

William E. Woods, M.D., S.C.

351 S. Greenleaf Avenue, Ste A, Park City IL 60085 · Phone (847) 244-4110 · Fax (847) 244-4494

Dedicated Appointment Line: (847) 775-2000



Baby Book

***W**elcome to our practice, we are excited that you have chosen us for your Obstetrical care. We are committed to you in answering any questions and concerns during your pregnancy. Our main goal is to have a healthy mom and baby at the end of your pregnancy.*

We follow the standards set forth by our professional organization and our many years of experience. There are laboratory tests, exams, monitoring of blood pressure and weight. We will monitor your baby's growth and well-being throughout the pregnancy and during labor and delivery.

We encourage you to attend prenatal classes and read our prenatal book, as it will answer many of your questions.

From you we ask the following to ensure that we can monitor your pregnancy:

- 1. Keep all appointments.*
- 2. Bring in a urine sample in the containers we provide at each visit or urinate at the office.*
- 3. Do all laboratory tests within the time frame given.*
- 4. Please bring in your questions and concerns at each visit.*

Finally, please keep us informed of any insurance changes so that we can bill appropriately and you are not left with the bill; we will work hard with you and your insurance company. If you have financial responsibilities to make payments on services that your insurance company does not cover; you will be given a contract indicating any payment you need to make at each visit.

If anything occurs or any questions arise, please use the main telephone number at the office (847) 244-4110. This number can be called 24 hours a day. We will answer your questions in the most expedient form as possible.

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Baby Book

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1. YOUR “TO DO” LIST

MAKE SURE YOU HAVE THESE THINGS DONE ON OR BEFORE THE DATES LISTED...

INSURANCE

Confirm allowed length of stay in the hospital for you and your baby. Make sure about the number of nights and if your stay depends on what time of day you deliver.

Do This By 30-32 WEEKS

HOSPITAL

Send in your pre-admission forms to the hospital **By 24-28 WEEKS**

DIABETES SCREEN

Do this screening **At 24+ WEEKS**

CHILDBIRTH CLASSES

If you want to take classes on various topics at the hospital, make sure you send in your registration forms **EARLY**.

PEDIATRICIAN:

You need to have a pediatrician **By 32 Weeks**.

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2. LAB TESTS

At your first prenatal visit you will have some lab tests done. We can draw you blood in our office, however some patients will need to go to another site for the blood work; this is insurance driven. Along with a pap smear and cervical cultures you will have the following:

1st	Obstetric panel (tests included)
6-12 wks	ABO/Rh typing Antibody screen CBC RPR HbsAg Rubella
	Other
	Random Glucose HIV Hepatitis Cystic Fibrosis Urine C/S Sickle Cell Screen (if applicable)
9 wks	Panorama (if desired)
11 5/7-13wks	BUN test (if desired)
15-20 wks	Alpha Fetal Protein (if desired)
24-26 wks	1 hour fasting glucose CBC RPR Antibody screen (if Rh negative)
32-38 wks	Tdap Vaccine
35 wks	GBBS culture

During the course of your pregnancy, other tests may be ordered and will be discussed with you before being done.

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Explanation of Lab tests

CBC	Complete Blood count - to see if you are anemic.
Blood Type	A, B, AB, or O - and your Rh factor positive or negative.
Rubella	To see if you are immune to the measles.
RPR (Syphilis)	To see if you have ever been exposed to syphilis.
Random Glucose	This is to see if your blood sugar is high. Possibly indicating diabetes. Further tests will be ordered.
1 hour fasting glucose	Testing your blood sugar after drinking a concentrated sugar drink. It is also a screening test for Gestational Diabetes.
Hepatitis B Antigen	A screening test to see if you have ever had hepatitis B.
Cervical Cultures	A test to see if you have Gonorrhea or Chlamydia; a cervical infection.
Ultrasound	We try to schedule an ultrasound early in the pregnancy and midway during the pregnancy. Your insurance company may or may not pay for this procedure unless medically indicated. We will discuss this with you when we order one.
AFP	Alpha Fetoprotein is offered to all women between 15-20 weeks of your pregnancy. This test looks specifically at Down Syndrome and neural tube defect or birth defects along the spine. This is a screening test only and will show if there is a possibility of one of these conditions. You will be given additional information about the test and please discuss it with your provider. You may decline the test after reading the literature and speaking with us.
HIV	This is a test to determine if you have ever been infected with HIV. This test is mandated by law, but you may opt out after discussing this with your provider. But if you opt out, your baby will be tested at the hospital, and this is a mandatory test.
Group B Streptococcus	<p>Is a common bacteria and is generally harmless in adults. It is not a sexually transmitted disease. GBBS often has no symptoms. A GBBS mother can infect her newborn in rare cases during delivery.</p> <p>But a mother who is treated during delivery almost never infects her newborn. Therefore we culture for GBBS at 34-36 weeks. This is a swab at the entrance of the vagina and rectum. If you are positive for GBBS, you will be given antibiotics during labor and delivery.</p>

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Explanation of Lab tests (continued)

Cystic fibrosis screen

Cystic fibrosis is a disease affecting mostly Caucasians (from Western and Northern Europe) and Ashkenazi Jewish people. It affects many organs in the body, including the lungs, pancreas, intestines and reproductive organs. Common problems include respiratory illness (such as pneumonia), malnourishment, and male infertility. There is no cure for cystic fibrosis but treatment is available for the symptoms.

Cystic fibrosis screening is a blood test to determine if you are a carrier of the cystic fibrosis gene. If both you and your partner are carriers, then your baby is high-risk for inheriting the disease. Further testing, such as CVS or amniocentesis, would then be recommended to determine the exact risk for your child. We refer all patients who are carriers of the gene to genetic counseling for further counseling.

Tdap Vaccine

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis.

Pregnant women should get a dose of Tdap during **every** pregnancy, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

Panorama

During pregnancy, some of the DNA from the baby crosses into Mom's bloodstream. DNA is organized in structures known as chromosomes, which carry the baby's genetic information. A screening non-invasive prenatal test called Panorama that uses a blood sample from the Mom to find the baby's DNA and to look for certain chromosome conditions that could affect the baby's health. This test can also determine the gender of your baby.

BUN test

First trimester screen for Chromosome abnormalities including down syndrome. This is a simple blood test performed with a finger stick. The blood test is followed by an ultrasound examination. The ultrasound confirms the baby's age and measures the amount of fluid behind the baby's neck. These tests together determine the risk of a baby having Down Syndrome.

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3. Foods & Beverages to avoid during pregnancy

FISH

DON'T EAT

- Raw or undercooked fish or shellfish (such as oysters and clams)
- Fish with high levels of mercury, including shark, swordfish, king mackerel, and tilefish (golden or white snapper)
- Unpasteurized, refrigerated, smoked, or pickled fish unless heated until steaming
- More than 6 ounces (1 serving) a week of canned "solid white" or albacore tuna

DO

- Cook fish to 145° F or until opaque in the center.
- Eat up to 12 ounces (two servings) a week of low-mercury fish, such as salmon, shrimp, pollack, or trout.

MEAT & POULTRY

DON'T EAT

- Raw or undercooked meat or poultry
- Refrigerated meat of any kind (ham, turkey, roast beef, hot dogs, bologna, prosciutto, pâté, etc.) unless heated until steaming (165° F)
- Dry, uncooked sausages, such as salami and pepperoni, unless heated until steaming hot

DO

- Use a food thermometer. Cook beef, veal, and lamb to 145° F. Cook pork and all ground meats to 160° F. Cook poultry to 165° F.

EGGS

DON'T EAT

- Runny or undercooked eggs
- Raw cookie dough or cake batter that contains raw eggs
- Homemade desserts or sauces that contain raw eggs (such as eggnog, ice cream, custard, chocolate mousse, hollandaise sauce, béarnaise sauce, mayonnaise, and Caesar salad dressing)

DO

- Cook eggs until yolks are firm; cook other dishes containing eggs to 160° F.
- Use a pasteurized egg product when making food that calls for uncooked eggs.

CHEESE

DON'T EAT

- Unpasteurized soft cheese (such as feta, Brie, Camembert, blueveined cheese, queso fresco, queso blanco, and panela)

DO

- Check the label when buying soft cheese to make sure it's made with pasteurized milk.

OTHER FOODS

DON'T EAT

- Prepared salads from the deli (especially if they contain eggs, chicken, ham, or seafood)
- Buffet or picnic food that's been sitting out for two or more hours (one hour on a hot day)
- Stuffing cooked inside a bird, unless heated to 165° F
- Raw sprouts or any unwashed produce, especially lettuce and cabbage

DO

- Reheat previously cooked leftovers until steaming hot (165° F).
- Keep cold buffet food on ice and hot buffet food steaming hot.
- Peel fruits and vegetables or wash them well.

BEVERAGES

DON'T DRINK

- Alcoholic beverages
- Unpasteurized (raw) milk
- Unpasteurized or "fresh squeezed" juice
- More than 12 ounces of coffee a day

DO

- Limit your caffeine intake to 200 mg per day.
- Watch out for caffeine in tea, soft drinks, energy drinks, chocolate, and coffee ice cream.
- Wash fruit thoroughly before squeezing it for fresh juice.

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4. Common Discomforts of Pregnancy

Symptom

What to do

Nausea

- *Eat dry crackers, toast, or cereal before getting up or when feeling sick
- *Eat five or six small meals a day
- *Drink lots of water between meals, but not during meals
- *Drink chamomile tea, ginger, raspberry teas or flatten ginger ale or 7-up
- *Eat hard candy
- *Avoid strong food smells
- *Avoid greasy or spicy foods
- *Take prenatal vitamins at night
- *Take Vitamin B₆
- *Take Dramamine

Fatigue

- *Fatigue is common early and late in pregnancy
- *If advised, try to exercise each day to keep from getting so tired
- *Lie down at least once a day

Constipation

- *Eat raw fruits, vegetables, prunes, and whole grain or bran cereals
 - Trail Mix: Raisins, Bran/
Wheat Chex, Dried Fruit, Peanuts
- *Exercise helps; walking is very good
- *Never hold back a bowel movement
- *Drink at least 2 quarts of fluid a day
- *A cup of hot water or tea three times a day may help

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Common Discomforts of Pregnancy

SYMPTOM

WHAT TO DO

Hemorrhoids

- *Try to keep bowel movements regular
- *Take short rests with hips lifted on a pillow
- *Sit on firm chairs or sit with your legs crossed
- *Practice the Kegel exercises
- *Preparation H cream or Tucks Pads

Low Backache

- *Rest often
- *Use good posture
- *Move around; do not stand in one place too long
- *Use a footstool for your feet
- *Keep your knees higher than your hips
- *Wear low-heeled shoes
- *Use the pelvic rock exercise
- *Tylenol plain - 1 or 2 tablets every 4-6 hours
- *Warm moist heat for 20 minutes 2-3 times a day

Vaginal Discharge

- *Bathe the outer vaginal area often with clear (itching, discharge, odor) warm water
- *Use soap without perfume or deodorant
- *Do not use vaginal sprays, powders, or feminine hygiene products
- *Do not use colored or perfumed toilet paper
- *Wear cotton panties
- *Avoid pantyhose, girdles, and tight pants
- *If these hints do not help, talk with your health care provider about the problem

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Common Discomforts of Pregnancy

SYMPTOM

WHAT TO DO

Heartburn

- *Drink peppermint or chamomile tea
- *Stay away from greasy and spicy food
- *Eat smaller meals, but eat more often, avoid liquids with meals, drink after meal in 1 hour
- *Do not lie down just after eating
- *Elevate the head of the bed (with pillows while sleeping)
- *Sodium free antacid: Tums, Mylanta, etc.

Dizziness

- *Change your position slowly
- *Get up slowly after you have been lying down
- *Eat regular meals/drink plenty of liquids
- *Do not stay in the sun
- *Report any dizziness to your health care provider

Varicose Veins

- *Avoid stockings or girdles with elastic bands, i.e. Knee high hose
- *You may use support hose, i.e. Sheer Energy Support
- *Put support hose on while lying down
- *Take short rests with legs raised
- *Raise your legs when you sit down; do not cross your legs
- *Avoid standing for long periods of time

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Common Discomforts of Pregnancy

SYMPTOMS

WHAT TO DO

Lower Leg Cramp

- *Elevate legs often during the day
- *Point toes upward and press down on kneecap
- *Apply a heating (low setting) or hot water bottle for relief
- *Avoid heavy meals at bedtime
- *Increase calcium intake

Trouble Sleeping

- *Do not eat a large meal before you go to bed.
- *To help you relax, try drinking milk, eating cheese and crackers, or peanut butter and crackers; a small protein snack.
- *Take a warm bath before you go to bed or practice relaxation exercises
- *No caffeine beverages
- *No stimulating activities prior to going to bed

Feet and Hands Swelling

- *Lie on your left side for 30 minutes, three to four times a day
- *Exercise often
- *Drink more fluid
- *Eat three servings of protein each day
- *If you wake up in the morning with swelling, tell your health care provider
- *Elevate feet

Bleeding Gums

- *Use a soft toothbrush and brush gently
- *Drink more orange juice and eat more foods high in vitamin C

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Common Discomforts of Pregnancy

SYMPTOMS

WHAT TO DO

Colds

*Lots of liquids: Water, tea, or juice

*Rest

*Humidifier at night to help sleep

IT IS SAFE TO TAKE:

*Robitussin plain

Sudafed 30 mg. 1 every 4-6 hours

Tylenol 1 or 2 plain every 4-6 hours

Tylenol Cold (Multi-symptom every 6-8 hrs)

*Sinus rinse (if no ear pain)

Headaches

*Make sure you eat on a regular basis

*Maintain plenty of liquids

*Tylenol plain - 1 or 2 every 4-6 hours

*Caffeine beverages like Coke

*Make sure you have adequate amount of sleep

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5. ALLOWED MEDICATIONS DURING PREGNANCY

Pregnancy is a time when women are very careful about what medications and food they take. It is wise to be careful about what you take but there are some over the counter medications that are relatively safe to take while you are pregnant. The following medications are a list of common medicines that are safe to take at any time during your pregnancy. These medicines have all been proven safe over many years. IF YOU EVER HAVE ANY QUESTION ABOUT A MEDICATION THAT IS NOT ON THIS LIST, PLEASE CALL THE OFFICE AND WE WILL LET YOU KNOW IF IT IS OKAY FOR YOU TO TAKE.

ACNE	Any mild skin cleanser that does NOT contain salicylic acid or benzoyl peroxide
COLD/ALLERGY/ CONGESTION	Ornex, Sudafed, Actifed, Claritin/Loratadine, Benadryl, Vick's Vapor Rub, Plain Mucinex, Flonase, Ocean Spray Nasal Spray, Humist Nasal Spray. A cool mist Humidifier is also effective.
CONSTIPATION	Colace, Docusate Sodium, perdiem, metamucil. Before taking any medication, try the following: Powdered bran, bran cereals, prunes, prune juice. Increase roughage (fruits and all leafy vegetables). Increase physical activity such as walking. If no change, then try medicines. It may take up to one week before you have results from the stool softeners.
COUGH	Plain Robitussin, cough lozenges
DIARRHEA	Clear liquids until diarrhea stops. This is things like sprite, ginger ale, propel, Gatorade, Kool-Aid, tea, broth, Jello, popsicles, or any other liquid that you can see through. Medications you may take are parapectolin or Imodium. Call our office if you have no improvement in 24 hours.
FEVER	Tylenol or acetaminophen, regular or extra strength. Please take your temperature with a thermometer and call our office with a fever above 100.4 degrees.
GAS	Plain GasX, simethicone
HEADACHE	Tylenol or acetaminophen, regular or extra strength. Take as directed on bottle, not to exceed 8 tablets in 24 hours. Do NOT use ibuprofen, Aleve, Advil, Motrin or Goody's powders.
HEMORRHOIDS	Warm sitz bath (soaking in a tub of warm water). Tucks pads (can be used instead of toilet paper), and Anusol suppositories. If the hemorrhoids persist, please call the office.
LAXATIVE	Senokot, Metamucil, milk of magnesia, Fleets enema. If your constipation is not relieved with stool softeners or any of these medications, please contact the office.
MOTION SICKNESS	Dramamine
MOUTH SORES/ULCERS	Orajel
MUSCLE ACHES	Bengay, Icy Hot that does NOT contain Methyl Salicylate. Use products with Menthol ONLY. Do not use on your stomach.
NAUSEA	Emetrol, B6 products such as B-Natal and Preggie Pops.
PAIN	Tylenol or acetaminophen, regular or extra strength. Take as directed on bottle, not to exceed 8 tablets in 24 hours. Do NOT use ibuprofen, Aleve, Advil, Motrin or Goody's powders.
RASHES/BUG BITES	Cortaid, Lanacort or any ½% hydrocortisone cream. Benadryl cream or tablets, Calamine lotion.
SLEEP	Benadryl, Unisom
SORE THROAT	Sucrets, Cepacol (spray or lozenges), Chloraseptic spray or lozenges, warm salt water gargle.
STOOL SOFTENERS	Colace, Docusate Sodium
YEAST INFECTION	Monistat, Gyne-Lotrimin, miconazole

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6. Preterm Labor

Preterm labor is defined by contractions that happen before 34 weeks of pregnancy. The cause of pre-term labor is unknown. Some women are more prone to premature labor. Those who are more prone may be women who have frequent urine infections, smoke, carry twins, or have a history of pre-term labor or delivery.

Women who have a past history of surgery on their cervix or have had a weak cervix with another pregnancy are more prone to premature labor and delivery.

Your uterus contracts throughout pregnancy. In the last two months or so these contractions are often called “Braxton-Hicks” contractions. During early pregnancy, contractions are longer in length and lower in intensity or strength; usually they are not felt by a pregnant woman. In the second trimester, and particularly in the third; the nature of these uterine activities changes. Contractions become shorter and stronger. The character of these contractions may vary from person-to-person, and may be different in the same person at different times.

Cramping or “tightening” of your lower abdomen, increased pressure in your lower abdomen, pelvis and or vagina, back pain that comes and goes, awareness that your uterus is tightening, or a feeling that the baby is “balling up” may all represent contractions. If these sensations “come and go” in a regular pattern that becomes closer and more uncomfortable, they may certainly be a sign that you are going into pre-term labor.

The normal number of uterine contractions is usually 1-2 per hour in the last three (3) months of your pregnancy. Many women will experience uterine contractions off and on throughout the day, with increased frequency typically in the evening. If the contractions occur more than 6 times in 1 hour and you can time them, we must be more suspicious of pre-term labor.

VAGINAL DISCHARGE

Vaginal and cervical secretions are normally increased during pregnancy. It is not uncommon to have further increases in these secretions prior to the start of labor. If there is a significant change in the nature of the discharge especially a change in color from clear or white to pink or red, or the amount suddenly increases, you should contact our office.

VAGINAL BLEEDING

Vaginal spotting or actual bleeding either red, pink, dark red, or brown, or actually bright red bleeding like a menstrual period, may happen with pre-term labor. These things are not considered normal and you should call our office.

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PRE-TERM LABOR

LEAKAGE OR FLUID (Rupture of Membranes)

Most of the time, rupture of membranes is associated with a leaking or “gush” of clear or slightly pink fluid. Loss of fluid from the vagina can also be associated with several situations, including increased normal vaginal discharge, a vaginal infection, or loss of a small amount of urine or ruptured membranes. If you suspect leakage of fluid, please call our office.

WHAT TO DO IF HAVING CONTRACTIONS

If more than 3 an hour:

Go to the bathroom and empty your bladder.

Lie down on your left side and drink 2-3 large glasses of water.

Feel with your hand if your tummy is tightening. Write down the times the tightening is occurring. It is very important if you are having more than 4-6 contractions in an hour, or are bleeding or you think your water broke, you must contact us immediately.

In the event of an EMERGENCY or you think you are in labor, please call our main office telephone number [\(847\) 244-4110](tel:8472444110). If you have not gotten through after 5 rings; please call Vista Medical Center at [\(847\) 360-3000](tel:8473603000) and ask for the Answering service for Dr. W. Woods and Dr. C. Woods.

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7. Labor and Delivery

Our philosophy of care is actually rather simple: We want a good pregnancy, a healthy mom and baby, and a safe delivery. We support the natural process of pregnancy in an up-to-date Preventive Prenatal Program.

We believe that educating our patients is a vital part of their pregnancy experience. We take the time to answer your questions and concerns. We also encourage you to write your questions down and bring them in with you to your prenatal visit so we can discuss them with you.

Starting with your first visit, you will receive a number of handouts, brochures and books to help in this education process. These sources will provide you with new information about your pregnancy, as well as refresh your memory about some issues that are unclear or confusing. We expect that you will participate in decisions along the way because this is your pregnancy and it is special to all of us.

What to expect during labor and delivery:

FETAL MONITORING

Monitoring your baby's heartbeat during labor gives us information about your baby's health and well-being that we cannot obtain in any other way. This does not mean that we automatically do it the same way in every patient. Early in labor it does not need to be on continuously; this allows you to walk around if you feel like it. We do not always apply the internal monitor-which includes the part that attaches to the baby's scalp-but if we feel the need to do so we will discuss it with you so you know what we are thinking and why. Despite what you may hear, electronic fetal monitoring in labor is a good thing for your baby.

IV's

We do routinely use intravenous fluids. They will be used in situations such as epidural analgesia (pain relief) and oxytocin (Pitocin) usage. IV fluids will help you maintain your fluids and allows access for medication when needed.

WALKING IN LABOR

This is OK with us as long as you feel like doing it and your water bag is intact and fetal heart rate is OK.

PAIN RELIEF

The options that are available for you are narcotics and/or an epidural. Obviously, you can make the decision to use nothing for pain relief and that is also acceptable to us.

Since none of us ever know what pregnancy, labor and delivery will be like, we all must be flexible and have an open mind. Sometimes the unexpected happens, and our best laid plans may need to be changed. If this should happen to you, our hope is, that the information you have been given throughout your pregnancy and the time we spend with you, will make a confusing moment in your life less stressful.

As always, you should feel free to bring your questions and concerns with you to your prenatal visits with us.

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8. Labor Instructions

- If your bag of water ruptures or leaks, which will feel like a gush or trickle of clear to pinkish fluid, call the office.
- A bloody show, light spotting, or loss of the mucus plug is common in the last month of pregnancy and following an examination. The mucus plug looks like thick, sticky vaginal discharge and may have a small amount of blood in it. It is not necessary to call the office if this occurs.
- Hemorrhage in the last months of pregnancy is serious. Hemorrhage is defined as heavy bleeding from the vagina that can fill a pad or a tampon in 1 hour. If this occurs, go straight to the hospital. **DO NOT WAIT FOR A RETURN CALL.**
- When labor starts, call the office number, (847) 244-4110, when your contractions are 3 to 5 minutes apart, for at least one hour.
- If the baby's movements have slowed down significantly call us. The best way to evaluate this when you feel like the baby has slowed down is to use the restroom, lay down on your left side, note the time you started counting, and then count each time you feel the baby move. If the baby moves less than 6 times in an hour you need to call the office.
- **ALWAYS CALL US - 1ST.**

PLEASE CALL THE OFFICE AS SOON AS YOU ARE DISCHARGED FROM THE HOSPITAL FOLLOWING DELIVERY TO SCHEDULE YOUR POSTPARTUM EXAMINATION.

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9. Preparing for Baby

Picking a Pediatrician

You will need to pick a pediatrician or family practice doctor by 32 weeks. Dr. William E. Woods and Dr. Carmen Woods cannot take care of the baby. You will first want to check who is on your insurance plan. Next, talk with your friends for information on who they use and what they like about them. Lastly, call the doctors you have selected and ask to make an appointment or speak with them. Tell them you will be delivering soon and are interested in speaking with them about being your baby's doctor.

Questions to ask: 1) Do you come to my delivering hospital?
 2) If not, you may want to take the on call doctor and switch as an outpatient.

Things to ask:

- How often will we need to be seen and how soon after you are discharged will you need to be seen?
- If your child is sick, how quickly can you be seen?
- Their feelings about breastfeeding if you are planning to.
- If my child is sick after office hours, is there a number to call?
- Any other questions you may think of.
- If your pediatrician does not go to the hospital at which you will deliver, will they have someone who will take care of the baby while you are in the hospital or is it OK to use the on call doctor.

Please let us know who you have selected as soon as you know. If you will be using the Navy Clinic or Lake County Health Department for well-baby visits, the hospital will assign you a pediatrician.

Circumcision

If you have a boy, you will need to decide if you want him to be circumcised. Circumcision is surgery to remove the foreskin from the end of the penis. Circumcision is usually done when your baby is 12-24 hours old, after the pediatrician has cleared the baby for the procedure.

In making the decision you may want to think about the following:

- Pediatrician's Recommendations
- Religious customs
- Cultural customs
- Is it important that he look like his father/brother(s)?
- If you decide against circumcision, you will need to take the time to clean the penis and later teach him to clean the penis properly.

Most insurances cover circumcision. If it does not, you will be told. The public aid card does not cover circumcisions. Our finance department will discuss the fee with you. You will need to make arrangements to pay the fee before the procedure is done.

William E. Woods, M.D., S.C.

351 S. Greenleaf Avenue, Ste A, Park City IL 60085 · Phone (847) 244-4110 · Fax (847) 244-4494

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Car Seat

You will need to buy an approved car safety seat for your baby to come home in from the hospital. It is important that your child be in an approved car seat and rides in the back seat away from any airbags in the front seat.

Clothes & Diapers

You will need temperature appropriate clothes and blankets to take your baby home. Also decide if you will use disposable or cloth diapers and have a supply ready at home.

Feeding Your Baby

Bottle feeding

If you choose to bottle feed, the pediatrician will assign a formula for you; one that meets your baby's needs. It is important to remain on formula for the first year. Before switching formula discuss it with your baby's doctor.

Breastfeeding

Breastfeeding is recommended for the first year of your baby's life. One of the most important aspects of breastfeeding success is the woman's confidence. You can build your confidence during pregnancy by developing a strong support system and having a good knowledge base. The support system should be made up of your health care provider, family, friends, and classes and to read about breastfeeding. Remember, although you may have few role models around you, babies have been breastfed since the beginning of time. So be patient, enjoy your baby, and use the support system around you.

Advantages of Breastfeeding

For the Mother

- *Breastfeeding causes the uterus to contract which decreases bleeding.
- *One of the hormones released when breastfeeding causes relaxation and a feeling of contentment
- *Once the learning period has passed, most women find breastfeeding a very rewarding experience.
- *Breastfeeding costs less than formula feeding and is convenient.
- *Burns 500 k/cal a day

For the Baby

- *Breast milk is specific for the nutritional need of the baby.
- *Babies who are breastfed have fewer allergies, indigestion and illness.

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*Breast milk provides protection against illness until the baby's immune system develops.

*Breast milk is always the right temperature and available.

*Long term advantages are superior jaw development and reduced chance of obesity.

Nipple Preparation

*Mothers do not need to “toughen” their nipples to prevent soreness.

*Sore nipples are avoided by proper latch-on

*Mothers do need to check to make sure the nipple extends outward during the pregnancy.

*Look at both nipples. They should protrude.

*Perform the pinch test. Gently squeeze behind the nipple with your thumb and forefinger. The nipples should extend.

*If they do not, speak with your health care provider about exercises to assist in extending the nipple or the use of breast shields.

For Breastfeeding questions

*Call Postpartum department at hospital

VISTA – 847-360-3000 (Labor & Delivery)

NLHF – 847-535-6352 (Labor & Delivery)

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10. POSTPARTUM CARE - WHAT TO EXPECT WHEN YOU GO HOME

Day of Discharge from the Hospital

Leaving the hospital and returning home will probably be enough excitement and exercise for the day. Minimal activities are recommended for the remainder of the day.

General Activity

Common sense is an important aspect of planning the activities during your first week at home. You need to rest and spend some time off your feet. Don't take on unnecessary work until you are feeling up to it. Recovery is a progressive process. Generally, you will feel better and stronger every day. Occasionally, though, you will not feel as well as you have been, so take it easy for a day or two after that.

Walking up and down stairs is fine when necessary. Use the handrails to avoid falls. You should carry nothing heavier than your baby for the first week. If you have older children who want to be held, sit down and let them climb into your lap rather than lifting them.

You may shower, take a tub bath, or wash your hair any time. Swimming may be resumed after checking with our office.

Riding in a car may be done any time, but you may want to wait at least one week before driving yourself. If you have had a cesarean section, do not drive for two weeks, and do not drive if you are still using the prescribed pain medications.

After-Birth Pains

After-birth pains are caused by the uterus continuing to contract and relax following birth. They are more common, and often more uncomfortable, in women who have had more than one child, or in women who breast-feed their babies.

Often, these after birth pains are relieved by emptying your bladder. A full bladder can push the uterus up, allowing it to relax enough to cause an increase in bleeding and cramping. During the first week after delivery, it is a good idea to empty your bladder every two to three hours while you are awake.

Lying down or taking a warm bath may also help to relieve after-birth pains. You may take over-the-counter pain medication such as ibuprofen (Motrin, Advil, etc.) every three to four hours as needed. This will not be harmful to your baby if you are breast-feeding. Do not take aspirin, as it may cause increased bleeding. Some women are sent home from the hospital with a prescription pain reliever. This medication is safe to take while you are nursing.

Breast Care

If you are breast-feeding, use only warm water to keep your breast clean. Soap may dry and crack your nipples. If you have a problem with your nipples, please call the office. It is very important to wear a good-fitting support bra.

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If you are bottle-feeding and you become engorged, use ice packs, acetaminophen (for discomfort), and a good-fitting support bra. Do not express the milk from your breasts because this will only stimulate more milk production and prolong the problem. Standing in a warm shower with the water running on your breast will help relieve the fullness and discomfort.

Constipation

Constipation should not be a problem if you are eating a well-balanced diet, drinking at least eight glasses of water each day, and getting some exercise. But constipation may be a problem if you are taking a prescribed pain reliever, especially after a C-section. If you have a problem with constipation in spite of the above suggestions, you may use an over-the-counter stool softener such as Colace, Dialose, Citrucel or Metamucil.

Diet

It is important to continue eating the high protein, well balanced diet you were eating during pregnancy. Increased fiber intake from fresh fruits, vegetables, and whole grain foods, along with plenty of fluids, will help to prevent constipation.

If you are nursing, certain foods you eat may cause intestinal upset in your baby. These problem foods vary from baby to baby. Some common problem foods are chocolate, broccoli, cauliflower, onions, pizza, and spicy foods. It is best to avoid caffeine and alcohol. You will need to drink approximately two quarts of fluids daily to help with milk production. Continue to take the prenatal vitamin that you took during your pregnancy.

Episiotomy

If you have had an episiotomy, you will feel sore for a few days. Sitz baths, three or four times a day, are a great help. Dermoplast Spray (a topical anesthetic) may be purchased without a prescription, and helps to relieve the soreness.

Take the peri-bottle you used in the hospital home with you, and wash off the stitches with warm water every time you go to the bathroom. Remember to always wash and wipe from front to back.

Exercise

How quickly you can begin an exercise program and resume your normal activity depends on a number of things:

- Your personal level of fitness before pregnancy and delivery
- Any complications you may have had
- Your own interests and motivations
- Your body's ability to bounce back

If you have had a vaginal delivery or a C-section you should not start an exercise program until you have been told you may do so at a postpartum visit. You should not do abdominal exercises until your postpartum visit. Whichever type of delivery you've had, remember that if you do too much too soon, you increase your risk of postpartum hemorrhage (heavy bleeding).

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Postpartum Examination

Please call the office when you get home to schedule an appointment for your postpartum exam. If you have had a vaginal delivery, we routinely schedule your postpartum exam for six weeks after delivery. If you have had a cesarean section, we routinely schedule an appointment for you for one week after delivery. Please do not wait until your postpartum visit if you have any problems, questions or concerns, but rather, feel free to call the office.

Sexual Activity

You are strongly urged not to have intercourse until after you are cleared at your six-week postpartum visit. You are also at greater risk to develop an infection inside the uterus. Remember that you can become pregnant again before your first menstrual period. Both of these are also true for nursing mothers.

BREAST-FEEDING IS NOT A METHOD OF BIRTH CONTROL!!!

Vaginal Bleeding

Beginning after delivery, a vaginal flow called lochia is experienced by all mothers. This is a normal process, and it continues until the site where the placenta was attached to the uterus has healed. For most women, this discharge lasts from four to six weeks. Initially, this is a fresh bleeding such as you would experience during a menstrual period. It occasionally can be a little heavier. The flow then turns brown, then tan, then yellow, and gradually stops. Very frequently, about a month after the delivery, you may experience enough of an increase in the lochia flow that you may think it is your first period. This is not menstruation, but it is a signal that the last of the healing area in the uterine wall has come off like a “scab”. This is a natural process unless the bleeding persists or becomes much heavier. If you become concerned, please call. What is “heavy” bleeding? You should be using sanitary napkins (not tampons), and if you soak through two pads in thirty minutes, or if you are repeatedly passing clots the size of lemons, that is considered heavy bleeding.

A flow that turns from brownish to bright red, or becomes slightly to moderately heavier, could be a sign that you are doing too much. The first thing to do is to get off your feet to see if that reduces the flow. Don't panic! If getting off your feet does not reduce the flow, please call the office at (847) 244-4110.

After Leaving the Hospital

Call the office at (847) 244-4110 if you have any of the following:

- Severe chills or fever of 100.4 or greater on two occasions, four hours apart
- Frequency or burning with urination
- Excessively heavy or prolonged bleeding as discussed previously
- Swelling, redness, tenderness or drainage around the episiotomy
- Pain, redness or a tender lump in your breast(s)
- Pain or tenderness in your calf

CONGRATULATIONS AND BEST OF LUCK