



partners of  
augusta

1348 Walton Way, Suite 4100, Augusta, Georgia 30901  
465 North Belair Road, Suite 2A, Evans, Georgia 30809

# Prenatal Information Handbook

## **Comprehensive Women's Healthcare**

From adolescence to childbirth to the golden years, women's bodies and healthcare needs are constantly changing. No one understands a woman's health better than the physicians at OBGYN Partners of Augusta, P.C. With sixteen board-certified physicians and a dedicated staff of healthcare professionals, OBGYN Partners has become one of the leading providers of comprehensive obstetric and gynecologic services for women in the Central Savannah River Area.

Our commitment to excellence in women's healthcare is unwavering. Our goals for the future remain as they have been: to be advocates for our patients in the face of a changing healthcare climate, to provide compassionate personalized care, to remain at the forefront of technological advances, and to remain leaders in the field of obstetrics and gynecology.

When you become a patient within our practice you will have your own personal physician. We are, however, associates, and function as a team. If your personal physician is not available, one of our physicians will be accessible for your immediate needs, assuring you of continuous specialized medical care.

Drawing from over 60 years of experience, OBGYN Partners has the unique ability to retain tradition and to embrace advancing technology. Meanwhile, the concept of Dr. Watson's creed and work ethic hold true today for each of our partners:

**THE PATIENT ALWAYS COMES FIRST**

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## **Important Numbers**

### **OBGYN Partners of Augusta, PC (Women's Center location)**

1348 Walton Way

Suite 4100

Augusta, Georgia 30901

Phone: 706-722-1381

Fax: 706-823-6871

### **OBGYN Partners of Augusta, PC (Evans office)**

465 N. Belair Road

Suite 2A

Evans, Georgia 30809

After hours: 706-722-1381 or 706-724-2261

Answering service: 706-821-4306 or 706-774-2596

Labor and Delivery at University Hospital: 706-774-2337

University Hospital information: 706-722-9011

Poison Control: 1-800-222-1222

Pesticide Hotline: 1-800-858-7378

Safe Homes: 706-736-2499

Patient Education: [www.acog.org/patients](http://www.acog.org/patients)

## **Frequency of Visits**

0- 28 weeks            every 4 weeks

28- 35 weeks           every 2 weeks

36-40 weeks            weekly visits

(The frequency of visits may change depending on medical conditions associated with your pregnancy)

# **ROUTINE PRENATAL BLOODWORK AND CULTURES**

## **INITIAL BLOODWORK AND CULTURES:**

1. CBC: complete blood count. This test will let us know if you are Anemic or have any other deficiencies in your blood.
2. TYPE & RH: This test is to determine your blood type & RH factor (e.g. A+, O-)
3. ANTIBODY SCREEN: This test is to screen for abnormal antibodies in the blood.
4. RPR: This test screens for syphilis.
5. HEPATITIS B SURFACE ANTIGEN: This test screens for Hepatitis B.
6. RUBELLA: This test screens for immunity to the German measles.
7. HIV: This test screens for HIV.
8. CYSTIC FIBROSIS: Optional.
9. URINE CULTURE: This test screens for urinary tract infections/bladder infections.
10. Early one hour glucose testing may be recommended by your physician depending on your risk factors for diabetes

## **INITIAL VAGINAL/CERVICAL SCREENS:**

1. PAP SMEAR- This test screens for cervical cancer. May be done if not obtained recently.
2. GONORRHEA CULTURE- This tests for gonorrhea.
3. CHLAMYDIA CULTURE- This tests for Chlamydia.

## **ULTRASOUND:**

1. The first ultrasound is performed to help confirm your due date.
2. You and the health care team will determine subsequent ultrasounds.

## **BLOODWORK for GENETIC TESTING:**

See the section on prenatal genetic testing.

## **BLOODWORK (24 – 28 WEEKS):**

1. CBC (if necessary to repeat)
2. ONE-HOUR GLUCOSE TOLERANCE TEST- This test screens for gestational diabetes (unable to metabolize sugar in your pregnancy).
3. TYPE AND RH, ANTIBODY SCREEN- This test is repeated if your blood type is Rh -. Helps to determine whether you need to receive Rhogam.

## **GENITAL CULTURE (around 35-37 weeks if indicated):**

1. GROUP B STREP CULTURE- This organism is carried by some women but is not considered an infection. If you are a carrier, you will be treated in labor with antibiotics to reduce the risk of transmission to your baby.

**\*\* OTHER BLOODWORK AND CULTURES MAY BE NECESSARY\*\***

### **Group B Strep and Your Baby**

Group B strep is a type of bacteria that lives in the vagina and rectum of approximately 30-40 percent of pregnant patients. Women of any race or ethnicity can carry these bacteria. Carrying these bacteria does not mean you have an infection. In fact, hundreds of different types of bacteria live in or on our bodies and rarely cause disease. Group B strep typically poses no threat to the mother's health but can pose a risk to the baby during labor. This is primarily due to the fact that a newborn's immune system is not as strong as an adult and is less capable of fighting off infections caused by group B strep. If you test positive for group B strep during your pregnancy you will be treated with IV antibiotics at the onset of labor to prevent infection in the baby. If you test negative for group B strep you will not need to receive treatment. Treating prior to labor is not useful since the bacteria can often grow back following treatment and before childbirth. The IV antibiotic we give to stop the spread of group B strep infection to the infant is penicillin. If you are allergic to penicillin we have alternative antibiotics we can use. In summary, you will be tested for group B strep between 35-37 weeks of pregnancy. The test involves a swab of the vagina and outer part of the rectum and should not hurt. If the test shows you carry the bacteria you will be treated with IV antibiotics when labor starts. It is always a good idea to commit to memory your group B strep status so that you can alert labor and delivery staff when you come to the hospital in labor. It is okay to breast feed if you test positive for group B strep.

## **ONE HOUR BLOOD GLUCOSE TESTING**

A special test has been ordered to evaluate how your body is metabolizing glucose during your pregnancy. This sometimes is called “blood sugar testing”. The test is a screening test for gestational diabetes. Gestational diabetes affects 2-5% of all pregnant women. Mothers with gestational diabetes have trouble metabolizing glucose. Their pancreas produces plenty of insulin (the hormone responsible for unlocking cells so that glucose can enter them and provide energy), but a condition called insulin resistance develops which prevents them from using it effectively. This leads to a backup of glucose in the maternal blood stream and high blood sugar levels which can adversely affect the pregnancy. Once the diagnosis is made the condition is usually easy to control with diet and rarely medication is required.

We follow the guidelines of the American College of Obstetrics and Gynecology which recommends that all patients be offered screening for this condition. Between 24-28 weeks of pregnancy you will be given a sweet liquid drink called glucola. Glucola tastes much like sweet soda and comes in cola or fruit flavor. The day of your visit you will drink the glucola and one hour later your blood sugar will be tested. This initial test is only a screen used to identify patients at risk for gestational diabetes. If the blood sugar is elevated above a certain level your doctor will order additional testing to determine if you indeed have the condition.

### **Vaccinations during Pregnancy**

Recommended vaccinations include influenza vaccine and Tdap. Influenza is recommended to all pregnant regardless of gestational age during the flu season. Tdap is recommended between 27-36 weeks gestation. There is no evidence of adverse effects in immunizing pregnant women with an inactivated virus, bacterial vaccine or toxoids. There is no evidence that these vaccines are associated with an increased risk of autism or adverse effect due to trace of mercury containing preservative thimerosal. MMR vaccine is a live virus and is therefore NOT recommended during pregnancy.

## **Zika Virus**

The Zika virus is a virus that is transmitted through the Aedes mosquito. If pregnant the virus may affect your baby possibly resulting in abnormal brain development, hearing loss, or microcephaly (small head) among other things. There are certain areas around the world that have known Zika virus transmissions. A full list is present on the CDC website but the Caribbean, Mexico, South Florida and South America are known areas to Zika transmission. It is recommended that all pregnant and couples planning to become pregnant avoid these high-risk locations. It is also important to note that if your partner goes to these areas that pregnancy prevention is recommended for 6 months because the virus can still be present for this length of time.

If you must travel to these areas it is recommended that you use DEET, clothes with permethrin, long sleeves and pants and remain indoors as much as possible. Please refer to the CDC website as recommendations are changing as more information about the virus evolves. [www.CDC.gov/zika](http://www.CDC.gov/zika).

## **Prenatal Genetic Testing**

Although most babies are born in great condition, worrying that your baby may have a problem is common in pregnancy. A variety of tests are available to help detect some of these problems. Prenatal tests are used to screen for problems such as chromosome abnormalities (Downs or Edwards Syndrome for example), or open neural tube defects (spina bifida, anencephaly etc.). Test types fall into two categories: screening tests and diagnostic tests. They can be performed in the first trimester at 11-13 weeks, the second trimester at 15-18 weeks, or in both trimesters. Screening tests are used to divide people into lower risk or higher risk groups for certain problems. Screening tests do not tell you if your baby has a problem, they only tell you if you are above or below average risk for them. The advantage of screening tests is that they pose little to no risk for the baby or the mom. The disadvantage is that they don't give you a definite answer, and they have "false positives" (abnormal test, normal baby) and "false negatives" (normal test, abnormal baby). The chance that an affected baby will have an abnormal screening test (abnormal baby, abnormal test) is called the "detection rate."

Diagnostic tests are very accurate and will almost always give you a definite yes or no answer to your question. Diagnostic tests are nice because you usually know for sure what's happening, but they carry small risks, sometimes causing the miscarriage of a normal baby. So, the result of a diagnostic test is more definite than one you get with a screening test, but the risk is higher too.

## Screening Tests

### 1) “Combined Test”

This is the combination of a blood test, maternal age and ultrasound at 11-12 weeks gestation that measures a pregnancy protein in your blood stream (PAPP-A), free b-HCG, and the thickness of the tissue on the back of the baby’s neck (nuchal translucency) as determined by ultrasound. The test results are available early, but the chance of a false positive is higher than with the other screening tests, and therefore more normal babies will be lost due to more diagnostic tests. If you want a screening test and cannot wait until the second trimester for results, the “Combined Test” is your best option.

### 2) “Quad Test”

Four substances in the mother’s blood are analyzed at 15-20 weeks, and you are classified as “lower than average” or “higher than average” risk for chromosome problems or open neural tube defects.

Higher false positive and lower detection rate than Integrated tests. Best option for patients not receiving care in the first trimester.

### 3) Integrated Tests (“Serum Integrated” or “Full Integrated”)

These tests combine results from two sets of tests, one set done at 11-13 weeks, and one set done at 15-18 weeks. The results are only available after the second set of tests is drawn. The advantage of these tests is a high detection rate with a low false positive rate. The disadvantage is that results are not available until later than the combined test.

If any of these screening tests place you at an increased risk for a chromosomal abnormality or neural tube defect then you have the option of proceeding to a diagnostic test.

The table illustrates a summary of the different genetic screening options.

Test	Results Available	Detection Rate	False Positive Rate
Combined Test	11-13 weeks	85%	5%
Quad Test	17-20 weeks	76%	5%
Integrated	11-13 and 17-20 weeks	94%	5%

### 4) Noninvasive Prenatal Screening

One of the newest forms of prenatal screening uses cell free DNA. Small amounts of fetal DNA circulate in the maternal blood. This small amount of fetal DNA can be analyzed for trisomy 21, trisomy 18, trisomy 13 and fetal sex. This test is highly sensitive and specific but like any screening test it is subject to false positive and false negative results. Currently the test is only used for mothers who are at high risk for having a fetus with a chromosomal abnormality such as:

- Advanced maternal age (>35)
- Abnormalities identified on ultrasound
- Positive genetic screening test
- Personal or family history of chromosomal abnormalities

## **Diagnostic Tests**

### 1) “Chorionic Villus Sampling” (CVS)

A small sample of the placenta is taken by passing a catheter through the mother’s abdomen or cervix between 10 and 13 weeks. The cells are grown to detect chromosome problems, like Down’s syndrome. Miscarriage risk following this procedure is 1 or 2 in 100 procedures done.

### 2) Amniocentesis

A needle is passed through the mother’s abdomen into the uterus under ultrasound guidance, to withdraw amniotic fluid, which is sent for chromosome and biochemical analysis. Miscarriage risk following the procedure is 1 or 2 miscarriages in 300 procedures done.

## **Facts to Consider**

- Diagnostic tests are less safe but more accurate.
- Screening tests are safer but don’t give you a “yes or no” answer.
- Test done earlier in pregnancy, such as the Combined test, give you earlier results, but will lead to more amniocentesis or CVS procedures, and therefore more risk of miscarriages of normal babies. Tests that include second trimester blood tests, such as the Serum Integrated and Full Integrated tests, are the most accurate and lead to the fewest miscarriages of normal babies, but the results are not available until later.
- The conditions being tested for cannot be “fixed”, even if we know about them in advance, however obstetrical decisions you make might be influenced by the results. For instance, if you knew your baby had a condition that would result in the baby’s death within the first few months of life, you might decide against a cesarean delivery for fetal distress.
- Prenatal testing is done to gather information, not to find abnormal babies for pregnancy termination. Many parents who would not terminate an abnormal pregnancy nevertheless have prenatal testing done, in order to be prepared for their newborn’s special challenges.
- Many mental and physical handicaps are not due to chromosome abnormalities or anatomic abnormalities, and are therefore not detectable by blood test, ultrasound, or amnio/CVS.

## Pregnancy Medications

(if any of these symptoms last longer than 24-48 hrs call your physician)

Symptoms	Over the Counter Medication	Prescription Medication	Unapproved Medication
<b>Pain</b>	Tylenol, Extra strength Tylenol	Codeine, hydrocodone, oxycodone	Motrin, advil, aleve, aspirin
<b>Nausea</b>	Small frequent meals, ginger ale, vitamin B6	Phenergan, zofran	
<b>Indigestion (heartburn)</b>	Tums, Rolaids, Gas-X, zantac, pepcid, Mylanta	Nexium	Pepto-bismol
<b>Congestion</b>	Sudafed (pseudoephedrine)-avoid if you have high blood pressure, Robitussin, saline nasal spray		
<b>Cough/ Cold</b>	Robitussin, robitussin DM	Codeine, tessalon perles	
<b>Antihistamines</b>	Claritin, benadryl	Zyrtec	
<b>Insomnia</b>	Benadryl, Tylenol PM	Ambien	
<b>Yeast infections</b>	Monistat (place the applicator ¼ of the way in the vagina)	Terazol	
<b>Diarrhea</b>	Imodium		
<b>Hemorrhoids</b>	Preparation-H, Anusol HC 1%	Analpram 2.5%	
<b>Constipation</b>	Colace, pericolace, Metamucil, glycerin suppositories, milk of magnesia (limit to 24 hours)		
<b>Leg Cramps</b>	Tums, Rolaids, Oscal		
<b>Lice</b>	Rid		Kwell

## Nutrition in Pregnancy

To help your baby get a head start in life, we encourage you to eat a balanced diet that includes fresh fruits and vegetables, whole-grain breads and cereals, dairy products and other calcium-rich foods, and iron-rich foods. A weight gain of 20-30 pounds is ideal for women with pre-pregnancy weight in the normal range. You may eat up to 12 ounces (approximately 2 average meals) per week of fish or shellfish that are lower in mercury including salmon, canned light tuna, Pollock, catfish, and shrimp. Avoid shark, swordfish, king mackerel, and tilefish. The U.S. Food and Drug Administration (FDA) and the Environmental Protection Agency (EPA) recommend that pregnant women eat no more than 6 ounces of albacore (white) tuna per week. They should also avoid eating any game fish without first checking its safety with their local health department.

Also avoid unpasteurized dairy products since it may be a source of listeriosis. The most common source is queso fresco. Deli meats, smoked fish, pates and hot dogs may also be a source of this bacteria. Listeriosis *Monocytogenes* primarily affects older adults, pregnant women, newborns and adults with weakened immune systems. Infection during pregnancy can lead to miscarriage, stillbirth, premature delivery of life threatening infection of the newborn.

## NAUSEA DIET FOR PREGNANCY

The nausea you experience during pregnancy is temporary. It usually diminishes rapidly after the end of the first trimester.

However, you may experience some nausea occasionally throughout your pregnancy. The following advice has worked for others and may be of help to you. Here are some general guidelines to follow:

- Eat several small, frequent meals. Even a few bites can help.
- Keep a source of dry carbohydrates near your bed (such as soda crackers). Eat a few prior to arising if morning sickness is a problem.
- Carry some crackers with you.
- Take liquids between meals. Don't wash your food down.
- Avoid spicy, fried and fatty foods.
- Take your prenatal vitamins after having eaten.

Don't be alarmed by the amounts of food in the diet that follows.

When your nausea has improved, we will give you general nutritional guidelines for pregnancy. Simply remember the concepts above, avoid the foods known to cause problems and stick with those substances easily digested. Eat what you can. We want to hear from you if you have protracted vomiting or if you notice you are losing weight. Call us if you cannot keep anything down for 24 hours.

## Sample Meal Plan for Nausea

<u>Time of Day</u>	<u>AMOUNT</u>
<u>Arising:</u>	
Bread or crackers	2 small soda crackers
<u>Breakfast:</u>	
Citrus fruit	½ grapefruit
Egg	1 soft boiled egg
Bread	1 slice wheat bread
Cereal	½ cup oatmeal
Prenatal vitamin	
<u>One Hour Later:</u>	
Milk or beverage As tolerated	8oz. skim milk
<u>Mid Morning:</u>	
Bread or crackers	2 soda crackers
Jelly	1 tsp. jelly
<u>Lunch:</u>	
Meat	2oz. cold, sliced lean beef
Vegetable	2/3 cup broccoli
Fruit	1 small sliced tomato
apricots	½c. unsweetened
Bread	1 slice whole wheat bread
<u>One Hour Later:</u>	
Milk or beverage	8oz. skim milk
<u>Mid Afternoon:</u>	
Bread or crackers	2 soda crackers

Cheese

2oz. cheddar cheese

Dinner:

Meat

4oz. baked, skinned chicken

Potato

½ c. mashed potato

Vegetable

½ c. carrots

½ c. green salad

½ c. Unsweetened applesauce

One Hour Later:

Milk or  
beverage

8oz. skim milk

Bedtime:

Bread

1slice toast

## **Warning Signs of Preterm Labor**

It is common to have Braxton-Hicks (false labor pains) contractions. If you have these contractions more than 6x/hour then get off your feet, lie on your left side, and drink 3-4 big glasses of water. If these contractions continue then call your doctor office.

### **CALL YOUR DOCTOR IF YOU HAVE THE FOLLOWING**

- Uterine tightening and relaxing more than 6x/hour.
- Ruptured membranes- You may feel a big gush or a constant trickle of fluid from the vagina.
- Pelvic pressure not relieved with lying down.
- Bloody vaginal discharge • Decreased fetal movement.

## **HOW TO RECOGNIZE LABOR**

There are certain signs of labor. You may have all of them or only one of them. They may occur in any order.

### **BLOODY SHOW**

This is a pinkish light red vaginal discharge mixed with mucous. Typically, the mucous plug will have a thick gelatinous consistency. It may contain dark areas representing old blood degrading within the mucous. You may also see areas of bright red blood within the mucous. This may come a few days or hours before labor begins. Call us right away if the bleeding is bright red and continuous like a period, or if it alarms you. It is not necessary to call if you feel you are only having normal bloody show.

### **RUPTURED MEMBRANES**

This may be a gush or just a trickle of fluid. It may be difficult to distinguish from urine or normal vaginal discharge. If you have any doubt about whether or not your membranes have ruptured, we want to hear from you.

Amniotic fluid has a characteristic clean aroma, almost like very dilute bleach. Please note the color of the fluid- clear, greenish or bloody. Even if you are not having other signs of labor at the time your membranes rupture, it is very important to get in touch with us.

## CONTRACTIONS

The tightening of the uterine muscle causes a sensation which may be perceived as severe menstrual cramps or may be as indistinguishable as gas pains. Contractions may begin in the back and move around to the front. You may feel your abdomen tightening at the same time. The tightening should reach a peak of intensity and then ease. Walking, changing position, taking a shower, etc., will not cause true labor to stop but may relieve false labor or Braxton Hicks contractions. Try timing the contractions, noting the amount of time between the start of each contraction as well as how long each contraction lasts from start to finish.

If this is your first baby, we generally advise that you call when the contractions are regular, increasing in intensity, and five minutes apart for at least an hour. For your second (or more) pregnancy, we will advise you when to call based on the length of your first labor and any recent cervical exams in the office. We will also take into account the distance you live from the hospital.

## WHAT TO DO IF YOU HAVE THESE SYMPTOMS

- First of all, relax.
- Do not eat solid food. If you think labor is beginning, you may have clear liquids. This includes plain jell o and sherbet.
- Call the Doctor's office at 706-724-2261 or 706-722-1381. After hours, this number will direct you on how to reach the physician on call for the practice. The person on call will then contact you and discuss your symptoms. If that physician is in the midst of a delivery or surgery, one of the labor and delivery nurses may return your call to avoid unnecessary delay.

## WE ALSO WANT TO HEAR FROM YOU IF YOU HAVE ANY OF THE FOLLOWING:

- Severe or constant headaches not relieved with Tylenol.
- Severe swelling in your face, hands or feet; weight gain of 2-3 pounds in one day.
- Persistent blurring of vision or spots before your eyes.
- Fevers and chills.
- Burning and pain when you urinate.
- Sharp, constant abdominal pain.
- A decrease in fetal movement. Even when contracting your baby should continue to maintain its normal pattern of movement. If you get a sense the baby is not moving as usual drink some water or juice. Wait 15 minutes then lie on your side and feel for movement. You should feel at least 10 movements in 2 hours. Any kick, swish, flutter or roll counts as a movement.

## VAGINAL BIRTH AFTER CESAREAN SECTION (VBAC)

The dictum “once a cesarean always a cesarean” dominated obstetric practice until 30 years ago. At that time, several large studies documented the relative safety of a trial of labor after a previous cesarean. Organizations such as the American College of Obstetrics and Gynecology embraced VBAC as a reasonable alternative. Since that time, we now have much more information to guide us in identifying those patients who are good VBAC candidates. The American College of Obstetrics and Gynecology advises that candidates for VBAC should have had only one previous cesarean delivery done with a low transverse (horizontal) incision on the uterus. An exception to this recommendation is a patient with two prior cesareans and with 1 previous successful vaginal delivery. These patients may still be offered an attempt at VBAC. A patient who has had 2 previous cesareans with no prior successful vaginal deliveries or has had a uterine incision in the upper uterus that was vertical (also known as a classical incision) is at high risk for uterine rupture. In these patients VBAC is generally not recommended. Remember the scar on your belly does not necessarily match the scar on your uterus. So, if you don't know the type of uterine incision you had for your previous cesarean your doctor may need to review a copy of your previous operative report. Other factors go in to determining whether or not you are a good candidate for VBAC. Patients who had a cesarean for a nonrecurring indication such as fetal distress or breech presentation are better candidates than patients who had a cesarean for dystocia (failed labor because baby too large for pelvis or pelvis too small for baby). Early in pregnancy your doctor can examine your pelvis and make an assessment as to the adequacy of your pelvis and the likelihood of VBAC success. Later in pregnancy estimates of the fetal weight may affect recommendations since studies show that larger babies reduce the VBAC success rate.

VBACs should only be attempted in a hospital setting where emergency delivery can be performed. This is due to a .5-1% risk of uterine rupture associated with VBAC. With uterine rupture, there is an increased risk of excessive blood loss, hysterectomy, fetal injury and death.

The benefits of successful VBAC are obvious. Shorter hospital stays, quicker recovery, lower risk of excessive blood loss and infection. It is also important to mention that the more cesareans a patient has the greater the risk in future pregnancies for placenta previa or placenta accrete – conditions in which the placenta implants improperly on the uterine wall and can be associated with heavy bleeding, transfusion and possibly hysterectomy.

Another important point to raise is that patients who attempt VBAC and endure a long labor but still end up with an unplanned or emergent cesarean are at slightly greater risk for complications as compared to those patients who opt to undergo an elective repeat cesarean in a controlled setting. Therefore, a successful VBAC is less risky than an elective repeat cesarean but a failed VBAC ending in a cesarean can be fraught with more complications than an elective repeat cesarean. In summary, a trial of labor after a previous cesarean in an appropriately chosen candidate is safe for mother and baby. The ultimate decision to undergo VBAC or an elective repeat cesarean should be made by the patient and her physician.

## **POSTPARTUM REFERENCE SHEET**

Call us at 706-722-1381 or 706-724-2261 if you develop any of the following problems:

1. A flushed feeling and a temperature greater than 100.4 degrees F.
2. Frequency and/or burning when you urinate
3. Excessively heavy vaginal bleeding (more than 2 pads saturated with blood in one hour or the passage of clots the size of a plum or larger)
4. Fainting
5. Redness, extra tenderness, swelling, or bleeding in any area of the breast or nipples.
6. Pain, tenderness, redness, or swelling in your thighs or the back of your legs.
7. For cesarean patients, if you notice an area of redness or swelling around the margin of your incision and that area is widening or expanding call us.

### **CIRCUMCISION**

Circumcision in the male involves the surgical removal of the foreskin of the penis. The procedure is centuries old and continues to be performed in many cultures for a variety of reasons. In ancient Egypt, prior to biblical history, circumcision was performed to improve male hygiene. Later, in Jewish and Muslim cultures circumcision became a religious tradition which remains today. Western culture has generally advocated circumcision as a preventive health measure often for unproven medical reasons. In the early 1900's circumcision was suggested as a way to prevent masturbation and prevent certain diseases such as tuberculosis. None of these recommendations had any basis in scientific fact.

Currently the US is the only country in the developed world where the majority of male infants are circumcised for nonreligious reasons. In the early 1970's about 90% of males were circumcised in the US. This dropped to 61% from 1997 to 2000. Among ethnic groups 81% of whites, 65% of blacks, and 54% of Hispanics choose circumcision.

There do appear to be certain health benefits to circumcision. The first is a reduction in the risk of urinary tract infections in circumcised males. Another is that uncircumcised men are at higher risk for penile cancers and their partners are at higher risk for cervical cancer as compared to circumcised males. Certain inflammatory conditions that can affect the area under the foreskin and the tip of the penis are more common in uncircumcised males. These benefits obviously seem impressive; however, one must keep in mind that the reductions in risk although significant are relatively modest and the events such as penile cancer extremely rare. On the other hand, there is interesting and impressive news involving a study published in 2005 out of Africa which demonstrated a 60% reduction in the risk HIV infection in the male if circumcised. Studies are ongoing in this area.

Risks of circumcision involve procedure related complications which are very rare occurring in approximately 2/1000 cases. Most of these problems are readily treatable and cause no long-term effects. The most common of these complications involve bleeding and infection which typically can be easily managed.

Circumcision is an extremely controversial topic. There are small vocal groups who claim that circumcision can be emotionally harmful. Other groups oppose circumcision because they believe it violates the child's human rights since he does not have the ability to decide whether or not he wants to be circumcised. The medical community also has varied opinions regarding the issue. The American Academy of Pediatrics issued a statement in 1999 stating that "existing scientific evidence demonstrates potential medical benefits of newborn male circumcision, but the data was not sufficient to recommend routine neonatal circumcision." The American College of Obstetricians and Gynecologist generally supports this opinion. Therefore, since the risks are quite small and the benefits probably modest these organizations feel the decision should be left to the parents to decide once they have all the information. Ultimately the choice of circumcision should be based on the religious or cultural beliefs of the parents.

## **Common Pregnancy Questions**

### **Should I avoid alcohol in pregnancy?**

Yes. Although it may seem harmless to have an occasional beer or glass of wine, no one has determined the “safe amount” of alcohol to drink during pregnancy.

### **Can I drink caffeinated drinks in pregnancy?**

Limiting your caffeine intake to no more than 150 mg/day (about 1 ½ cups of coffee) appears to pose no risk to the pregnancy.

### **What food should I avoid?**

Avoid unpasteurized cheeses, milk, juices and apple cider. Do not eat foods containing raw eggs. Raw or undercooked fish, shellfish, or meats should be avoided. Meat spreads and pates also should be avoided. Due to their potential to contain harmful bacteria, processed meats such as hot dogs or deli meats should be heated thoroughly before eating.

### **Can I eat fish in pregnancy?**

For the most part, yes. However, there are certain types of fish which may contain high levels of mercury which can be harmful to the pregnancy. These include shark, swordfish, king mackerel, tilefish, and tuna steak (limited amounts of light canned tuna are safe). Overall you should try to limit your intake of fish to about 12 ounces of fish (about 2 meals/week). Fish such as canned light tuna, catfish, salmon shrimp, and red snapper are low in mercury. Albacore canned tuna has the potential to contain higher levels of mercury and you should limit your intake to 6 ounces/week.

### **Can I change the kitty litter?**

No. Cat feces can contain an infectious agent called toxoplasmosis which can harm the pregnancy.

### **Can I smoke in pregnancy?**

Because of the risks smoking imparts on the pregnancy the ideal course of action is to stop smoking while you are pregnant.

### **Can I use artificial sweeteners?**

NutraSweet (aspartame) and Splenda (sucralose) are probably safe in moderation in pregnancy. However, aspartame should be avoided if you or your partner has a rare hereditary disease known as phenylketonuria (PKU) in which a breakdown product of aspartame called phenylalanine can't be broken down by the body. If you or your partner has this condition then the baby may as well. The safety of saccharine is much less certain and should be avoided. Pregnancy is probably an ideal time in your life to avoid diet foods and allow yourself to eat more naturally flavored healthy foods. However, if you just have to have that diet soda limited amounts are probably safe.

### **Can I dye my hair?**

Yes. This is most likely safe in pregnancy. But we recommend that you wait until you are out of the first trimester of your pregnancy.

### **Can I fly in pregnancy?**

Yes. As long as your pregnancy is going smoothly you can fly within the U.S until 36 weeks of pregnancy and intercontinental flights until 32 weeks. Always consult your doctor before flying to make sure there are no issues which would prohibit you from flying.

### **Can I exercise in pregnancy?**

If you are involved in a regular low impact exercise routine before becoming pregnant then it is fine to continue with this after conception if your physician clears it. If you were relatively sedentary before becoming pregnant then you should not embark on a rigorous exercise routine after conception. Instead light, low impact exercise such as walking, swimming, or yoga are good choices. No matter what your level of fitness, always avoid becoming overheated. Activities that involve jarring movements such as horseback riding, contact sports, or heavy weight lifting should be avoided. Additionally, activities which have the potential for traumatic injury such as skiing should be avoided as well.

### **Can I paint my rooms?**

Painting with latex based paints is probably safe in pregnancy. Of course, painting should be done in a well-ventilated area. If oil based paints are being used then let someone else do the painting for you. If your house was built prior to 1978 definitely do not involve yourself in paint removal since exposure to lead is a possibility. Avoid paints with m-butyl ketone because it is associated with neurological damage.

### **Are microwaves harmful?**

You can use your microwave safely in pregnancy.

### **Can I use my hot tub?**

Body temperatures of 102 Fahrenheit for extended periods of time can harm the pregnancy. Hot tubs can elevate your body temperatures to these levels and should therefore be avoided.

### **Are self-tanners safe to use in pregnancy?**

Unfortunately, we don't know the answer to this question. Probably best to avoid them until more is learned about potential risks and or safety of these products.

### **Can I have sex in pregnancy?**

Sexual activity throughout pregnancy is safe. However, your doctor may advise against intercourse if he or she anticipates or detects certain complications with your pregnancy.

### **Can I whiten my teeth in pregnancy?**

Not enough data to comment on safety or risk. Probably best to wait until after the pregnancy is finished.

### **Should I bank my babies cord blood?**

The use of umbilical cord blood stem cells for transplantation treatment hold exciting promise but are still largely investigational. If you are interested your physician can give you more information.

### **Am I at risk for postpartum depression?**

Many women have the postpartum blues which is generally a mild disturbance beginning 3-4 days after delivery and lasting several days. Symptoms usually include mood swings, crying spells and difficulty concentrating. Despite these symptoms patients are still in good spirits and happy and excited about the new arrival. On the other hand, postpartum depression is an illness. Symptoms are much more severe and include loss of interest or pleasure in life, loss of appetite, and feelings of worthlessness or hopelessness to name a few. These patients have an extremely difficult time functioning and caring for themselves or the baby. People at risk for postpartum depression may include those with a history of depression, severe PMS, or who are experiencing stressful life events during pregnancy or shortly after delivery. If you are experiencing these symptoms let your doctor know.

### **Can I spray pesticides?**

Avoid pesticides due to neurological damage and limb deformities

### **Can I exercise when pregnant?**

Exercise is strongly recommended during pregnancy.

<http://www.acog.org/Patients/FAQs/Exercise-During-Pregnancy>

## OBGYN Partners of Augusta, PC 4D Ultrasound

Thank you for choosing OBGYN Partners as your source of Obstetrical and Gynecological care. The advent of new technology brings exciting new advances in what we can offer our patients. Our new 4D ultrasound will provide you and your family with real time images of your baby as it is nurtured in your womb. These incredible images will create a bonding experience that we have not been able to offer until now.

In order to obtain a 4D obstetrical ultrasound you must have already undergone a 2D ultrasound for fetal anomalies or other related obstetrical issues.

During your 4D ultrasound session we will be conducting a limited diagnostic scan to confirm heartbeat, the number of babies, the position of the baby, placental location and amniotic fluid volume. Although this exam provides some limited diagnostic evaluation of the baby it does not take the place of a complete diagnostic ultrasound. The ideal time to render the best possible images of your baby is between 26 and 32 weeks. Occasionally babies may not be optimally positioned in the womb for the best possible image, if this is the case your appointment will be rescheduled at no charge for one extra visit.

As with any new emerging technology, insurance companies are currently not covering such services, therefore you will be responsible for all costs associated with this particular ultrasound.

### Sneak Peek/Gender & 3D/4D/HD Live

#### **Sneak Peek/Gender \$50**

includes a Quick peek with photo to see the baby and/or check the gender; 15-16 weeks.

#### **3D/4D/HD LIVE Imaging \$175**

(28-32 weeks; see reverse side for details.)

#### **Combination Package \$200**

includes a Sneak Peek/Gender Appointment & a 3D/4D/LIVE Imaging Appointment.



Session includes the following:

Entire session on a DVD.  
All images on CD-ROM.  
Several black & white photos.

3D/4D sonograms are performed during the optimum timeframe of 28-32 weeks and are scheduled a week or two ahead.

#### **Please remember:**

Appointments are for your entertainment. They do not include fetal weight nor diagnostic information.

Appointments are not covered by insurance.

Appointment Fee is due upon check-in; payable by check, cash or credit card

Appointment Forms are available at the Front Desk or with your nurse.