS FROM I-35 (NORTH OR SOUTH)

- // Take I-35 to the University Avenue exit
- // Travel West on University Avenue
- // Turn Left into Iowa Clinic Campus
- // Use East Entrance

DIRECTIONS FROM I-80 (EASTBOUND)

- // Take I-80 to the 60th Street exit
- // Travel North on 60th Street
- // Turn Right onto University Avenue
- // Turn Right into Iowa Clinic Campus
- // Use North Entrance

DIRECTIONS FROM I-235 (WESTBOUND)

- // Take I-235 to the 50th Street exit
- // Turn Right onto 50th Street
- // Turn Left onto University Avenue
- // Turn Left into Iowa Clinic Campus
- // Use North Entrance

LAB TESTS (RECOMMENDED)

At one of your initial visits for this pregnancy you will need to have these recommended laboratory tests. These tests are intended to assist us with providing you and your developing baby proper care. If you decline recommended testing, please request a waiver from your nurse.

THE FOLLOWING TESTS ARE RECOMMENDED FOR ALL PATIENTS:

- // Blood Type and Rh
- // Antibody Screen
- // Hemogram and Platelet
- // Rubella (German Measles)
- // VDRL (Syphilis)
- // HBsAg (Hepatitis B)
- // HIV
- // Chlamydia Screen
- // Gonorrhea Screen
- // Urine Culture
- // Pap Smear may be recommended depending upon age and date of last pap
- // Glucose Testing is usually done between 24-28 weeks, but may be recommended earlier if certain risk factors are present





MEDICATIONS

Almost everything that a pregnant woman eats or drinks can enter the bloodstream of the developing fetus. This includes medications, food, drink and alcohol. The following list of medications have been commonly used for years and are thought to be safe when used as recommended.

All prescription medications should be approved by a physician before taking them, and any prescription medications you were taking before becoming pregnant should be discussed with your physician before stopping them.

SYMPTOM:

Pain Reliever

Congestion
or Cold

Constipation

Heartburn

Diarrhea

Allergies

Nausea

Sleep

MAY TAKE:

Tylenol (Acetaminophen), Extra Strength Tylenol

Sudafed, Robitussin (Plain or DM), Chlortrimeton,
Over the counter cough drops, Vicks Vapor Rub,
Afrin or saline Nasal Spray

Metamucil, Colace, Citracel, Fibercon,
Milk of Magnesia, Miralax

Tums, Rolaids, Maalox (Regular, not Advanced),
Mylanta, Pepcid or Prevacid

Imodium AD, Kaopectate, Pepto-Bismol

Benadryl (Topical cream and oral), Chlortrimeton,
Zyrtec, Claritin

Vitamin B6 and Unisom tablets, Meclizine, Ginger

Unisom, Benadryl or Dramamine

NAUSEA & VOMITING

Common symptoms of pregnancy include fatigue, breast tenderness, nausea and vomiting. Most women who experience vomiting will still be able to eat and drink adequately to keep from becoming dehydrated.

Sometimes a woman has vomiting so severe that she will become dehydrated. When this happens intervention is necessary.

Early treatment of nausea and vomiting may help reduce progression to Hyperemesis Gravidarum. The goal of treatment is to decrease the vomiting to a tolerable level. Treatments cannot alleviate all the vomiting.

First line treatment of nausea and vomiting includes vitamin B6. This can be purchased at most stores. Start with 25mg to 50mg two or three times a day.

If the vitamin B6 taken alone does not help, doxylamine can be taken along with it. Doxylamine can be bought over the counter in a sleeping pill called Unisom. Be sure to purchase the pill and not the capsule because the pill is the one with the doxylamine. You can take one at bedtime along with the vitamin B6, or 1/2 of the Unisom pill twice a day with vitamin B6.

NON-PHARMACOLOGICOPTIONS

- // **Ginger capsules.** These can be purchased at health food and vitamin stores.
- // **Over the counter pressure wristbands.** These can be purchased at drugstores.
- // **Acupressure or acupuncture.** Treatment over the P6 point can be a benefit. Please contact a local acupuncturist.
- // **Frequent small meals.** A small study showed that protein meals were more likely to alleviate nausea and vomiting.
- // **Hypnosis.** If you want to do this, contact a hypnotherapist that works mainly with medical hypnosis.

HYPEREMESIS GRAVIDARUM

At least 50% of pregnant women will experience nausea and vomiting during pregnancy. Hyperemesis Gravidarum represents the extreme end of the spectrum of vomiting. These women vomit so much that they become dehydrated. This occurs in 0.5% to 2% of pregnancies.

The exact cause of Hyperemesis is not known. It is known that twins and other problems of pregnancy increase the risk of Hyperemesis. If you have Hyperemesis and have not had an ultrasound, one will be performed.

Sometimes a woman needs to be treated with prescription medications. Some women will require IV therapy.





FREQUENTLY ASKED QUESTIONS

HOW OFTEN WILL I BE SEEN DURING MY PREGNANCY?

Most patients will be seen every 4 weeks through the first half of their pregnancy, then every 2 weeks until the last month, and weekly from the last month until delivered. If complications arise, this will be adjusted as needed to provide optimal care.

WHAT WILL HAPPEN AT MY APPOINTMENTS?

At each appointment your weight, blood pressure, and urine will be checked. The baby's heart beat will be heard or seen with ultrasound, and your stomach measured to check for fetal growth. At different times there may be blood drawn for testing purposes, but you will be informed of this in advance if any special preparation is needed.

HOW OFTEN WILL I GET AN ULTRASOUND?

You will be offered an ultrasound when you first become pregnant to verify the pregnancy and help determine the due date. You may elect to have another ultrasound in conjunction with the first trimester

nuchal screening test for birth defects, and again at 18-20 weeks for completion of birth defect screening. Additional ultrasounds may be recommended at various times throughout the pregnancy if needed to ensure the pregnancy is progressing normally.

HOW LONG WILL YOU LET ME GO PAST MY DUE DATE?

Your due date will be determined by ultrasound and your period early in your pregnancy. If there are no complications for you or your baby, then we would prefer you enter labor spontaneously. If you have not entered labor by one week past your due date, then an induction will be discussed with you. Elective inductions will not be scheduled prior to 39 weeks (one week before your due date). This is now a city-wide policy to help prevent babies from having premature lungs when delivered. Medically indicated inductions will be scheduled depending on the severity of the problem and the timing will be discussed with you.

FREQUENTLY ASKED QUESTIONS CONTINUED

CAN I TRY A VAGINAL DELIVERY AFTER HAVING A C-SECTION?

In many cases this can be attempted, but can be associated with some very real and serious complications. Your physician will discuss this with you in much more detail and will provide you with some additional information to help you make this decision. This type of vaginal delivery will only be performed at MercyOne Medical Center - Downtown.

WHICH PRENATAL VITAMINS SHOULD I TAKE?

Vitamins containing at least 800 micrograms (0.8 mg) of folate or folic acid are recommended starting 12 weeks before conception and throughout the pregnancy. Most multivitamins and all prenatal vitamins should contain this. Prescription vitamins contain even more folate and iron than over-the-counter ones, but there is no added benefit other than some may be better tolerated than others.

ARE HOT TUBS AND SAUNAS SAFE?

These generally should be avoided during pregnancy. Bath water can be warm, but should not exceed 90 degrees, and the jets on jacuzzi-type tubs should be avoided.

CAN I COLOR MY HAIR?

It is safe to color, highlight and perm your hair when pregnant.

CAN I GET A MASSAGE?

Massages are a great way to relax. The massage therapist should be made aware that you are pregnant and you should avoid lying flat on your back during this time.

IS PAINTING SAFE?

Latex paints are safe to be around, but you should still try to keep the area well ventilated and leave if you feel nauseated. You should avoid oil based paints and stains, or any paint with a noxious odor. You should avoid standing on ladders and should not scrape/sand any lead based paints.

WHEN IS IT SAFE TO TRAVEL?

Traveling by plane or car is okay up until the 36th week of pregnancy. We recommend stretching and walking hourly on long trips to help prevent blood clots. Drink plenty of water. Patients with twins or those with high risk pregnancies need to be cleared by their physician prior to travel. No cruise after 24 weeks.

CAN I EAT FISH?

Nearly all fish contain some low levels of mercury, but also provide healthy nutrients. Fish with low mercury levels should be limited to 8-12 ounces per week and include: Pollack, Shrimp, Catfish, Salmon, Canned Tuna (Albacore is higher in mercury than light Tuna) and all fresh water fish. Fish with high mercury levels which should be avoided include: Swordfish, Tilefish, King Mackerel and Shark.

If you have a specific concern, take a look at the FDA's website regarding eating fish in pregnancy. www.fda.gov/food/consumers/advice-about-eating-fish

CAN I SEE MY DENTIST?

It is recommended that you keep up with routine dental exams and to have dental work when pregnant. Local anesthetics with or without epinephrine can be used. Most antibiotics are safe during pregnancy, except Tetracyclines and Doxycyclines. X-rays are OK if needed, but lead aprons should be used to shield both the baby and your thyroid. Please inform your dentist that you are pregnant when scheduling your appointment with them.

SHOULD I RECEIVE A FLU VACCINE?

The flu vaccine is recommended for all pregnant women at any stage of their pregnancy.

FREQUENTLY ASKED QUESTIONS CONTINUED

WHAT IF I AM EXPOSED TO SHINGLES?

If you know someone with shingles, you should avoid direct contact with them. Wash your hands with soap and water frequently. If you have had chicken pox in the past you should already be immune, but you should discuss your exposure with your physician.

WHAT ABOUT FIFTH'S DISEASE?

If you have had direct exposure to someone with Fifth's Disease, you should contact our office and will likely need to be tested 2 weeks following your exposure.

WHAT ABOUT HAND, FOOT AND MOUTH DISEASE?

This is a common childhood viral illness. Try to limit any direct exposure to affected individuals and practice good hand washing care. This is typically not a cause for concern during pregnancy and antibiotics are not needed.

WHAT ABOUT WHOOPING COUGH?

This can be quite contagious and antibiotics are often recommended if you have had close contact with an infected individual. Please notify us if you have had any direct exposures. A preventative vaccine is now recommended during each pregnancy.

CAN I USE A SUGAR SUBSTITUTE?

Artificial sweeteners such as Nutrasweet® and Splenda® are safe during pregnancy. Experts disagree regarding saccharin, therefore its use should probably be limited.

CAN I DRINK CAFFEINE?

Caffeine is found in coffee, tea, soft drinks, cocoa and chocolate products. A safe amount of caffeine has not been thoroughly established. Most studies suggest up to 200mg of caffeine a day is okay during pregnancy.

CAN I DRINK ALCOHOL?

Simple answer is no. No one knows how much alcohol is safe in pregnancy. The March of Dimes recommendation is no alcohol, even in moderation, during pregnancy.

WHAT POSITIONS SHOULD I SLEEP IN?

As of 2019, mothers are encouraged to sleep in any position they find comfortable. Pillows can be helpful with reducing hip strain.

CAN SMOKING HARM MY BABY?

Simple answer is yes. First and second hand smoke can cause prenatal complications such as preterm labor, placental abruption, high blood pressure and preeclampsia. Smoking is also associated with reduced birth weight due to carbon monoxide poisoning and reduced oxygen to your baby. Finally, smoking has been linked to an increased risk of Sudden Infant Death Syndrome (SIDS), still birth, asthma and ear infections in newborns.

CAN I EXERCISE DURING PREGNANCY?

Low impact, aerobic exercise like swimming, walking, yoga (avoid heated yoga) and prenatal aerobics, are recommended throughout pregnancy unless you have been instructed to rest. You should try to exercise 30-45 minutes, 3-5 times per week. You should be able to carry on a conversation while exercising and stay well hydrated.

HELPFUL ITEMS YOU MAY NEED DURING AND AFTER PREGNANCY.

Breast pumps, anti-nausea bands and maternity support belts are conveniently located at the West Lakes Medical Equipment store located between the Cafe and Internal Medicine at The Iowa Clinic's West Des Moines Campus.





LABOR & DELIVERY

WHEN SHOULD I COME TO THE HOSPITAL?

During the last four weeks of your pregnancy you should watch for signs of labor:

You do not need to call the office or the hospital first, but instead should go directly to Labor and Delivery,

IF: You are having regular, painful and timeable contractions, 5 minutes apart for over one hour.

IF: Your bag of water has broken or is leaking. Do not wait for contractions to begin if you may be leaking fluid.

IF: You have a gush or flow of blood. However, a slight bloody discharge (bloody show) is not of concern and does not need to be evaluated.

WHAT TYPE OF ACTIVITY DO YOU SUGGEST FOR EARLY LABOR?

Throughout your labor you may walk, sit, shower or bathe in the whirlpool – as long as there are no problems. You may still be up after your membranes rupture once the position of the baby's head is checked and the head is firmly against the cervix.

DO YOU PREFER A PASSIVE OR ACTIVE APPROACH TO LABOR?

Each labor is unique and different situations call for different approaches. In general we feel it is best to allow labor to progress at its own pace as long as steady progress is being made. When progress is delayed, medications may be necessary to augment labor. Your bag of water is often ruptured prior to delivery to help identify problems with the fluid before birth occurs.

DO YOU ENCOURAGE FLUID INTAKE IN EARLY LABOR?

Ice chips, popsicles and small amounts of clear liquids are fine in early labor as desired.

DO YOU ROUTINELY USE AN IV IN LABOR?

IV's are nearly always started upon admission, but are often times capped and not connected to fluids unless needed. This allows the nurse to draw blood initially for lab tests and then to administer pain medications, antibiotics or pitocin if needed without having to repeatedly stick you. IV's are mandatory.

HOW OFTEN DO YOU USE FETAL MONITORING?

External fetal monitoring is usually used at least intermittently throughout your labor. Sometimes internal monitors are needed if there is a need to follow your baby's heartbeat or contraction pattern more closely, but they are not routinely used.

DO YOU ROUTINELY MAKE EPISIOTOMIES?

Episiotomies are not routinely performed. They are used when the likelihood of a tear, that is potentially worse than the episiotomy itself, could occur. An episiotomy may also be needed to speed your delivery in the case of fetal problems.

HOW OFTEN WILL I SEE YOU WHILE I'M IN LABOR?

When you arrive in Labor & Delivery you will be examined and admitted by your nurse. Your physician will be notified and will stay in contact with your nurse throughout your labor. Your nurse and/or physician will typically examine you following your admission and at various times throughout your labor.

HOW LONG CAN I EXPECT TO STAY OFF WORK FOLLOWING DELIVERY?

Before you deliver, you should discuss disability benefits with your employer. The standard medical leave for both a vaginal delivery and a C-section is 6 weeks off. You may be eligible to take up to 12 weeks of non-paid time off through the Family Medical Leave Act.

WHAT TYPE OF PAIN MANAGEMENT DO YOU RECOMMEND?

Patients generally start with simple measures such as Lamaze breathing, warm baths, walking, etc. and may not require any additional medication. If additional pain relief is needed, then IV pain medications can be administered. These medications are safe and take the edge off the contractions. If still additional relief is needed, an epidural is available 24/7. You will be in close contact with your nurse and physician while in labor and the amount and type of pain management you desire is largely up to you.

