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Congratulations and welcome to our obstetrical practice! The physicians and staff here are committed to your health and hope to make your pregnancy and birth a wonderful experience. During the next several months, our primary goal will be to assist you with the smooth delivery of a healthy infant.

You are encouraged to select a primary physician to coordinate your obstetrical care. Also, we encourage you to meet both of our doctors. Dr. Mitchell and Dr. Easterlin rotate on an on-call schedule to cover all patients at all times. If you are having a scheduled delivery or c-section, you can work with your primary physician on dates that work for both of you.

We encourage you and your partner to participate in all aspects of your obstetrical care, from the office visits to the delivery room. If this is your first pregnancy, we urge you and your partner to participate in the childbirth preparation class. Classes are offered at the Southeast Georgia Health System Miriam and Hugh Nunnally Maternity Care Center. Childbirth classes are currently scheduled on Tuesday evenings.

Your welcome packet includes numerous pieces of educational material. We believe it is very important for you to review this information. It will walk you through your appointments, lab work and testing that will occur throughout your pregnancy.

We welcome your questions. We strongly advise you to keep a "question list" and bring this list to each visit. If you have questions that cannot wait, we request that you call during business hours, unless it is an emergency. All emergencies will be directed to the ER or Maternity Center.

We look forward to caring for you during this special period of your life.

Sincerely,

Dr. Tina Mitchell
Dr. Marie Easterlin

APPOINTMENT SCHEDULE

What to do after you find out you're pregnant

- Call insurance company to notify them of your pregnancy (Weeks 1-12)
- Register for prenatal classes if you are interested – 466-4134 (Weeks 24-28)
- Select a pediatrician (Weeks 24-30)
- Fill out hospital pre-admission forms (Weeks 34-36)

Appointment Schedule and Reminders

Our staff at Lily works as a team to provide you with your prenatal care. On your first visit, you will be seen to confirm your pregnancy and perform an initial obstetrical assessment.

The guideline we use for scheduling prenatal visits is every 4 weeks for the first 28 weeks of pregnancy, every 2 weeks until 36 weeks, and weekly after 36 weeks. Additional visits may be scheduled as needed.

Appointments are made during business hours. Your family members are welcome to come with you for ultrasounds and special visits. We understand sometimes it may be necessary to bring children.

We ask that if you are unable to keep an appointment to please call/reschedule. If we need to reschedule your appointment due to an unexpected medical emergency, you will be contacted as soon as possible.

LABORATORY TESTING DURING YOUR PREGNANCY

As part of good prenatal care, our staff recommends certain tests to detect infections and other conditions in pregnancy.

At your first OB visit the following tests will be ordered:

CBC This test will check for anemia and other factors

Blood Type and RH A pregnant woman who is Rh negative may need to receive a blood product called anti-D Immune Globulin (RhoGAM). This prevents the breakdown of your baby's red blood cells, a serious condition which causes hemolytic disease. RhoGAM is given by intramuscular injection at 28 weeks gestation and again after you deliver your baby.

Antibody Screen This test will check for red blood cell antibodies.

Syphilis A sexually transmitted disease, which can cause birth defects.

Hepatitis B If the mother has this viral infection of the liver there is an increased chance that without treatment the baby will be infected. The baby can be treated at birth to prevent infection in most cases.

Rubella (German Measles) An infection can that can lead to several birth defects. If a woman is not immune, a vaccine can be given to her after the baby is born.

Pap Smear A screening test for cervical cancer.

Chlamydia/Gonorrhea Screening cultures that can detect sexually transmitted diseases that can potentially be harmful to you and your baby if not treated.

HIV A blood test screening for AIDS. You can have HIV for years and not have any symptoms. If you have HIV, even without symptoms, there is a 1 in 4 chance you could pass it to your baby. There is treatment available during pregnancy that could reduce the risk of transmission of HIV to the baby.

Urinalysis A screening test for urinary tract infection

TSH (possible) A screening test for thyroid disease.

Your 24-28 Week Visit

Glucose Screen To check for diabetes in pregnancy.

Blood Count To recheck for anemia.

Antibody Screen If you are Rh negative, administration of RhoGAM

Your 35-37 Week Visit

Group B Strep Culture Group B Strep is a common bacteria found in many women's lower genital and gastrointestinal tracts. GBS is found in 10-30% of pregnant women who are cultured. A woman with GBS can pass it to her baby during pregnancy. We follow guidelines recommended by the American College of Obstetricians and Gynecologists to administer antibiotics during labor for all pregnancies at risk for an infection. Treatment during labor and delivery may help prevent infection in your baby.

Recommended and Optional Tests

CF A screening test for Cystic Fibrosis. CF is a lifelong illness that is usually diagnosed in the first few years of life. This disorder causes problems with breathing and digestion. Cystic Fibrosis does not affect intelligence. The estimated carrier risk is as follows: Ashkenazi Jewish 1/25, Non-Hispanic Caucasian 1/25, African American 1/65 and Hispanic American 1/46.

NT (First Trimester Screen) A blood test that shows if you are at increased risk of having a baby with Down Syndrome or Trisomy 18 (chromosomal disorders). It requires a sample of you blood and a special ultrasound measurement performed at 11 ½ to 14 weeks.

Other tests that might be ordered

Some tests are done only if they are medically necessary.

The include:

- Amniocentesis for testing of fluid from around the baby for chromosome information and detection of some birth defects
- Serum alpha-fetoprotein (AFP) measurement to screen for certain birth defects
- Ultrasound scans as needed to look at the baby and your uterus, amniotic sac, placenta, ovaries and pelvis
- Non-stress tests or biophysical profiles to check the health of the baby

WEIGHT GAIN DURING PREGNANCY

In general, a woman should consume an extra 300 calories per day during her pregnancy. This usually works out to be about 2500 calories a day, since an average active, non-pregnant woman should have about 2200 calories daily. Every woman is unique and your caloric needs may be slightly different due to you pre-pregnancy weight, your activity level, and the number of fetuses you are carrying. Your health care provider will likely suggest the number of pounds you should gain during this pregnancy. The general recommendations are:

Pre-pregnancy weight	Suggested weight gain
Underweight	25-40 pounds
Normal	25-35 pounds
Overweight	15-25 pounds
Twins	35-45 pounds

You should gain weight gradually throughout your pregnancy. All women gain weight at different rates during pregnancy, but there are general recommendations. During the first trimester, you should gain about 2-5 pounds. Then, during the second and third trimesters, expect to gain about a pound a week. Gaining the proper amount of weight is very important. Your baby depends on adequate nutrition to grow and develop properly. Babies who are born premature and/or with low birth weight are at risk for negative health outcomes. Excessive

weight gain is also unhealthy and can lead to medical complications and an increased risk for operative delivery.

WHAT IS A HEALTHY DIET FOR PREGNANT WOMEN

To ensure that you eat a healthy diet during your pregnancy, you can follow the Food Guide Pyramid for Pregnant Women. It is recommended that you eat 6-11 servings of bread, rice, pasta, and other whole grain products everyday. Eat 3-5 vegetables a day to help get the right amount of vitamins and minerals. Also, you should be having 2-4 servings of fruit each day. Try to eat 3 servings of high protein foods, such as beans, meat, tofu, and nuts. To get enough calcium and other important nutrients, have 3-4 servings of dairy products. Fats, oils, and sweets should be eaten sparingly.

By taking your prenatal vitamins and following the Food Guide Pyramid for Pregnant Women, you will satisfy all of your nutritional and caloric requirements.

WHAT FOODS SHOULD I AVOID DURING MY PREGNANCY

Fish Large fish may be contaminated with mercury so you should avoid swordfish, shark, and marlin and limit the amount of tuna you eat to no more than ½ pound per week. Freshwater fish may be contaminated with pesticides and other toxins.

The Glynn County Environmental Coalition recommends that women who are pregnant or nursing should not eat mullet from Glynn County.

The Seafood Advisory recommends also to limit shrimp to 4 meals a month.

You don't have to stop eating fish and seafood, however. They provide one of the best sources of protein and Omega-3 fatty acids.

Soft, unpasteurized cheese This type of cheese (ie. Brie or Camembert) can harbor bacteria and should be avoided during pregnancy.

Raw eggs Avoid foods with raw eggs such as cookie or pancake batter, Caesar salad dressing, and homemade eggnog to decrease your exposure to bacteria.

Undercooked or raw meat It is wise to steer clear from meat, poultry, and fish that has not been thoroughly cooked, so that you and your fetus are not exposed to harmful bacteria.

ALCOHOL AND PREGNANCY

When you are pregnant your unborn baby receives nourishment from you. What you eat, the baby eats. What you drink, the baby drinks. Because the baby is so small, the baby is affected much faster than the mother. Studies have shown that many children born to women who drink excessively while pregnant have a pattern of physical and mental deficiency. They are also small at birth (especially head size). No one knows how much alcohol is safe. Thus, it is recommended not to drink while pregnant.

SMOKING

Smoking is NOT recommended ever, but especially while your pregnant. It stunts fetal growth and increases the risk of preterm labor, preterm rupture of membranes, intrauterine fetal death, preeclampsia and placental abruption. It can also increase the risk of Sudden Infant Death Syndrome.

PRENATAL EXERCISES

Pelvic Tilt

Purpose: To strengthen abdominal muscles providing better support for the growing baby and to strengthen the back accommodating the weight gain in your pregnancy.

Technique: Lie on the floor with knees bent. Inhale through your nose and roll the small of your back away from the floor. Exhale through your mouth and flatten the small of your back against the floor, pulling in on the abdominals as you do so. Repeat until you have done 15.

Bent Leg Lift

Purpose: Same as above.

Technique: Lie on your back with your knees bent. Begin bicycling with legs, keeping your hips flat. Bring right knee toward your chest, bring it up in the air, straighten it out, and return back to bent knee; repeat with your other leg. Time yourself and gradually increase to 10 min at a time.

Kegal

Purpose: To build muscles of the pelvic floor, to identify muscles which will be used for pushing.

Technique: Tighten muscles around the rectum and vagina (as if you are trying to stop urinating). Hold to count of five and release. Do five at a time and try to build to six sets daily.

Walking

To increase your cardiovascular strength, to keep your weight down, and to generally make you feel better during pregnancy, we advise to walk at least several days per week. Swimming can accomplish the same goals.

Body Mechanics

During your pregnancy your center of gravity shifts. Much of the strain felt in the lower back is related to poor posture. Make yourself aware of good posture while sitting, standing, continuing the activities of daily living. Avoid bending from your waist, as this will add to back strain.

BREASTFEEDING

Breast milk is the healthiest food you can give your baby. Babies who are breastfed are less likely to develop many acute and chronic health diseases and are more likely to achieve optimal growth and development. Breastfeeding protects mothers too. Mothers who breastfeed have less risk of breast, uterine and ovarian cancer. During the postpartum period, mothers who breastfeed lose weight faster as well.

During Pregnancy:

During pregnancy your breasts will change.

- Your breasts may seem heavier and larger.
- Your breasts may be more tender or sensitive to touch.
- The dark area around the nipple, the areola, may become darker and may have small pimple-like bumps.
- Your breasts may leak early milk (colostrum) during the 2nd and 3rd trimesters.

You do not have to prepare your breasts during pregnancy. Your body does that for you. Talk to friends who have breastfed their babies. They can answer questions and support you. Go to some classes to learn more about breastfeeding. Join a support group so you can talk to other mothers and help each other out.

In the Hospital:

- Let everyone know that you are a breastfeeding mother.
- Begin breastfeeding after the delivery, when the baby is awake and alert.
- Always ask for help if you are having problems or experiencing pain.
- Avoid the use of bottles or pacifiers.
- Feed your baby often.
- Watch for hunger signs (sucking on fingers, opening mouth and rooting, turning his/her head toward you when holding).

Keep your baby with you as much as possible. You should sleep when the baby sleeps, in order to get your rest.

At home your breasts will seem very full, usually by the 4th or 5th day. Feed your baby frequently. This will cause your breasts to soften. If the baby has difficulty latching on because of fullness, try hand expressing your breasts or using a breast pump for a few minutes to soften the breast. You can also apply warm towels to your breasts between feeds to reduce the swelling. The swelling is temporary.

Remember: The more your baby breastfeeds the more milk you produce.

For any problems you may call:

- Your doctor
- Hospital Maternity Center Warm Line (466-4171)
- La Leche League (634-1061)

HOW A BABY GROWS

1 month

3/16 inch long

Heart starts to pump and circulate blood.
Backbone and spinal cord grow.
Eyes, ears, nose are visible as little dots.
Digestive system is forming.
Arms and legs are merely buds.

2 months

1 1/8 inches long

1/30 ounces weight

Navel cord grows.
Bones begin to grow.
Face is formed; eyelids fused.

3 months

3 inches long

1 ounce weight

Arms, legs, fingers and toes are formed.
Fingernails begin to grow.
Eyes made, but eyelids still fused.
Begins to move about in womb.
All organs formed.

4 months

6 ½ to 7 inches

4 ounces weight

Strong heartbeat.
Skin is thin and pale and is covered with
fine, downy hair for protection.
Eyebrows begin to appear.
Sex can be distinguished at this time.

5 months

10-12 inches

½ to 1 pound weight

Hair begins to grow on head.
Organs- liver, heart, stomach all grow.
Heartbeat heard with stethoscope.

6 months

11-14 inches

1 ¼ to 1 ½ pounds weight

Eyelids separate and eyelashes grow.
Fingernails fully grown.
Skin is pink and wrinkled and covered with
a creamy coating.

7 months

17 inches

3 pounds weight

Hair is getting long.
Weight has doubled.
Skin still red and wrinkled.

8 months

18-19 inches long

6 pounds weight

Begins to settle down in position for birth.
Bones of head are soft to allow passage
through birth canal.

9 months

20 inches

7 ½ pounds weight

All organs developed to infant size.
Storing iron.
Body gaining muscle and fat.

MORNING (ALL DAY) SICKNESS HELPFUL HINTS

- Always try to keep something in your stomach, starting from when you wake up
- Eat small amounts frequently
- Chew gum
- Take Vitamin B6, Unisom or Dramamine as directed
- Use Sea Bands or other pressure point bands

OVER-THE-COUNTER MEDICATIONS THAT ARE SAFE TO TAKE IN PREGNANCY

Anusol HC (Hydrocortisone cream)	2-4 times a day topically (hemorrhoids)
Benadryl (Dyphenhydramine)	25-50 mg every 6 hrs as needed (antihistamine)
Claritin D	Every 12 hours as needed (allergies)
Colace (Docusate Sodium)	100 mg twice a day (stool softener)
Maalox or Mylanta (Tums also safe)	30 minutes after meals (antacids)
Robitussin (any OTC type)	10 ml every 4 hours as needed (cough)
Sudafed (Pseudoephedrine)	60 mg every 6 hours as needed (non-Drowsy decongestant)
Tylenol (Acetaminophen)	Every 6 hours as needed (headache, pain or fever)
Pepcid or Zantac	As directed (heartburn)
Monistat-7	Use daily for 7 days (yeast infection)

OVER-THE-COUNTER MEDICATIONS TO AVOID

Aspirin, Advil, Motrin, Ibuprofen, Aleve

RESOURCE LIST

Maternity Center Phone Number 912-466-4100

Nursery 912-466-4157

MOM GROUPS

Mom's Club, Brunswick Chapter 265-8647
Mothers of Preschoolers 638-3337
Mom's Connections (SGHS) 466-4134

SUPPORT GROUPS/COUNSELING

Depression after Delivery www.depressionafterdelivery.com

Gateway 280-1400
(mental health and substance abuse counseling)

Parent to Parent 800-229-2038 or 912-489-1904
(parents who have children with mental or physical disabilities)

PRIDE (grieving parents) 264-7273

LEGAL SERVICES

Birth Certificates- Vital Records 264-3961
SEGHS Medical Records 466-7123

COUNTY HEALTH DEPARTMENTS

Brantley 462-6165
Camden 729-4554
Glynn 264-3961
McIntosh 437-4561

PEDIATRICIANS

The pediatricians in Brunswick have requested that they be notified by your sixth month of pregnancy regarding newborn care. This will ensure that they doctor of your choice will be available to care for your baby. Local pediatricians are listed below.

- Ayman Al-Jabi, M.D. 261-2384
- William P. Bristol, M.D. 466-5870
- Evelyn D. Johnson, M.D. 265-8080
- Gilberto Martorell, M.D. 466-5870
- Frances Owen, M.D. 634-2795
- Neil E. Goodman, M.D. 554-0544
- Stephen Thompson, M.D. 265-2036
- Lee Heery, M.D. 466-8909
- Heather Svenson, M.D. 265-4843
- Eric Stout, M.D. 554-0542
- Epthimia Pavlou, M.D. 265-2036
- H. William Sepp, III, M.D. 466-5840
- Helene Coyle, M.D. 265-2036
- Amanda Joseph, M.D. 466-5870

USEFUL WEB LINKS

American Academy of Pediatrics <http://www.aap.org/topics.html>

American College of Obstetrics and Gynecology (ACOG) information
http://www.acog.org/publications/patient_education

ACOG Exercise during Pregnancy
http://www.acog.org/publications/patient_education/bp119.cfm

Babycenter.com – products and services for expectant and new mothers
<http://www.babycenter.com/>

Breastfeeding.com – Information and support
<http://www.breastfeeding.com/>

Centers for Disease Control and Prevention- pregnancy information
http://www.cdc.gov/ncbddd/pregnancy_gateway/

Child Safety Seats – Natl Highway Transportation Safety Admin.
<http://nhtsa.gov/portal/site/nhtsa/>

Morning Sickness http://femalepatient.com/pdf/pat_0309.pdf

Pregnancy info <http://femalepatient.com>

HOSPITAL- Miriam & Hugh Nunnally Maternity Care Center (Brunswick)

www.sghs.org/body.cfm?id=140

