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A Guide to Your Pregnancy & Delivery



Table of Contents



Introduction

- Congratulations!
- Pregnancy and Delivery
- Ultrasounds
- Important names and numbers
- Welcome letter
- Wilmington Health OB/GYN providers
- Nutrition
- Breastfeeding basics
- Bottle feeding your infant
- BMI weight gain recommendations
- Anemia in pregnancy
- Safe food handling
- Exercises
- Danger signs
- Approved OTC medications

First Trimester

- Welcome
- Tests
- FAQs
- Comfort measures
- Things to purchase

Second Trimester

- Welcome
- Tests
- FAQs
- Comfort measures
- Things to purchase
- Educational courses

Third Trimester

- Welcome
- Wilmington Health Pediatrics and Family Medicine providers
- Advanced pregnancy
- Early labor signs
- Tests
- Comfort measures
- FAQs
- Fetal activity patterns
- Things to purchase
- Labor induction
- Cord blood donation
- Cord blood FAQs

Postpartum

- FAQs
- Comfort measures
- General information
- Thank you

Congratulations on the upcoming birth of your baby!

FIRST OF ALL CONGRATULATIONS! This is a very exciting time for you and your partner! We understand choosing a healthcare provider for the newest member of your family may have been a difficult choice. So, thank you for choosing Wilmington Health to care for you and your baby. We are pleased to provide complete care for you, your baby, and your entire family.



Pregnancy and Delivery

YOUR PREGNANCY AND DELIVERY will bring great excitement, many questions, and new financial responsibilities. To assist you in your financial arrangements, we are providing you with the following information.

Please remember, it's your responsibility to inform your insurance company that you are pregnant and to provide them with the estimated delivery date.

Your obstetrical fee covers routine obstetrical visits throughout your pregnancy—prenatal visits through postpartum care. Please let us know if you have any questions or concerns.

The following services are considered standard in our prenatal package:

Basic Prenatal Care

- Initial history evaluation and physical exam
- Subsequent physical examinations (recording weight, blood pressure, fetal heart tones, and routine chemical urinalyses)
 - Monthly visits up to 28 weeks
 - Bimonthly visits up to 36 weeks
 - Weekly visits 36 weeks to delivery

Delivery

- Admission to the hospital
- Admission history and physical exam
- Delivery (additional charges may be incurred for medical complications during labor or delivery)

Routine Postpartum Care

- One office visit following your vaginal delivery
- Two office visits following your Cesarean section

Additional Charges

The following may involve additional fees that will be billed after each service is provided:

- Laboratory tests, ultrasound exams, or non-stress tests (upon provider or patient request)
- All charges incurred while you are in the hospital
- Cesarean section delivery
- Hospitalization for pregnancy complications
- High-risk obstetrical services or monitoring of specific pregnancy complications
- Acute visits during pregnancy not related to pregnancy (e.g. colds, flu, sprains, etc.)
- Additional obstetrics visits related to elevated risk factors (e.g. high blood pressure, diabetes, etc.)

Dear Obstetrics Patient,

WE OFFER YOU two ultrasounds during your pregnancy.

- **First trimester ultrasound at approximately eight weeks**—to confirm due date
- **Second trimester ultrasound at approximately 18-20 weeks**—to evaluate normal growth and anatomy

ADDITIONAL ULTRASOUNDS MAY BE ORDERED IF MEDICALLY INDICATED.

Please understand that these services may not be covered by your insurance and could be your financial responsibility. Please verify your coverage and make arrangements through **Business Services** for payment.

Please be advised that our department follows the American College of Obstetrics and Gynecology's recommendation that prohibits videotaping ultrasounds. However, we are happy to provide you with still pictures of your unborn baby as a memento.





Department of Obstetrics and Gynecology

OB/GYN 📞 *910.343.1031*

Important Names and Numbers

	Name	Phone Number
Office/Answering Service		910.343.1031
Triage Nurse		910.343.1031 Option 3
Patient Accounts Representative		910.772.6502
Hospital		910.343.7000
Admitting		
Labor & Delivery		910.667.7360
Pediatrics		910.763.2072

Notes

Childbirth Classes www.wilmingtonhealth.com/childbirth-education-classes

Dear Expectant Family,

WELCOME TO WILMINGTON HEALTH OB/GYN.

Choosing a provider to care for you during your pregnancy and support you during labor and delivery is one of the most important decisions you will make in your pregnancy. Our staff is committed to providing you personalized care to help you achieve a healthy pregnancy and delivery. We consider it an honor and privilege to be part of your life at this special time.

Our offices are open from 8 a.m. to 5 p.m. Monday through Friday for routine prenatal visits and acute visits as needed. During evening hours and weekends, the on-call provider will be available for all deliveries. If you have questions or concerns at any time during your prenatal care, please call **910.343.1031**. If issues arise after office hours, you may choose to call the labor and delivery unit at NHRMC.

- NHRMC 📞 **910.343.7000**

Or you can reach the on-call doctor by calling **910.343.1031**; your call will be forwarded to the answering service, and the on-call doctor will return your call promptly. Our ultimate goal is to be as accessible to you as possible throughout your prenatal care.

Wilmington Health OB/GYN gives you control over your prenatal care and delivery plans. At Wilmington Health OB/GYN, our providers rotate throughout the week, and all of our providers have clinical privileges at NHRMC.

To make the most of your prenatal visits, consider writing down your questions and bringing them to each appointment. In addition, please review all the educational material you receive as many questions can be answered by the information in this binder.

Congratulations on your pregnancy, and thank you for selecting Wilmington Health OB/GYN as your provider. We look forward to working with you to make your pregnancy and delivery as comfortable and memorable as possible.

Sincerely,

Providers and Staff
Wilmington Health OB/GYN



Wilmington Health OB/GYN

Thank you for choosing Wilmington Health for your obstetrical and gynecological care. The following information will introduce you to the Wilmington Health OB/GYN team.

OB/GYN on 17th Street



Nicole S. Carroll, MD, FACOG

Dr. Carroll graduated from Brody School of Medicine in Greenville, NC. She completed her residency at Vanderbilt University Medical Center in Nashville, TN.

Dr. Carroll has two beautiful girls, Charlotte and Mackenzie, with her husband Eddie Carroll. They enjoy paddle boarding and looking for seashells on the beach.

Her clinical interests include high-risk obstetrics; reproductive endocrinology and infertility; general gynecology and obstetrics; urogynecology; in-office procedures such as Essure, hysteroscopy, and LEEPs; and robotic training with the DaVinci system.



Sarah M. Gore, DO, FACOG

Dr. Gore is a graduate of West Virginia School of Osteopathic Medicine in Lewisburg. She completed her residency in obstetrics and gynecology at East Carolina University Brody School of Medicine and the Pitt County Memorial Hospital in Greenville. Dr. Gore was the

Intern of the Year in 2009 at East Carolina University Brody School of Medicine, where she was also named OB/GYN Chief Resident in 2011.

Dr. Gore's interests include photography, which she used to do on the side during college and medical school. She pretends to be Betty Crocker every once in awhile, but not too often! She enjoys jogging. Whether it's the river, lake, or ocean, she loves the water!

Her clinical interests include adolescent medicine, high-risk obstetrics, and robotic surgery.



Sandra L. Hall, MD, FACOG, ACOG, ABOG

(Only sees GYN patients.)

Dr. Hall graduated from Medical College of Virginia in Richmond, where she also completed her residency. She is certified by the American Board of Obstetrics and Gynecology (ACOG).

Dr. Hall has two sons. She loves to travel with her family and works out daily. Her hobbies include paddle boarding, beekeeping, and tennis. Dr. Hall is bilingual in English and Spanish.

Her clinical interests include general gynecology, infertility, urogynecology, and adolescent medicine.



David Brian Joseph, MD, FACOG

Dr. Joseph graduated medical school from the University of Florida in Gainesville. He completed his internship and residency at New Hanover Regional Medical Center in Wilmington. Dr. Joseph is certified by the American Board of Obstetrics and Gynecology.

In his free time, Dr. Joseph enjoys spending time with his family. His interests include music, skiing, golfing, and whitewater rafting.

His clinical interests include urogynecology, minimally invasive surgery, Essure in-office sterilization, NovaSure ablation, incontinence, osteoporosis, and general OB/GYN.

Department of Obstetrics and Gynecology



Margaret McElroy, DO, FACOG

Dr. McElroy earned her Doctor of Osteopathic Medicine at University of North Texas Health Science Center: Texas College of Osteopathic Medicine, Fort Worth, TX. She completed post-graduate training at the University of Oklahoma College of Medicine

in Tulsa and New Hanover Regional Medical Center in Wilmington, NC. Dr. McElroy is certified by the American Board of Obstetrics and Gynecology.

Dr. McElroy practiced in Texas for five years before returning to Wilmington for good. She loves spending time with her family and watching her kids grow up along our fabulous beaches.



Rachel McLean, DO, FACOG

Dr. McLean received her DO from West Virginia School of Osteopathic Medicine in Lewisburg. Her osteopathic medicine internship was performed at the Charleston Area Medical Center in West Virginia. She completed her obstetrics and gynecology residency at

New Hanover Regional Medical Center in Wilmington.

Dr. McLean is married to Luke McLean and has three children: Lisa, James, and Claire. Her hobbies include sewing, painting, and swimming with her children.

Her clinical interests include minimally invasive surgery, well-woman care, adolescent medicine, treatment of irregular menses, and birth control counseling.



Alison Parker, MD, FACOG

Dr. Parker graduated from the Brody School of Medicine at East Carolina University in Greenville. Her residency was completed at the Mountain Area Health Education Center in Asheville, NC.

Her clinical interests include robotic surgery, urogynecology, and prenatal counseling.



George Terry Stewart, MD, FACOG

(Only sees GYN patients.)

Dr. Stewart is a graduate of the University of North Carolina School of Medicine in Chapel Hill. His residency was completed at North Carolina Memorial Hospital in Chapel Hill.

He is board certified by the American Board of Obstetrics and Gynecology.

Dr. Stewart is married to Susan and has four children: Karen, Amy, Sara, and Andy. His hobbies include hunting, traveling, golfing, and sailing.

His clinical interests include well-woman care, OCP counseling, menopause urological problems, fibroids, bleeding issues, osteoporosis treatment, and general gynecology.



Joshua Ian Vogel, MD, FACOG

Dr. Vogel graduated from the Medical University of South Carolina in Charleston. His internship and residency were completed at New Hanover Regional Medical Center in Wilmington. He is board certified by the American Board of Obstetrics and Gynecology.

Dr. Vogel enjoys spending time with his wife Karen and his two daughters. His hobbies include golf and tennis. Dr. Vogel is also active in Temple of Israel.

His clinical interests include abnormal menses, contraception, and pregnancy.

Department of Obstetrics and Gynecology



Gregory L. Woodfill, DO, FACOG

Dr. Woodfill graduated from the College of Osteopathic Medicine at Michigan State University. He completed his obstetrics and gynecology residency at Michigan State University. He is a member of ADA, ACOOG, VOMA, and ACOG and board certified by the American Board of Obstetrics and Gynecology.

Dr. Woodfill is married to Ashley and has three children: Chase, Holden, and Rhys. His hobbies include running, woodworking, traveling, and family.

His clinical interests include OB/GYN, urogynecology, in-office surgery, infertility, laparoscopy, and vaginal surgery.



Lauren W. Jones, WHNP-BC

Lauren graduated as a women's health nurse practitioner from the University of Cincinnati. She is certified as a registered nurse by the North Carolina Board of Nursing. She is Women's Health Care Nurse Practitioner Board Certified and certified by the National Certification Corporation.

Lauren enjoys spending time with her husband Steve and their daughters Emery Claire and Eden Charlotte. Lauren's hobbies include reading, walking on the beach, and playing with her dog.

Her clinical interests include well-woman care, birth control counseling, IUD placement, and adolescent medicine.



Barbara Klein, WHNP-BC

Barbara received her graduate degree from Virginia Commonwealth University in Richmond. She is Women's Health Care Nurse Practitioner Board Certified and certified by the National Certification Corporation.

Barbara is married and has a son, stepdaughter, grandson, and two labs. She is involved in Monty's Home and Pawsitive Partners Prison Program where prisoners train rescue dogs, which are later adopted into the community. Barbara loves the water.

She especially enjoys watching her labs ride the waves in the ocean.

She has a clinical interest in women's health.

OB/GYN at Mayfaire (6781 Parker Farm Drive)

Nicole S. Carroll, MD, FACOG
Sarah M. Gore, DO, FACOG
Sandra L. Hall, MD, FACOG, ACOG, ABOG
David Brian Joseph, MD, FACOG
Margaret McElroy, DO, FACOG
Rachel L. McLean, DO, FACOG
Alison Parker, MD, FACOG
Joshua Ian Vogel, MD, FACOG

OB/GYN in Hampstead

Margaret McElroy, DO, FACOG
Gregory L. Woodfill, DO, FACOG
Lauren W. Jones, WHNP-BC

Nutrition During Pregnancy

CREATING YOUR NEW DIET can be an exciting time for you and your baby. This is your opportunity to develop eating habits that will not only contribute to your health but also to the growth and development of your baby. Now, more than ever, it is essential that you consume the proper foods and vitamins every day.

To help make this dietary transition as simple as possible, we've outlined basic guidelines below. By following these dietary steps and the rule of moderation, you will help your baby enjoy a healthy future. If you have any questions, Wilmington Health has a registered dietitian available for consultation at the request of your physician.

The Basic Pregnancy Diet

- **Calcium**—four servings daily

Examples: low-fat milk, cheese, low-fat cottage cheese, low-fat yogurt, calcium-fortified orange juice, soymilk/protein

- **Calories**—To calculate your caloric intake during pregnancy, multiply your weight by 15, then add 300. For instance, if you weighed 120 pounds, the calculation is:

$$120 \times 15 = 1,800 + 300 = 2,100 \text{ calories/day}$$

- **Fats & high-fat foods**—in moderation, no more than 30% of your caloric intake

- **Fluids**—eight 8-ounce glasses daily

- **Fruits & veggies**—two and three servings daily

Examples (two servings): apples, bananas, grapes, asparagus, green beans, potatoes

Examples (three servings): cantaloupe, peaches, broccoli, carrots, dark green lettuce

- **Iron**—Most of the nutrients from your daily diet will help meet your iron requirements.

- **Prenatal vitamins**—daily

- **Protein**—three servings daily

Examples: low-fat milk, cottage cheese, yogurt, eggs, chicken, turkey, lean beef

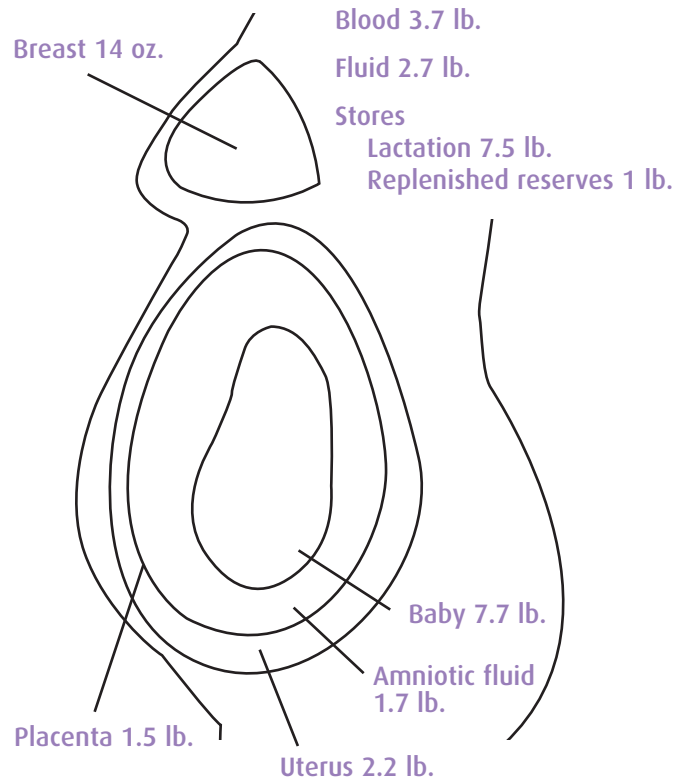
- **Vitamin C**—three or more servings daily

Examples: grapefruit (juice), oranges (juice), collard greens, raw cabbage, tomatoes, broccoli

- **Whole grains & legumes**—six to 11 servings daily

Examples: whole wheat, oats, corn, rye, barley, rice, peas, beans, peanuts

Weight Changes Caused by Pregnancy



Breastfeeding Basics for New Mothers

PREGNANCY, CHILDBIRTH, AND BREASTFEEDING are among the most meaningful moments you will experience in your lifetime. Having a baby and nurturing your child are wonderful expressions of love.

From nature's point of view, breast milk is the best food for new babies. They digest it more easily than other foods, and it's tailor made to their growth and development needs. Breast milk also contains substances that protect babies from disease. Breastfeeding benefits the mother, too. Every time a mother nurses, the muscles of her womb contract, which helps the uterus get back "in shape." Most mothers say that breastfeeding also gives them a special feeling of closeness with their baby.

If you decide to nurse your baby, ask the hospital nurses for help. Classes in breastfeeding are also available. Breastfeeding is part natural instinct, but it's also a learned skill. If questions arise after you leave the hospital, please call your provider.

The Benefits of Breastfeeding

The benefits of breastfeeding your baby are both emotional and physical. A special bond develops between the nursing mother and her baby. Today, 60 percent of all newborns are breastfed, and the number continues to grow. Your milk is the perfect food for your baby. During the first few days, your breast will secrete colostrum, a yellowish fluid that contains protective antibodies and a high percentage of protein. Gradually, this will turn into thinner, mature milk after birth.

Human milk is easily digested, so your baby will have fewer stomach upsets and less gas than a bottle-fed baby. While your baby's immune system is developing, he or she will benefit by receiving antibodies in your milk that will provide protection from germs in the environment. Breast-fed babies are also more resistant to allergies and respiratory infections.

Though the mother nurses the baby, the baby's father also plays an important role in nurturing his child and supporting the mother. Dad can take an active part in sharing the baby's care by bringing him or her to mom at feeding time, cuddling, changing diapers, giving a bath, and playing with the baby.

Guidelines for Successful Breastfeeding

- Continue to consume nutritious food choices—your nutrients need to remain high. For example, your requirement for calcium intake should stay at 1,500 mg, the same level during pregnancy.
- You will need to consume about 500 more calories per day.
- Nurse every two hours during the day. Expect one to two feedings at night, especially during the first month.
- Alternate breasts at each feeding. Nurse for five minutes on each side, alternating as many times as necessary. Nurse at least a total of 15 minutes on each breast.
- Drink plenty of fluids.
- Rest when you're tired, and try to sleep when the baby sleeps.

La Leche League International

La Leche League International (LLL) is an organization dedicated to making breastfeeding easier and more rewarding for both mother and child. There are more than 8,000 League leaders nationwide who are available to offer advice and support to nursing mothers through monthly meetings and by telephone.

We wish you a wonderful future with your baby.

Bottle Feeding Your Infant

IF YOU DECIDE TO BOTTLE FEED, you will give your baby infant formula until he or she is a year old. Infant formula is the best alternative to breast milk. Patterned after human milk, formula gives babies an excellent balance of nutrients they need for growth and development during the all-important first year of life. An advantage of bottle feeding is that these times can also be shared by the baby's father and other members of the family.

While the term "bottle feeding" usually refers to the use of infant formula, many nursing mothers bottle feed too. Typically, they'll have someone else give the baby a bottle of infant formula or pumped breast milk for feedings they have to miss.

At first, feeding a newborn will take time and patience, and it must be done frequently because of the small size of your infant's stomach. New babies do not operate on a regular schedule. At first, your baby will probably want to be fed every two to four hours, usually taking about 20 to 30 minutes. Babies who finish faster may be getting the formula too fast, which is hard on the digestive system. If this happens, the nipple should be replaced with a smaller hole, which will help facilitate normal consumption.

A new baby may drink as little as 1 ounce or as much as 3 to 4 ounces during a single feeding. In the past, mothers were told to wait four hours between feedings. However, this left many hungry babies unsatisfied until their next feedings. Today, we understand that it's better to feed "on demand."

The amount of formula can vary from feeding to feeding. Large, active babies may need more formula than smaller, less active ones, especially those who sleep a lot. Fussy babies may want food more often than quiet babies. If you're using infant formula, it's hard to know how much to offer the baby. It's best to include one more ounce than you think the baby will drink. Let your baby be your guide; he or she will usually make it clear when interest in a feeding is lost, or when he or she would like more. Babies should not be pushed to take more than they want, but they should not be given less than they need either.

Types of Bottle-Feeding Systems

- Bottle with regular nipple
- Disposable system with bags and nipple (Playtex®)
- Disposable system with container and nipple (Munchkin®)

Types of Formula

- **Dry**—This is the least expensive. It requires mixing and can be prepared for one or more feedings.
- **Concentrated**—This is more expensive. It's easy to mix, can be used for one day's bottle, and can be kept in the refrigerator for 24 hours.
- **Ready to feed**—This is the most expensive. No mixing is required. It can be used for one or more feedings and can be kept in the refrigerator for 24 hours.

Stools

If your baby is bottle fed, the stools are more likely to look yellowish-tan but may also be green, brown, or grayish. Stools may be loose or liquidy, especially in nursing babies. This type of stool is not the same as diarrhea. With diarrhea, stools are more frequent, completely liquid, and leave watery rings in the baby's diaper. If your baby's stools are small and pebble like, regardless of frequency, the baby may be constipated. Don't give your baby an enema, suppository, or laxative until you have talked to your provider.

As long as your baby seems happy and content, is eating normally, and has no signs of illness, don't worry about minor changes in stools. Normal babies may have several bowel movements a day or none for one or two days. It's also normal for your baby to grunt or turn red in the face while having a bowel movement.

Burping

While nursing, a baby may swallow air along with the milk. This is especially true if the baby is a "gulper." Holding your baby in an upright position, while supporting the head, will bring up the most air bubbles. Patting and rubbing the baby's back will also help. When bottle feeding, burp the baby after half of the bottle is gone or when the baby stops feeding. Some babies burp a lot and others not at all. If your baby gets fussy soon after feeding, try burping.

If you have any questions, please call our office.

BMI Weight Gain Recommendations

ACCORDING to the American College of Obstetricians and Gynecologists and the Institute of Medicine, the following are weight gain recommendations based on BMI (body mass index):

BMI	Recommended Weight Gain (lbs.)
Less than 18.5 (underweight)	28-40
18.5-24.9 (healthy weight)	25-35
25-29.9 (overweight)	15-25
30 and more (obese)	11-20



Anemia in Pregnancy

When your hemoglobin/hematocrit is <11mg/dL/33%, the World Health Organization defines you to be **anemic**.

Essential Facts About Anemia

- Anemia is most often secondary to inadequate **iron** intake.
- The typical U.S. diet contains about 18mg of iron a day of which only 1mg is absorbed.
- Each pregnancy depletes maternal iron stores by 750mg.

Implications of Anemia for You and Your Pregnancy

- Fatigue
- Depression
- Shortness of breath
- Low blood pressure
- Heart palpitations (pounding)
- Increased risk of blood transfusion during delivery

Foods and Drugs That Don't Mix Well with Iron

- Foods high in phytic acids (grains, seeds, legumes) decrease iron absorption.
- Dairy products decrease bioavailability of iron. Iron supplements should not be taken within one hour of consuming dairy products.
- Thyroid supplements should be taken four hours apart from iron supplements to maximize the effectiveness of thyroid supplementation.
- Proton pump inhibitors (Prevacid, Prilosec OTC, etc.) reduce the bioavailability of iron.
- Calcium, aluminum, and magnesium decrease iron absorption. Therefore, iron should be taken at least one hour before or two hours after products containing these chemicals.

Simple Remedies

- Remember to take your prenatal vitamin daily.
- Vitamin C and folic acid help increase iron stores.



Safe Food Handling for a Healthy Pregnancy

Protect you and your baby from *LISTERIOSIS*

PREGNANT WOMEN ARE MORE prone to getting sick from listeria, harmful bacteria found in many foods. Listeria can lead to a disease called listeriosis, which can cause miscarriage, premature delivery, serious sickness, or the death of a newborn baby. If you're pregnant, you need to make sure your foods are safe to eat.

How can I keep my food safe?

- To avoid listeria growth in your refrigerator and freezer, set the temperature to 40 degrees Fahrenheit or lower and 0 degrees Fahrenheit or lower respectively. Check your refrigerator's temperature using a refrigerator thermometer.
- Clean up all refrigerator spills right away—especially juices from hot dog packages, seafood, raw meat, chicken, or turkey.
- Clean your refrigerator's inside walls and shelves with hot water and liquid soap, then rinse thoroughly.
- Use precooked or ready-to-eat food as soon as you can. Don't store it in the refrigerator too long.
- Wash your hands after you touch hot dogs, raw meat, chicken, turkey, seafood, or meat juice.
- Do not drink unpasteurized milk.



How will I know if I have listeriosis?

Unfortunately, the illness takes weeks to develop, so you may not know immediately. Early signs include fever, chills, muscle aches, diarrhea, and an upset stomach. At first, it may feel like the flu. Later on, you may have a stiff neck, headache, convulsions, or loss of balance.

What should I do if I think I have listeriosis?

If you have any of the above symptoms, call your doctor, nurse, or health clinic. Listeriosis can be treated effectively.

For more information about food safety, visit the U.S. Department of Agriculture Food Safety and Inspection Service web site at www.fsis.usda.gov.

Pelvic Floor (Kegel) Muscle Exercises

DURING PREGNANCY, after childbirth, and as women get older the muscles of the pelvic floor that support the urinary bladder, uterus, and bowel relax. This relaxation can contribute to urinary incontinence. Fortunately, Kegel exercises can help strengthen these muscles, prevent future problems, and improve sexual pleasure.

The pubococcygeus, the muscle that controls the pelvic floor, is activated when urination is interrupted. As you urinate, decrease or stop the flow, and hold it for a short time without tightening your abdominal muscles. After your bladder is empty, contract the muscle for five to 10 seconds, and then relax it for five to 10 seconds.

You should practice this exercise regularly. Try doing Kegels five times every time you urinate. If you are incontinent when laughing, sneezing, or exercising, make sure to contract and hold your pelvic floor muscles. When you have the urge to urinate, do not run to the bathroom; this only increases the pressure. Instead, take deep breaths while contracting the pelvic floor muscles, and walk at a normal pace to the bathroom.

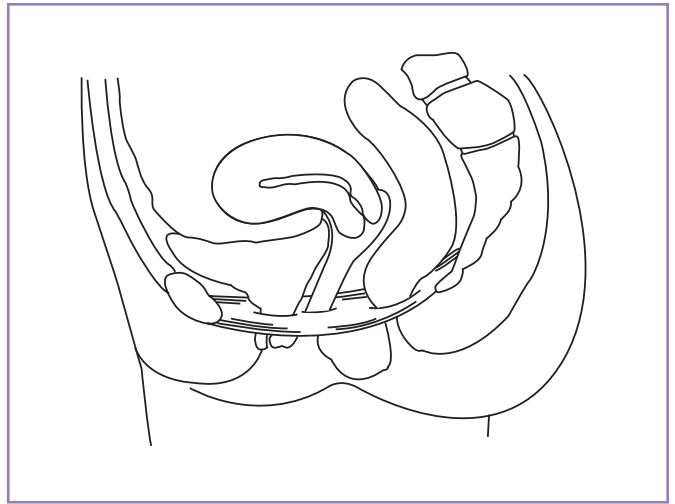
If you regularly urinate in small amounts, you may be able to prevent leakage. Begin by urinating every one to two hours, whether you feel like it or not. Then, increase the interval between voiding by 15 minutes every week until the desired interval is reached.

These exercises should become a habit and need to be practiced regularly for the rest of your life.

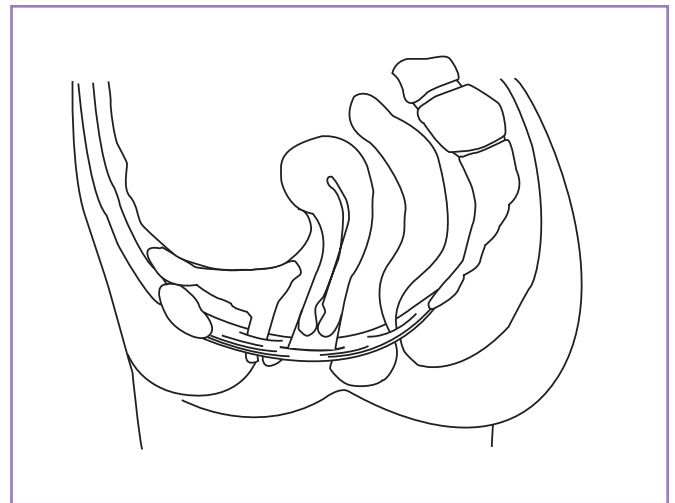
General Exercises

If you have no contraindications, we recommend you continue to stay active. Walking and swimming are excellent exercises while pregnant. Avoid high-impact or jarring-type activities. Talk to your provider about what activities are best for you.

Pelvic Floor Muscles



Firm muscle tone—organs supported



Slack muscle tone—organs prolapsed

Danger Signs to Watch for During Pregnancy

IF YOU EXPERIENCE any of the following, call the office as soon as possible, unless directed otherwise. DO NOT wait for your next appointment.

- **Vaginal bleeding** that is slight (less than menses) and occurs during the first four months is usually treated with bed rest only. Spotting can occur after intercourse or a vaginal exam, but it should not be heavy or last longer than 24 hours. Profuse bleeding (greater than menses) should be reported immediately. If heavy bleeding occurs after office hours, go to the emergency room or to labor and delivery at the hospital.
- **Puffiness of the face, eyes, or palm of your hand** that appears suddenly and persists for more than 24 hours. Swelling that disappears after a night's rest or after elevating your legs is not uncommon.
- **Severe headaches** that develop in the last half of pregnancy, persist for more than 24 hours, and are not relieved by Tylenol®.
- **Dimming or blurring vision** that lasts longer than one day during the last half of pregnancy.
- **Severe abdominal pain** that is constant and persistent, especially if associated with vomiting. This is different than common obstetrical discomforts such as round-ligament spasms, which feel more like pulling or stretching.
- **Vomiting** lasting more than 24 hours.
- **Fever of 100.4 degrees** or more lasting for more than 24 hours.
- **Rupture of membranes.** If your water breaks during the last six weeks of pregnancy, go directly to the hospital. Prior to the last six weeks, call the office for proper advice during the day or labor and delivery after office hours.
- **Dysuria** (burning with urination) usually indicates a urinary tract infection, especially when accompanied by urinary frequency, chills, and/or a fever.
- **Uterine contractions** that occur more frequently than every 10 minutes and don't go away with rest and fluids prior to 36 weeks.
- **Anything that is causing you or your partner concern.**

Over-the-Counter Medications Approved for Pregnancy

Please post this information in an easily accessible place

(e.g. refrigerator door).

Nausea

- Dramamine®
- Unisom® (½ 25mg tab two to three times a day)
- Vitamin B6 three times a day

Allergies

- Benadryl®
- Claritin®
- Tylenol® Sinus

Cold

- Claritin-D®
- DayQuil®
- Mucinex®
- Mucinex® D
- Robitussin®/Robitussin DM
- Sudafed®
- Tylenol® Cold/Tylenol Flu

Hemorrhoids

- Anusol®
- Preparation H®
- Tucks® Pads

Headache or Mild Discomfort

- Tylenol®

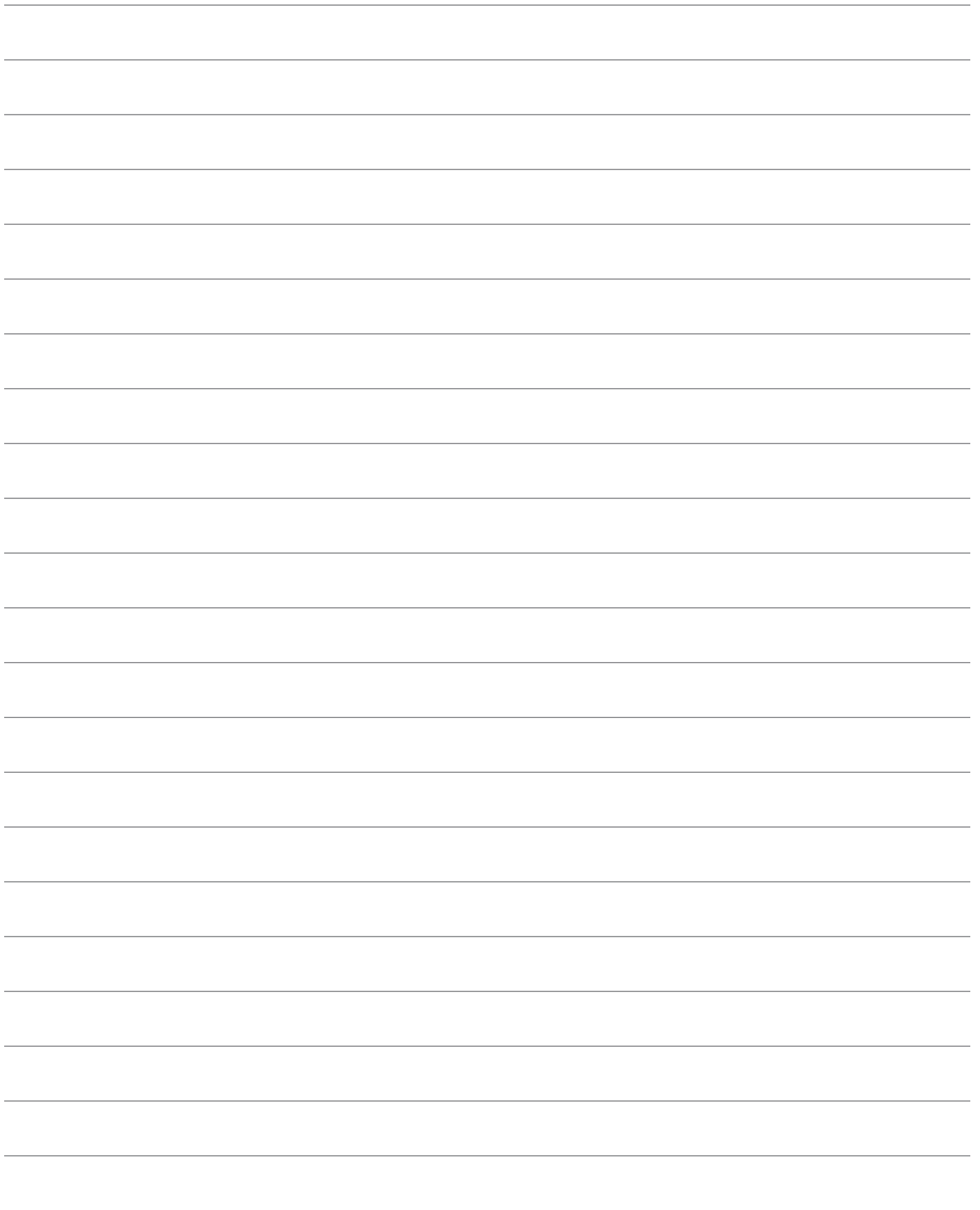
Heartburn

- Maalox®
- Mylanta®
- Pepcid® AC
- Prilosec OTC™
- Rolaids®
- Tums®
- Zantac® 150

Constipation

- **Step 1: Fiber diet**—apples, cider, fruit juice, raisins, prunes, NO bananas
 - Exercise (walking)
 - Drink plenty of water
- **Step 2: Daily control**
Colace®, Metamucil®, FiberCon®, Konsyl®, MiraLAX®, or Citrucel®
- **Step 3:** Glycerin suppositories, mineral oil, or Fleet® enema

If you have questions on any other medication(s), please contact your provider.





Welcome to the First Trimester (Weeks 1-12)

This is a very exciting time for you, and this section will tell you what you can expect in your first trimester of pregnancy.

There are many physical and emotional changes occurring at this time. Many couples find the first trimester both an exciting and stressful period, because they're still adjusting to the idea of having a baby.

Prenatal vitamins should be started if you're not already taking them. Routine visits occur monthly, and the baby's heartbeat may be heard as early as 10 weeks.

Primary discomforts in the first trimester are:

- **Nausea**—A little more than half of all expectant women experience the nausea and vomiting associated with morning sickness. Increased levels of hormones that sustain the pregnancy can cause morning sickness. Morning sickness does not necessarily occur just in the morning. To ease nausea, take vitamin B6 three times a day, Unisom® 25mg at night, and eat small snacks frequently.
- **Fatigue**—During the first trimester you will see your body undergoing many changes as it adjusts to your growing baby. This may result in fatigue due to the physical and emotional demands of pregnancy. During your pregnancy, you might feel tired even when you've had a lot of sleep at night. Once your body has adjusted to the increased demands placed upon it, you should have more energy.
- **Urinary frequency**—The uterus is growing and starting to press on the bladder, causing the need to urinate more frequently. Also, there is an increased volume of body fluids in pregnancy, and the kidneys are very efficient at clearing the body of waste products. The pressure on your bladder is often relieved once the uterus rises into the abdominal cavity at around the fourth month.



First Trimester: Required Pregnancy Laboratory Tests

THROUGHOUT YOUR PREGNANCY, certain blood and urine tests will be needed. The following is a brief description of these tests and why they're required. For more information, contact your provider's office.

First trimester (1-12 weeks)

- **CBC (complete blood count):** Checks for signs of anemia or infection.
- **Type and Rh:** Determines your blood type and Rh factor.
- **RPR (rapid plasma reagin):** Screens for syphilis, required by the State of North Carolina.
- **HIV (human immunodeficiency virus):** Screens for the AIDS virus.
- **Hepatitis B, C:** Screens for liver disease.
- **Rubella titer:** Determines your immunity to "three-day measles." If you're non-immune, you will receive the vaccine after delivery.
- **Antibody screen:** Determines which antibodies are present in your blood.
- **Pap smear:** Screens for cervical cancer.
- **GC (neisseria gonorrhoeae), chlamydia:** Screens for sexually transmitted diseases.
- **Cystic fibrosis:** Screens for lung and pancreas disease, conducted upon request.
- **Urine culture:** UTIs are more common in pregnancy.

Tests take about one hour to complete. During this time, we may also test for sickle cell and herpes typing.

Urine Specimen

At each appointment, a urine sample is required to check sugar and protein levels. Specimen containers are available at the reception desk. Give your sample to the nurse before examination.



First Trimester: FAQs

1. Can I videotape my obstetrical ultrasound?

Please be advised that our department follows the American College of Obstetrics and Gynecology's recommendation that prohibits videotaping ultrasounds. However, we are happy to provide you with still pictures of your unborn baby as a memento.

2. Will my provider always be available to see me at my obstetrical visits?

Due to unexpected deliveries and emergencies, we cannot guarantee that your doctor will always be available at your appointment. If your provider is unavailable, you may request to see another provider or a nurse practitioner.

3. How do I relieve constipation?

We recommend a fiber diet, including apples, cider, fruit juice, raisins, and bran. Also make sure to exercise and drink plenty of water.

4. Is vaginal spotting normal?

Yes. Minor spotting typically occurs during the first four months and can be treated with bed rest. Spotting is often caused by either vaginal exams or sexual intercourse and will stop within 24 hours. However, any bleeding should be reported immediately.

5. How do I relieve nausea?

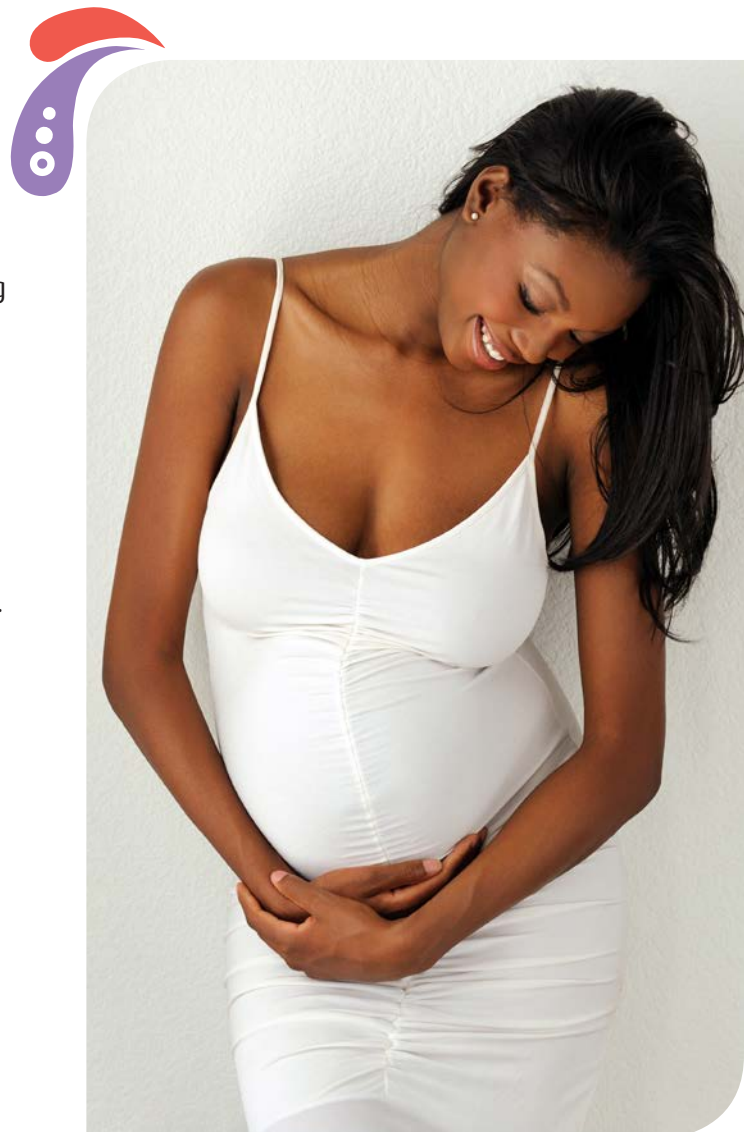
Eat dry foods (crackers, pretzels, etc.) and small protein snacks (cheese, peanut butter) every one to two hours. If nausea persists, take Dramamine® or Unisom®.

6. Is it safe to travel?

If you're not experiencing any pregnancy complications, you may travel up to week 36. After week 36, we recommend staying home (i.e. traveling no farther than an hour away) in case you deliver prematurely. Long trips should be discussed with your doctor.

7. Can I still have sex?

Yes. Sexual activity will not harm you or your baby. However, there are times when pelvic rest may be ordered (e.g. spotting).





First Trimester: Comfort Measures

1 to 12 weeks

Problem

Solution

Fatigue

Take short, 15-minute naps throughout the day.

Nausea

Eat dry foods (crackers, pretzels, etc.) and small protein snacks (cheese, peanut butter) every one to two hours. If nausea persists, take vitamin B6 three times a day and 25mg of Unisom[®] at night.

Headache

Relax, massage neck or temples, and apply ice to forehead. If headache persists, take Tylenol[®]. Tylenol is safe to take during pregnancy. However, like all medicines, contact your physician for dosing suggestions.

Gas, constipation

Consume more fluids and fiber, especially bran. Exercise regularly.

Low cramps

Normal, unless persistent or accompanied by bleeding. If this occurs, call the office.

Mood changes

Normal

First Trimester: Things to Purchase

AT WILMINGTON HEALTH, we understand the excitement that comes with purchasing items for you and your baby. That's why we've compiled a basic list of recommended items to help steer you in the right direction.

Pregnancy books

- *Planning Your Pregnancy and Birth*
- *Baby Bargains: Secrets to Saving 20% to 50% on Baby Furniture, Equipment, Clothes, Toys, Maternity Wear and Much, Much More!*

Pregnancy calendar

- Follow each step of your baby's growth and development with a helpful 40-week pregnancy calendar.

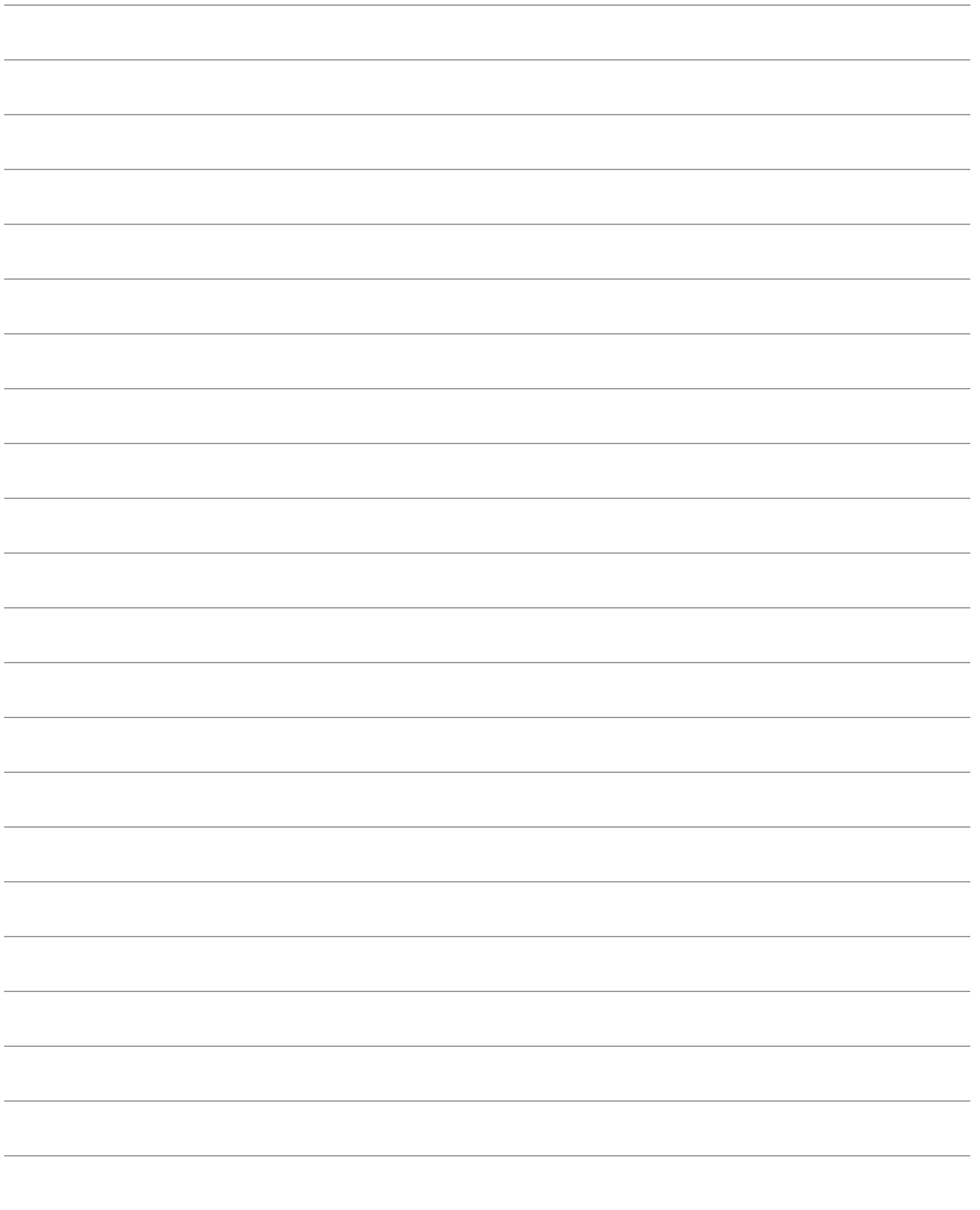
Pregnancy journal

- Keep track of your thoughts, questions, and emotions as you embark on a special nine-month journey with your baby.

Online resources

- Visit www.acog.org/Patients to learn about pregnancy, labor, delivery, and postpartum care.





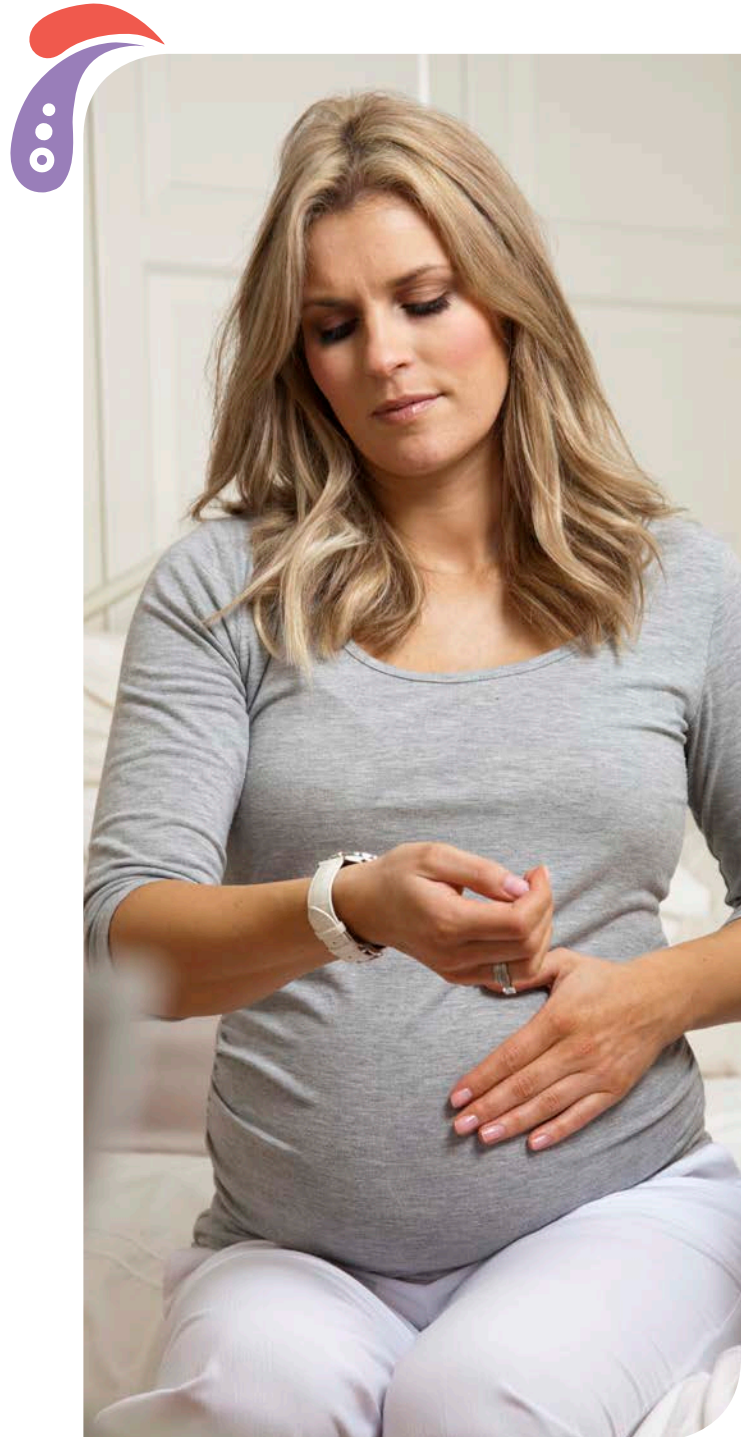
Second Trimester



Welcome to the Second Trimester (Weeks 13-27)

During these weeks you will notice the following changes:

- The nausea, headaches, and fatigue of the first trimester will disappear.
- Your provider will be able to hear the heartbeat at each of your visits.
- You will begin to feel movement between weeks 16-20.
- After 24 weeks, you should feel the baby move every day.
- Your partner may begin to feel movement around 24-28 weeks.
- This trimester is the most fun and the time you feel the healthiest.



Second Trimester: Pregnancy Laboratory Tests

Throughout your pregnancy, specific blood and urine tests are needed. The following is a brief description of the optional tests you can have during your second trimester. For more information, contact your provider's office.

Second trimester (13-27 weeks)

AFP/Quad Marker screen (alpha-fetoprotein test) between week 15 and 20: Detects increased risk for neural tube defects and Down syndrome.

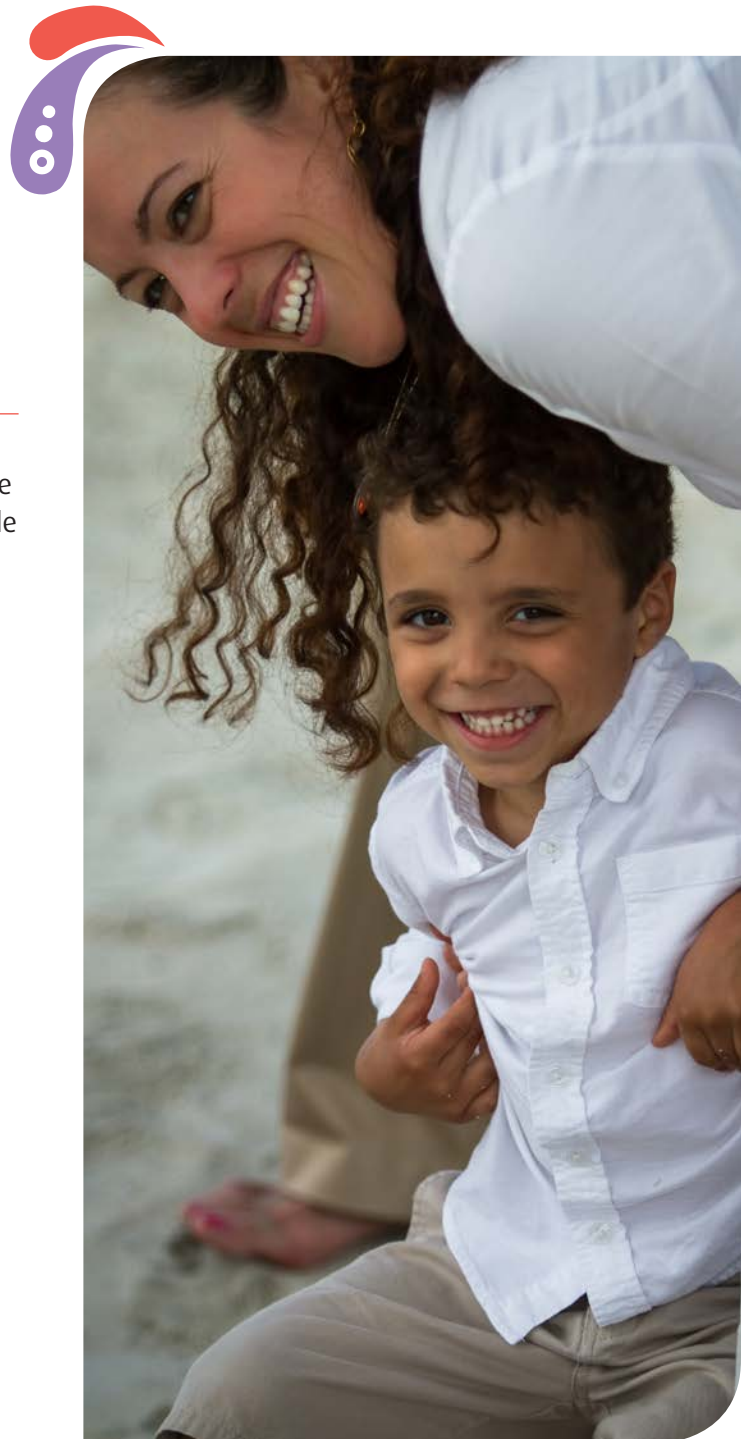
Diabetes screen (24-28 weeks)

Anemia screen (24-28 weeks)

Testing is available at all locations.

Urine Specimen

At each appointment, a urine sample is required to check sugar and protein levels. Specimen containers are available at the reception desk. Please give your sample to the nurse before examination.



Second Trimester: FAQs

1. Are hemorrhoids avoidable?

To prevent hemorrhoids, avoid constipation and straining. To treat them, lie with a pillow under your buttocks, and apply ice or cold witch hazel pads to the painful area. You may also use over-the-counter medications like Preparation H® or Anusol®.

2. How should I treat heartburn or indigestion?

Eat slowly and more frequently. Chew gum after eating. Eat dry food (crackers, toast, etc.) before bed. See also Approved OTC medications.

3. Should I be concerned about vaginal discharge?

No. It's normal to experience a thin, milky discharge during your pregnancy. We recommend wearing panty liners and cotton underwear for more breathability. Avoid using tampons, and **DO NOT** douche. Douching increases the risk of infection and may force air into your vagina, which can be hazardous to your baby.

4. Is it safe to visit the dentist?

Regular checkups are perfectly fine. However, if you are undergoing a major procedure, please call your provider. X-rays and certain anesthetics may be dangerous to your baby's health. If you do require surgery and need your provider's permission, a letter from your provider is available upon request.

5. What should I do about leg muscle cramps?

Muscle cramps are normal during pregnancy. To relieve tension, get plenty of exercise, and consume more magnesium oxide.

6. How do I relieve nosebleeds?

Nosebleeds are the result of increased blood volume during pregnancy. To avoid nosebleeds, use Ocean® Nasal Spray, and place humidifiers throughout your house. To relieve a nosebleed, pinch the area right above your nostril for five minutes. Continue this three times, or until the bleeding stops. If the bleeding is still frequent and heavy, call our office.

7. Can I prevent stretch marks?

Unfortunately, approximately 90% of pregnant women experience stretch marks. Lotions and creams will help keep your skin moist and soft, but they will not prevent stretch marks. The good news is that your stretch marks will eventually fade into a light, silvery color after pregnancy.

8. How do I relieve backaches?

Backaches are the result of stretching ligaments and the weight of your baby. To relieve back tension, tighten your lower abdominal muscles or wear a pelvic support belt. Pelvic tilt exercises may also help.

9. I occasionally get dizzy when I stand up or change positions, or I get warm. Is this a problem?

No. Due to changes in blood flow and cardiac activity, these occasional dizzy episodes are normal and can be managed with slower movements, increased fluids, and keeping a fan nearby.



Second Trimester: Comfort Measures

13 to 27 weeks

Problem

Leg cramps, groin pain

Solution

May be caused by lack of calcium. Increase consumption of dairy products or calcium carbonate tablets.
Decrease cola consumption.

Dizziness, fainting

Move slowly, lay down, and turn on your left side.

Cravings

Eat a well-balanced diet and indulge yourself occasionally. Report cravings for non-food items or ice to your doctor.

Back pain

Visit mayoclinic.org to find stretches you can do to relieve back pain during pregnancy.

Second Trimester: Things to Purchase

IT'S TIME TO START thinking more seriously about your shopping list. Below, you'll find a basic list of items to consider purchasing during your second trimester. Remember to register at your favorite stores so friends and family will know exactly what to get.

- **Baby book**
- **Baby clothes**
- **Breastfeeding supplies**
- **Maternity clothes**
- **Changing table**
- **Crib**
- **Comfortable shoes**
- **Dressers**
- **Glider/rocker**
- **Maternity support belt**
- **Medical supplies**
- **Nursery accessories**
- **Supportive nursing bra**



Second Trimester: Educational Courses

WILMINGTON HEALTH OB/GYN offers a wide variety of courses to prepare you and your family for your new baby. There is a \$50 registration fee.

Here are the classes we offer:

- Prepared Childbirth
- Lamaze Natural Childbirth
- Refresher
- After Birth
- Breastfeeding 101
- Baby Care
- Kangaroo Kapers (Sibling Classes)



Prenatal Education Courses

We are excited to offer a variety of educational classes to assist Wilmington Health patients in the preparation of your new arrival. Please visit www.wilmingtonhealth.com/childbirth-education-classes regularly for updated class information. All classes meet for the first time at Betty H. Cameron Women's & Children's Hospital in the main lobby.

You may register for classes once you are 20 weeks pregnant. The registration fee is \$50. You may pay for classes at the front desk of any of our three Wilmington Health OB/GYN locations.

1. Please take Prepared Childbirth class (plus breastfeeding, baby care, and postpartum care if desired) OR Lamaze Natural Childbirth class.

2. When requesting a class, please include your due date as well as the date of the class or series that you would like to take. Please allow up to one week for a response from the instructor.

Prepared Childbirth

This four-week series meets 1 to 1½ hours each week and will teach you what to expect from the time you arrive at the hospital to when you go home.

You will learn about what is normal vs. not normal in the third trimester, what to pack, when to call the doctor, when to go to the hospital, preterm labor, preeclampsia, pain medication options, relaxation and breathing techniques, vaginal delivery and recovery vs. Cesarean section, and medical interventions. Plus, you'll go on a hospital tour.

Please register when you are 20 weeks pregnant, so you can BEGIN this class when you are approximately 30-34 weeks pregnant.

Baby Care

This is a one-hour class to help prepare soon-to-be moms and dads in the basics of newborn care. You will learn about diaper changes, bathing, feeding, circumcision care, swaddling, burping, and umbilical cord care.

This class is only available to Wilmington Health patients.

Lamaze Natural Childbirth

This is a six-week series that meets for two hours each week. Lamaze classes are designed to foster self confidence and empower couples to be active participants in creating a safe and satisfying birth experience. This class includes normal birth process, stages of labor, comfort measures, advocating for yourself, pain management options, postpartum care, baby care, breastfeeding, hospital tour, and much more. No other classes are needed with this 12-hour series.

LIMITED CLASS SIZE!

Please register when you are 20 weeks pregnant, so you can BEGIN this class when you are approximately 28-32 weeks pregnant.

Refresher

This is a one-hour class for moms (and dads) who have already given birth. In this class, we will review normal labor, when to go to the hospital, breathing techniques, and pain management options.

This class is only available to Wilmington Health patients.

After Birth

Teaching you what is normal after the birth and how to take care of you and your baby.

This one-hour class for moms and dads will help prepare you for what is normal and not normal after birth, as well as how to take care of yourself. We will discuss pericare, resuming normal activity, nutrition, rest, and postpartum blues.

This class is only available to Wilmington Health patients.

Prenatal Education Courses

Breastfeeding 101

This is a one-hour informative and interactive class about the basics of successful breastfeeding. We will discuss tips to get you started with confidence and troubleshoot for any problems that may arise. If you are interested in breastfeeding, this class is the first step in making that happen for you and your baby. Partners are highly encouraged to attend!

How to Enroll

To enroll in Wilmington Health's childbirth education classes, please e-mail obeducation@wilmingtonhealth.com.

Kangaroo Kapers

This is a FREE sibling class from NHRMC for expectant big brothers and sisters, 3-8 years old, and their parents. We recommend enrolling in your second trimester. Call 910.452.8384.

Meet the Instructors



Tifni Simpson, RN

Tifni has been a labor nurse for nine years and an educator for six. She fully and completely loves what she does. Tifni's children are the light of her life. She believes in miracles... healthy babies and healthy mommas.



Jackie Parker, RN

Jackie has been a labor nurse for four years. She is blessed to help people bring their children into this world and loves to educate and help build confidence in soon-to-be parents. She is married with two beautiful children who continually bring renewal and amazement to her life!

Karin Walker, RN

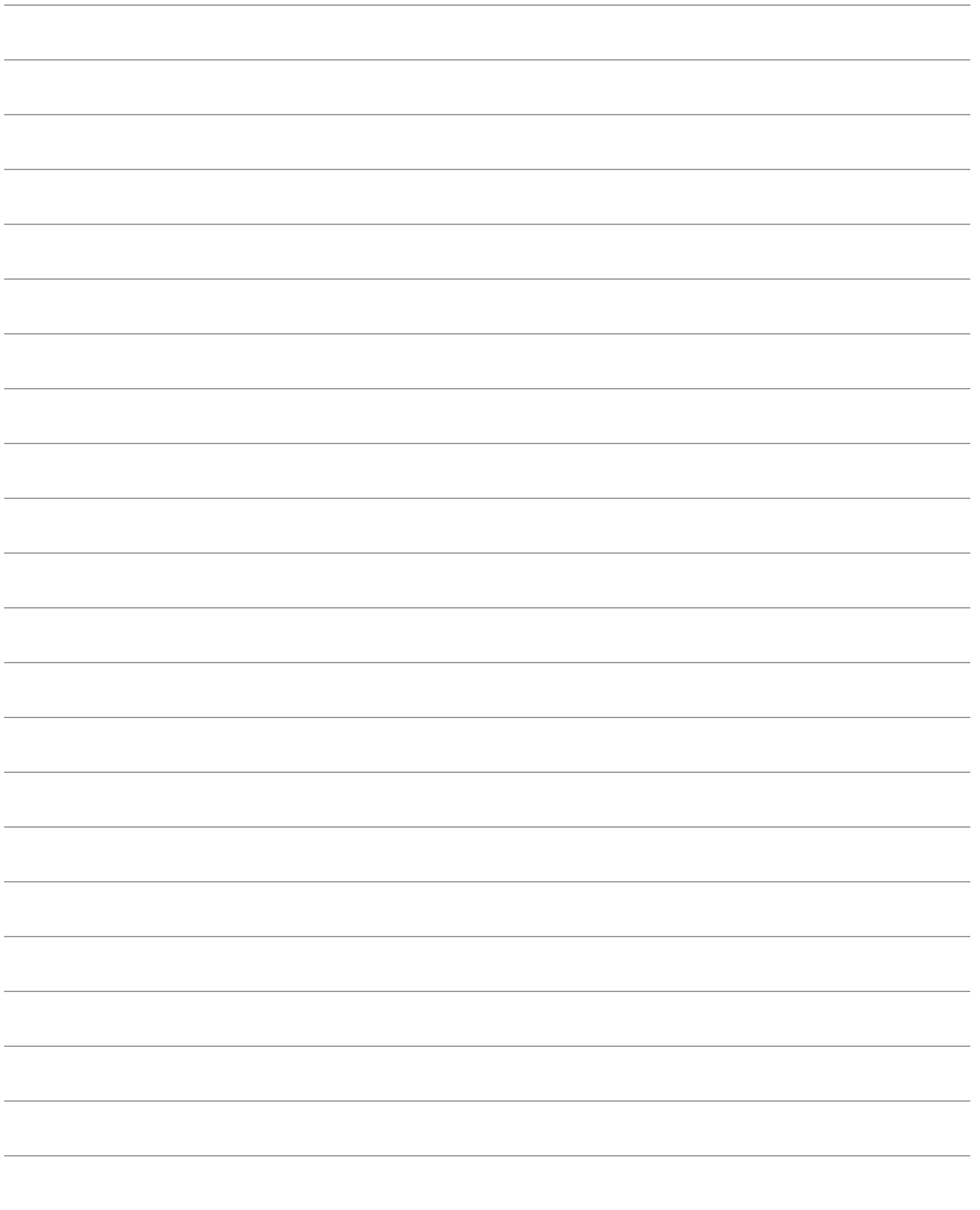
Karin has a passion for teaching couples about birth, breastfeeding, and babies! She is a Lamaze-certified childbirth educator and a lactation consultant. In addition, she has been a labor nurse for 13 years. Karin is married with two busy children.

Lindsey Hurd, MS, RD, LDN, IBCLC

Lindsey is a registered dietitian, International Board Certified Lactation Consultant, and birth doula. She currently offers nutrition, lactation, and labor support services from preconception to preschool through her business, Angel Food Lactation & Nutrition, LLC. She is passionate about empowering families through evidence-based practice, encouraging them to make informed choices as they begin this remarkable transition into parenthood.

Jill Kelley, RN

Jill has been a labor and delivery nurse for eight of her 28 years of nursing. She loves all the opportunities laboring patients and their families have to offer in her job. She especially loves teaching new parents all about the beautiful miracle of birth. Jill is married with four children who are all in college and are truly her pride and joy!





Third Trimester

Welcome to the Third Trimester (Weeks 28-40)

This trimester can be the most difficult. You know the baby is almost here; waiting can be hard.

- The baby should be moving daily.
- You should be taking childbirth prep classes, newborn classes, and/or breastfeeding classes. Read about them in the Second Trimester section of this booklet or visit www.wilmingtonhealth.com/childbirth-education-classes.
- You will have occasional back pain and low abdomen pain (stretching and pulling). If you have questions about your pains, don't hesitate to ask.
- The last month can be especially uncomfortable, but nature knows when labor should begin. Try to relax and enjoy this special time.

Now is the time to consider which provider you would like to care for your newborn. If you are undecided at the time of delivery, you may request a Wilmington Health pediatrician or family practitioner on call.

Department of Pediatrics

Thank you for choosing Wilmington Health for your child's care. The following information will introduce you to the Wilmington Health Pediatrics team.



Noah Archer, MD, FAAP

Dr. Archer graduated from Louisiana State University Medical Center in New Orleans. He completed his internship and residency at the University of North Carolina School of Medicine in Chapel Hill. He is certified by the American Board of Pediatrics.

His clinical interests include general pediatrics and young infants.



Susannah Aylesworth, MD, FAAP

Dr. Aylesworth graduated from the Brody School of Medicine at East Carolina University in Greenville. She completed her internship and residency at the University of North Carolina in Chapel Hill, where she was Chief Resident. She is certified by the American Board of Pediatrics.

In addition to being a pediatrician, she is a full-time wife and mother. Her personal time is devoted to her husband, family, and church (St. James Episcopal). Her interests include running and playing tennis.



Elizabeth Buskirk, MD, FAAP

Dr. Buskirk graduated from Brody School of Medicine at East Carolina University in Greenville. Her categorical pediatrics residency was performed at Vanderbilt Children's Hospital in Nashville, TN. She is certified by the American Board of Pediatrics.

Dr. Marella's interests include cooking, exercising, reading, and going to the beach.

Her clinical interests include general pediatrics from birth through adolescence, preventive medicine, and nutrition.



Danny Ott, MD, FAAP

Dr. Ott graduated medical school from the University of North Carolina at Chapel Hill. He completed his internship and residency at the Medical University of South Carolina in Charleston. He is certified by the American Board of Pediatrics.

His clinical interests include general pediatrics and adolescent medicine.



Suzanne Smith, MD, MPT, FAAP

Dr. Smith received her Bachelor of Science in exercise physiology from West Virginia University School of Medicine in Morgantown, WV, where she also earned her medical degree.

In addition, she received a master's degree in physical therapy from Shenandoah University School of Physical Therapy in Winchester, VA. She completed a residency in pediatrics at Children's Hospital at Dartmouth, Dartmouth Hitchcock Medical Center, Lebanon, NH.



Pamela Taylor, DO, FAAP

Dr. Taylor graduated from Philadelphia College of Osteopathic Medicine. She completed her internship and residency at Virginia Commonwealth University and the Medical College of Virginia in Richmond. She is certified

by the American Board of Pediatrics and is certified in Pediatric Advanced Life Support and Neonatal Advanced Life Support.

In her free time, Dr. Taylor enjoys traveling.

She has a clinical interest in general pediatrics.

Department of Pediatrics



Caryn A. Bowden, FNP-C

Caryn graduated Duke University School of Nursing in Durham with her MSN. She is board certified as a nurse practitioner.

Caryn loves all sports. Her daughter currently plays college softball, and her oldest son plays baseball for his high school. Her youngest daughter is starting to play recreational sports. She is very involved in all their activities. Her family lives in a rural area and their interests also include hunting and fishing.

She has a clinical interest in general pediatrics, adolescents, female health, and asthma.



Susan Brandt, NP

Susan received her Bachelor of Science in Nursing from the University of Louisville, KY. She received her Master of Science in Nursing, FNP track, from the University of North Carolina at Wilmington.



Erika Denaci, FNP

Erika received her Bachelor of Science in Nursing from the University of North Carolina at Wilmington. She earned her Master of Science in Nursing and FNP from South University in Savannah, GA.



Mitchell Hahne Jr., NP

Mitchell received his Bachelor of Science in Nursing and Doctor of Nursing Practice from Robert Morris University in Moon Township, PA.



Kate Lobosco, NP

Kate received her Bachelor of Science in Nursing from New York University in New York, NY. She earned a Master of Science in Nursing from George Washington University in Washington, D.C.



Diane Parker, FNP

Diane earned her Bachelor of Science in Nursing from Fayetteville State University in Fayetteville, NC, and her Master of Science in Nursing (Family Nurse Practitioner Track) from University of North Carolina at Wilmington. She has an extensive background in working with children as a nurse practitioner.



Victoria D. Tucker, FNP-C

Victoria graduated from the University of Massachusetts, Lowell, MA, with her BSN and Simmons College in Boston, MA, with her FNP. She is a board-certified nurse practitioner.

Victoria moved to North Carolina in 2005 from Massachusetts to enjoy the wonderful weather and beach life that Wilmington offers. Even though she moved, she still loves the Patriots and Red Sox. She also enjoys having fun with her family. She has a stepson, daughter, and son. They love spending time at the beach and being outside as much as possible.

She has a clinical interest in pediatrics.

Department of Pediatrics



Erin Whitehead, NP-C

Erin graduated from Duke University School of Nursing in Durham with an MSN. She is a board-certified nurse practitioner. Her clinical interests are general pediatrics and adolescent medicine.

Pediatrics at North Chase

Noah Archer, MD, FAAP
Caryn A. Bowden, FNP-C
Victoria D. Tucker, FNP-C
Erin Whitehead, NP-C

Pediatrics at Monkey Junction

Susannah Aylesworth, MD, FAAP
Elizabeth Buskirk, MD, FAAP
Suzanne Smith, MD, MPT, FAAP

Pediatrics at Mayfaire *(6781 Parker Farm Drive)*

Danny Ott, MD, FAAP
Pamela Taylor, DO, FAAP

Pediatrics at Brunswick Forest

Susan Brandt, NP

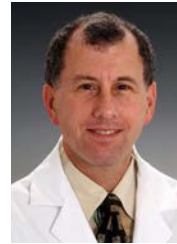
Pediatric Convenient Care at Silver Stream

Open Monday-Friday 8 a.m.-8 p.m.,
Saturday-Sunday 8 a.m.-5 p.m.

Erika Denaci, FNP
Mitchell Hahne Jr., NP
Kate Lobosco, NP

PROVIDERS BOARD CERTIFIED IN PEDIATRICS AND INTERNAL MEDICINE

Porters Neck (8108-B Market Street)

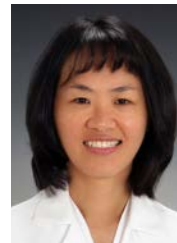


Dean Meisel, MD, FAAP

Dr. Meisel graduated from the University of Florida College of Medicine in Gainesville. He completed his internship and residency at the University of North Carolina Hospitals in Chapel Hill. In 1990, he was certified by the American Board of Internal Medicine and was recertified in 2000. In 1990, he was certified by the American Board of Pediatrics and was recertified in 2004.

Dr. Meisel is married with four children. His interests include sports, kayaking, and nature.

His clinical interests include asthma, preventive care, and sports injuries.



Yen-Lin Peng, MD, FAAP

Dr. Peng graduated from the University of North Carolina School of Medicine in Chapel Hill. She completed her residency at Indiana University School of Medicine in Indianapolis. Dr. Peng is certified by the American Board of Internal Medicine and the American Board of Pediatrics.

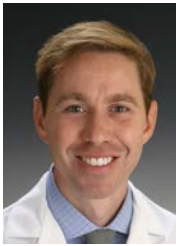
In her free time, she loves to travel.

She has a clinical interest in preventive care.

Family Medicine

Thank you for choosing Wilmington Health for your family's care. The following information will introduce you to the Wilmington Health Family Medicine team.

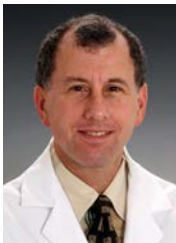
Family Medicine at Porters Neck (8108-B Market Street)



Ryan Dougherty, MD

Dr. Dougherty earned his medical degree at University of Tennessee College of Medicine in Memphis. He completed his residency in family medicine at Banner Good Samaritan Medical Center in Phoenix, AZ.

His personal interests include travel, movies, baseball, real estate, the beach, and game nights.



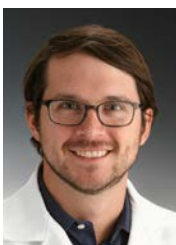
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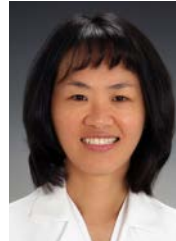
Dr. Meisel is married with four children. His interests include sports, kayaking, and nature.

His clinical interests include asthma, preventive care, and sports injuries.



Casey Miller, MD

Dr. Miller received his medical degree from Ross University School of Medicine in Portsmouth, Dominica, and he was a family medicine resident at University of Wyoming in Cheyenne.



Yen-Lin Peng, MD, FAAP

Dr. Peng graduated from the University of North Carolina School of Medicine in Chapel Hill. She completed her residency at Indiana University School of Medicine in Indianapolis. Dr. Peng is certified by the American Board of Internal Medicine and the American Board of Pediatrics.

In her free time, she loves to travel.

She has a clinical interest in preventive care.



Morgan A. Todd, MD

Dr. Todd graduated from Medical University of South Carolina in Charleston. Her residency was completed at Trident Hospital System/ Medical University of South Carolina. She is certified by the American Board of Family Medicine. In addition, she is certified in Pediatric Advanced Life Support and Advanced Cardiac Life Support. Her clinical interest is in preventive care.



Matthew M. Williams, MD

Dr. Williams graduated medical school from the University of Maryland in Baltimore. He completed his internship and residency at Moses Cone Health System in Greensboro, NC. He is certified by the American Board of Family Medicine.

Dr. Williams feels he is stuck in the '80s as far as musical tastes. He enjoys playing the drums and obsesses over politics and healthcare policy. He cheers for the Philadelphia Eagles. His wife is the most important human in his life along with his three boys.

His clinical interests include caring for the whole family from newborns to grandparents, teaching medical students and introducing them to family medicine, and learning from patients in his practice.

Family Medicine at Monkey Junction



Jessica J. Burkett, MD

Dr. Burkett graduated medical school from the University of North Carolina in Chapel Hill. She completed her Cabarrus Family Medicine internship and residency at Northeast Medical Center in Concord, NC. Dr. Burkett is certified by the American Board of Family Medicine.

Dr. Burkett loves spending time with her husband and two children. They enjoy anything related to sand and saltwater. Her interests include cooking, reading, and yoga. She is active at her church, Masonboro Baptist Church. Dr. Burkett also serves on the board as the physician consultant to Wilmington CareNet, a faith-based counseling program through Wake Forest Baptist Medical Center.

Her clinical interests include treating patients of all ages, with a focus on preventive medicine.



Rose Coady, MD

Dr. Coady received her medical degree from University of South Carolina School of Medicine, and she completed her residency in internal medicine and pediatrics at University of Rochester Medical Center in Rochester, NY.



J'nelle Ruscetti, MS, PA-C

J'nelle received her graduate degree from the University of Colorado in Denver. She is certified by the National Commission on Certification of Physician Assistants.

J'nelle's hobbies include cooking healthy meals for her family, spending time in various fitness activities with her husband and four children, and skiing when they get a chance to visit their home state of Colorado.

Her clinical interests include childhood weight problems/obesity, women's healthcare, and asthma/allergies.

Family Medicine in Shipyard



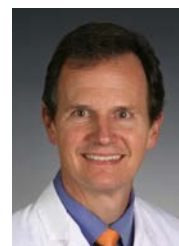
Jeremy P. Holdsworth, MD

Dr. Holdsworth received his Bachelor of Arts in mathematics from the University of Virginia where he also earned his medical degree. Dr. Holdsworth performed his residency at Washington Hospital Family Practice in Washington, PA. He is board certified by the American Board of Family Medicine.



Melodye E. Visser, MD

Dr. Visser received her biology degree at Eastern Nazarene College in Quincy, MA. She earned her medical degree at University of Virginia School of Medicine and completed a family medicine residency at North Carolina Baptist Hospital in Winston-Salem and Wake Forest University School of Medicine. Dr. Visser is board certified by the American Board of Family Medicine.



Scott W. Visser, MD

Dr. Visser earned his Bachelor of Science in biochemistry from University of Virginia where he also received his medical degree. He completed his residency in family medicine at North Carolina Baptist Hospital in Winston-Salem. He is board certified by the American Board of Family Medicine.



Lisa McDowell, PA

Lisa received her master's degree in physician assistant studies from the Medical University of South Carolina and is a nationally certified physician assistant.

Growing up in Michigan, Lisa made her way to North Carolina to pursue her undergraduate degree at Duke University. While there, she met her husband, and they have two energetic boys who are as avid of sports fans as their parents. When not supporting her favorite teams, Lisa is very involved in her church and loves to travel and explore new places.

Family Medicine in Carolina Beach



Howard Ruscetti, MD

Dr. Ruscetti graduated medical school from the University of Colorado Health Sciences Center in Denver. New Hanover Regional Medical Center in Wilmington is where he completed his internship and residency. He is certified by the American Board of Family Medicine.

Dr. Ruscetti is a father to four children. His interests include coaching, fishing, and exercising. He enjoys doing mission work and has taken a number of trips overseas.

His clinical interests include preventive healthcare and sports medicine.



Pamela Rogers, FNP-C

Pamela received her Bachelor of Science in Nursing from Lynchburg College in Lynchburg, VA, and her Master of Science in Nursing from Old Dominion University, Norfolk, VA. She is a member of the American Academy of Nurse Practitioners.

Family Medicine in Hampstead



Michelle F. Jones, MD, FAAFP

Dr. Jones graduated medical school from East Carolina University in Greenville. She completed her internship and residency at Duke University in Durham. In 1999, she was certified by the American Board of Family

Medicine and was later recertified in 2006. She is a fellow of the American Academy of Family Physicians.

Dr. Jones and her husband enjoy boating, fishing, and spending time with their extended family. Their interests include traveling, cooking, and gardening.

Her clinical interests include preventive medicine for all ages (newborns, pediatrics, adolescents, adults, and seniors), skin biopsies, joint injections, pap smears, and immunizations.



Jay Lyons, PA-C

Jay is a certified physician assistant from West Virginia. In 2010, he received his Master of Science with a major in physician assistant studies from Alderson Broaddus College in Philippi, WV.

He is married to Jamie, who he met in PA school. They are parents to one child and also have a dog.

Jay likes sports, especially WVU football and basketball and the Cincinnati Reds. His other interests include Crossfit and kayak fishing.

Family Medicine in Jacksonville



Troy J. Ehrhart, MD

Dr. Ehrhart graduated from Temple University School of Medicine in Philadelphia. His residency was completed at Lancaster General Family Practice in Pennsylvania. He has a North Carolina Medical License and is

certified by the American Board of Family Practice.

He was awarded the Outstanding Resident in Pediatrics (1998) and the U.S. Naval Meritorious Service Medal (2002). In addition, Dr. Ehrhart received the award for Support and Initiative for creation of a Children's Advocacy Center in Lancaster, PA (1998).

Dr. Ehrhart is a Christian first and foremost. He is the father of five children. His interests include spiritual studies and teaching.

His clinical interests include dermatology and sports medicine.



Arlene Hallegado, MD

Dr. Hallegado received her medical degree from Western Visayas State University in Iloilo City, Philippines. She then performed an internship at Western Visayas Medical Center in Iloilo City, and she was a general

medicine resident at Guimaras Provincial Hospital in Guimaras, Philippines. She is board certified in Family Medicine. Dr. Hallegado is a long-time resident of the Jacksonville area. She has been caring for patients in our community for years.



Catherine Hawley, FNP

Catherine graduated from the University of North Carolina in Chapel Hill with her MSN. She is certified in Advanced Cardiovascular Life Support, Pediatric Advanced Life Support, Trauma Nurse Core Course, Basic Life

Support, and emergency nursing. She is also a Sexual Assault Nurse Examiner.

Catherine is a North Carolina native and has two dogs. She loves to run.

Her clinical interests include family practice; acute care; women's health; well-child checks; maintaining a healthy lifestyle; and managing diabetes, hypertension, and cholesterol.

Family Medicine at Brunswick Forest



Kira M. Alatar, MD

Dr. Alatar graduated from Mercer University School of Medicine in Macon, GA. Her internship and residency were completed at Floyd Medical Center in the Family Practice Program. She is certified by the

American Board of Family Practice and is certified in Advanced Cardiac Life Support, Advanced Trauma Life Support, and Pediatric Advanced Life Support.

She has received the following honors: Chief Resident, Resident Teacher Award, Mead Johnson Resident of the Year Award from Floyd Medical Center, and Community Science Service to Man Award from Mercer University School of Medicine.

Dr. Alatar loves spending time with her family. Her interests include traveling, cooking, reading, running, and attending her daughter's volleyball games.

Her clinical interests include all aspects of primary care but especially promoting wellness and preventive care.



Anette Bodoky, MD

Dr. Bodoky received her medical degree from Penn State College of Medicine in Hershey, PA. She completed an OB/GYN internship at Stamford Hospital in Stamford, CT, and a family medicine residency at The Ohio State

University Wexner Medical Center in Columbus.



Robert Johnson Jr., MD

Dr. Johnson graduated from the University of North Carolina School of Medicine. He completed his family medicine residency at Moses Cone Memorial Hospital in Greensboro, NC. He is board certified in Family Medicine.



Gloria Vreeland, MD

Dr. Vreeland graduated medical school from the University of California in Irvine. Her residency was completed at San Joaquin General Hospital in Stockton, CA. She is certified by the American Board of Family Medicine.

Dr. Vreeland has enjoyed raising her children. She loves her husband and the Perspectives class, which should inspire everyone to care more about the world. Her interests include sewing, reading, and being involved with her church. She loves going to the beach and searching for shells and sea glass.

She has a clinical interest in women's care.

Third Trimester: Advanced Pregnancy

ENTERING YOUR THIRD TRIMESTER is an exciting milestone in your pregnancy. Now that you're coming to the end of your journey, please be aware of the information below.

Your baby is now approximately 14-15 inches long and weighs 2½ pounds. Over the next three months, the baby will gain 4½-7 pounds and 4-6 inches.

Your office appointments will increase to one visit every two weeks, and eventually weekly, unless otherwise determined by your provider.

Your provider may order an additional ultrasound to evaluate growth or position.

If you have not already done so, sign up for our childbirth education and breastfeeding classes. Learn how to sign up at www.wilmingtonhealth.com/childbirth-education-classes.

Preregistration forms for NHRMC should be filled out and sent in by the time you are 36 weeks pregnant.

GO TO THE HOSPITAL:

- When your contractions are **FIVE** minutes apart and continue for **60** minutes.
- If your water breaks.
- If you experience heavy bleeding (menses).
- If you're not feeling the baby move.



Third Trimester: Early Labor Warning Signs (Prior to 36 Weeks)

THESE SIGNS MAY BE NORMAL, but if you experience any of them, contact your provider.

- Regular tightening of the uterus or belly four to six times per hour. It may feel like the baby is “balling up.”
- “Period-like” cramps that come and go or happen constantly. You may also feel pain in your back.
- A low, dull backache that feels differently than previous backaches.
- Pressure or pain in the lower belly, back, or upper legs.
- Heavy drainage from the vagina or birth opening that feels or looks like water, mucus, or blood.
- If you are worried and feel like “something is not right.”

IF YOU EXPERIENCE ANY OF THE ABOVE SYMPTOMS:

- **Go to the bathroom and empty your bladder.**
- **Drink two to three large glasses of water.**
- **Lay down on your side for one hour.**

If you are still experiencing early labor signs, call your provider immediately.

Third Trimester: Required Pregnancy Laboratory Tests

THROUGHOUT YOUR PREGNANCY, certain blood and urine tests will be needed. The following is a brief description of third trimester tests and why they're required. For more information, contact your provider's office.

Third trimester (28-40 weeks)

At approximately 28 weeks, the following tests are ordered:

- **CBC (complete blood count):** Detects possible anemia.
- **Glucose load (50 grams):** Screens for diabetes.
- **Antibody screen:** Required for Rh negative (i.e. negative blood type) patients.

At approximately 36 weeks gestation, the following test is ordered:

- **Vaginal culture for BETA Strep Group B—**
This screens for Group B Strep, a bacterial infection that can be found in a woman's vagina or rectum and can be passed along to the baby during vaginal birth or Cesarean section. If you test positive, your doctor will order antibiotics when you arrive to labor and delivery in labor.
- **Gonorrhea/chlamydia test may be needed.**

TESTING IS AVAILABLE AT ALL LOCATIONS.

Urine Specimen

At each appointment, a urine sample is required to check sugar and protein levels. Specimen containers are available at the reception desk. Give your specimen to the nurse when you go into the exam room.



Third Trimester: Comfort Measures

28 to 40 weeks

Problem

Solution

Indigestion, heartburn

Eat slowly and more frequently. Chew gum after eating. Eat something dry before bed.

Hemorrhoids

Avoid constipation and straining. Lie with a pillow under your buttocks; apply ice or cold witch hazel to the painful area.

Insomnia

Normal. Take a warm bath or drink warm milk before bed. Music, a dull book, and relaxation exercises will also help.

Joint pain

Occurs with swelling, especially in the fingers. Pain in your hips occurs as joints relax before delivery. Exercise and get plenty of rest.

Backache

The result of stretching ligaments and the weight of the baby. Tighten your lower abdominal muscles or wear a pelvic support belt. Pelvic tilt exercises may also help.

Incontinence

Urinate constantly. Do pelvic floor muscle exercises. DO NOT stop drinking fluids.

Third Trimester: FAQs

1. Can I bring a video camera to the hospital?

You may choose to bring a camera and/or video recorder to the hospital. However, we ask that no videotaping occur during delivery.

2. Should I be concerned about high blood pressure?

If high blood pressure goes undetected, it could lead to potential complications. However, if it's treated early, you should have nothing to worry about. Your provider will monitor your blood pressure on a regular basis to avoid any potential health hazards.

3. Is it normal for my breasts to leak?

Yes. Most women begin to notice a yellowish fluid, called colostrum, during the last stages of pregnancy. If you experience this, use disposable breast pads inside your bra.

4. How do I reduce body swelling?

As your body prepares for labor, it takes on more fluid, causing different parts to swell. To help relieve some of the swelling, drink water, avoid salt, elevate your feet, and rest.



Third Trimester: Fetal Activity Patterns

BEGINNING AROUND WEEK 28, you'll feel the first signs of your baby's activity pattern. By monitoring your baby's movements throughout your pregnancy, you'll provide us with important information about your baby's health. If you have any questions or concerns, please give us a call.

Monitoring Your Baby's Movement (After 28 Weeks)

- Determine the time of day that your baby is most active. For many women, this typically occurs after eating.
- Rest on your left side.
- Place your hand on your belly, and count the movements (kicks, flutters, rolls) up to 10. If you don't have 6-10 fetal movements in one hour, count for one more hour. If, after two hours, your baby has not moved 6-10 times, call your Wilmington Health provider during office hours. On weekends and after office hours, please go to the hospital.

Third Trimester: Things to Purchase

IT'S ALMOST TIME to make room for one more person in your family. Are you ready? Below, you'll find a basic list of items to purchase during your third trimester. Remember, it's not too late to register at your favorite stores so friends and family will know exactly what to get.

- **Breast pump**—*Call your insurance carrier to see if you are eligible for a free breast pump.*
- **Extra breast pump membranes**
- **Lanolin® cream**
- **Breast shield**
- **Soft shells**
- **Nipple shields**
- **Disposable nursing bra pads**
- **Anti-bacterial wipes**
- **Nursing bras**
- **Micro-steam bags**
- **Stroller**
- **Baby monitor**
- **Nursing pillow**
- **Changing table**
- **Car seat**
- **Diapers/diaper bag**
- **Parenting books**

Third Trimester: Labor Induction

LABOR INDUCTION IS ONLY considered if it improves the baby's and the mother's health during delivery. Labor induction is accomplished by administering medication and/or by artificial rupture of membranes.

Labor induction is considered with the following conditions:

- Hypertension in pregnancy
- Gestational diabetes
- Post maturity/past due date
- Ruptured membranes for more than 24 hours
- Prolonged labor or slow progress
- Change in baby's health

If you're going to be induced, your doctor's office will schedule a date and time to report to NHRMC. If you have not already done so, please call NHRMC at **910.343.7000** to preregister. Occasionally, due to a high volume of deliveries, it may be necessary to reschedule your induction. Please call the labor and delivery staff one hour before your arrival time to confirm the time.

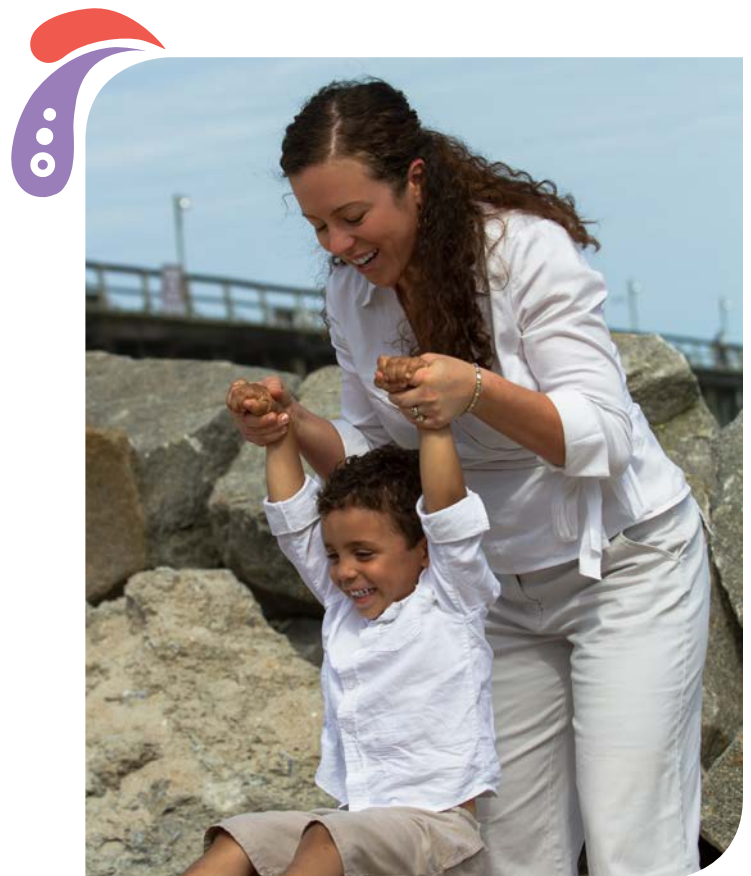
When you arrive at NHRMC, go directly to the labor and delivery unit, report to the receptionist, and let her know that you are scheduled for induction with Wilmington Health OB/GYN.

Eat lightly (e.g. juice, cereal, toast) before you come for induction. If you have gestational diabetes, bring your supplies with you, and continue to check your sugars.

When you are admitted, the nurse will review your history and prenatal record, check your vital signs, and monitor the baby. Your doctor will perform a cervical exam to determine which medications are needed for your induction. Your contractions and your baby's heart rate will be monitored throughout the procedure. Continue to change positions frequently, and practice relaxation techniques.

After your cervix has dilated, your doctor may artificially rupture your amniotic sac to induce or stimulate labor. You will be monitored at the time of rupture and frequently during labor. Again, continue to change positions, and practice relaxation techniques.

If you have any questions or concerns, please call Wilmington Health OB/GYN at **910.343.1031**.



Important Facts about Your Baby's Cord Blood

Information for Parents

CORD BLOOD (blood that remains in your baby's umbilical cord and your placenta after the cord is cut) is a rich source of powerful stem cells. Today, stem cells are used to treat more than 75 life threatening diseases such as leukemia, sickle cell anemia, and other serious blood and immune disorders.

A common source of stem cells is bone marrow, but unfortunately, it has many limitations. More than 20 percent of patients in need are unable to find a bone marrow donor, and that number increases to more than 60 percent for some minority populations. Saving cord blood is a unique solution, because it can be used in many cases that bone marrow cannot. Collecting your baby's cord blood is painless, poses no risk to you or your baby, only takes a few minutes, and may save a life.

Pregnant women have the option of donating their babies' cord blood to a public cord blood facility to help patients searching for a stem cell donor. You have three options regarding your baby's cord blood:

- Apply to donate to a public blood bank.*
- Collect the cord blood for your family in a family bank.
- Allow the cord blood to be discarded at the hospital.

Please review this information, and talk to your doctor or childbirth educator during weeks 28-30 of your pregnancy to make an informed decision about your baby's cord blood. The following guide provides basic facts about cord blood options as well as resources for more information.

* Not all public blood banks accept donations.

Visit Carolinas Cord Blood Bank (public donation site) at www.cccb.duke.edu to learn more.



Cord Blood FAQs

Questions

Why do families donate or bank cord blood?

What will happen to my baby's cord blood?

Does it cost anything to bank cord blood?

What steps do I need to take before my baby's cord blood is collected?

Where can I get more information about cord blood banking and donation?

Cord Blood Donation

To increase our national supply of cord blood samples. A large bank of cord blood samples will help save people unable to find a suitable stem cell match within their family.

Donated cord blood can be used for research or for patients searching for a donor. Eligibility to donate is based on both parent's health history. By donating your baby's cord blood, you will relinquish all future rights of the sample.

There is no cost to collect and publicly donate cord blood.

Make arrangements with a donor bank. Prior to donation, both parents must complete a health history form. The mother must give her consent to collect and store cord blood.

To learn more about public donation of your baby's cord blood, visit the Cord Blood Foundation at www.cordblooddonor.org.

Family Banking

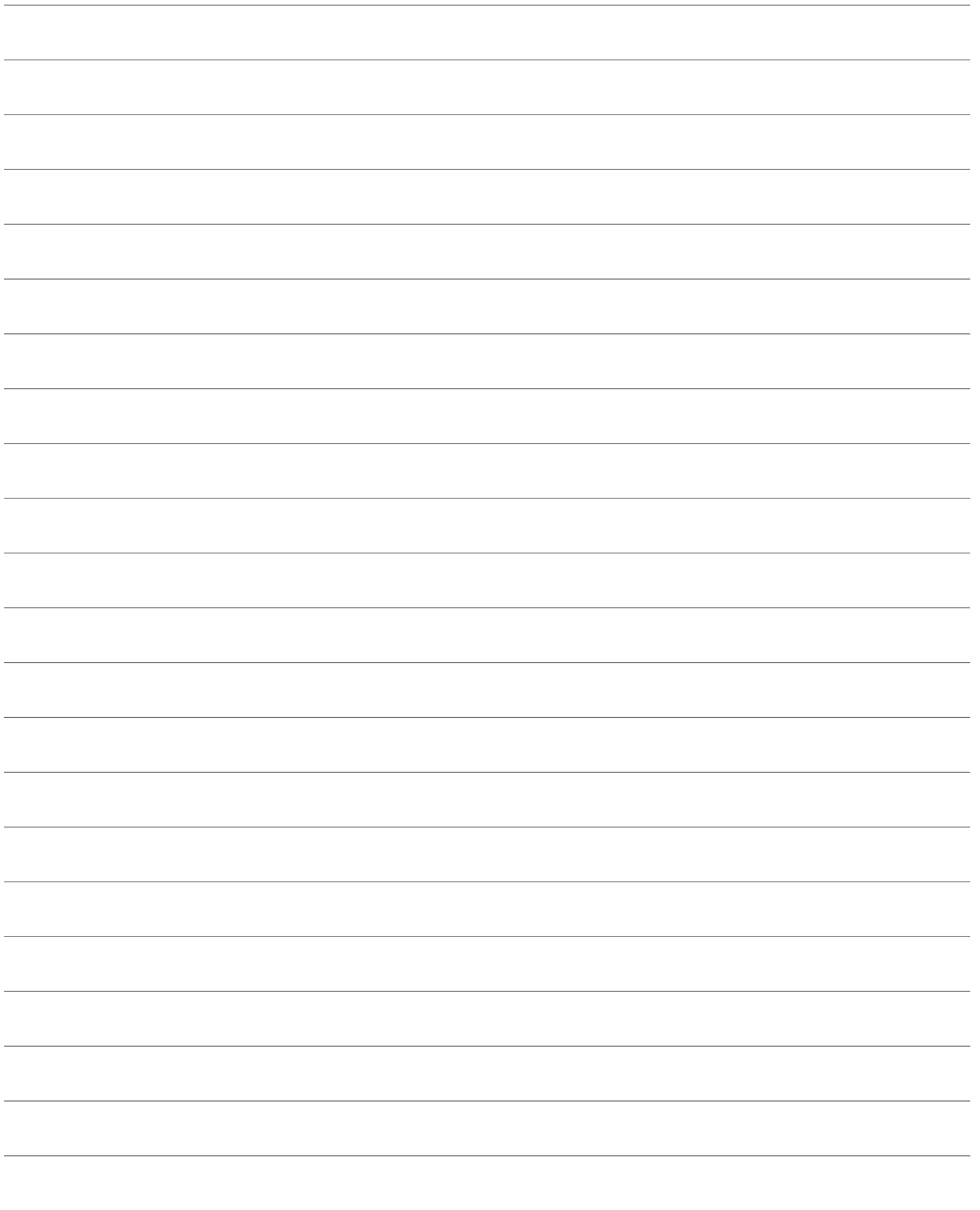
It guarantees your baby's sample will be saved for your family members. Stem cells from a relative are the most preferred source for treating many diseases, because survival rates double compared to using unrelated samples from a public bank (63% family vs. 29% public).

Your baby's cord blood is processed and stored exclusively for future use by your baby and family. Privately banked samples are immediately available for use by your family.

It costs \$1,500-1,800 to collect and process your baby's cord blood. There is also an annual storage fee of \$100. Many banks offer affordable payment plans.

Make arrangements with a family bank. Expectant parents receive a collection kit to take with them to the hospital. Families pay a fee once the family bank processes and stores the cord blood.

For family banking information, contact Cord Blood Registry at 888-CORD-BLOOD, or visit www.cordblood.com.







Postpartum: FAQs



1. When do I see my OB/GYN again?

Call the office for an appointment in 4-6 weeks with the doctor who delivered your baby. Your pediatrician will let you know when to schedule appointments for your baby, typically two days after you leave the hospital.

2. What can I do to lose weight?

A majority of your current weight is the result of water retention from pregnancy. Initially, you should focus on maintaining a healthy diet. Remember, weight loss will come gradually; it won't happen overnight. After fully recovering from delivery, you may start a light exercise program.

3. Why does my vaginal discharge have a bad odor?

If your vaginal discharge develops a bad odor, please call your provider, because it could indicate an infection.

4. I'm tired and emotional constantly. Should I be concerned?

Having a baby is a very emotional time. It's not uncommon to be tired, sad, or "let down" after the excitement of pregnancy and delivery. The change in hormones after delivery and with breastfeeding may influence your emotional state. Understand that these feelings are normal and that with sufficient rest and good nutrition, your symptoms should improve. If depression is severe or continuous, please call your provider.

5. Why am I experiencing hair loss?

Due to irregular hormone levels, it is completely normal to experience hair loss. It may be months before your body adjusts to a normal hair growth cycle.

6. How long will it take to menstruate again?

If you are bottle feeding, you may begin your period within six to eight weeks. Breastfeeding usually delays your first period. Some women may go many months without experiencing a period. You will ovulate before your first period, so it's possible to get pregnant prior to beginning your period. Contraception will be discussed at your postpartum checkup.

7. I've noticed that I urinate and sweat more often. Should I be concerned?

No. Your body is losing the excess fluids from pregnancy. Most likely, you'll lose eight to 10 pounds in the first six weeks postpartum.

8. Why am I still experiencing cramping?

During your pregnancy, your uterus expands to 11 times its prepregnancy size. After delivery, it returns to its original size. When this occurs, your muscles will contract and cause cramping that is most intense three to four days after birth. The process usually takes six weeks to complete.

9. Should I be concerned about bleeding and clots?

The bleeding, or lochia, you experience may increase slightly when you first get home because you are more active than you were in the hospital. It may also be heavier and last longer than a period.

After breastfeeding, you may also have an increase in flow. It may persist on and off or continuously for up to six to eight weeks after delivery. As the weeks pass, it should decrease gradually. If an increase of bright red bleeding occurs or if you experience large clots, call our office immediately. Continue to use your peri-bottle at home until your bleeding has completely stopped.

10. When can I start having sex again?

You can get pregnant as early as four to eight weeks after delivery! Be sure to discuss birth control options with your doctor, as some can decrease milk supply if you are nursing. Sexual intercourse is not recommended until after your postpartum exam.

Postpartum: Comfort Measures

After delivery

Problem

Engorged breasts

Solution

If nursing, frequently apply warm packs and massage breasts while you nurse or pump. If not nursing, apply ice packs for 10 minutes every hour. Use Tylenol®, and avoid breast stimulation.

Cracked nipples

Apply a small amount of breast milk on each nipple after nursing and allow nipples to dry. Make sure your baby's jaws are on the areola when nursing.

Sore perineum

Sit in a tub of warm water twice a day. Apply ice, and use Epifoam® after urinating.

"Baby blues"

Rest, sleep, rest. Eat small meals frequently, take vitamins. Get a babysitter and go out by yourself or with a friend for a short time. If condition persists for more than two weeks, call the office.

Fatigue

Normal. Rest frequently for short periods. Keep life simple and accept all that it has to offer.

Lactation Services

Wilmington Health is pleased to offer lactation services! Learn more at

www.wilmingtonhealth.com/lactation-services.





Postpartum

CONGRATULATIONS! Bringing home your new baby is an experience that you will cherish for the rest of your life. Please use the following guidelines to help you through the next six weeks.

Activity

For the first couple of weeks after you return home, you should do nothing but take care of yourself and your new baby. Changing diapers and feeding the baby may require most of your strength and energy. This is a good opportunity to let your friends and family take care of everything else such as cooking, cleaning, laundry, and driving.

Diet

Continue to maintain your pregnancy diet, and keep taking your prenatal vitamins, especially if you are breastfeeding. Drink plenty of fluids, and avoid spicy foods. Extra fiber and fluids will prevent constipation. Try not to consume any one food or nutrient more than others.

Emotional

Having a baby is a very emotional time. It's not uncommon to be tired, sad, or "let down" after the excitement of pregnancy and delivery. Babies aren't always cute and cuddly. They cry, keep you awake at night, dirty their diapers, and place new demands on your time, all while you are still physically recovering from the pregnancy.

If possible, encourage the father to take an active role in caring for your new baby so that he also feels useful. The change in hormones after delivery and with breastfeeding may also influence your emotional state. Understand that these feelings are **NORMAL**. With sufficient rest and good nutrition, your symptoms should improve. If depression is severe or continuous, please call your provider.

Exercise

Moving around will help you regain your energy and strength. It's okay to begin walking for brief intervals after two weeks. You may begin taking postnatal exercise classes after six weeks, unless otherwise instructed by your provider. Avoid strenuous or aerobic exercises until you have your postpartum checkup. Don't do too much too fast! It took nine months for the muscles to expand; it may take nine months to regain tone. To improve your pelvic floor muscles, continue practicing Kegel exercises. Remember, the more active you are, the heavier you may bleed and the less milk you may produce, so use your discretion.

Bottle Feeding

If your breasts become tender and full, decrease your consumption of liquids for several days. It's very important to wear a supportive bra for 24 hours a day for at least one week. Use ice packs on your breasts, and take Tylenol® for any discomfort. The engorgement will usually start to subside within a week of delivery. If you have any questions or concerns, please call our office at **910.343.1031**. It's also important to report any pain, redness, or increased temperature of your breasts, which could signal a breast infection.

Breastfeeding

Breast-fed babies may eat as often as every two hours until your milk is well established. It's not necessary to wash your nipples before nursing. Remember to nurse your baby for up to 15 minutes on each side at each feeding. Always begin nursing on the side you finished with the previous feeding.

Before you put your bra on, let your nipples air dry. If your nipples become tender, use Massé cream, lanolin cream, or vitamin E oil, which can be purchased at most drugstores. Apply a liberal amount to your nipple area after each feeding. When breastfeeding, it's important to wear a properly fitting bra 24 hours a day. In addition, maintain consumption of eight to 10 glasses of fluids a day to ensure adequate breast milk production. It's not necessary to drink milk to produce milk; juices and water will produce an adequate supply of breast milk.

Lochia

The bleeding, or lochia, you experience at the hospital will continue after you go home. It may increase slightly when you first get home because you are more active than you were in the hospital. It may also be heavier and last longer than a period.

After breastfeeding, you may also have an increase in flow. It may persist on and off or continuously for up to six to eight weeks after delivery. As the weeks pass, it should decrease gradually. If an increase of bright red bleeding occurs, call our office immediately. Continue to use your peri-bottle at home until your bleeding has completely stopped.

Hygiene

Daily showers or baths are recommended. For episiotomy and hemorrhoid discomfort, take a sitz bath or a tub bath. Putting just enough warm water in the tub to cover your bottom can do this. **DO NOT** use perfumed bubble baths. You may take a sitz bath three to four times a day if necessary for episiotomy comfort and healing. Use the peri-bottle from the hospital after urination for the first few weeks. If you've had a Cesarean section, do not take a bubble bath until consulting with your provider.

Menstruation

If you are bottle feeding, you may begin your period within six to eight weeks. Breastfeeding usually delays your first period, and some women may go many months without experiencing a period. You will ovulate before your first period, so you can get pregnant prior to beginning your period. Contraception will be discussed at your postpartum checkup.

Sexual Relations

Most women are able to have intercourse after their postpartum checkup. However, this may vary from woman to woman depending on the circumstances of your delivery. It's not uncommon to experience slight discomfort the first couple times. If you have any questions or concerns, please call our office.

Postpartum Checkup

If you've had a vaginal delivery, be sure to make a follow-up appointment in approximately four to six weeks. This may also vary depending upon the circumstances of your delivery.

If you've had a Cesarean section, you'll come back at four to six weeks for a routine follow up. If an appointment is needed for an incision check or staple removal, this can be arranged sooner depending on your needs and the circumstances of your delivery.

If you have any questions or concerns prior to or after this visit, please call our office. You may want to coordinate these visits with your pediatric visits.

If you experience any of the following danger signs, please call the office or seek medical attention:

- You have bleeding that soaks a pad every hour or pass clots the size of your fist.
- You have a fever over 100.4°.
- There are reddened, tender areas on your breasts.
- The vaginal or incisional discharge becomes foul smelling.
- You are unable to function because of depression.

This is a very special event in your life. A new baby brings new joys and concerns to every family. As your healthcare providers, we have dedicated ourselves to making this transition as easy and natural as possible.

Please feel free to contact us if you have any additional questions or concerns. Our office hours are 8 a.m. to 5 p.m. Monday through Friday. Plus, a provider is on call 24 hours a day, seven days a week and can be contacted after hours through our answering service at **910.343.1031**.

Thank you!

Thank you for choosing Wilmington Health OB/GYN for your pregnancy and delivery needs. We hope we have provided the care you were expecting and deserve. When it comes to all of your pregnancy needs, Wilmington Health OB/GYN is here for you.



