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OBSTETRICS AND GYNECOLOGY

Congratulations and welcome to our office!

We hope this information will provide answers to some common questions and concerns.

HOSPITAL

We deliver at Memorial Hermann Hospital in the medical center. It is your responsibility to pre-register at the hospital by the 28th week of your pregnancy. This can be done at the hospital or online.

Phone number to Labor and Delivery:

Memorial Hermann Hospital

713-704-3969

Map/Directions: Enclosed in packet

HOSPITAL TOUR AND CHILDBIRTH EDUCATION

Please call this number to schedule:

Memorial Hermann Hospital

713-222-CARE

PHYSICIAN ON-CALL POLICY

Dr. Ginsberg and Dr. Ta share call after hours and on weekends. We will make every effort to be there for our patients whenever possible. Usually if you deliver at night or on the weekend, the doctor on call will be there.

HOW TO REACH MY DOCTOR

A physician or nurse can be reached at all times by calling **281-220-2069**.

After hours and on weekends, a recording will instruct you on how to reach the answering service. Please limit after hour calls to emergencies only. Prescription refills, test results, and general questions should be directed to the office during office hours (9am-5pm, Mon-Fri).

CIRCUMCISIONS

We do not perform circumcisions. This can usually be done at the hospital by another physician if you notify your doctor before you and your baby are discharged.

PAYMENTS AND FEES

It is your responsibility to have met any required deductible or additional costs by the 7th month of your pregnancy. Arrangements are to be made with our office. A complete listing of fees and services is available upon request.

PEDIATRICIAN

If your pediatrician does not attend the hospital where you deliver, we will assign a pediatrician who can care for the baby while you are in the hospital. You can then follow up with your regular pediatrician. If you need a pediatrician, your doctor can often make recommendations..... just ask.

APPOINTMENTS

Please remember to keep all appointments and call if you need to reschedule...we want to provide the best for you and your baby.

OFFICE HOURS: Monday-Friday, 9am to 5pm

OFFICE PHONE: 281-220-2069

MEMORIAL HERMANN HOSPITAL WOMEN'S CENTER

Here are some helpful points as you prepare for your delivery at Memorial Hermann. We look forward to your stay and caring for you, your family and your new arrival.

Deciding if you are in labor and knowing when to come to the hospital are concerns for most moms and your doctor can give you the best advice about how to plan. In case of bleeding or any emergency, never hesitate to seek emergency help.

Parking

- Texas Medical Center Garage #4
- The Memorial Hermann valet from Fannin, Ross Sterling, or Cambridge Streets
- Robertson Valet from Ross Sterling or Fannin
 - M-F 7:30 am- 9:30 pm
 - S&S 8:00 am- 9:30 pm
- The University of Texas Professional Building Garage across from the hospital on Fannin.

After 9:00 pm enter the hospital through the Emergency Center. Entrances to the Emergency Center and the TMC Garage #4 are both located on Cambridge/North MacGregor Way, just off Fannin.

Hospital Pre-admission

Pre-admission to the hospital is required. For your convenience, you may pre-register online at this site: www.memorialhermann.org. Select Patient Pre-Registration on the left, pick Memorial Hermann Hospital and click on the "Pre-Register Now" button. It is best that your pre-registration should be completed by your 7th month. If you have any questions about OB pre-registration call 713-704-4339.

"Where Do We Go First?"

Your first stop as you check in to the Women's Center on the 5th floor of the Hermann Pavilion is the OB Triage Area. This is where your nurse will assess you and your baby and determine just where you are in your labor. Always let the nurse know about any problems you might have had during your pregnancy and any medications you might be taking. She will also want to know when your contractions began, if your bag of water has broken, and if so, what the fluid looked like. Family and friends are welcome to wait in our lobby and then join you after our staff completes your assessment. Plan on following these steps whether you are coming in to the hospital in labor or if your doctor has scheduled for you to come in for labor or surgery.

"What Do I Bring To The Hospital?"

It is best to plan on bringing a small bag of "Labor Necessities" with you when you come in and another suitcase you leave in the car until after your delivery. Make sure you have a nutritious snack packed for coach and comfort items you might need for labor, like tennis balls or massage gear to use for counter pressure back support. You might also need hair bands, eye glasses, if you usually wear contacts, sock for cold feet, CD player, a hand fan, phone numbers, money for meals and parking, slippers and a robe. Don't forget your baby book.

You will need these items after delivery; nursing or supportive bra, comb, brush, shampoo, deodorant, cosmetics, or other toiletries. Bring comfy clothes and shoes to go home in and your coach might also need a change of clothes.

Baby will need a clean T-shirt, booties, and an outfit to wear home. Bring two light blankets on a warmer day and a warmer blanket if it is cool outside. Make sure you have your infant safety seat in place.

Do not bring jewelry, excessive cash, or credit cards or other valuables with you.

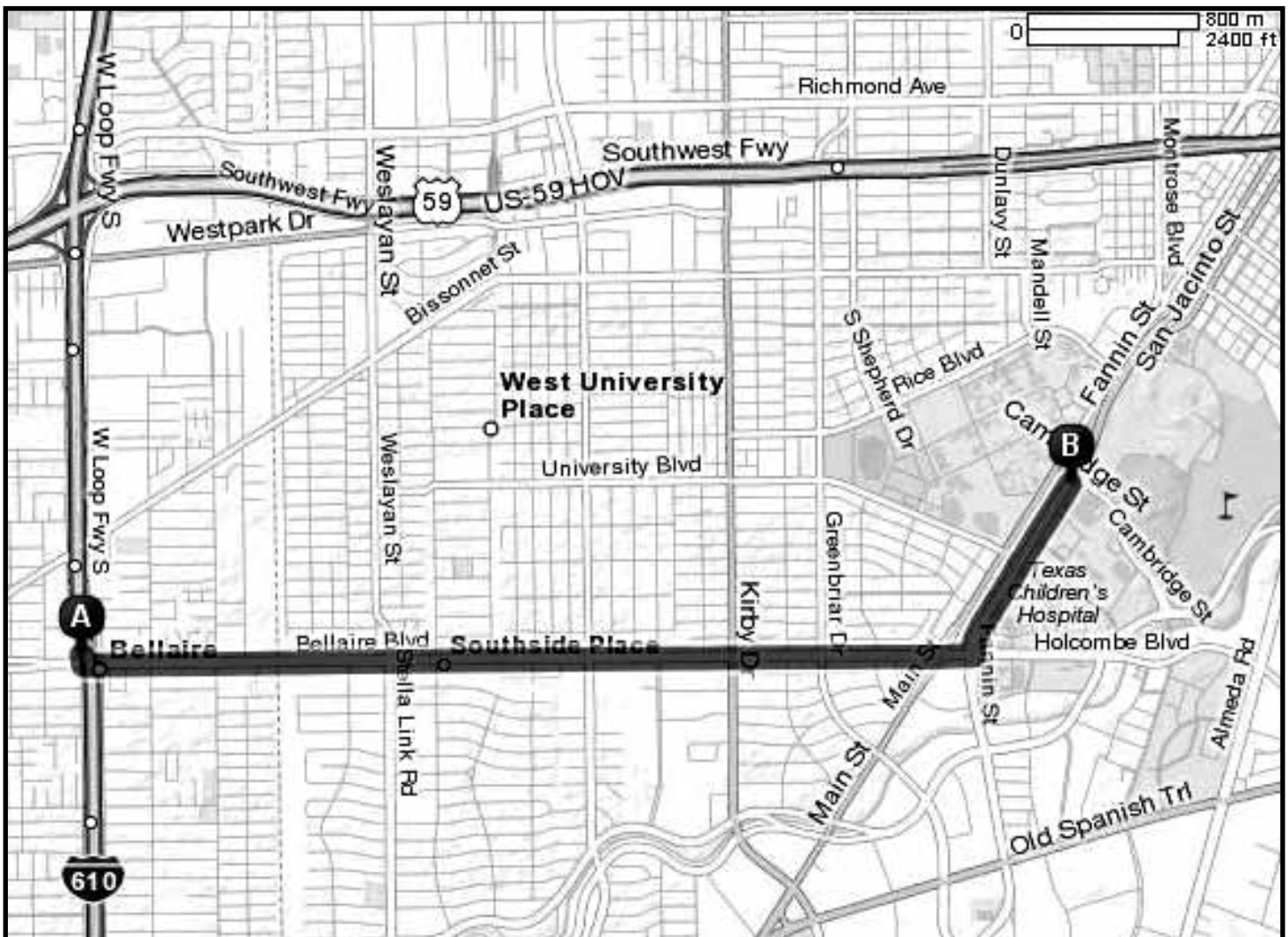
FOR ADDITIONAL INFORMATION ON DIRECTIONS, PARKING, OR REGISTRATION PLEASE CALL THE HOSPITAL 713-704-4000 OR GO TO THEIR WEBSITE: www.memorialhermann.org

DIRECTIONS TO MEMORIAL HERMANN HOSPITAL FROM WOMEN'S SPECIALTY HEALTHCARE

A Women's Specialty Healthcare - 6750 West Loop South, Bellaire, TX 77401-4103

1. Start out going SOUTH on W LOOP FWY S toward BELLAIRE BLVD. 0.0 mi
2. Turn LEFT onto BELLAIRE BLVD. 2.4 mi
3. BELLAIRE BLVD becomes W HOLCOMBE BLVD. 1.0 mi
4. Turn LEFT onto FANNIN ST. 0.7 mi
5. 6411 FANNIN ST is on the RIGHT.

B Memorial Hermann - Medical Center
6411 Fannin Street, Houston, Texas 77030-1501
PH. 713-704-4000
LABOR AND DELIVERY - 5TH FLOOR



FREQUENTLY ASKED QUESTIONS ABOUT MEDICATIONS

WHAT MEDICATIONS ARE SAFE TO TAKE DURING PREGNANCY?

Although it is best not to take any medications during your pregnancy, there may be times when medications are necessary for the relief of certain common conditions. This is a list of “over the counter” medications that are considered safe for use in pregnancy. TAKE ALL MEDICATIONS AS DIRECTED AND DO NOT EXCEED MAXIMUM DAILY DOSES. If the condition for which you are taking medications does not improve with 1 or 2 doses, call your physician to discuss the condition.

PAIN/HEADACHE/FEVER

Acetaminophen(Tylenol). DO NOT USE ASPIRIN, IBUPROFEN, NAPROXEN UNLESS PRESCRIBED BY YOUR DOCTOR

COLD SYMPTOMS

Robitussin regular or DM, cough drops (Hall's or Vick's) for cough

Benadryl, Dimetapp, Sudafed, Actifed (after 1st trimester), Vick's Vapor Rub, saline nasal spray, humidifier for congestion

Salt water gargle, Cepacol lozenges, chloroseptic throat spray for sore throat

ALLERGY SYMPTOMS

Benadryl, Claritin, Zyrtec, Allegra, Flonase

HEARTBURN/INDIGESTION

Tums, Maalox, Mylanta, Pepcid, Rolaids, Zantac, Tagamet

CONSTIPATION

Colace, Milk of Magnesia, Surfak, fiber supplements such as Metamucil, Benefiber, Citrucel, Fibercon. Glycerine Suppositories - only as needed, avoid after 36 weeks. Increase water intake, prune juice and natural fiber in your diet.

HEMORRHOIDS

In order to prevent or improve hemorrhoid it is best to avoid constipation (see above).

Preparation H, Tucks pads, Anusol cream or suppositories, diaper wipes

GAS

Mylicon, Mylanta Gas, Tums (with Simethicone)

YEAST INFECTION

Monistat-7, Gynelotrimin, Femstat, Vagistat

DIARRHEA

Imodium, Kaopectate

NAUSEA

Vitamin B6, ginger, Emetrol.

SKIN IRRITATION

Calamine lotion, hydrocortisone cream, Neosporin ointment.

ARE DENTAL VISITS SAFE?

You can continue regular dental visits to maintain oral health. If you require extensive dental treatment, here is a list of safe medications that you can take to your dentist.

FOR DENTISTS: MEDICATIONS THAT CAN BE USED (unless patient is allergic to them):

ANTIBIOTICS

Amoxicillin, Penicillin, Ampicillin, Clindamycin, Erythromycin, Keflex

LOCAL ANESTHETICS

Lidocaine without Epinephrine

PAIN MEDICATIONS:

Darvocet, Tylenol #3, Vicodin, Demoral (for larger procedures)

LARGER PROCEDURES SHOULD BE AVOIDED IF UNNECESSARY!!!!!!

ALL X-RAYS SHOULD BE AVOIDED UNLESS NECESSARY ***USE A SHIELD*******

FREQUENTLY ASKED QUESTIONS ABOUT NUTRITION

HOW MUCH WEIGHT SHOULD I GAIN?

Ideally you should gain 25-35 pounds during pregnancy. Every woman experiences pregnancy differently, but on average you can expect to gain 0-5 pounds in the first trimester and then gain ½ to 1 pound a week after that.

HOW MUCH SHOULD I EAT?

We do not advise “eating for two” as this could lead to excessive weight gain. You only require an extra 300 calories per day during pregnancy.

ARE THERE ANY FOOD/DRINKS THAT I SHOULD AVOID?

Fish is a healthy part of your diet, however certain fish can contain high levels of mercury such as shark, tilefish, king mackerel and swordfish. The FDA recommends avoiding these fishes. Fish such as salmon, catfish and snapper and shellfish such as shrimp are lower in mercury so consuming up to 12 ounces per week is acceptable. For tuna, 6 ounces a week is permitted. You should also avoid unpasteurized cheeses and deli meats as these can carry the Listeria bacteria which can cause miscarriage and fetal infection. Although in the USA this is very rare it is recommended that you avoid consuming these products. All meats (fish and meat) should be well cooked. Raw fish and meat can carry microbes and parasites and can affect the fetus and mother so it is wise to avoid consuming raw meat and fish.

Avoid consuming alcohol during pregnancy is recommended as there are no scientific research that establishes a safe level of drinking during pregnancy. The Surgeon General recommends that pregnant women abstain from alcohol, which is known to increase the risk of miscarriage, premature birth, and fetal alcohol syndrome. Fetal alcohol syndrome is associated with mental impairment, learning disabilities and other deformities.

Caffeine consumption is safe in small quantities of about 1 cup per day (one cup of coffee or 1 can of soda). There is no evidence that regular amounts of caffeinated beverages cause birth defects.

There is no medical evidence that sugar substitutes such as aspartame(nutrasweet) or splenda are harmful in pregnancy.

WHICH VITAMINS OR SUPPLEMENTS ARE RECOMMENDED DURING PREGNANCY?

It is important to take a prenatal vitamin during pregnancy since most of us do not eat a well-balanced diet every day. The most important elements are folic acid and iron. Folic acid is required in the proper development of the spinal column. A deficiency of folic acid (folate) is associated with an increase risk of neural tube defect. To decrease this risk, it is recommended that all women of childbearing age get 0.4 mg of folic acid daily. Most prenatal vitamins have an adequate amount of folic acid. If you have a strong family history of neural tube defect, you would need 4 mg of folate so additional amounts outside of prenatal vitamins will be required. We recommend taking prenatal vitamins or at least folic acid even during the months prior to pregnancy.

Iron is very important because during pregnancy, the mother’s blood volume has to expand in order to deliver adequate blood flow to the developing fetus. In addition to the increased blood volume, the numbers of red blood cells also increase. Iron helps create red blood cells that deliver oxygen to your baby and also prevent fatigue. Anemia can develop if there is an inadequate amount of iron. We strongly recommend taking additional vitamin C to help your body absorb iron.

Your baby will draw the necessary calcium from your bones as it begins to develop its bones. In order to prevent bone loss we recommend 1000-1500 mg of calcium per day. Your body can really absorb only 500mg of calcium at a time so it is advised to take 500mg two to three times per day. Vitamin D is needed to enhance the absorption rate.

DHA is a long chain Omega-3 acid. There is scientific evidence that it helps with infant brain and eye development. Most prenatal vitamins now have this added to their formula.

FREQUENTLY ASKED QUESTIONS ABOUT NAUSEA

WHAT CAN I DO TO HELP DECREASE EARLY PREGNANCY NAUSEA AND VOMITTING?

Many women suffer from morning sickness or nausea during the first three months of pregnancy. This queasiness is most often caused by the hormone changes that accompany pregnancy and is actually a favorable sign. Nausea can result when the stomach is empty, when food and liquids combine in the stomach, or in response to strong odors. Some changes in your diet can help to control this temporary problem. Typically the nausea goes away by the fourth month of pregnancy, but in the meantime, there are some things you can do to help you feel more comfortable.

- Eat 5 small meals throughout the day as oppose to 3 large meals.
- Keep crackers at your bedside to eat before you get out of bed in the morning.
- Avoid spicy, greasy food.
- Separate liquids and solids at mealtime. If you are thirsty while eating your meal, try eating chips of ice.
- Keep hydrated as much as possible with water and carbonated drinks (sprite , 7-up or ginger ale).
- Make sure you have plenty of fresh air. Household odors may upset your stomach.
- Prescription medications may be prescribed in some cases.

Please contact the office if you are unable to keep down food or liquid for more than 12 hours.

FREQUENTLY ASKED QUESTIONS ABOUT BLEEDING

SHOULD I BE WORRIED ABOUT SPOTTING DURING PREGNANCY?

There are many causes of spotting during pregnancy. Some can be harmless and some can indicate something more serious. Sometimes early pregnancy spotting or light bleeding can be as benign as implantational bleeding or infection or postcoital bleeding or as serious as an impending miscarriage. Miscarriage occurs in about 15% of diagnosed pregnancy however once we are able to see a heartbeat on ultrasound that risk of miscarriage drops to less than 5%. Once the pregnancy makes it to the 12th week then that risk is less than 1%.

Some other causes of spotting after the first trimester can include but not limited to infection, sexual intercourse, placenta previa or low lying placenta, preterm labor, placental abruption.

Your doctor should be notified of any bleeding during pregnancy so we can evaluate the cause.

For more information on what to do if you experience bleeding or spotting please see the next page.

BLEEDING IN PREGNANCY

If you have bleeding from the vagina, ***DON'T PANIC***. Follow these instructions.

1. Notify your physician who will ask you the following questions. Have this information ready.

- Is the bleeding bright red or brown?
- Did the bleeding start after having sexual relations?
- Do you have any cramping or backache associated with it?
- Approximately how much blood have you lost?

2. Go home, go to bed and put your feet up. Stay in bed until the bleeding stops, and then for 24-48 hours after it stops. (your physician will advise you about this)

3. Avoid the following:

- Sexual relations, including breast stimulation
- Douching (douching should be avoided at all times during pregnancy)
- Enemas or laxatives
- Tampons
- Heavy lifting (in excess of 20 pounds)
- Going up and down stairs

If the bleeding stops, you may, after the second day, slowly begin to resume your normal activities. Avoid doing anything that you find tiring, and get plenty of rest. Postpone sexual relations for two weeks after the bleeding stops, as this could cause the bleeding to start again.

IF YOU EXPERIENCE ANY OF THE FOLLOWING, CALL YOUR DOCTOR IMMEDIATELY:

- Severe abdominal pain or cramping
- Passing tissue-like substance (if you do pass tissue, save it in a container and take it with you for the doctor to examine)
- Fever of 100.4° F, especially when accompanied by chills
- Increased bleeding
- ABSENCE OF FETAL MOVEMENT. (after they have been felt regularly).

FREQUENTLY ASKED QUESTIONS ABOUT SEX DURING PREGNANCY

CAN I CONTINUE TO HAVE SEX DURING PREGNANCY?

Yes! You can continue having sexual intercourse if you have an uncomplicated pregnancy. Check with your doctor if your pregnancy is considered high risk or if you have any concerns.

Pregnancy is a time when communication between partners is essential. This is a time when patience and tenderness are greatly appreciated by each partner. One of the best means of communication in relationships is sex. Making love is a unique way couples have of expressing commitment and caring. It is not uncommon, however, for pregnant women to have frequent mood changes and, the couple may notice a change in sexual needs. Some women may notice an increase. It will vary throughout the pregnancy. It is important for each partner to be sensitive to the other and to the needs of each.

In most cases, sex can be enjoyed throughout the pregnancy. Some couples fear that intercourse will harm the baby or cause a miscarriage. In fact, the baby is very well protected by the uterus and the amniotic sac (bag of water). Intercourse will not cause the bag to break or hurt the baby. It is always best to consult your health care provider for specific information, but, in general, comfort should be the determining factor with regard to sexual activity.

Intercourse is not the only form of sexual expression. Other expressions of tenderness and caring may be quite satisfying, and, gentle experimentation may be helpful in achieving a comfortable and intimate relationship during pregnancy.

PLEASE OBSERVE THE FOLLOWING PRECAUTIONS:

- Do not blow air into the vagina. It is possible for air to transfer into the blood stream and cause death for both the mother and baby.
- Do not introduce hard plastic devices into the vagina. It is possible to damage the cervix.
- Take care that bacteria does not enter the vagina. If anal intercourse is practiced, make sure the penis is cleaned before inserting into the vagina.
- Avoid full body weight on the woman's abdomen. Intercourse with both partners lying on their side is frequently more comfortable.
- Do not have sexual relations if you are bleeding, leaking fluid from the vagina, or having pre-term labor.
- Do not have sexual relations if you know your membranes are ruptured.
- Nipple stimulation can cause the uterus to contract and may initiate preterm labor.

Whatever form of sexual expression is practiced, it is best to stay with one sexual partner. Sexually transmitted diseases are particularly dangerous during pregnancy and having more than one partner greatly increases the chances of contracting a sexually transmitted disease.

AFTER THE BABY:

Intercourse is best postponed until after your postpartum visit with the physician. This will give the vaginal wall time to heal and regain strength, and, allow the episiotomy site to heal. In most cases, it is safe to resume intercourse after 4-6 weeks. Again, let your physician and your own comfort be your guide.

Typically the vaginal tissues and episiotomy site will be tender for 4-6 weeks after delivery. You may notice a need for extra lubrication and perhaps extra caution. Remember, unless you are using birth control, it is possible to become pregnant, even after the birth of your baby. It is a good idea to have a plan for birth control before the need arises.

EXERCISE GUIDELINES FOR PREGNANCY AND CHILDBIRTH

The benefits of exercise during pregnancy have been well documented. Not only does a regular program of exercise strengthen and tone the muscles, it helps relieve tension, as well as the aches and pains many women experience during pregnancy. In addition to these commonly understood benefits, exercising while pregnant has been shown to promote a less difficult delivery, a more rapid recovery and assists in metabolizing food more effectively. The aim of an exercise program during pregnancy is to establish and maintain a level of general good health and fitness. It should not be used as a means of weight loss. Pregnancy is never a good time to lose weight because the baby's healthy growth and development is directly related to a nutritious diet and proper weight gain.

Ideally, a pregnant woman will have been involved in an exercise program of some kind before becoming pregnant. If this is the case, she starts the pregnancy in a physically fit state and is aware of how her body responds to exercise. In general, she can continue doing most of the pre-pregnant exercises she did before becoming pregnant, with modification as the need arises, and, as the body changes. There are however, some activities that should be completely avoided during this time. They include risky activities such as:

- Scuba diving
- Sky diving
- Platform diving
- High altitude mountain climbing
- Surfing
- Rugged terrain mountain biking
- Snow skiing

Activities that carry a high risk of injury should be done with extreme caution, and, only if they were being done previously. They include:

- Horseback Riding
- In-line or ice skating
- Contact sports such as basketball, baseball, football, volleyball
- Racquet sports such as racquetball, tennis or squash

If no exercise was practiced before becoming pregnant, the program will need to be less strenuous. Almost any type of exercise is safe if done in moderation, keeping in mind that pregnant women can be more susceptible to injury due to hormone influences that cause the joints and ligaments to become more lax than usual. There are several, recreational activities that are excellent and will help achieve cardiac, lung and muscle fitness, as well as improve posture, and relieve and prevent lower backache. They include:

- Walking
- Swimming
- Stationary bicycling
- Golf
- Kegals exercises
- Pelvic rest

The following are general guidelines for exercise during pregnancy established by the American College of Obstetricians and Gynecologists:

- Regular exercise (3-5 times per week is preferable to occasional activity).
- Swimming, stationary cycling and brisk walking are highly recommended.
- Exercises that require jumping, jarring motions or rapid changes in direction should be avoided.
- Exercises done lying flat on the back should be avoided, as this position could allow the uterus to compress the large blood vessel returning blood to heart. This situation can interfere with blood flow to the uterus and baby.
- Exercise sessions should be preceded by a 5 minute warm-up and followed by a 5-10 minute cool down period.
- Strenuous exercise should be avoided in hot, humid weather, or during illness.
- Moderate to intense aerobic activities should be limited to periods of 15-20 minutes, Lower intensity activities may continue for not longer than 45 minutes.
- The heart rate should not be allowed to exceed 140 beats per minute during times of strenuous activity. If the pregnant woman cannot carry on a conversation while exercising, she is overexerting herself.
- A pregnant woman's temperature should not exceed 100.4 while exercising. To ensure this, she should drink plenty of liquid before and after, and if necessary, during exercise. This will prevent her from becoming dehydrated or over heated.
- Care should be taken not to rise from the floor too quickly, as this can cause a sudden drop in blood pressure.

Exercise should not be done to the point of exhaustion. If any of the following symptoms are experienced, the activity should be discontinued:

- Pain
- Shortness of breath
- Dizziness
- Pounding, or racing, heartbeat
- Pubic pain
- Feeling faint
- Uterine contractions
- Constant or rhythmic back pain
- Vaginal bleeding or fluid loss

There are certain conditions in pregnancy which would make it unwise to engage in an exercise program. Therefore, it is best to consult your healthcare provider for guidelines. Generally, if any of the following conditions are present, a woman should avoid exercising except under the supervision of her physician and a qualified fitness instructor:

- Hypertension (high blood pressure)
- Thyroid disease
- Anemia
- Diabetes
- Irregular heartbeat
- History of preterm labor
- History of fetal growth retardation
- History of bleeding in this pregnancy
- Seizure disorder
- Excessive obesity
- Extreme underweight

If any of the following conditions are present, exercise should be **avoided completely**:

- Ruptured membranes
- Preterm labor
- History of 3 or more spontaneous miscarriages
- Carrying more than one baby
- Vaginal bleeding
- Heart or lung disease

COMFORT TIPS FOR PREGNANCY

CHANGES IN YOUR BODY:	CAUSES:	WHAT TO DO:
NAUSEA & VOMITING	<ul style="list-style-type: none"> • Hormone changes and an enhanced sense of smell. 	<ul style="list-style-type: none"> • Eat small frequent meals. • Avoid fried foods. • Avoid alcohol and smoking. • Slice a lemon and smell it. • Drink fluids between meals.
BREAST TENDERNESS AND LEAKING	<ul style="list-style-type: none"> • Hormone changes increase the blood supply to breasts. 	<ul style="list-style-type: none"> • Wear a bra with good support. • May be comfortable to wear bra to bed. • Inset breast pads in bra.
FREQUENT URINATION	<ul style="list-style-type: none"> • Hormone changes increase blood supply and decrease tone of bladder. 	<ul style="list-style-type: none"> • Limit fluids before bedtime. • Kegal exercise to increase bladder tone. (a Kegal exercise is squeezing the muscles between your legs as if to stop the flow of urine. Do this 25 times, 3-4 times each day).
HEADACHE & FATIGUE	<ul style="list-style-type: none"> • Hormone changes increase blood flow to head • Increased need for energy to support developing baby. 	<ul style="list-style-type: none"> • Eat regular, healthy meals. • Get extra sleep by napping or going to bed early. • Get regular, gentle exercise such as walking. • Relax in a quiet place. • Drink plenty of liquids.
CONSTIPATION	<ul style="list-style-type: none"> • Hormone changes cause food to move more slowly through the body. 	<ul style="list-style-type: none"> • Drink plenty of water. • Eat high fiber foods like fruits & vegetables, bread & cereal. • Regular, gentle exercise such as walking.
HEMORROIDS	<ul style="list-style-type: none"> • Constipation and pressure of growing baby. 	<ul style="list-style-type: none"> • Prevent constipation. • Avoid sitting on toilet for long periods of time. • Avoid straining during a bowel movement. • Soak in warm baths.
LOW BACKACHE	<ul style="list-style-type: none"> • Baby growing in the uterus throws weight forward and the change in balance causes the back to sway and ache. 	<ul style="list-style-type: none"> • Change position often. • Use good posture. • Bend at the knees when lifting things. • Wear shoes with flat heels. • Use foot stool when sitting for long periods. • Rest often, lying on left side with pillows for back support. • Do “pelvic rock” exercise.
VAGINAL DISCHARGE	<ul style="list-style-type: none"> • Hormone changes cause increased production of cervical and vaginal mucous. 	<ul style="list-style-type: none"> • Wash often with non-perfumed soap. • Do not douche or use feminine sprays or powders. • Report changes in discharge color or odor to healthcare provider.
DIZZINESS	<ul style="list-style-type: none"> • Growing uterus squeezes major arteries causing blood to collect in legs. This results in low blood pressure and dizziness. 	<ul style="list-style-type: none"> • Stand up and change position slowly. • Change position often when standing. • Avoid getting over heated. • Drink plenty of fluids. • Avoid low blood sugar.

MORE COMFORT TIPS FOR PREGNANCY

CHANGES IN YOUR BODY:	CAUSES:	WHAT TO DO:
VARICOSE VEINS	<ul style="list-style-type: none"> • Hormone changes cause relaxation on blood vessel walls and result in pooling of blood in legs. • Pressure of enlarging uterus on leg veins prevents blood flow back to the heart. 	<ul style="list-style-type: none"> • Avoid stockings or girdles with tight bands. • Use support stockings. • Avoid leg crossing. • Lie down to rest and elevate legs. • Don't sit or stand for long periods.
LEG CRAMPS	<ul style="list-style-type: none"> • Added weight of baby. • Nerve compression in legs. • Calcium deficiency. 	<ul style="list-style-type: none"> • Have 4 serving of calcium rich foods every day. • Keep legs warm. • Do calf stretching to relieve cramp, and avoid pointing toes. • Supplement calcium need with extra strength TUMS, 3 times a day.
TROUBLE SLEEPING	<ul style="list-style-type: none"> • Pressure of baby on back, bladder and diaphragm. • Inability to find comfortable position due to the need to support large muscles. • Need to urinate more often. 	<ul style="list-style-type: none"> • Relaxation techniques before bed such as warm bath and drinking warm milk. • Position with pillows to support back and legs. • Limit fluids before bedtime. • Exercise regularly.
FEELING FAINT AND BREATHLESS WHILE LYING ON BACK	<ul style="list-style-type: none"> • Pressure of large uterus on major blood vessel that return blood to the brain. 	<ul style="list-style-type: none"> • Avoid lying on back. • Lie on left side with pillow for support.
SHORTNESS OF BREATH	<ul style="list-style-type: none"> • Pressure of large uterus on lungs makes it difficult to breathe deeply. 	<ul style="list-style-type: none"> • Decrease activity level. • Use good posture. • Take deep breaths. • Avoid overeating.
NOSE BLEEDS & BLEEDING GUMS.	<ul style="list-style-type: none"> • Blood volume doubles by end of pregnancy. 	<ul style="list-style-type: none"> • Use humidifier at night. • Vaseline inside nose. • Use soft toothbrush. • Increase Vitamin C.
SHOOTING PAIN IN LEGS OR ABDOMEN	<ul style="list-style-type: none"> • Ligaments supporting uterus stretch and cause strain on muscles. 	<ul style="list-style-type: none"> • Get up slowly. • Get off your feet. • Massage sore areas.
"FALSE LABOR"	<ul style="list-style-type: none"> • Normal "warm—up" contraction occur anytime after 4th month. 	<ul style="list-style-type: none"> • Empty bladder. • Drink 2 glasses of water. • Take warm bath, walk or rest. • Practice relaxation breathing. • Lie down. • Call Dr. if you have 6 or more contractions in an hour.

Remember to tell your doctor or nurse at your next office visit, if you have experienced any of these changes, and what comfort methods you have used to provide relief. If, at any time, these measures do not work, call your provider during regular office hours to discuss the situation. These conditions are considered emergency situations and, if you experience any of them, you should notify your doctor immediately:

- Bleeding from the vagina.
- Leaking fluid from the vagina.
- 4 or more uterine contractions in one hour.
- Sharp abdominal pain.
- Severe headache, dizziness, or spots before your eyes.
- Decrease in fetal movement once the movements have been regular (after 16-20 weeks).

HOUSTON AREA RESOURCES

American Red Cross	713-526-8300
American Lung Association (Stop Smoking Program)	713-629-5864
Bay Area Turning Point (Webster) (Women's Shelter)	281-338-7600
The Bridge Over Troubled Waters (Pasadena)	713-473-2801
Bureau of Vital Statistics	832-393-5000
Children's Protective Services	713-960-1471
Child Help USA (teen pregnancy, drug abuse info)	1-800-422-4453
Child Support Division: Attny General's Office	713-243-7100
Collaborative for Children	713-600-1100
Family Violence Legal Line (Austin)	1-800-374-4673
H.A.N.D. (Houston's Aid in Neonatal Death) Support	832-752-1919
Houston Area Women's Center-Hotline	713-528-2121
Rape Crisis	713-528-7273
Community Education	713-528-6798
March of Dimes	713-623-2020
Medela (Lactation Consult Referral)	1-800-435-8316
Mothers of Multiples-Support Group (Bellaire)	713-417-0947
Contact - Debra Jones	
NEO-CARE (support group-parents of premature babies)	713-964-5412
Poison Control Center	1-800-222-1222
Postpartum Depression Support Group	713-522-5161
Texas Counsel on Domestic Violence	1-800-799-7233
Texas Department of Health and Human Services	512-458-7111
The Council on Alcohol and Drugs Houston	713-942-4100
WIC (Women, Infant & Children nutrition program)	713-794-9090