

Dear Expectant Mom,

Welcome to a new, exciting adventure!

Pregnancy is a breathtaking, exhilarating, maddening, frustrating and blessed event. This OB folder is intended to educate you on some of the most common questions and concerns heard from our newly pregnant patients...

When can I travel?

What foods are safe to eat?

When do I need to call the doctor?

Along the way, you will have many opportunities to ask questions, learn about prenatal testing, register for childbirth classes and watch your miracle unfold over the months. This booklet also provides reference information to common questions during your pregnancy.

Medical City Dallas is our maternity and high-risk referral center for all of North Texas. We not only have top-notch staff, nursing and facilities, we have a world-class neonatal ICU and Medical City Dallas Children's Hospital.

Even though I am a solo practitioner and will do my best to care for you and deliver your baby, there will be occasions where I will be unavailable. To this end, I have established a call-sharing arrangement with other board-certified, high-risk pregnancy specialists to provide coverage.

If you feel you have an emergency after hours, please call 972.566.4555.

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## **APPOINTMENTS AND PRENATAL CARE**

Pregnancy is measured in trimesters from the first day of your last menstrual period, totaling 40 weeks. A full term pregnancy can deliver between 37 and 42 weeks.

Once your pregnancy has been confirmed, the prenatal period officially begins! Prenatal care involves a series of regular examinations and tests under your doctor's supervision. In an uncomplicated pregnancy, most women will see their doctor once a month until 32 weeks. At that point, you will be seen every 2 weeks until 34 to 35 weeks. Then you will be seen weekly until delivery.

The initial prenatal visit is often the longest. During this visit, I will take a detailed medical & obstetrical history. We will review your prenatal labs drawn after your confirmation of pregnancy visit. Lastly, I will answer any questions you may have.

Subsequent prenatal visits are much shorter and include a measurement of your weight, urine testing, a blood pressure check, a fundal height check and listening to your baby's heart beat.

### **Prenatal Labs and Testing**

#### Labs drawn after your first visit:

1. Blood typing – This test determines your blood & Rh type. If your blood is Rh negative, special monitoring of your blood may be necessary to check for Rh incompatibility.
2. Antibody Screen – This detects unusual antibodies that may have arisen in your prior pregnancies or from blood transfusions.
3. CBC (complete blood count) – This test checks your blood to determine if you are anemic. Women usually become slightly anemic as pregnancy progresses, but very low levels require treatment. Platelet levels are also assessed. An adequate number of platelets are needed to help stop bleeding.
4. Rubella test (German measles) – An antibody test to determine if you are protected from Rubella.

5. Syphilis screening (RPR) – Tests for exposure to syphilis in past or an active infection. If present, treatment can be initiated so that the fetus is not harmed.
6. Hepatitis B (HBsAg) – Checks for infection with the Hepatitis B virus which can be passed to the unborn child.
7. Human Immunodeficiency Virus (HIV) – If there is an infection, you can be treated during the pregnancy which will reduce the likelihood of passing the virus to your unborn child.
8. Urine culture – This checks for an asymptomatic infection that would need treatment during the pregnancy.
9. Gonorrhea & Chlamydia – Either of these infections are important to know about and require treatment during the pregnancy.
10. Pap Smear – Checks for abnormal cervical cells. This is done on all women > 20 years of age who have not had one in the past year.

Additional testing performed throughout pregnancy:

1. One hour glucose screen – Done between 24 - 28 weeks. This screens for diabetes that may develop during the pregnancy. You will drink a sugary beverage followed by a blood glucose level taken 1 hour later. If it is abnormal, additional testing is needed. If you have a history of diabetes in your prior pregnancies, please inform me so you can be tested immediately.
2. Genetics screening (Please refer to the separate sheet on genetics)
3. GBS screening (between 35 -36 weeks) – This is a vaginal culture that tests for the presence of a bacteria named group B streptococcus. If present, you will be treated with IV antibiotics during labor in an effort to prevent infecting the newborn during the birth process.

## **ULTRASOUND EXAMS**

You will obtain a few ultrasounds throughout the pregnancy.

- First trimester to establish or confirm the dating
- An anatomy ultrasound at 18 – 20 weeks
- You may receive additional ultrasounds if medically necessary

### **What does an ultrasound show?**

An ultrasound creates pictures of the internal organs of the body from sound waves. This is no radiation involved. The sound waves are directed into a specific area of the body through a transducer.

The sound waves hit tissues, body fluids and bones. Waves then bounce back, like echoes, and are converted into pictures of the fetal parts.

The images appear on a computer screen. The dark areas indicate liquid like amniotic fluid. Gray or light areas show denser material like tissue. And white areas indicate bone.

The type of ultrasound that is used most often combines still pictures to show movement like the many single frames put together to make a movie. This is called real-time ultrasound.

### **When is ultrasound used in obstetrics?**

Ultrasound is used in obstetrics to examine the growing fetus inside the woman's uterus. A standard ultrasound exam can provide information about the fetus' health and well-being including...

- Approximate fetal age
- Rate of fetal growth
- Placental location
- Fetal position, movement, breathing and heart rate
- Amount of amniotic fluid in the uterus

- Number of fetuses
- Some birth defects

## **Rh NEGATIVE BLOOD TYPE**

If your blood type is Rh negative (ie. O neg, A neg, B neg, or AB neg), you will need to receive a gamma globulin injection anytime you have bleeding during your pregnancy, at approximately 28 weeks gestation and within 72 hours after delivery if your baby's blood is found to Rh positive.

This injection is given to prevent an immune reaction if some of the baby's blood cells enter your bloodstream. The baby's Rh-positive cells entering your bloodstream could cause your body's defense system to create antibodies to attack the different invading Rh positive cells. The Rhogam injection will prevent this from happening.

These injections are **NOT** necessary if the father of the baby is also Rh negative. However, he **MUST** have bloodwork ordered through my office showing that his blood type is Rh negative. Although it is not an extremely expensive test, most insurance companies will not cover the blood test for him. Therefore, this will need to be paid out of pocket prior to the blood test being done.

If your blood type is Rh negative, you need to contact us immediately with any vaginal bleeding during pregnancy so I can determine whether or not you need to receive a Rhogam injection.

## GENETIC TESTING

### What is Down Syndrome?

Down Syndrome (DS) is one of many chromosome disorders. Chromosomes are the genetic blueprints that determine how a baby will develop. Chromosome disorders occur by chance when a baby receives too few or too many chromosomes at conception. DS occurs when a baby receives an extra chromosome 21. This disrupts development and causes birth defects and mental retardation.

### What is genetic screening?

Screening tests are blood and or ultrasound tests that estimate the likelihood for the fetus to have certain types of birth defects, including DS, Trisomy 13 and Trisomy 18. A normal result does not necessarily mean that no abnormalities are present. They do not guarantee a normal baby. Screening tests always have a certain amount of false positives (an abnormal test in a baby with no birth defects) and false negatives (a normal test in a baby that has birth defects).

### Who should have genetic screening?

Screening is offered to all pregnant women who are between 11 – 18 weeks pregnant. Because they are at a higher risk of having a baby with chromosome abnormalities, the American College of Obstetricians and Gynecologists recommends that all women over the age of 34 or with a family history of chromosome abnormalities be offered chorionic villi sampling or an amniocentesis for chromosome testing. These tests detect 99.9% of all chromosome abnormalities. In contrast, screening detects 60 - 95% of DS, Trisomy 18 and Trisomy 13. Five to 10% of babies with these chromosome problems will not be detected with screening alone.

### How and when is genetic screening done?

There are two ways to do genetic testing. If you choose to undergo genetic screening, you will only need to have **one** of these tests performed.

1. **1<sup>st</sup> trimester screening:** This test is done between 11 and 13 6/7 weeks and consists of 1) a special sonogram to measure the nuchal translucency (NT) – the amount of fluid behind the neck of the baby and 2) blood testing to measure protein levels (free B-HCG and PAPP-A). This test detects >90% of Down Syndrome,

Trisomy 18 & Trisomy 13. This test does not detect spinal defects like spina bifida or abdominal wall defects. Therefore, further testing with a sonogram will be done at 18 – 20 weeks to detect these defects.

- 2. 2<sup>nd</sup> trimester screening (Quad screen):** This test is done between 16 – 18 weeks of pregnancy. It measures 4 different chemicals in the maternal blood. No sonogram is necessary. It will detect 60 – 70% of babies with Down Syndrome and 80% of babies with spinal and abdominal wall defects.

### **Am I required to have genetic testing?**

**NO.** The decision whether to have the screening tests performed is your personal decision. If these tests show that your baby is at an increased risk for a chromosome abnormality, it does not mean a problem has been diagnosed; only that further evaluation, usually with an amniocentesis, is indicated. This can cause a lot of anxiety as well as some extra expense. These are reasons why the decision to have genetic screening is left to the patient rather than just doing it on all patients.

## **GESTATIONAL DIABETES SCREENING TEST**

Gestational diabetes is a condition of pregnancy in which the mother's body acts diabetic only during her pregnancy. Identifying the disease will reduce the risk to both mother and baby.

A blood screening test has been developed to help identify those patients who have developed gestational diabetes. The test will be performed at approximately 28 weeks gestation on all pregnant patients. Having a screening test prevents all patients from completing a 3 hour glucose tolerance test which is both more expensive and time consuming. Those patients whose screening test comes back abnormally elevated will then need to do the more definitive 3 hour test.

In order to achieve accurate results, you must drink the entire bottle of glucose in 5 – 10 minutes and be in the laboratory having your blood drawn exactly one hour later. You do NOT need to be fasting before you drink the glucola. However, you should not eat or drink anything between the time you drink the glucose load and having your blood drawn. In addition, it is best to avoid a large sugar load (eg. Cola or candy) prior to drinking the glucola.

## **GROUP B STREPTOCOCCUS (GBS) INFECTION DURING PREGNANCY**

### **WHAT IS GROUP B STREPT?**

GBS is a bacteria frequently found in the vagina of women. In fact, 33 – 35 % of all healthy women are found to have GBS in the vagina at any given moment. Although this bacteria does not typically cause symptoms or problems for the woman, it can occasionally cause severe and life threatening infections in newborns. GBS is not a sexually transmitted disease. GBS is not the same as Group A Streptococcus which causes Strept throat.

### **HOW IS GBS TRANSMITTED TO THE BABY?**

GBS is passed to the baby in the birth canal during labor or delivery when the baby comes into contact with the bacteria carried by the mother. Although up to 35% of women carry GBS, in untreated women, only 1% of babies exposed to GBS become ill due to the bacteria. It is unknown why some exposed infants become ill while others never have a problem.

### **HOW DO WE TEST FOR AND TREAT GBS**

A vaginal culture will be taken when you are approximately 35 weeks pregnant. We will inform you of your results one week after the test is done. **If the culture is positive, you will be treated with intravenous antibiotics (Penicillin, unless you are allergic) during your labor and delivery.** You will not need to take antibiotics prior to labor as treatment with oral antibiotics will only decrease the amount of GBS for a short time. They will not eliminate it.

## **WHAT IF YOU GO INTO LABOR BEFORE YOUR GBS TEST IS DONE?**

You will receive intravenous antibiotics during labor and delivery.

## **COMMON DISCOMFORTS AND SYMPTOMS DURING PREGNANCY**

### FIRST TRIMESTER (1 – 14 WEEKS)

- Fatigue
- Morning sickness
- Increased urination
- Fullness or mild aching in your lower abdomen
- Breast tenderness

### SECOND TRIMESTER (14 – 28 WEEKS)

- Breast changes
- Leg cramps
- Increased urination due to an enlarging uterus
- Low backache – this discomfort is common especially in the last month of pregnancy due to muscular strains from your changing posture. An effort to maintain good posture and avoid standing for long periods of time may help. Also, elevate your feet frequently.
- Pelvic aches and hip pain
- Stretch marks and skin changes
- Heartburn – this occurs due to an enlarging uterus pushing against your GI system. Antacids such as Tums can relieve these symptoms. Also, eating smaller, more frequent meals and avoiding fatty, greasy foods or bedtime snacks will help. Sit up after eating.
- Constipation – continue eating a high fiber diet including plenty of fruits and vegetables. Drink an abundance of water. Taking over the counter stool softeners like Colace can help.
- Hand pain, numbness or weakness (Carpal Tunnel Syndrome)

THIRD TRIMESTER (28 WEEKS – BIRTH)– In addition to the above symptoms:

- Baxton Hicks contractions – “warm up” contractions that do not dilate or change your cervix.
- Fatigue
- Swelling – many factors contribute to swelling during the 3<sup>rd</sup> trimester of pregnancy including standing too long and decreased circulation due to the growing uterus. The best remedy is to rest on your left side several times a day and elevate your feet. Stay hydrated.
- Sleeping difficulty
- Breathing difficulties due to an enlarging uterus pushing up under the diaphragm. Your lungs have less room to expand causing you to take frequent, shallow breaths.

## OVER THE COUNTER MEDICATION FOR PREGNANT WOMEN

### COLD/SINUS/FLU

- Drink plenty of fluids & rest
- Tylenol Cold & Sinus
- Sudafed or Actifed
- Chlorphenirmine
- Claritin
- Afrin occasionally
- Robitussin
- Benadryl
- Tylenol flu

### HEADACHE/BACKACHE

- Rest
- Ice packs or heat pads
- Massage
- Tylenol regular or extra strength

### NAUSEA

- Frequent, small meals
- **Bananas, Rice, Applesauce, Toast**
- 100mg Vitamin B6 divided daily (+)
- 12.5mg Unisom twice daily
- Dramamine
- Meclizine
- Ginger (up to 1 gram / day)

### CONSTIPATION

- Drink 8 – 10 glasses of water daily
- Colace (100mg twice daily)
- Milk of Magnesia
- Metamucil (or any fiber supplement)
- Dulcolax

### HEMORROIDS

- A high fiber diet; avoid constipation
- Preparation H
- Tucks
- Anusol

### DIARRHEA

- Stay hydrated
- Imodium AD
- \*\*diarrhea with fever and blood or copious watery diarrhea needs immediate medical attention\*\*

### INDIGESTION

- Avoid spicy & fried foods
- Eat small, frequent meals
- Tums
- Maalox
  - Mylanta
- Pepcid
- Zantac
- Tagament
  - Ginger

**DO NOT TAKE ASPIRIN, IBUPROFEN  
OR OTHER UNPRESCRIBED  
MEDICATIONS UNLESS APPROVED**

**BY YOUR PHYSICIAN!**

### YEAST INFECTION

- Monistat
- Gyne-Lotrimin

- Pramoxine
- Witch Hazel

## **NAUSEA AND VOMITING DURING PREGNANCY**

Nausea and vomiting frequently occur during the early months of pregnancy. Although it is frequently referred to as “morning sickness,” it can occur anytime of the day or night. Usually it peaks at 9 – 10 weeks and disappears after 14 weeks. Rarely, it will continue into the second and third trimesters.

### **FOR PREVENTION, TRY THE FOLLOWING...**

- Eat a piece of bread or a few crackers before you get out of bed in the morning or when you feel nauseated.
- Get out of bed slowly.
- Avoid sudden movements.
- Eat several small meals during the day so your stomach doesn’t remain empty for long periods of time.
- Drink soups and other liquids between meals instead of with meals.
- Avoid greasy or fried foods – they are hard to digest.
- Avoid spicy, heavily seasoned foods.
- Take 50mg of Vitamin B6 twice a day (100mg total).
- Take 12.5mg of Unisom twice a day (25mg total).
- Drink Gatorade or Perrier instead of water.

If severe nausea and/or vomiting persists for more than 24 hours, despite taking the above measures, contact the office.

## DAILY FOOD GUIDE DURING PREGNANCY

The average weight gain during pregnancy is 25 – 45 pounds. You should not diet during pregnancy. It is best to

FOOD GROUP	EXAMPLES	SERVINGS	1 SERVING EQUALS	
Grains	Whole wheat bread, cereal, brown rice, & pasta	6-11	One slice of bread, one cup cooked rice, & one cup cooked pasta	
Fruit	Apples, oranges, pears, nectarines, bananas, etc.	2	One whole raw fruit or ½ cup cooked or chopped fruit	Include a juice or fruit rich in vitamin C (ex. Orange)
Vegetables	Lettuce, carrots, tomatoes, &	3	One cup of raw, leafy vegetables	Choose a variety, such as dark-green leafy, yellow,

follow the guidelines below. Because you need extra calories and nutrients to help your baby's growth and development, you should have at least the number of servings shown.

	avocados			starchy and legumes (beans)
Protein	Meat, fish and dried beans	3-4	2-3 ounces of lean meat, poultry, fish or one egg	If you are a vegetarian, eat eggs, tofu, soy products and dry beans & nuts
Milk	Low-fat milk, yogurt or cheese	3-4	One cup of milk or yogurt or two 1-inch cubes of cheese	Choose low fat, skim items if possible. You need 1,200 mg of Calcium daily from diet or calcium supplements

- Drink 8 – 10 cups of fluids daily (mainly water, but some juice is OK).

- No need to avoid but **limit**:
  - The amount of fat to <30% of your daily calories
  - High-fat foods (butter, sour cream, salad dressing)
  - Sweets & caffeine-containing beverages like coffee, tea and cola
- **AVOID**:
  - Raw or undercooked meat, poultry and seafood
  - Shark, swordfish, king mackerel, tilefish and fresh tuna (due to high mercury content)
  - Canned albacore (“white”) tuna
  - Unpasteurized milk products and unpasteurized juices
  - Soft cheese (feta, queso blanco, queso fresco, brie, camembert) unless it is labeled as “MADE WITH PASTEURIZED MILK.”
  - Refrigerated pate, meat spreads from a meat counter or smoked seafood found in the refrigerated section of the store.
  - Salads made in the store (i.e. chicken salad, egg salad or seafood salad)
  - Herbal supplements

## KNOW YOUR FISH

### How Safe is Seafood?

For over two decades, researchers proclaiming the health benefits of fish – it’s low in fat, high in protein and rich in cardioprotective omega-3 fatty acids – have encouraged Americans to up their intake. The result: each of us now eats a record 16.6 pounds every year, including double the amount of shrimp and salmon we consumed in 1994. But lately, headline-grabbing studies have warned that dangerous contaminants in lakes, rivers and oceans may make seafood too risky.

The biggest health hazard is mercury, a toxic heavy metal linked to neurological problems in developing fetuses and children. Long-living fish have the highest concentrations of mercury. Recent reports from both the Institute of Medicine and the Harvard Medical School agreed with a 2004 governmental advisory that four mercury-tainted fish – shark, swordfish, tilefish (also called golden snapper or golden bass) and king mackerel – should never be eaten by pregnant women, women who may become pregnant, nursing mothers and kids under 12 years of age. The advisory

also recommended limiting the intake of canned albacore tuna and tuna steaks to 6 ounces per week for this group.

For almost everyone else, however, the studies determined that the benefits of moderate seafood consumption greatly outweigh the risks. In fact, the Harvard research found that people who have one or two servings of seafood each week might reduce their heart attack risk by a whopping 36 percent. If you are adding more seafood to your family's diet, vary the menu to reduce the risk of mercury contamination from a single source; choose low-mercury varieties like catfish, shrimp and scallops; and switch to chunk light tuna, which usually averages one-third the mercury levels of albacore.

PCBs (polychlorinated biphenyls), chemical compounds banned in the 1970s as probable carcinogens, are also found in some seafood. In 2004, a study found that farmed salmon, which accounts for 90% of salmon in supermarkets, contained markedly higher levels of PCBs than wild salmon. The reason: farmed salmon are typically fed a diet of ground fish meal and fish oils, which are high in PCBs. According to a 2004 study in the journal *Science*, there is a more than sevenfold difference in the PCB level of wild and farmed salmon. Some consumer groups advise that you limit your intake of farm-raised salmon to a single, 8-ounce meal a month. The FDA, however, counters that salmon is a powerhouse source of cardiovascular-friendly omega-3 and that the likelihood of developing cancer from PCBs is much lower than the risk of heart disease from avoiding salmon – wild or farmed.

## **THE SAFEST FISH CHOICES**

Catfish (US farm-raised)

Clams

Cod (Pacific)

Crab

Haddock

Halibut (Pacific)

Herring

Lobster

Mahi Mahi

Mussels

Oysters

Pollack  
Salmon (wild, canned)  
Sardines  
Scallops  
Shrimp  
Squid  
Tilapia  
Trout (farm-raised)  
Tuna (canned light)

## **EAT IN MODERATION**

*Limit your consumption of these fish and shellfish to no more than four 6-ounce servings per month.*

Albacore tuna (canned white)  
Blue crab  
Bluefish  
Flounder  
Halibut (Atlantic)  
Marlin (blue)  
Salmon (farm-raised)  
Tuna (ashi or bigeye, yellowfin and bluefin)

## **BE VERY CAUTIOUS WITH THESE**

*Avoid these fish because of the levels of mercury contamination in them.*

King mackerel  
Shark  
Swordfish  
Tilefish (also known as golden snapper and golden bass)  
Sea Bass

## **EXERCISE & PREGNANCY**

For most women with an uncomplicated pregnancy, exercise is healthy, enjoyable and recommended. Try to exercise for at least 30 minutes five days per week.

### **AVOID:**

Sudden forceful contact sports (i.e. football, soccer, hockey, basketball and baseball)

Downhill skiing  
Ice skating  
Gymnastics  
Horseback riding  
Mountain climbing  
Water skiing  
Scuba diving

## **RECOMMENDED ACTIVITIES:**

Jogging  
Swimming  
Water aerobics  
Bicycling  
Golf  
Tennis  
Cross country skiing  
Low impact aerobics  
Walking  
Hiking  
Weight training – if done carefully. Joints and ligaments change during pregnancy due to hormone changes. You are at a slightly increased risk of injuring yourself while pregnant.

## **GREAT PREGNANCY EXERCISE: STRETCHING**

### **Highlights**

The benefits of stretching during pregnancy

Shoulder circles

Chest stretch

Roll-down

Waist twist

Wall push-up and calf stretch

Mermaid

Thigh and hip flexor stretch

### **The benefits of stretching during pregnancy**

Stretching will enhance your flexibility, prevent your muscles from tightening, and make you feel looser and more relaxed. Use the following stretches after a workout as a way to cool down, or just when you need to relax. Be sure to breathe deeply and regularly as you stretch.

#### **Shoulder circles**

While seated or standing, rotate your shoulders backwards and down in the largest circle you can make. This opens the chest, counteracting the rounded shoulders so many pregnant women get.

#### **Chest stretch**

Standing in a doorway, place both hands at shoulder height on either side of the doorway, elbows bent. Step your right foot forward until you feel a slight stretch in the chest muscles (being careful not to stretch too much). Hold for 30 seconds. Switch feet, stepping your left foot forward. Hold for 30 seconds.

#### **Roll-down**

Stand with your back against the wall, your feet about shoulder-width apart a comfortable distance from the wall, knees slightly bent. Inhale, then as you exhale, draw in your abdominals, moving your chin toward your chest as you roll your torso down one vertebra at a time. “Roll” as far down as you’re comfortable going. Keep your weight centered between your feet.

Inhale at the bottom of the roll-down, and as you exhale, roll back up, trying to “print” each vertebra on the wall. As you return to an upright position, make sure your head is the last part of your body to uncurl. Repeat. Note: as your pregnancy progresses, you can modify this pose by doing it seated in a chair with your feet wide apart to make room for your belly. Sitting right on the edge of the chair, inhale, then exhale as you move your chin toward your chest and roll your body forward and down. Your hands can hang between your legs. Inhale, then exhale as you roll all the way up.

#### **Waist twist**

Stand with your feet shoulder-width apart for stability, knees slightly bent.

Extend both of your arms toward your left side at shoulder height while looking over your right shoulder. Hold the stretch and breathe into it.

Moving slowly, reverse the motion, switching your arms to the right while looking over your left shoulder. Repeat.

#### **Wall push-up and calf stretch**

Stand about 2 feet from a wall with your arms extended in front of your shoulders.

Reach your hands to the wall and lean forward, bending your elbows on an inhale as your body tilts.

Keep your heels on the floor to stretch your calf muscles. (Don’t do this exercise in socks or slippery shoes; you want your feet to stay put).

Exhale, contract the abdominals, and slowly push away from the wall to straighten up. Repeat eight to ten times.

### **Mermaid**

Sitting on the floor, sit tall with your knees bent to the right and heels close to your bottom. With your left hand, hold your left ankle for support as your right hand extends overhead. Inhale, then exhale and reach up and over to the left side.

Inhale and hold the stretch. Exhale to return to an upright position. Repeat one more time on your right side before moving to the left. You will feel a stretch in the sides of your waist, hip and lower back. Repeat twice while sitting on your left hip.

### **Thigh and hip flexor stretch**

Lie on your left side with your head on a pillow or a folded towel. Slightly bend the left leg for stability.

Bend your right leg, moving your foot toward your bottom, and take hold of your right ankle. Gently pull the heel closer to your bottom and draw in your abdominals to support your lower back. You should feel a stretch in the thigh and deep hip flexors. Hold for 30 seconds.

Release and switch sides, lying on your right side.

Reference: Reviewed by the BabyCenter Medical Advisory Board  
Last updated: November 2006

## **TRAVEL DURING PREGNANCY**

In most cases, travel is not ruled out during pregnancy. Travel, either by car or plane, will not cause problems with the pregnancy. However, if a pregnancy complication arises, it is important to have access to medical care. The best time to travel is mid-pregnancy (14 – 28 weeks).

Prior to 14 weeks, nausea, vomiting and fatigue are common. Also, the risk of miscarriage is highest prior to 14 weeks.

After 24 weeks, our baby is “viable.” This means that, in the rare chance your baby is delivered early, it has the potential to survive. Some of this potential depends upon what type of medical care the baby receives. You and your baby may not be able to receive the same medical care in your travel destination (especially if you are traveling outside the United States) as you will receive at Medical City Dallas.

Please note:

Most airlines do not allow pregnant women to travel after 35 weeks.

Most cruise lines do not allow pregnant women to travel with them at any gestational age.

If you plan to travel after 24 weeks, please notify the office. We may recommend (depending on your gestational age and your destination) an examination, sonogram or other testing prior to your departure.

#### **Riding in the car:**

When wearing your safety belt, follow these rules:

- Always wear both the lap and shoulder belt.
- Buckle the lap belt low on your hips, below your belly.
- Place the shoulder belt off to the side of your belly and across the center of your chest (between your breasts).

## **WORKING DURING PREGNANCY AND RETURNING TO WORK AFTER PREGNANCY**

As long as you and your baby are healthy and your job presents no special hazards, you should be able to work as long as you want. In certain situations, you may need to give up certain tasks or transfer to another position until after the baby is born.

Most women are physically able to return to work **6 weeks after a vaginal delivery and 8 weeks following a cesarean section**. In the rare event that you experience a pregnancy, delivery or postpartum complication, this may need to be extended.

According to the Family & Medical Leave Act (FMLA), “eligible” employees are able to take off **up to 12 work weeks** in any 12 month period for the birth or adoption of a child, to care for a family member or if the employee themselves has a serious health condition. However, the employer is **not required to pay** the employee for this time off. This includes prenatal **and** postpartum care.

Most pregnancies are not disabling. For some women, pregnancy could become a disability **if problems arise**. There are two types of pregnancy-related disability:

- 1) Disability caused by the pregnancy itself: some symptoms of pregnancy may cause short-term or partial disability. Giving birth also causes **short-term** disability (6 weeks for a vaginal delivery and 8 weeks for a cesarean section).
- 2) Disability caused by pregnancy complications: more severe problems or conditions you had before getting pregnant may worsen during pregnancy and cause longer disability.

We are happy to complete any **FMLA and/or disability forms** that are required by your employer. We ask that you either mail, fax or bring the forms with you to your appointment. The forms will be completed by your next scheduled appointment.

With regards to disability, we will complete the forms as follows:

Uncomplicated vaginal deliveries: **6 weeks**

Uncomplicated cesarean deliveries: **8 weeks**

Unless documented complicating factors occur, we are unable to extend the disability any longer than stated above. If complications occur during the pregnancy or postpartum period, I will alter the time of disability as necessary.

## **SIGNS OF LABOR**

### **How will you know when you are in labor?**

Labor is different for every woman. Here are some general rules that may help you know when you are in labor:

- Your uterus will tighten and relax – this is a contraction.
- Contractions may begin in your lower back and move around both sides to your lower abdomen.
- When you notice that you are having regular contractions, start timing them
- When they are coming regularly (every 3 to 5 minutes) or you are unable to walk due to the contraction pain, notify me.

### **What happens if your bag of water breaks?**

When your bag of water breaks, there may be a sudden gush of fluid from your vagina or you may have uncontrollable, continuous leaking. Go directly to labor and delivery.

You may pass your mucus plug up to 1 to 2 weeks before going into labor; this is thick and not watery. Sometimes it is blood tinged. This is OK. It is not necessary to call; however, if there is any question, please contact the office.

### **When should you go to labor and delivery?**

- Regular or painful contractions
- Uncontrollable leakage of fluid or a gush of fluid
- Vaginal bleeding (other than spotting)
- Headache that does not resolve with Tylenol
- Visual changes including “floaters”
- Severe abdominal pain
- Fever
- Any other significant concerns

### **Who and how do you contact me?**

If you have an emergency or an urgent question, call my office at 972.566.4555. You should receive a return phone call within 15 minutes. If you do not receive a return phone call, you may leave another message and/or contact Medical City Dallas Labor & Delivery.

If you have a non-urgent message or question, please call the office during normal business hours. Regular office hours are Monday – Thursday from 09:00 am to 4:30 pm and Friday from 09:00 am to 12:00 pm.

## **LABOR AND DELIVERY**

At the end of the third trimester of pregnancy, your body will begin to show signs that it is time for your baby to be born. The process that leads to birth of your baby is called labor and delivery. Every labor and delivery includes certain stages, but each birth is unique. Even if you have had a baby before, each time will be different.

### **What are the stages of labor?**

There are three stages of labor. The first stage includes early labor and active labor. The second stage begins after you have dilated completely and lasts through the birth. The third stage begins after the birth of your baby and last until the placenta is delivered.

**Stage One:** The muscles of the uterus tighten (contract) and then relax. These contractions thin and open the cervix so that the baby can pass through the birth canal. In early labor, the contractions are usually irregular and can last less than a minute. The early phase can vary in length lasting from a few hours to days. During active labor, the contractions become strong and regular lasting about a minute each. This is the time to go to the hospital.

**Stage Two:** The cervix is completely dilated, and you will push with your contractions until the baby is delivery.

**Stage Three:** This stage occurs after the baby is born. You may have contractions until the placenta is delivered.

### **How can you manage pain?**

Having a support person and breathing exercises may help you cope with labor pain. You can also take a warm bath to help relax. At the hospital, there are different forms of pain medication including intravenous narcotics and an epidural. Narcotics help reduce anxiety and partially relieve pain. An epidural is an ongoing injection of pain medicine into the epidural space around your spinal cord. This will partially or fully numb your lower body.

### **What can I expect right after childbirth?**

Now you get to hold and look at your baby for the first time. You may feel excited, tired and amazed all at the same time. If you plan to breast-feed, you may start immediately after birth. Don't be surprised if you have some trouble at first. Breast-feeding is something you and your baby have to learn together. You will get better with practice. If you need help getting started, breast-feeding specialists (lactation consultants) will be available in the hospital.

During the first hours after the birth, your nurse will:

- Massage your uterus by rubbing your lower abdomen about every 15 minutes. This helps to tighten/contract your uterus and to stop bleeding.
- Check your vital signs frequently.

- Make sure your bladder does not get too full.
- If an epidural was placed, this will be removed after your delivery.

## **PAIN RELIEF DURING LABOR AND DELIVERY**

### **Is labor pain the same for all women?**

The amount of pain a woman feels during labor may differ from that felt by another woman. Pain depends on many factors, such as the size and position of the baby and the strength of contractions. Some women take classes to learn breathing and relaxation techniques to help cope with pain during childbirth. Others may find it helpful to use these techniques along with pain medications.

### **What are the types of pain relief for labor pain?**

There are two types of pain-relieving drugs – analgesics and anesthetics.

- Analgesia is the relief of pain without total loss of feeling or muscle movement. Analgesics do not always stop pain completely, but they do lessen it.
- Anesthesia is a blockage of all feeling, including pain. Some forms of anesthesia, such as general anesthesia, cause you to lose consciousness. Other forms, such as local anesthesia, remove all feeling of pain from parts of the body while you stay conscious.

### **What are systemic analgesics?**

Systemic analgesics are often given as injections into a muscle or vein. They lessen pain but will not cause you to lose consciousness. They act on the whole nervous system rather than a specific area. Sometimes other drugs are given with analgesics to relieve the anxiety or nausea that may be caused by these types of pain relief.

Like other types of drugs, this pain medicine can have side effects. Most are minor, such as nausea, feeling drowsy or having trouble concentrating. Systemic analgesics are not given right before delivery because they may slow the baby's reflexes and breathing at birth.

### **What is local anesthesia?**

Local anesthesia provides numbness or loss of sensation in a small area. It does not, however, lessen the pain of contractions.

A procedure called an episiotomy may be done by your doctor before delivery. Local anesthesia is helpful when an episiotomy needs to be done or when any vaginal tears that happen during birth are repaired.

Local anesthesia rarely affects the baby. There usually are no side effects after the local anesthetic has worn off.

### **What is regional analgesia?**

Regional analgesia relieves pain in one region of the body. It tends to be the most effective method of pain relief during labor and causes few side effects.

### **What are the different types of regional analgesia that are given during labor?**

Epidural analgesia, spinal blocks and combined spinal epidural blocks are all types of regional analgesia that are used to decrease labor pain:

- Epidural analgesia: sometimes called an epidural block, this form of analgesia causes some loss of feeling in the lower areas of your body, yet you remain awake and alert. An epidural block is given in the lower back into a small area (the epidural space) below the spinal cord. Pain relief will begin within 10-20 minutes after the medication has been injected. After the epidural needle is placed, a small tube (catheter) is usually inserted through it, and the needle is withdrawn. Small doses of the medication can then be given through the tube to reduce the discomfort of labor. The medication also can be given continuously without another injection. You can move after you have an epidural block, but you may not be allowed to walk around.
- Spinal block: a spinal block can be given using a much thinner needle. It is injected into the sac of spinal fluid below the level of the spinal cord. The spinal block uses a much smaller dose of the drug. Once the drug is injected, pain relief occurs right away. However, it lasts only for 1 – 2 hours. A spinal block usually is given only once during labor, so it is best suited for pain relief during delivery only.
- Combined spinal epidural block: this form has the benefits of both an epidural block and a spinal block. The spinal part helps provide pain relief right away. Drugs given through the epidural provide pain relief throughout labor. This type of pain relief is injected into the spinal fluid and into the space below the spinal cord. Some women may be able to walk around after the block is in place. For this reason, this method sometimes is called the walking epidural.

### **What are the side effects and risks of regional analgesia?**

Although rare, complications or side effects, such as decreased blood pressure or headaches, can occur. To help prevent a decrease in blood pressure, fluids will be given intravenously prior to the procedure. Some women (less than 1 out of 100) may get a headache after having an epidural block. A woman can help decrease the risk of a headache by holding as still as possible while the needle is placed. If a headache does occur, it often subsides within a few days. If the headache does not stop or if it becomes severe, a simple treatment may be needed to help the headache go away.

The veins located in the epidural space become swollen during pregnancy. Because of this, there is a risk that the anesthetic medication could be injected into one of them. If this occurs, you may notice dizziness, a rapid heartbeat, a funny taste or numbness around the mouth when the epidural is placed. If this happens, let your health care provider know right away.

### **What is general anesthesia?**

General anesthetics are medications that put you to sleep (make you lose consciousness). If you have general anesthesia, you are not awake and you feel no pain. General anesthesia often is used when regional analgesia is not possible or is not the best choice for medical or other reasons or the regional anesthesia is ineffective. It can be started quickly and causes a rapid loss of consciousness. Therefore, it is often used when an urgent cesarean delivery is needed.

### **Are there risks with the use of general anesthesia?**

A major risk during general anesthesia is caused by food or liquids in the woman's stomach. Labor usually causes undigested food to stay in the stomach. During unconsciousness, this food could come back into the mouth and go into the lungs where it can cause damage. To avoid this, you may be told not to eat or drink once labor has started.

If you need general anesthesia, your anesthesiologist will place a breathing tube into your mouth and windpipe after you are asleep. If you are having a cesarean delivery, you also will be given an antacid to reduce stomach acid. In some cases, ice chips or small sips of water are allowed during labor. Talk to your health care provider about what is best for you.

### **What type of anesthesia is used for cesarean births?**

If you already have an epidural catheter in place, stronger medications (anesthetics, not analgesics) may be injected if you need a cesarean delivery (or if vaginal birth requires the help of forceps or vacuum extraction). Spinal anesthesia also can be used.

Whether you have general anesthesia or regional anesthesia for a cesarean birth will depend on your health and that of your baby. It also depends on why the cesarean delivery is being performed. In emergencies or when bleeding occurs, general anesthesia may be needed.

## POSTPARTUM DEPRESSION

Baby blues and postpartum depression are extremely common following delivery. **Baby blues** can occur in 80% of women in the postpartum period. It usually starts within one week after giving birth. Symptoms include: drastic mood swings, elation and joy followed by sadness, crankiness and crying spells. If you experience these symptoms, be sure to get plenty of rest and eat well. Be sure to ask family and friends for support and help with the baby and your housework.

**Postpartum depression** occurs in 1 out of 10 women in the postpartum period. It can begin anytime after birth and may appear for up to a year after delivery. Symptoms include: feelings of despair, extreme weight loss/gain due to appetite changes, difficulty sleeping or sleeping more than usual, crying spells, withdrawal and attempts to avoid the baby. Women with postpartum depression often feel like they don't want to get out of bed in the morning, like everything is hopeless, like they are staring into a big, black hole and/or like they don't want to deal with anyone and wish everyone would leave me alone. If you experience any of these symptoms, please contact my office immediately.

**Postpartum psychosis** is a rare disorder that occurs in 1 in 1000 women in the postpartum period. It usually occurs within two to three weeks after childbirth. Symptoms include: hallucinations (seeing objects), suicidal or homicidal thoughts or gestures and lack of attention to personal hygiene. If you experience any of these symptoms, please contact me immediately or proceed to the emergency room as soon as possible. **Postpartum psychosis is a severe medical emergency and requires immediate medical attention. When left untreated, this disorder can have tragic results for both the mother and her child.**

As stated above, if you are concerned that you may be suffering from postpartum depression or postpartum psychosis, please contact me. Other resources that you may contact include:

**Postpartum Resources Center of Texas (Multi-lingual)**

811 Nueces  
Austin, TX 78701  
877.472.1002  
[www.texaspostpartum.org](http://www.texaspostpartum.org)

**Mental Health Association of Greater Dallas**

624 N. Good-Latimer, Ste 200  
Dallas, TX 75204

## **BREASTFEEDING YOUR BABY**

### **How does breastfeeding benefit my baby?**

Breastfeeding benefits your baby in the following ways:

- Breast milk provides the perfect mix of vitamins, protein and fat that your baby needs to grow.
- The **colostrum** that your breasts produce during the first few days after childbirth helps your newborn's digestive system grow and function.
- Breast milk has **antibodies** that help your baby's immune system fight off viruses and bacteria.
- Breast milk is easier to digest than formula.
- Breastfeeding decreases the risk of **sudden infant death syndrome (SIDS)**.
- If your baby is born **preterm**, breast milk can help reduce the risk of many of the short-term and long-term health problems that preterm newborns face.

### **How does breastfeeding my baby benefit me?**

Breastfeeding is good for you for the following reasons:

- During breastfeeding, the hormone **oxytocin** is released. Oxytocin causes the uterus to contract and return to its normal size quicker.
- Breastfeeding may help with postpartum weight loss.
- Women who breastfeed have lower rates of breast cancer and ovarian cancer than women who do not breastfeed. It also has been shown to reduce the risk of heart disease and rheumatoid arthritis.
- Breastfeeding saves time and money.

### **How long should I breastfeed my baby?**

It is recommended that babies breastfeed exclusively at least for the first 6 months of life. Your baby can continue to breastfeed beyond his or her first birthday as long as you and your baby wish. **Any duration of breastfeeding is better than no breastfeeding.**

### **How can I help my baby learn to breastfeed?**

Babies are born with all the instincts they need to breastfeed. A healthy newborn usually is capable of breastfeeding without any specific help within the first hour of birth.

Immediately after birth, your baby should be placed in direct skin-to-skin contact with you if possible. A nurse or lactation consultant can help you find a good position.

### **What can I do to help my baby latch on?**

The newborn must attach or “latch on” to your breast in order to successfully breastfeed. Cup your breast in your hand and stroke your baby’s lower lip with your nipple. This stimulates the baby’s rooting reflex. The rooting reflex is a baby’s natural instinct to turn toward the nipple, open his or her mouth and suck. The baby will open his or her mouth wide (like a yawn). Pull the baby close to your breast – not your breast to your baby.

### **How do I know if the baby is latched on correctly?**

The baby should have all of your nipple and a good deal of the areola in his or her mouth. The baby’s nose will be touching your breast. The baby’s lips also will be curled out on your breast. The baby’s sucking should be smooth and even. You should hear the baby swallow. You may feel a slight tugging. If the baby is not latched on well, start over. To break the suction, insert a clean finger between your breast and your baby’s gums. When you hear or feel a soft pop, pull your nipple out of the baby’s mouth.

### **When should I switch breasts during breastfeeding?**

When your baby empties one breast, offer the other. Do not worry if your baby does not continue to breastfeed. The baby does not have to feed at both breasts in one feeding. At the next feeding, offer the other breast first.

### **How long should each breastfeeding session last?**

Let your baby set his or her own schedule. Many newborns breastfeed for 10 – 15 minutes on each breast, but some may feed for longer periods. A baby who wants to breastfeed for a longtime – such as 30 minutes on each side – may be having trouble getting enough milk or may be just taking his or her time to feed.

### **How can I tell when my baby is hungry?**

When babies are hungry, they will nuzzle against your breast, make sucking motions or put their hands to their mouths. Crying usually is a late sign of hunger.

### **How often should I breastfeed my baby?**

It is recommended you breastfeed at least 8 – 12 times in a 24-hour period. In the first weeks of life, you should essentially be feeding every 2 -3 hours.

### **How will I know when my baby is full?**

When full, the baby will fall asleep or unlatch from your breast.

### **When is it ok to let my baby use a pacifier?**

Until your baby gets the hang of breastfeeding, experts recommend limiting pacifier use to only a few instances. You may only want to give a pacifier to help with pain relief (while getting a shot, for instance). After about 4 weeks, when your baby is breastfeeding well, you can use the pacifier at any time. Pacifiers used at nap or sleep times may help reduce the risk of SIDS.

### **What problems may I encounter while breastfeeding?**

It is normal for minor problems to arise in the days and weeks when you first begin breastfeeding. If any of the following problems persist, call the office:

- Nipple pain – some soreness or discomfort is normal when beginning to breastfeed. Nipple pain or soreness that continues past the first week or does not get better usually is not normal. Nipple pain may be caused by the baby not getting enough of the areola into his or her mouth and instead sucking mostly on the nipple. Make sure the baby's mouth is open wide and has as much of the areola in the mouth as possible. Applying a small amount of breast milk to the nipple may speed up the healing process. Try different breastfeeding positions to avoid sore areas.
- Engorgement – when your breasts are full of milk, they can feel full, hard and tender. Once your body figures out just how much milk your baby needs, the problem should go away in a week or so. To ease engorgement, breastfeed more often to drain your breasts. Before breastfeeding, you can gently massage your breasts or express a little milk with your hand or pump to soften them. Between feedings, apply warm compresses or take a warm shower to help ease the discomfort.
- Blocked milk duct – if a duct gets clogged with unused milk, a hard knot will form in that breast. To clear the blockage and get the milk flowing again, try breastfeeding long and often on the breast that is blocked. Apply heat with a warm shower, heating pad or hot water bottle.
- Mastitis – If a blocked duct is not drained, it can lead to a breast infection called mastitis. Mastitis can cause flu-like symptoms, such as fever, aches and fatigue. Your breast also will be swollen and painful and may be very warm to the touch. If you have these symptoms, call your physician. You may be prescribed an antibiotic to treat the infection. You may be able to continue to breastfeed while taking this medication.

### **What can I do to ensure that I provide the best nutrition for my baby and myself?**

The following tips will help you meet the nutritional goals needed for breastfeeding:

- You need an extra 450 – 500 calories per day while breastfeeding.
- Your physician may recommend that you continue to take your prenatal vitamin while you are breastfeeding. The baby's pediatrician may recommend that you give

your baby 400 international units of vitamin D daily in a drop form. This vitamin is essential for strong bones and teeth.

- Drink plenty of fluids and drink more if your urine is dark yellow. It is a good idea to drink a glass of water every time you breastfeed.
- Avoid foods that may cause stomach upset in your baby. Common culprits are gassy foods, such as cabbage, and spicy foods.
- Drinking caffeine in moderate amounts should not affect your baby. A moderate amount of caffeine is about 200 milligrams per day.
- If you want to have an occasional alcoholic drink, wait at least 2 hours after you drink to breastfeed. However, you may pump and dump.
- Always check with your physician before taking prescription medication to be sure they are safe to take while breastfeeding.
- Avoid smoking and using illegal drugs. Both can harm your baby. Taking prescription drugs (such as codeine, tranquilizers or sleeping pills) for nonmedical reasons also can be harmful to your newborn.

### **What are some birth control methods that I can use while breastfeeding?**

Progestin-only methods, including pills, the implant and the injection can be started immediately after childbirth while you are still in the hospital. Methods that contain estrogen, such as combination birth control pills, the vaginal rings and the patch, should not be used during the first month of breastfeeding. Estrogen may decrease your milk supply. Once breastfeeding is established, estrogen-containing methods can be used.

### **What should I know about returning to work if I am breastfeeding?**

By law, your employer is required to provide a reasonable amount of break time and a place to express milk as frequently as needed for up to 1 year following the birth of a child. The space provided by the employer cannot be a bathroom, and it must be shielded from view and free from intrusion by coworkers or the public. You also will need a safe place to store the milk properly. During an 8-hour workday, you should be able to pump enough milk during your breaks.

## **CHOOSING A PEDIATRICIAN TO CARE FOR YOUR NEWBORN AT THE HOSPITAL AND AFTER DISCHARGE FROM THE HOSPITAL...**

- You may choose any pediatrician with privileges at Medical City Dallas and who accepts your insurance to care for your newborn during your hospital stay.
- If your chosen pediatrician does not see patients at Medical City Dallas, then an on-staff pediatrician will be chosen for you to take care of your newborn while in the hospital.
- Although not inclusive, listed below are a few recommended pediatricians...

➤ Forest Lane Pediatrics

7777 Forest Ln B-445, Dallas, TX 75230  
972.284.7770

- George Monroe, MD  
7777 Forest Ln C-525, Dallas, TX 75230  
972.566.7011
- Lori Accordino, MD  
12200 Park Central Dr, Suite 255, Dallas, TX 75251  
214.553.0705
- Patricia Wheelahan, MD  
12200 Park Central Dr, Suite 255, Dallas, TX 75251  
214.553.0705

## **CIRCUMCISION**

### **What is circumcision?**

Circumcision is a surgical procedure to remove the skin (called “foreskin”) around the tip of a boy’s penis. This leaves the end of the penis without the usual skin covering.

### **Is it necessary to have a circumcision?**

There is no absolute medical reason for doing a circumcision. There is no right or wrong choice. Some parents want their son to look like his father or brother. Some parents wish to have the circumcision done for religious reasons. Others choose not to have their son circumcised. Some children who are predisposed to urinary tract infections may benefit by becoming circumcised.

### **What are the benefits of circumcision?**

- The penis is easier to clean.
- Fewer urinary tract infections.
- A lower risk of penile cancer

### **What are the possible complications?**

- Bleeding
- Infection
- An allergic reaction to the medicine used to numb the skin of the penis.
- Pain during and shortly after the procedure.
- Rarely, scar formation or deformity requiring correction by a plastic surgeon.
- Rarely, removing the skin necessary to repair an underlying congenital anomaly.

### **How is the circumcision done?**

- Your son will be placed on a special board to keep him from moving too much. He may be given a pacifier for obvious reasons. The penis will be cleaned off and a local anesthetic will be injected or EMLA cream will be applied to temporarily “numb” the area. Then the foreskin is gently cut off around the special metal “bell” (Gomco Bell – fitted in a Gomco clamp) or around a plastic ring (Plastibell) that covers the head of the penis while the foreskin is removed. If a Plastibell is used, your baby will go home with a plastic ring that will fall off in 5 – 10 days. The Gomco Bell and Gomco clamp are totally removed immediately after the circumcision.
- The circumcision is usually performed 24 - 48 hours after delivery before leaving the hospital. If the circumcision is not performed before discharge, you will be referred to a urologist for the procedure to be performed at a later date.

### **How should I care for my baby after circumcision?**

- In 30 – 60 minutes, the anesthesia will wear off and your son may become fussy. Cuddle and hold him.
- For the first 3 days, you may give Tylenol Infant Drops (or a comparable liquid medicine) to help reduce any discomfort. Do not use these more the 4 times per day or for more than 3 days unless you are advised otherwise by your physician.
- Your baby should urinate normally and wet his diaper regularly. Do not be alarmed if there is a little blood stain in his diaper.
- The penis will look red, swollen and bruised. This will go away after a few days. You may see spots of bleeding as the penis heals. For the first few days, your son’s urine may look pink. This is normal.
- Your baby will probably be more comfortable if he lies on his back or side.
- Do not put diapers on too tight. Hold your baby so that you do not put undue pressure on his penis.
- Sometimes, a yellow or yellow-green crust will form for 1 – 2 weeks. This is a normal part of healing (caused by the clotting part of the serum).
- If your baby was given local anesthesia by an injection, you may see small needle holes at the injection sites.
- Usually 2 weeks after the circumcision is performed, the penis is healed.

### **How should I clean the penis?**

- Wash your hands before touching the penis.

- Carefully clean the circumcised penis by gently blotting it with a cotton ball soaked in warm, clean water. Never use alcohol. Use 3% peroxide to loosen up the yellow crust when it is getting “messy”.
- Wash your hands again when you are finished.
- Apply Bacitracin ointment around the circumcision each time you change the diaper for about 2 weeks.

**Call your pediatrician or the physician who performed the procedure if you notice any of the following...**

- Excessive bleeding after the procedure
- A bad odor or drainage from the penis
- Abnormal swelling of the penis
- The penis is not completely healed in 1 month
- Swelling the scrotum and/or testicles
- The development of a fever (rectal temperature over 100.4°F), uncontrolled crying for more than 3 – 4 hours, difficulty feeding and/or abdominal distension
- If there is any blistering or if the penis remains red and swollen after 2 weeks