

Natchitoches Women's Care

Martin Aviles, MD FACOG – Tana Clark, FNP
Obstetrics and Gynecology

(318) 352-9595



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www.NatchitochesWomensCare.com

MY PREGNANCY GUIDE

DO NOT THROW AWAY

PREGNANCY GUIDELINES

Pregnancy is a time of change. As your baby grows, you will experience changes in your body, your emotions, and your relationships with others. Pregnant women and their families often have similar questions about medications, exercises, activity, nutrition, and dealing with discomforts of pregnancy. Whether your pregnancy is planned or not, this a special time for you. Pregnancy is a normal, healthy state. However, there will be times you feel wonderful, and times when you're not feeling your best. Our guide has information that may answer many of your questions and help you cope with common discomforts of pregnancy.

1. **Office Hours:** 8:00 AM to 5:00 PM Monday through Thursday. Friday 8:00 AM to 2:00 PM. After office hours or for Emergencies call, 214-4335. NRMC Labor & Delivery will page Dr. Aviles, Dr. Mason, Dr. Olatinwo, or whoever is on call for EMERGENCIES ONLY.

2. **Medications and Herbs**

Avoid using drugs or herbs when you're pregnant. Over the counter (OTC) medications that are safe for the general public, may not be safe for you or your baby. If you have symptoms of illness, and feel you need medicine, please call the office. If you are NOT SURE about the safety of a certain product please call the office or talk to the pharmacist. Supermarkets with pharmacies have a licensed pharmacist who can help you.

Herbs are not required to be labeled for safe use in pregnancy. Like medicine, some are safe and others are not. An herb may be labeled "Safe and Natural": but since you are pregnant it is no longer safe.

DO NOT TAKE:

- Ibuprofen, aspirin (acetyl salicylic acid), naproxen, or other non-steroidal anti-inflammatory drugs (NSAIDS): Brand names include: Motrin, Motrin IB, Aleve, Nuprin, Advil, Bayer, and Anacin. There are many brand names on the Market. **Check with the pharmacist or us.**
- Medicine or liquids containing alcohol. Liquid cough and cold medicines may contain this. Herbal elixirs and tinctures are often alcohol based.
- Medication prescribed for someone else.
- Medication prescribed for you before you were pregnant.

The following over the counter (OTC) medications are considered safe and may be used during pregnancy. The generic name of the drug is listed first.

Aches: headaches, low backache, flu-like symptoms: Acetaminophen (Tylenol) – Make sure aspirin-free forms of drugs contain acetaminophen and **NOT IBUPROFEN.** Take 2 regular strength every 4 hours or 2 extra-strength every 6 hours.

Cough: Robitussin or Robitussin DM. Lemon/honey cough drops may help. **Do not take Nyquil or cough formulas with alcohol.**

Nasal congestion: Nasal stuffiness is normal in pregnancy. Ocean or Normal Saline nose drops may help. Tylenol Sinus or pseudoephedrine (Sudafed) 1-2 tablets may be taken every 4-6 hours. Afrin nasal spray for 2-3 days can help when nasal passages are completely blocked due to a cold. Eucalyptus cough drops can relieve nasal congestion.

Allergies: Diphenhydramine (Benadryl), clorphenamine (Clortrimeton).

Nausea: Please ask for *Nausea in Pregnancy*. Please call if you are ill or cannot keep anything down. Emmetrol, Dramamine, Vitamin B6 – 10 mg three times a day.

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Laxative: Make diet changes such as increasing water to 8 glasses a day, increasing fruits and vegetables. Metamucil or Milk of Magnesia is okay to take.
DO NOT take anything with senna.

Heartburn: Gaviscon, Mylanta, Maalox, Tums. Avoid greasy foods, eating meals after 8 pm.

Yeast Vaginal Infections: Increased vaginal discharge that itches – Mycelex, Gyne-lotrimin, and Monistat. 7-day treatments are more effective than 3 day or 1 day treatments in pregnant women.

Inability to sleep associated aches & pains: Tylenol PM 1-2 tabs, Unisom Sleep tablets – 1 tab

3. Nutrition

Prenatal vitamins do NOT provide adequate amounts of calcium or protein. You still need 3-4 servings of milk, cheese, yogurt or ice cream. Meats, eggs, fish, and dairy products contain protein. Milk is a source of both protein and calcium. If dairy products do not agree with you, please let us know.

Water is very important. Pregnant women need more water than non-pregnant women. Drink 2 quarts per day. Cokes, milk, and soda pop don't count!

Some women develop cravings for flour, clay, dry milk, match tips, baking powder, etc. Eating these can interfere with digesting food and absorbing nutrients.

4. Activity

Mild to moderate exercise during pregnancy is good. Continue to exercise as you usually do, stopping short of fatigue and shortness of breath. Walking, swimming, yoga, and lightweight training are good exercises. Pregnancy is not the time to

be learning new sports. If you currently do not exercise, begin with regular walking periods. A daily walk is good for mental health relaxation, preventing constipation, and muscle conditioning. A woman's level of fitness and exercise program just before pregnancy often determines what activities she can perform during pregnancy. Joints become more flexible during pregnancy. This increases the risk for falls and sprains. Avoid any sport that could involve a fall or blow to the abdomen. Change positions slowly to prevent a rapid change in blood pressure.

5. Work & School

Generally, pregnant women can attend school and work until her due date. The decision to continue working is yours. Occasionally, a woman will be placed on medically prescribed bed rest and disability. Work and school releases are only given when medically necessary.

The last 4 – 6 weeks of pregnancy can be uncomfortable. Moving and exercise can help at this time. Change your position every 3 minutes by stretching, walking, jogging in place, sitting on a stool, etc. Please let us know if you routinely lift 50 pounds or more, work from a ladder or pole, or are required to bend/stoop and lift objects over 20 pounds. For rib pain associated with desk jobs, stretching your arms above your head my help. It won't cause the baby's cord to wrap around the neck!!

6. Vaginal Discharge

The amount of vaginal discharge increases during pregnancy. This is due to the increased blood flow to the pelvic area and hormones. Normal discharge may leave you feeling damp, or your underwear may seem slightly damp. While annoying, it should not smell bad, itch, or burn. Do not douche, using powder sprays, or use Norforms to feel fresh. Mild soap and water can help. Call if you feel the discharge trickling down the vagina, making your underwear feel wet (more than damp), or your inner thighs are wet.

7. Sex

Sexual intercourse may continue through pregnancy. Desire and sexual response for both you and your partner can change during pregnancy. Sexual intercourse does not cause rupture of the bag of water or miscarriage. Changes in position may be needed to accommodate your growing abdomen. Later in pregnancy it may lead to mild uterine contractions (false labor) for a few hours. Deep penile thrusting can cause spotting and cramping.

Condom use to prevent infection is important if you or your partner is sexually active with others.

Abstinence from sexual intercourse will be advised by the MD/CFNP when certain conditions occur.

8. Breast Care & Support

Upper backaches are associated with the increased weight of enlarging breasts. A supportive bra can reduce the strain on your back and give comfort to tender breasts.

Wash breasts with warm water and a soft washcloth. Remove any colostrum that is crusted on your nipple. If your nipples become dry, apply Lansinoh, Purelan, or rub a little vegetable oil on the nipple and areola. Lotions contain alcohol, which can further dry your skin.

No further preparation of nipples is needed if you plan to breastfeed.

****Schedule your post-partum visit before you deliver****

Additional Reading:

Pregnancy & Childbirth

- ♥ *The Birth Book* by William & Martha Sears
- ♥ *The Pregnancy Book* by William Sears
- ♥ *What to Expect When You're Expecting*
- ♥ *The VBAC Companion: The Expectant Mother's Guide to Vaginal Births After Cesarean* by Diane Korte
- ♥ *A Good Birth, A Safe Birth* by D. Korte & R. Scaer
- ♥ *Natural Childbirth the Bradley Way* by S. McCutcheon-Rosegg and P. Rosegg (For those interested in the Bradley Method of Natural Childbirth)

Breastfeeding

- ♥ *Breastfeeding Pure & Simple* by G. Gotsch
- ♥ *Nursing Your Baby* by K. Pryor and G. Pryor
- ♥ *So That's What They're For! Breastfeeding Basics* by J. Tamaro
- ♥ *The Womanly Art of Breastfeeding* by LaLeche League International

Pregnancy Warning Signs

Tear off this sheet and place it on your refrigerator. Please contact the office and let us know if you have these:

Vaginal bleeding

Fever with or without chills

Persistent nausea and vomiting

Sudden gush of fluid from the vagina

Any changes from normal urination especially burning with urination, blood in the urine or cloudy urine.

Swelling of hands and face

Sudden, sharp continuous abdominal pain

Cramping, severe headache not relieved by Tylenol.

Vision changed – blurring, spots before your eyes or dizziness.

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Baby Information

Choosing a doctor for the baby – The following is a list of physicians who provide care to infants. Pediatricians specialize in caring for infants and children until 18 years of age. Family Medical Physicians provide care for infants as well as adults. Please call and make arrangements for your baby's doctor by the 24th week of pregnancy. **The physician will provide you with a letter accepting your baby as a patient. You will need to give Dr. Aviles a copy of that letter before you deliver.**

Pediatricians & Family Medical Specialist:

Shalom Clinic

Dr. Olusegun A. Adeleye, MD
405 Bienville Street
Natchitoches, LA 71457
318-356-7211

Natchitoches Medical Specialist

William Luster, M.D.
617 Bienville St.
Natchitoches, LA 71457-6239
318-238-6401

Cornerstone Pediatrics

*Brett Rodriguez, M.D.,
Christa Rodriguez, M.D. &
James Thibodaux, M.D.*
1055 Parkway, Suite A
Natchitoches, LA 71457
318-352-6464

Family Doctor of Natchitoches

*John E. Hogg, M.D.
Jack D. Fair, M.D.*
615 Bienville Street
Natchitoches, LA 71457
318-352-6800

BIRTH CERTIFICATE

Thank you for choosing Natchitoches Regional Medical Center as the hospital to deliver your child. In an effort to help give you the best patient care and service we are providing this list of **items you MUST have to complete your child's birth certificate before being discharged** from Natchitoches Parish Hospital. Please have the following information available at the time of your admission.

MOTHER/FATHER:

Full Name (First, Middle, Maiden, Last)

Birth date/Age

Place of Birth (City and State)

Social Security Number

Phone Number

Race (White, Black, Hispanic, etc...)

Highest Grade completed (Including College)

Mailing Address (If Rural Route or P.O. Box include nearest Hwy)

Is this address within the city limits?

Marital Status

Place of Employment/Occupation

** Identification MUST be shown before signing the birth certificate

If you are not married and plan to put the baby in the father's last name, the father **MUST** sign the Birth Certificate before you are discharged from the hospital.

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Below marked out is no longer Valid – Eff: 08/01/2016 - ↓

~~If you are married and your husband is not the father and you want to put the baby in the biological father's last name. Your husband and the biological father MUST come to the hospital after the baby's birth to sign the birth certificate before you are discharged from the hospital.~~

If you are divorced, please bring a copy of your divorce papers with you.

Your signature on the Birth Certificate is verifying that all information is correct. If there is a name change or any other personal changes to your child's Birth Certificate after being discharged, you MUST contact the following office. Also note that there is a \$27.50 fee for any corrections.

**VITAL RECORDS REGISTRY
P.O. Box 60630
New Orleans, LA 70160
501-568-4980**

If you have any questions concerning this form, please contact Gwen Frankell at Natchitoches Parish Hospital, Birth Certificate Clerk at 318-214-4292

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FREE CLASSES AVAILABLE

Contact #: 357-3132

FREE

Sibling Class

Natchitoches Regional Medical Ctr.

Children ages 2 – 8

Juice & cookies will be available while we show a film and visit the nursery.

This class is a singular class.

The dates of class change each month.

Please call for current schedule dates.

Introduction to Breast Feeding Class

Instructor: Leah Pagels

The dates of class change each month

Please call for current schedule dates.

Legacy Classroom

Natchitoches Regional Medical Center

501 Keyser Avenue

Please call 214-4335 to reserve a seat.

**Natchitoches Regional
Medical Center**

an affiliate of



**CHRISTUS
Health**

CIRCUMCISIONS

Pre-payment of \$200 is required before you deliver if you wish to have your son circumcised before you are discharged from the hospital. If you do not plan to know the sex of your baby before you deliver but still desire a circumcision if you have a boy then make plans now to pre-pay the circumcision fee before you deliver. If you do not have a boy or Dr. Aviles does not perform the circumcision due to health risks or birth defects ONLY THEN will you be refunded your money within 30 days of your delivery. We will NOT REFUND PAYMENT if another provider performs circumcision once this agreement/acknowledgement has been signed and amount of \$200 has been collected.

Circumcisions are non-refundable and are now considered by Natchitoches Women's Care a Fee for Service procedure. This means there will be NO CLAIMS FILED to any insurance carrier at any time in the event the patient may obtain coverage after being born.

EFFECTIVE - August 1, 2017

Risks and benefits

Although many male newborns born in this country are circumcised, routine circumcision of newborn males in the US remains controversial. In other parts of the world (e.g., in most of Europe), routine circumcision is not carried out. Circumcisions in the US are considered an elective procedure. Newborn circumcision has potential medical risks, as well as benefits. The purpose of this form is to provide you with information on which to base your decision as to whether or not your son should be circumcised.

What is circumcision?

The penis consists of a round shaft and a rounded tip called the glans. The foreskin is a piece of skin that covers the glans. In circumcision, the foreskin is removed, thereby permanently exposing the glans and the opening of the urethra; this is where the urine comes out.

How is it done?

Newborn circumcisions are usually done during the first few days of life. An instrument is placed over the end of the foreskin and fits tightly, allowing the doctor doing the circumcision to cut away the foreskin from the remainder of the penis with a surgical knife. The procedure takes about 15 minutes. Only healthy newborns with no current medical problems should be considered for circumcision. There should be no evidence of bleeding problems and the urethra must be normally placed.

What are the potential risks and disadvantages of circumcisions?

The immediate risks of circumcision are bleeding, inadvertent injury to the remainder of the penis, and infection. Although circumcision is considered to be a generally safe procedure, in rare cases these or other complications can lead to severe problems and even death. Inflammation of the external urethral opening (meatitis) is more common in circumcised boys. Newborn circumcision may be performed with local anesthesia. The newborn will experience some pain and discomfort during and following the procedure. A newborn undergoing circumcision is sometimes diagnosed with hypospadias (a condition in which the urethra is on the underside of the glans) when the foreskin is taken back during the procedure. This condition can be surgically repaired and requires that the foreskin be left intact. If this condition is found during the procedure, the circumcision will not be completed.

What can be done to help with the pain during and after the procedure?

Some of the doctors give the newborn a local anesthesia (pain control) for the circumcision. Local anesthesia is provided by injecting a medication into the nerves at the base of the penis. This procedure will reduce the newborn's pain and behavioral changes. Complications due to local anesthesia are rare and consist mainly of bleeding and damage to the skin where the injection occurs. Local anesthesia adds an element of risk to the procedure but has been used safely and effectively in thousands of newborns. You should discuss the use of local anesthesia with your doctor.

In addition to the local anesthesia, a 10% solution of sucrose on a pacifier helps to control pain during procedures for newborns. Tylenol may be given orally to the newborn both before and after the procedure to help control the discomfort that he might feel following the procedure.

What are the potential advantages of newborn circumcision?

There is a decreased risk of urinary tract infections in boys circumcised as newborns. Circumcision will prevent conditions that cause an accumulation of fluid and swelling around the foreskin and glans, as well as a problem known as phimosis, which is the inability to retract the foreskin. Newborn circumcision protects against the later development of penile cancer, although this is an extremely rare disease. These potential advantages are not felt to validate a medical indication for circumcision. Teaching and uncircumcised boy good hygiene will decrease the potential for some of these concerns.

Summary

The issue of newborn circumcision is an emotional one. There are no clear medical benefits to circumcision, and we urge you, the parents of the baby, to carefully consider the question. In addition to the medical aspects discussed in this information form, other factors will affect your decision, such as religious, cultural, and ethnic traditions. It is our desire to answer any questions that you have or to discuss this issue further to help you make the decision that is right for you and your family.

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PATIENT CARE PROFILE

Patient: _____ Due Date: ___/___/___

This Care Profile is set for your pregnancy. SOME OF THE INDICATED TESTS DO NOT NECESSARILY APPLY TO YOUR PREGNANCY; however, you can assist us by being sure you have office appointments that coincide with those procedures that do apply.

<u>DATE</u>	<u>WEEKS</u>	
	10	Initial lab work, urine culture & sensitivity
	16	Register for Hospital Prenatal Classes Call: 318-352-4335.
	15 - 21	Triple Screen * NOTE: The timing on this test is CRITICAL for accuracy. It must be done between 15 and 21 weeks.
	20	Prenatals sent to hospital
	24 - 27	Glucose Challenge – DO NOT FAST
	24	3° GTT if abnormal and also Colpo if papsmear abnormal
	28	Rh antibody (Rh Negative pts. Only) then give RhoGam
	28	Pre-admit at hospital
	30	Select Pediatrician if this has not already been done.
	30	Sign Tubalization consent.
	35	Vaginal Culture (Beta-Strep) and GC/C
	35	Prenatals sent to hospital (after GBS on chart)
	41	Nonstress Test * (Or earlier if clinically indicated)

If you have an emergency after hours, please go directly to the nearest hospital.