Ob/Gyn
Associates of Holland P.C.

Welcome to OB/GYN Associates of Holland

Congratulations on your Pregnancy!

Now that you are pregnant, you will probably have many different feelings. Excitement about your pregnancy, fear of the unknown, and concern for yourself and your baby may be just a few of your thoughts. Expectant parents share common concerns and often ask similar questions that deserve discussion. We have designed this book as a guide to your prenatal care. Please use this booklet as a reference for questions that you might have throughout your pregnancy.

Ob/Gyn
Associates of Holland P.C.

SOUTH HOLLAND LOCATION
664 MICHIGAN AVE., HOLLAND, MI 49423

NORTH HOLLAND LOCATION
3290 N WELLNESS DR., STE 120 BLDG D, HOLLAND, MI 49424

GRAND HAVEN
1475 ROBBINS RD, SUITE 100, GRAND HAVEN, MI 49417

SOUTH HAVEN
749 PHILLIPS ST., SOUTH HAVEN, MI 49090
With limited hours

PHONE 616.392.5973

FAX 616.392.1646

WWW.OBGYNHOLLAND.COM

Index

About Our Practice 1
Our Physicians 2
Our Advanced Practice Providers 4

General Information 5
- The Routine
- Emergencies
- Office Visits
- Special Visits
- Newborn Care

Disability & Pregnancy 8
Genetic Testing 10
Cord Blood Stem Cell Collection Information 11

Activities in Pregnancy 12
Nutrition in Pregnancy 14
Common Concerns/Problems 18
Environmental Hazards 22

Immunizations 24
Medications 25

Warning Signs of Pre-Term Labor 27
Labor 28
Postpartum 29

Notes 30

About our Practice

OB/GYN Associates of Holland is a group practice of seven board-certified physicians. We also had a new board-eligible physician join our practice in 2021. Her name is Rachael Fizer, DO. Our medical team also includes two certified nurse practitioners and a certified nurse midwife. We have four offices from which to serve you, conveniently located in North Holland, South Holland, Grand Haven, and South Haven.

We are dedicated to providing thorough, comprehensive and compassionate care to all of our patients. We hope to meet your needs in a timely and efficient manner. We strive to educate our patients in medical matters affecting them so that they can make informed decisions regarding treatment options.

The physicians of OB/GYN Associates are on staff at Holland Hospital. For further information, visit the Holland Hospital website- www.hollandhospital.org

SOUTH HOLLAND LOCATION
664 MICHIGAN AVE.
HOLLAND, MI 49423

NORTH HOLLAND LOCATION
3290 N WELLNESS DR.
STE 120 BLDG D
HOLLAND, MI 49424

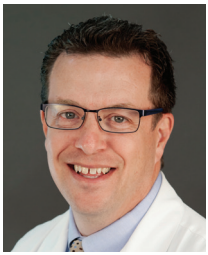
GRAND HAVEN
1475 ROBBINS RD
SUITE 100
GRAND HAVEN, MI 49417

SOUTH HAVEN
749 PHILLIPS ST.
SOUTH HAVEN, MI 49090
With limited hours

PHONE 616.392.5973
FAX 616.392.1646

WWW.OBGYNHOLLAND.COM

Our Physicians



James Gerard, MD

Undergraduate: Calvin College, Grand Rapids, MI
Medical School: Wayne State University, Detroit, MI
Residency: Butterworth Hospital, Grand Rapids, MI
Board Certified: American Board of Obstetrics and Gynecology, Fellow-American College of Obstetricians and Gynecologists
Hobbies: enjoys sports, cooking
Volunteer: Lakeshore Pregnancy Center

Mark Lenters, MD

Undergraduate: Calvin College, Grand Rapids, MI
Medical School: Loyola University School of Medicine, Chicago, IL
Residency: Blodgett/St. Mary's, Grand Rapids, MI
Board Certified: American Board of Obstetrics and Gynecology, Fellow- American College of Obstetricians and Gynecologists
Hobbies: church activities, tennis, jogging, and other outdoor activities

Mary J Gootjes, MD

Undergraduate: Calvin College, Grand Rapids, MI
Medical School: Vanderbilt University School of Medicine, Nashville, TN
Residency: Butterworth Hospital/Spectrum Health, Grand Rapids, MI
Board Certified: American Board of Obstetrics and Gynecology, Fellow-American College of Obstetricians and Gynecologists
Hobbies: gardening, being a mom

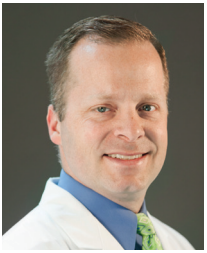
Kiersten Krause, DO

Undergraduate: Hope College, Holland, MI
Medical School: Des Moines University-Osteopathic Medical Center, Des Moines, IA
Internship: Botsford General Hospital, Farmington Hills, MI
Residency: Grand Rapids Medical Education and Research Center, Michigan State University (Spectrum Health/St. Mary's), Grand Rapids, MI
Board Certified: American Board of Obstetrics and Gynecology, Fellow-American College of Obstetricians and Gynecologists
Volunteer: Hope College Health Clinic

Our Physicians

Sarah Strong, DO

Undergraduate: Michigan State University, East Lansing, MI
Medical School: Michigan State University College of Osteopathic Medicine, East Lansing, MI
Internship: Metropolitan Hospital, Grand Rapids, MI
Residency: Metropolitan Hospital, Grand Rapids, MI
Board Certified: American Osteopathic Board of Obstetrics and Gynecology; Fellow, The American College of Osteopathic Obstetricians and Gynecologists
Special Interests: Spending time with family, being active, and watching collegiate sports.



Michael Werkema, MD

Undergraduate: University of Michigan, Ann Arbor, MI
Medical School: Wayne State University, Detroit, MI
Residency: Grand Rapids Medical Education and Research Center/ Michigan State University (Spectrum Health), Grand Rapids, MI
Board Certified: American Board of Obstetrics and Gynecology, Fellow American College of Obstetricians and Gynecologists
Special Interests: Minimally invasive surgery and complex gynecology
Hobbies: Family-time, running, University of Michigan sports

Rachael Fizer, DO

Undergraduate: Kalamazoo College, Kalamazoo, MI
Medical School: Michigan State University College of Osteopathic Medicine, East Lansing, MI
Residency: Metro Health-University of Michigan Health, Wyoming, M
Hobbies: Spending time with family, traveling, arts and crafts

Kami Palmer, MD (hospital physician)

Undergraduate: Hope College, Holland, MI
Medical School: Michigan State University College of Medicine, East Lansing, MI
Residency: William Beaumont Hospital, Novi, MI
Board Certified: American Board of Obstetrics and Gynecology, Fellow- American College of Obstetricians and Gynecologists, Certified in American Institute of Minimally Invasive Surgeons
Special Interests: Spending time with my children, working with underserved patients, improving my ability to speak Spanish, adolescent care, minimally invasive surgery
Hobbies: running, swimming, reading, outdoor activities
Volunteer: Intercare Community Care Network

Our Advanced Practice Providers

Debra DeGram, CNM

Undergraduate: Western Michigan University, Kalamazoo, MI
Advanced Practice: Masters in Nursing, Case Western University, Cleveland, OH
Certified: Certified Nurse Midwife, Frontier School of Midwifery and Family Nursing, Hyden, KY
Hobbies: cooking, yoga

Jodee Danhoff, FNP-C

Undergraduate: Calvin College, Grand Rapids, MI
Advanced Practice: Masters in Nursing, Georgetown University, Washington, D.C.
Certified: Family Nurse Practitioner, Georgetown University, Washington, D.C., Certified by the American Association of Nurse Practitioners (AANP)
Member: North American Menopause Society
Hobbies: family time, boating, outdoor activities

Andrea Kamphuis, FNP-C

Undergraduate: Hope College, Holland, MI
Advanced Practice: Masters in Nursing, Spring Arbor University, Spring Arbor, MI
Certified: Family Nurse Practitioner, Spring Arbor University. Certified by the American Association of Nurse Practitioners (AANP)
Hobbies: family time, fishing, kayaking, travel

General Information

The Routine

In general, you will be seen for scheduled appointments every 4 weeks up to 28 weeks, every 2 weeks up to 36 weeks, and then weekly until delivery. Your doctor will see you for most of your visits. You may choose to meet all of our physicians, as they may be involved in your pregnancy care or delivery. You may be scheduled to see our nurse practitioners or our nurse midwife periodically during your pregnancy.

To avoid the frustration of forgetting questions, write them down before your visit. If you call with a question, a clinical assistant will discuss it with you and if necessary, direct it to your physician.

Please call between 8:00 am and 4:00 pm. This allows us time to review your chart when making decisions about your care. It also assures the availability of a pharmacy if a prescription medication is needed.

Emergencies

If a problem occurs Monday-Thursday 8 am to 5 pm or Friday 8 am to 4 pm call 616-392-5973. When the office is closed, call 616-377-4800. If it is during the day, you may be instructed to come to the office. If your call is after office hours, you will be put in contact with the physician on-call to discuss the problem.

Our physicians practice exclusively at Holland Hospital. We will be unable to participate in your care if you go to another emergency room or hospital for labor and delivery.

Please call before making a trip to the hospital. Occasionally problems can be dealt with over the phone, avoiding an expensive, or unnecessary hospital visit.

Office Visits

Although most pregnancies proceed normally, every pregnancy poses some degree of risk. Assessing the risk is an ongoing process and a central part of prenatal care. Complications can arise without warning so each visit is very important for your care and also for the care of your unborn baby. If you cannot keep one of your visits, please call to reschedule.

At your first office visit you will meet with our New OB Coordinator. During this visit your pregnancy will be confirmed, your history will be taken, and you will be scheduled for an ultrasound along with your first provider visit. You will also be given additional educational materials at that time. At subsequent visits your care will include being weighed, having a blood pressure check, and a urine sample tested for sugar and protein. The baby's heartbeat will be checked after 12 weeks. At about 36 weeks, your cervix will be checked through a pelvic exam to see if any changes are occurring. This may be done at every visit there after until delivery.

Your OB care generally includes two ultrasounds. Most pregnancies will include an early ultrasound at around eight weeks for dates and viability. Another ultrasound is done at 20 weeks for a scan of your baby's anatomy.

Be patient if an appointment is cancelled, emergencies may arise. Patient care is our first priority. The physicians work as a team and each one will take excellent care of you if your personal physician is unavailable.

General Information

Schedule of Special Visits

4-8 weeks	In-office interview with our clinical assistants
8 weeks	Early ultrasound to estimate delivery date
10 weeks	First visit with a provider Discuss genetic testing (optional)
20 weeks	Ultrasound of the baby's anatomy
24-28 weeks	Diabetic screening, Rhogam for those who are Rh negative
36 weeks	Pelvic exam, Group B strep test

Newborn Care

It is your responsibility to choose a newborn care physician to care for your baby. If you need assistance with finding someone, a list of names will be given to you in your new ob patient folder.

Disability & Pregnancy

To deal with all of the many questions regarding disability and time off during pregnancy, we have developed these guidelines to help you and your employer.

There are many different programs for pregnant employees. These programs can be called: disability, maternity leave, or personal leave of absence. Some are only time off without pay and others continue to pay during your time off work.

If you have a complication of pregnancy, which makes working a risk to you or the pregnancy, you will be placed on disability. This means that you must not work during the time recommended by your physician. If your employer has disability insurance you may be paid for work missed during this time.

If you are uncomfortable in your job, but do not have a complication which makes working a danger to you or the pregnancy, you can discuss with your employer the possibility of a leave. This would mean time off work but would probably not include pay during the time you are off work.

Some employers have a standard time of leave before delivery. Other employers presume that employees will work until the day of delivery. You should find out what your employer's program is. We, as physicians, can alter this for complications of pregnancy but not for discomforts of pregnancy.

Disability & Pregnancy... *continued*

If you become uncomfortable with heavy work involved with your employment, we recommend a lifting limit of 25 pounds.

Should you have a problem in this area, we would suggest that you take this information to your employer so that it can be used in your discussion with him/her.

Disability/FMLA Forms

If you are planning on receiving disability/FMLA, please obtain the necessary paperwork from the human resources department of your employer. Bring the paperwork to any of our offices. You will need to complete a short form concerning the dates you are requesting off and the nature of the disability.

Please do not fax or mail these forms to our office.

There is a $20 form processing fee which must be paid prior to completion of the form.

Forms may take three to five business days to complete, but we will do our best to complete them as quickly as possible.

Thank you in advance for your cooperation!

Genetic Testing

There is standard testing that will be done as a part of your pregnancy, however, there are some optional tests that you may choose to have done. These are tests that can tell you the chances of your baby having certain chromosomal anomalies such as Down's Syndrome, Trisomy 18, Trisomy 13, Cystic Fibrosis, and spinal muscular atrophy. These are all conditions that could affect your baby's physical and mental health. Genetic testing involves blood work being drawn from the mother. The results of this testing will provide you with information about the risk of the baby being affected with any of these conditions. If your risk is elevated, you may choose to have additional testing to determine with certainty whether or not the baby is affected. There are various reasons why people want this information. It can be helpful with family planning. Some people may choose to end an affected pregnancy. Fetal gender can also be a component of this testing. Your provider will discuss genetic testing with you as well as answer any questions that you have about genetic testing at your first OB visit.

Cord Blood Stem Cell Collection Information

The decision of whether or not to bank your child's cord blood at birth is a personal decision that only you can make. Please read the information that will be provided to you in your new ob patient folder. Be sure to ask the providers any questions you have regarding cord blood stem cell collection.

Definition:

Cord blood stem cell collection is the collection of blood from the umbilical cord at the time of delivery of an infant for storage in a cord bank for potential future transplant or research purposes. Potential uses for the stem cells are treatment of leukemia, lymphoma, sickle cell anemia and various genetic illnesses. Research is underway to develop other uses for newborn stem cells such as the treatment of spinal cord injuries. There are two types of cord blood banks: public banks and family banks.

Activities in Pregnancy

Exercise

Regular exercise (at least three times per week for 30-40 minutes) during pregnancy can lead to a better appearance, improved posture, enhance your feeling of well being, and lessen some of the discomforts of pregnancy such as backache and tiredness. Some good exercises are walking, swimming, bicycling, and aerobics. Use good judgment:

- Avoid starting a new strenuous routine
- Avoid high impact and jerky movements
- Warm-up and cool-down
- Drink plenty of water
- Stop if you experience pain, bleeding, shortness of breath, or faintness

Sex

If your pregnancy is progressing normally, you need not alter your sexual activities. Intercourse will not harm the baby. You may be advised to limit or avoid intercourse for the following reasons: bleeding, premature labor, rupture of membranes (leaking amniotic fluid).

Travel

Continue to wear your seatbelt at all times. Place the lap belt under your abdomen as low as possible. If traveling for a long distance, try to get up and walk or stretch every 1-2 hours. Do ankle exercises occasionally while sitting to keep blood circulating in your legs. We recommend you stay within approximately one hour of home during your last month of pregnancy. The airlines may refuse to let you fly within the United States after 36 weeks of pregnancy and after 32 weeks for international flights. Take the office phone number with you in case you have any questions while away.

Activities in Pregnancy...*continued*

Work
If you are a normal healthy woman, with an uncomplicated pregnancy, you can expect to work until your due date. Occasionally an unusually strenuous job or a complication of your pregnancy may require a change in your work schedule or job.

Saunas, Whirlpools, Hot Tubs and Tanning Beds
Prolonged exposure to excessive heat is not recommended. Warm tub baths are acceptable. The same principle applies to a fever, keep it down with Tylenol.

Massage and Chiropractic Treatment
Massage and Chiropractic treatment are safe in pregnancy but let them know you are pregnant.

Zika Virus
The Zika Virus can cause serious problems for your baby if you contract it during pregnancy. Zika Virus can be spread through mosquito bites in endemic areas through having sex with an infected person or from a pregnant mother to her unborn baby. This does NOT include the mosquitos that live in the Midwest. Zika Virus has been found in southern Florida and southern Texas. It has also been found in Central and South America, Mexico, the Caribbean, and the Pacific Islands. To avoid infection, we recommend that you or your sex partner do not travel to these areas during pregnancy. If you do travel and become infected with Zika Virus, there is testing that can be done to determine if you have the Zika Virus. However, there is no vaccine to prevent Zika Virus and there is no treatment should you test positive. For more information and an updated list of places where mosquitoes carry Zika virus, please visit www.cdc.gov or talk with your provider.

Nutrition in Pregnancy

Prenatal Vitamins
Take one capsule daily with a meal. If you feel nauseated, try taking the vitamin with food at bedtime. Fluids are important. You need 8 cups of water each day.

During pregnancy your body has special nutritional needs so eating healthy in pregnancy is very important. Here are some guidelines to help you make some healthy choices.

Nutrients
Avoid fatty foods and sweets, that includes whole milk and soda pop. Concentrate on fruits, vegetables, pastas, cereal, bread, and lean meats. Cheese, milk, and yogurt should be low fat. You will need about 1500 mg. of calcium per day. One 8oz. glass of milk delivers 300 mg. of calcium. If you cannot tolerate milk, you may take a supplement.

Nutrition in Pregnancy...*continued*

Foods To Limit

Caffeinated beverages
Herbal teas
Fish (www.epa.gov/ost/fish)
Herbal remedies (ask practitioner first)

Foods To Avoid

Unpasteurized cheese or milk
Uncooked fish (sushi) or meat (see page 17)

Weight Gain

According to the American Institute of Medicine (IDM), a woman of normal weight before pregnancy may gain 15 to 25 pounds, those underweight should gain a little more, those overweight a little less. You are not eating for two and may not need to add extra calories to your diet.

If your pre-pregnancy BMI is:	Optimal weight gain is:
Normal to 30	15 to 25 pounds
31 to 40	6 to 14 pounds
Over 40	0 to -10 pounds (it is recommended that you do not gain weight, but rather maintain or lose up to 10 pounds)

Use the chart below to calculate your BMI:

	Normal		Overweight					Obese				
BMI	**19**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**35**	**40**	**45**	**50**
Height	**Weight in pounds**											
4'10"	91	115	119	124	129	134	138	143	167	191	215	239
4'11"	94	119	124	128	133	138	143	148	173	198	222	247
5'0"	97	123	128	133	138	143	148	153	179	204	230	255
5'1"	100	127	132	137	143	148	153	158	185	211	238	264
5'2"	104	131	136	142	147	153	158	164	191	218	246	273
5'3"	107	135	141	146	152	158	163	169	197	225	254	282
5'4"	110	140	145	151	157	163	169	174	204	232	262	291
5'5"	114	144	150	156	162	168	174	180	210	240	270	300
5'6"	118	148	155	161	167	173	179	186	216	247	278	309
5'7"	121	153	159	166	172	178	185	191	223	255	287	319
5'8"	125	158	164	171	177	184	190	197	230	262	295	328
5'9"	128	162	169	176	182	189	196	203	236	270	304	338
5'10"	132	167	174	181	188	195	202	209	243	278	313	348
5'11"	136	172	179	186	193	200	208	215	250	286	322	358
6'0"	140	177	184	191	199	206	213	221	258	294	331	368
6'1"	144	182	189	197	204	212	219	227	265	302	340	378
6'2"	148	186	194	202	210	218	225	233	272	311	350	389
6'3"	152	192	200	208	216	224	232	240	279	319	359	399
6'4"	156	197	205	213	221	230	238	246	287	328	369	410

Excessive weight gain in pregnancy has been associated with increased risk of high blood pressure, pre-eclampsia, gestational diabetes, large for gestational age baby with possible complications of birth injury or need for c-section, or childhood obesity.

Recommendations on Listeriosis Prevention from the Centers for Disease Control and Prevention

- Do not eat hot dogs and luncheon meats unless they are reheated and steaming hot.
- Avoid cross-contaminating other foods, utensils, and food preparation surfaces with fluid from hot dog packages, and wash hands after handling hot dogs.
- Do not eat unpasteurized soft cheeses such as Feta, Brie, Camembert, blue-veined cheeses, and Mexican style cheeses such as queso blanco fresco. Cheeses that may be eaten include hard cheeses such as slices and spreads, cream cheese and cottage cheese.
- Do not eat refrigerated pâtés or meat spreads. Canned or shelf-stable pâtés and meat spreads may be eaten
- Do not eat refrigerated smoked seafood, unless it is contained in a cooked dish, such as a casserole. Canned or shelf-stable smoked seafood may be eaten
- Do not drink raw (unpasteurized) milk or eat foods that contain unpasteurized milk.
- Wash any type of melon with a brush and dry with a clean cloth. Always refrigerate melon after cutting it open. Wash hands before and after handling melon.

For more information visit: www.cdc.gov/listeria/prevention.html

Common Concerns/Problems

Nausea and Vomiting

Nausea is a complaint early in pregnancy, but can return in late pregnancy too. The problem is usually worse when the stomach is empty. Call the office if nausea/vomiting is severe and you can't keep anything down. Also, call us if you are not urinating at least every eight hours. Some things to try:

- Eat dry toast, crackers, a peeled apple, or plain potatoes (cooked or peeled)
- Eat five or six small meals a day
- Avoid unpleasant odors
- Avoid drinking citrus juices, coffee, tea, and milk
- Take prenatal vitamins at night

Constipation

Constipation can happen at any time in pregnancy. Bowel activity, the movement of food through the digestive tract, is slower in pregnancy often resulting in constipation. Hemorrhoids may also result from constipation. Here are some suggestions that may help:

- Drink plenty of liquids – at least 8 glasses of water a day, may add prune juice
- Eat food higher in fiber
- Exercise daily
- Avoid foods which may be constipating like cheese and bananas

Headaches

Headaches are common in early pregnancy and usually respond to Tylenol, but if they do not, please call our office.

Common Concerns/Problems

Nosebleeds and Bleeding Gums
A bloody nose or bleeding gums are common in pregnancy. During pregnancy small blood vessels become more fragile and bleed more easily. In the winter when the air is dry, nosebleeds are more common and a humidifier may help.

Increased Vaginal Discharge
Vaginal discharge is a common occurrence in pregnancy. If itching or burning occur, you should be checked for an infection. Yeast infections are more common in pregnancy. Do not douche while pregnant.

Dizziness
Dizziness is common at any time during pregnancy. It often occurs with abrupt changes in position or when standing or sitting in one place for an extended period of time. More frequent change of position, or support stockings may help since these reduce pooling of blood in your legs. Please sit down before you fall down when feeling faint. It is very rare to actually faint.

Ligament Pain
Lower abdominal pain is a frequent complaint and can occur at any time during pregnancy. These pains are generally cramp-like or sharp pains from the top side of the uterus to the groin. They are often aggravated by twisting, rolling, or bending motions, such as getting out of bed or a chair. Changing positions, a warm bath, or Tylenol may help relieve their discomfort. If the pain is severe, persistent, worse with pushing on the abdomen/uterus, associated with vomiting, fever, or dizziness please call your physician.

Heartburn

A burning sensation in your upper abdomen may accompany pregnancy. Some suggestions for relief include:

- Antacids such as Maalox, Mylanta, Tums, or Rolaids. Take as directed on the package (may be taken every two hours if needed)
- Eliminate spicy, fatty, or greasy foods from your diet
- Drink milk to coat your stomach
- Eat food slowly
- Avoid lying flat, especially after eating

Low Back Pain

As the uterus grows, the curvature of the lower back is increased, leading to stress on the lower back muscles. Proper lifting with the legs and not the back, is important. A heating pad may be helpful.

Common Concerns/Problems

Leg Cramps

Leg cramps are sharp pains usually in the lower calf muscle. They can be very painful but are harmless. Trying to walk on the affected leg or bending your toes upward may help relieve the cramp. Make sure you are drinking 4-5 glasses of milk a day to get the calcium you need, since a lack of calcium may cause these cramps. A calcium supplement may be substituted if you cannot tolerate milk.

Varicose Veins

The veins in the legs and pelvis are enlarged during pregnancy because of increased blood volume and pressure on them from the enlarging uterus. Hemorrhoids and varicose veins of the legs may result. Support hose may help (avoid knee and thigh high stockings). Avoid prolonged standing or sitting. It is best not to cross your legs. Rectal suppositories or creams may be used for hemorrhoids; call if you need a prescription. Sitting in a warm tub bath may also be soothing. Lying on your left side will shift the uterus off the blood vessels to help improve blood flow of the lower body and placenta.

Environmental Hazards

Cigarettes

It is well known that cigarette smoking is harmful to the fetus as well as to yourself and should be avoided. Pregnant smokers are more likely to have vaginal bleeding complicating their pregnancy. They are more likely to have a miscarriage, stillbirth, or preterm babies. A smoker's baby, on average, weighs 1/2 pound less than a non-smoker's baby. SIDS (sudden infant death syndrome) occurs more than twice as often amongst babies of smoking mothers. The sooner you quit, the better it is for the both of you.

Alcohol

It is equally clear that excessive alcohol is harmful to the fetus. It is not known how much alcohol is "too much." The current recommendation by the American College of Obstetrics and Gynecology is "no alcohol during pregnancy." Infants born to mothers who abuse alcohol may have physical, mental, and behavioral problems.

Illicit Drugs

Essentially every illicit drug is harmful to your fetus, even occasional use may cause complications in your pregnancy.

X-Rays

There is good evidence that even multiple abdominal x-rays pose very little threat to your fetus, but we prefer you avoid unnecessary x-ray exposure, especially in the first trimester (first 12 weeks). If dental x-rays are advised, ask the dentist to shield your abdomen with a lead apron.

Environmental Hazards

Ultrasound

In over 20 years of use, no harmful effects to either the baby or the mother have been found. There are many benefits that ultrasound findings may offer in your pregnancy.

Marijuana Use During Pregnancy

Women are discouraged from using marijuana during pregnancy. Normal brain development and function may be disrupted. Studies show that children with prenatal exposure had lower scores on tests of visual problem solving, visual-motor coordination and visual analysis. Also, children were noted to have decreased attention span and behavioral problems. [ACOG]

Others

Avoid handling soiled cat litter. It is ok to use paint and cleaning products in a well-ventilated room. Bug spray containing DEET is safe to use while pregnant. The use of hair dye is also considered safe during pregnancy.

Immunizations

- We recommend you get a flu shot every year
- TB testing is acceptable in pregnancy
- Tetanus and Whooping Cough (Tdap) are important to have up-to-date. It is recommended that you receive this vaccine during the third trimester of your pregnancy.

Medications

Medications should be used only if necessary in pregnancy and only with medical advice. If you are on a prescription medication from another physician, don't stop taking it. The lack of treatment could be more harmful than the drug. Seek the advice of your physician and always check the label for appropriate use.

Over the Counter Medications that are Safe for Pregnancy

Allergies:

- Benadryl
- Claritin
- Zyrtec

All are best to take after the first trimester

Cold and Cough: *(if fever over 101°, call physician)*

- Halls cough drops
- Tylenol (Acetaminophen) or Tylenol Cold
- Robitussin DM, or Robitussin Chest
- Sudafed (Pseudoephedrine) or Actifed
- Mucinex

Constipation:

- Colace (Docusate Sodium)
- Milk of Magnesia
- Fiber Supplements (Fibercon, Miralax, Metamucil)
- Glycerine suppositories
- Magnesium
- Senokot (Senna)

Diarrhea:

- Imodium

Heartburn/Indigestion/Gas:

- Mylanta
- Tums
- Pepcid
- Tagamet
- Zantac
- Prilosec
- Beano
- Gas-x

(No Pepto Bismol)

Hemorrhoids:

- Anusol
- Preparation H
- Tucks

Insomnia:

- Unisom
- Benadryl
- Tylenol P.M.

Leg Cramps:

- Calcium 500 or 600 mg 1or 2 daily

Nausea:

- Ginger tea, ginger candy, gingerale
- Emetrol (if not diabetic)
- Sea bands (motion sickness wrist bands)
- Lemon drops - take as soon as waking followed by breakfast
- Unisom and Vitamin B6 may help with nausea during pregnancy. You may take 12.5mg of Unisom and 25-50mg of Vitamin B6 at bedtime for three nights. If you are still nauseated add a second dose of each in the morning. You may also increase to every 6-8 hours if needed. If you continue to have problems with nausea, please contact the office.

Pain:

- Tylenol (Acetaminophen)
- Heating pad (for back pain)

Rashes *(notify physician):*

- Calamine lotion
- Hydrocortisone cream
- Benadryl cream
- Oatmeal bath

Sore Throat:

- Gargle with salt water (1/4 tsp salt in 8oz water)
- Throat lozenges

Yeast Infection:

- Monistat

Warning Signs of Pre-Term Labor *(labor that begins before 37 weeks)*

- **Vaginal Bleeding**
- **Uterine Contractions**
  4-5 or more per hour – may be painless
- **Increase or Change in Vaginal Discharge**
  May become pink or brown-tinged, mucousy or watery
- **A General Feeling That Something is Not Right**
  You may just not feel well, even without a specific cause

Consult with your physician immediately if you are experiencing any of these symptoms.

Labor

- Labor begins when the cervix opens or dilates. The uterus contracts and the abdomen becomes hard at regular intervals.
- False labor (Braxton-Hicks) contractions may be confused with true labor. Braxton-Hicks contractions are usually irregular, occur in the afternoon or evening when you are tired, and often go away after you lie down.
- True labor usually occurs when contractions are 4-5 minutes apart or closer, lasting 45-60 seconds, and continue for at least one hour. You should call your doctor if labor has begun, your membranes rupture (a sudden gush of fluid or trickling fluid from the vagina), or you have constant severe pain with no relief between contractions. **There is no need to call if you lost your mucous plug (pinkish tinged mucous)**. It is common for this to occur after a cervical exam. If you experience vaginal bleeding at any time during your pregnancy you should call the office.
- If a problem occurs Monday-Thursday 8am-5pm and Friday 8am-4pm call 616-392-5973. When the office is closed, call 616-377-4800. After hours, you will be put in touch with the doctor on call.

** Most women deliver at 40 weeks. The goal is to deliver as close to 40 weeks as possible, but not going over 42 weeks.*

Postpartum

Unless there are medical concerns, after you deliver your baby you will stay in the hospital for 24-48 hours (vaginal delivery) or 48-72 hours (cesarean section). You will receive instructions on how to care for yourself and your baby. Your physician, pediatrician, and lactation support will see you daily. You will be provided pain medications when you are discharged from the hospital.

If you are breastfeeding, you should wear a supportive nursing bra. If you decide not to breast feed, you should also wear a supportive bra and do not stimulate your nipples.

If you experience fever or shaking chills, take your temperature. These symptoms could indicate an infection. Call our office if you have a temperature of 101.0 degrees or higher.

After delivery you will have a six week postpartum examination in our office. At this visit, a pelvic exam will be performed and contraception options will be reviewed.

Rest as much as possible during the first two weeks following your delivery. Limit your housework and social activities. Increase activity gradually as you re-gain your strength. Do not lift anything heavier than your baby. Return to your usual diet, eating a well-balanced diet.

You may have a vaginal discharge or bleeding for up to six weeks following the delivery.

Sexual Intercourse: You can become pregnant before you have a period. To allow for healing and for the cervix to return to its closed state, we recommend no intercourse for six weeks following delivery. Should you decide to have sexual intercourse, you should use birth control if you do not want to become pregnant again right away.

Notes

Notes

Notes

Ob/Gyn
Associates of Holland P.C.

664 MICHIGAN AVE., HOLLAND, MI 49423

3290 N WELLNESS DR., STE 120 BLDG D, HOLLAND, MI 49424

1475 ROBBINS RD, SUITE 100, GRAND HAVEN, MI 49417

749 PHILLIPS ST., SOUTH HAVEN, MI 49090
With limited hours

PHONE 616.392.5973

FAX 616.392.1646

WWW.OBGYNHOLLAND.COM
REV. 5/2021