United Health Professionals, Inc.
143 Peyton Street
Barboursville, WV  25504

Important Numbers:

Office  304-697-2035
After hours calls  304-697-2035

St. Mary’s L&D  304-526-1394
CHH L&D  304-526-2375

Find Us on the Web at:  www.UHProf.com
It is an honor to care for you and your baby!

This booklet contains information we feel is essential in caring for you and your baby. We ask you to read it word for word and bring any concerns you have to your health care providers.

Team Work

Over the next several months you will join the members of our staff and our physicians to form a very important team. The goal of our team is simple...to do all we can to keep you and your baby healthy.

Education

Education is an important part of how we achieve our goal. We need you to educate us by telling us details of your medical and family history. We will educate you by asking you to read items in this packet, discuss topics of concern with the health care providers in our office, and read the other education material that we have provided you. We also count on you to strengthen our team by following the advise your health care providers give you.

Emergencies and Concerns

For every day you visit us, there will be many days you will be at home caring for yourself. It is important that you inform us of changes in your health immediately. We have a nurse, a nurse midwife, and a physician on call 24 hours a day, every day. The same number that reaches our office during the day reaches our answering service at night. Please do not hesitate to call if you are concerned! Program this number into your phone and commit it to memory...

304-697-2035

If for any reason you cannot reach our office by phone in an emergency, go directly to labor and delivery or call 911 if necessary for assistance. If you are less than 37 weeks pregnant, go to Cabell Huntington Hospital. If you are over 37 weeks pregnant, you may go to either St. Mary’s Medical Center or Cabell Huntington Hospital.
UHP is blessed with a highly trained team of professionals that will care for you and your baby during your pregnancy. All of our physicians and midwives are **Nationally Board Certified** in their fields.

We have worked very hard to find providers with different personality types and specialties so that you will find what you need in a provider within our group. We have focused on finding providers with a sincere desire to make your obstetrical experience exceptional. We have sought out nurturing, caring individuals that are all dedicated to being the best in their specialties.

---

**We have six providers who participate in prenatal care.** Since it is unlikely that you could get to know eight providers well during your few months with us, **we suggest you choose three to four providers within our group that you feel meet your individual needs best.** The following descriptions will tell you a little about each of our providers...

---

**Dr. Allan Chamberlain**

Dr. Chamberlain founded UHP in 1992. He has been dedicated to providing exceptional care for his patients for over 25 years. His experience serves his patients and his associates well. He is a fabulous listener and is dedicated to making sure his patient's concerns are addressed to their satisfaction. You will not feel rushed in and out with Dr. C. His delivery style is family centered, with dads and other family members actively involved. The miracle of birth is just as amazing to Dr. C today as it was at his first delivery. If you like a nurturing good listener with a great sense of humor, you will like Dr. C.
Dr. Amber Kuhl

Dr. Amber Kuhl is organized and meticulous in her approach to patient care. She is as equally passionate about obstetrics as she is about gynecology. She is devoted to her patients and surrounds them with a refreshing combination of “motherly” love and polished medical skills. Dr. Kuhl has a gift for making those around her feel comfortable and valued. When you are in the room with her, her focus is on you and your needs. She believes strongly that patients should take an active role in working with their health care providers to maintain good health. Patients who naturally take a proactive approach to their health will find Dr. Kuhl’s style of care very appealing.

Dr. Steve Brumfield

Although his travels & time in the U.S. Air Force have taken him many places, Dr. Steve Brumfield has happily returned home to Huntington. He approaches his patients with a gentle yet confident style that has made him a favorite of countless families throughout his 8 years in the military. Dr. B prides himself on communicating with his patients. Whether it is to help you understand what’s happening in your pregnancy or the complexities of modern surgical procedures, he’ll take the time to explain things to you in a way you understand. If you desire up to date & high quality medical care, combined with a relaxed approach and years of experience, you will like Dr. B.
Susie King-Watts, Certified Nurse Midwife

Susie is strong in her faith and strong in action. Her patients end their pregnancies feeling like they have made a life long friend in her. Patients tell us they love that she tells them the truth and doesn’t sugar coat the facts. Susie pairs her honest approach to medicine with sympathy and understanding for her patients. She is nicely balanced with the ability act promptly and stand firmly in serious situations while always remaining upbeat and positive. If you like the straight forward approach of a dedicated friend, you will like Susie King-Watts.

Regina Grome, Certified Physician Assistant

Regina has been Dr. C’s Physician Assistant for over 20 years. She helped him take care of Ob/Gyn patients at Lincoln Primary Care Center and now works at our Huntington office. To Regina, her dedication to caring for women in our community is her faith in action. Lucky for us and her patients, Regina has a wonderful gift for truly caring without being judgmental. She is meticulous and hardworking. She helps Dr. C work through difficult and complex cases, finding solutions that few others might recognize. Regina does prenatal care but does not do deliveries. She assists Dr. C in surgery as well. If you like a provider that doesn’t miss the details and will help you find solutions to your unique issues, you are a good match to Regina Grome.

Cynthia Pierzala, Certified Nurse Midwife

Although Cynthia is the newest member of our UHP team, she has been a long-time friend of our group and brings us many years experience and wisdom to UHP. Cynthia has a long standing reputation of exceptional care and dedication to her patients. Her calm wisdom and easy smile are blessings to her peers as well as her patients. Cynthia is passionate about women’s health care and is an avid patient advocate. She is also an excellent educator who likes her patients to participate actively in healthcare decisions. If you like to ask questions and you like to be a part of a strong healthcare team, you will like Cynthia.

We would not be giving you a complete picture of our team without telling you about our nursing staff. We rely so heavily on the dedication of these women who take your calls, find the people who can solve your problems, follow up on your referrals, take your histories, and follow through on your provider’s plans. We are simply nothing without their help.

Please learn your nurse’s name and make her your primary contact at our office. She knows how to get things to happen and has access to your medical record to know exactly who to contact for help to see your problems solved.
Ways this team cares for you...

- Keeping everyone involved in your care well informed is the key to a successful team approach. We have just spent over an hour together getting a detailed health history, scheduling key visits and ultrasounds, getting lab work, sharing educational materials, and signing consents. The information we gather from all of these efforts will be recorded on two key forms so that everyone in our office knows all about you at a glance.

- If you recall any additional information that you did not share with us during your prenatal intake, call our office or tell your provider as soon as possible.

- Your medical records will be sent to both hospitals so that no matter which hospital is appropriate for your care, your records will be available to your clinicians as they care for you outside our office.

- UHP has other services you may wish to take advantage of. We have a Family Medicine Division and a Behavioral Medicine/Sleep Division in addition to our OB/GYN Division! If you need a family doctor to care for you, the baby after it is born, or any member of your family, just let us know!

- We will give some basic information about your pregnancy to our billing department so that they can let your insurance company know we are caring for you during your pregnancy. A representative from our billing office will contact you soon if they have any questions. Keep us informed of any changes in your coverage during your pregnancy.

- So that you will have adequate time to read your labor and delivery consent forms word for word and ask your health care providers any questions, you will find copies of them in your prenatal package. We will sign them together and send them to labor and delivery with your medical records so that you do not have to worry about reading them when you are in labor.

- We have lab services inside our office building for your convenience. This lab is a satellite lab from St. Mary’s Medical Center. Since St. Mary’s is actually providing the service, you may receive a lab bill directly from them.

- You have been asked to select a lead provider in our office. This means two things: The provider you choose will receive reports of lab work and studies performed on you today and begin your care plan. The nurse of that provider will be your primary contact at our office if you need assistance and are unsure of who to call. It does not mean that is the only person you will see in your pregnancy.

This office takes a team approach to your care. **YOU are a very important part of that team. The following pages are designed to give you information about your pregnancy and help you join us in making informed decisions about your care.**
Warning Signs in Pregnancy

We have a Nurse on call 24 hours a day!!

Please call our office if you experience any of the Following:

- Severe or continued nausea or vomiting. (especially if you can’t keep anything down for 24 hours)
- Severe or continued headache unrelieved by Tylenol
- Dizziness or fainting
- Blurred vision or spots before the eyes
- Fever and/or chills
- Swelling of the face or hands or marked swelling of the feet or ankles
- Pain or burning with urination
- A decreased amount of urine passed
- Sharp or continuous abdominal pain
- Bleeding from the vagina
- Uterine contractions or “stomach balling up” more than 4 times per hour before 37 weeks of pregnancy
- Menstrual-like cramps
- Low dull backache not relieved by rest or change in position
- Sudden gush of water from the vagina before 37 weeks
- Increase or change in vaginal discharge
- General feeling something is not right
- After 6 months of pregnancy, fetal movement less than 10 times per day or less than is normal for you

(304) 697-2035
## Medications in Pregnancy

**If it is not on the list...call before you take it!**

<table>
<thead>
<tr>
<th>Illness</th>
<th>Before 12 weeks</th>
<th>After 12 weeks</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Colds</strong></td>
<td>Only Benadryl or Claritin and Saline Nasal Spray without consulting your health care provider</td>
<td>Robitussin&lt;br&gt;Regular Strength Tylenol&lt;br&gt;Actifed&lt;br&gt;Sudafed&lt;br&gt;Comtrex&lt;br&gt;Saline Nasal Spray</td>
<td>• Increase fluids&lt;br&gt;<strong>NO</strong> aspirin, Ibuprofen (Motrin, Advil), Excedrin or Aleve&lt;br&gt;If High Blood Pressure, no decongestants without doctor approval&lt;br&gt;No nose sprays without doctor approval</td>
</tr>
<tr>
<td><strong>Sore Throat</strong></td>
<td>Chloraseptic spray&lt;br&gt;Cepacol Lozenges</td>
<td>Extra Strength Tylenol&lt;br&gt;Chloraseptic spray&lt;br&gt;Warm salt water gargles</td>
<td>• Call office if fever over 101 degrees</td>
</tr>
<tr>
<td><strong>Fever</strong></td>
<td>Call doctor!</td>
<td>Extra Strength Tylenol</td>
<td>• Always call office if fever over 101 degrees</td>
</tr>
<tr>
<td><strong>Indigestion</strong></td>
<td>Mylanta&lt;br&gt;Mylanta II&lt;br&gt;Tums&lt;br&gt;Rolaids</td>
<td>Mylanta&lt;br&gt;Mylanta II&lt;br&gt;Tums&lt;br&gt;Rolaids&lt;br&gt;Zantac/ Pepcid AC</td>
<td>• <strong>NO</strong> Pepto-Bismol or other products that contain aspirin</td>
</tr>
<tr>
<td><strong>Diarrhea</strong></td>
<td>Imodium AD&lt;br&gt;Pedialyte/Gatorade</td>
<td>Imodium AD&lt;br&gt;Pedialyte/Gatorade</td>
<td>• Increase fluids&lt;br&gt;<strong>Bland foods</strong></td>
</tr>
<tr>
<td><strong>Constipation</strong></td>
<td>Metamucil&lt;br&gt;Colace&lt;br&gt;Dulcolax</td>
<td>Metamucil&lt;br&gt;Colace&lt;br&gt;Dulcolax</td>
<td>• Increase fluids&lt;br&gt;<strong>Increase fruits and vegetables</strong>&lt;br&gt;<strong>Increase whole grains</strong>&lt;br&gt;Call office if bloody or over 3 days</td>
</tr>
<tr>
<td><strong>Allergies</strong></td>
<td>Only Benadryl or Claritin without Consulting your doctor</td>
<td>Benadryl&lt;br&gt;Dimetapp</td>
<td>• If breastfeeding—may use prescription Zyrtec&lt;br&gt;No nose sprays without consulting doctor</td>
</tr>
<tr>
<td><strong>Sinus</strong></td>
<td>Nothing without consulting doctor</td>
<td>Actifed&lt;br&gt;Sudafed&lt;br&gt;Tylenol Sinus</td>
<td>• <strong>NO</strong> aspirin, Ibuprofen (Motrin, Advil), Excedrin or Aleve&lt;br&gt;No nose sprays with doctor approval</td>
</tr>
</tbody>
</table>

**NOTE:** herbal remedies, alternative medicines, and nutritional supplements should be discussed with your health care provider prior to use.

---

**Government regulations require us to monitor and record prescriptions carefully.**  
**All prescriptions should be handled during business hours**  
when we have access to your medical records.

---

**304-697-2035**  
 Updated 1-2009
Tests in Pregnancy...
Routine and Optional

Near your first visit:

- **Blood Profile** for blood type, immunity to German Measles, amount of iron in your blood, presence of viruses Hepatitis B and/or HIV.
- **Pap Smear.**
- **STD testing** for Gonorrhea, Chlamydia and Syphilis.
- **Urine Culture.**

Optional:

- **Toxoplasmosis** testing. (appropriate if you have been exposed to cat feces and/or rare meat)

Every Visit:

- **Urine test** for sugar, protein, and infection.
- **Blood pressure** and **weight**

Around 12 weeks:

- **First trimester vaginal ultrasound.**

Optional:

- **Cystic Fibrosis screening.** (Caucasians have and increased risk of CF)
- **First Trimester Genetic Screen** for Down Syndrome, Trisomy 18 & 13. (see following page for details)

At 15–18 weeks:

Optional:

- **2nd Trimester Genetic Screen.** Screening for Down Syndrome and spinal defects.
- **AFP**– screening for spinal defects only. Often chosen separately if 1st trimester genetic screen is done earlier.
- **Amniocentesis**, taking a sample of fluid from around baby, to test for genetic disorders.

Around 20 weeks:

- **Screening Ultrasound.**

Around 25-30 weeks:

- **Blood Sugar** test to check for Diabetes.

Around 35 weeks:

- **Group B Strep** culture.
- **Additional Ultrasound** if clinically indicated.

**Special Tests:**

- Additional ultrasounds, fetal monitoring, genetic counseling, additional lab work and random drug testing may be appropriate depending on the course of your pregnancy.

If you wish to have optional testing, please notify your health care provider promptly as some of these tests have to be done at set times during pregnancy.

Please see the following pages of this book for more information about these tests ...
Explaining **Routine Testing**…

**At your OB intake visit:**
- **Blood type.** We want to know your blood type and whether your blood has the Rh antigen. Problems can arise when the baby’s blood has the antigen and the mother’s does not.
- **Hematocrit and Hemoglobin.** These levels are measure to check for anemia (low iron in the blood).
- **Syphilis.** Syphilis is a sexually transmitted disease that can be passed to the baby if left untreated.
- **Rubella.** We look to see if you are immune to rubella (German Measles). If your blood test shows you are not immune, you should be careful not to be around people with rashes during your pregnancy and get a vaccination right after delivery. German measles in pregnancy is associated with birth defects.
- **Hepatitis B.** Hepatitis B is an infection of the liver you can pass to your baby. It would be important to treat you and the baby if you had Hepatitis B.
- **HIV.** HIV is the virus that causes AIDS (acquired immunodeficiency syndrome). Pregnant women are tested even if they do not have special risk factors. HIV can be passed to the baby. You can be given medication during pregnancy that can reduce the risk.
- **Urine Culture.** This test helps us rule out urinary tract infection.
- **Other tests such as blood clotting factors, thyroid testing, and glucose testing** may be done at this visit depending on your health history.

**At one of your first few appoints with your provider:**
- **Pap test.** A sample of cells will be taken from your cervix to test for abnormal cells that could lead to cancer.
- **STD testing.** Cultures may be taken of your vagina to test for sexually transmitted diseases. If these conditions are detected, they can be treated.

**At Every Visit:**
- **Urine test.** We will ask for a urine sample to test for protein, sugar, and chemicals that may indicate infection and/or dehydration.
- **Weight.** Normal weight gain in pregnancy is a sign of good health. Too much or too little might be indications for a closer look at the baby’s growth and/or the mother’s health.
- **Blood Pressure.** High blood pressure in pregnancy is dangerous. Monitoring your blood pressure closely is important to your health and the baby’s.
- **Belly Measurements.** These measurements help us evaluate the baby’s growth.
- **Fetal Heart Rate.** Hearing a heart rate in the normal range helps reassure us about the baby’s health.

**At Key Visits:**
- **Glucose testing.** We screen our patients for diabetes around 25-30 weeks of pregnancy. Uncontrolled diabetes in pregnancy is associated with increased stillbirths, fetal abnormalities, and large babies.
- **Ultrasounds.** Generally 2-3 ultrasounds are done routinely. Others may be needed if your condition warrants them. You may read more about Ultrasounds in our office on page 13 of this book.
Explaining **Optional Testing...**

You may choose to have testing to determine if a you are at higher risk of having a baby with a serious disorder. Complications are generally in one of two categories: random genetic abnormalities where there is an error in the genetic coding that tells the baby how to develop and inherited abnormalities where defects are passed down from the parent to the child. A carrier is a person who shows no signs of a disorder but carries and unexpressed coding for a particular disorder (like Cystic Fibrosis, Sickle Cell Anemia, and others).

We encourage you to talk to your partner and other family members about your family history. If you wish to have any of these tests, notify your provider promptly.

**First Trimester Genetic Screening for Trisomy 13, 18, & 21:**
- This test is done between 11 and 13 weeks. It is a combination of a brief ultrasound and a blood test. It tells us if you are at higher risk for having the three most common genetic problems in babies which are Trisomy 21 (Downs Syndrome), Trisomy 13, or Trisomy 18 (severe mental retardation and birth defects). This test detects about 90% of babies with Downs Syndrome and about 97% of babies with Trisomy 13 and 18. Read more about first trimester genetic testing on page 12.

**Second Trimester Genetic Screening (Quad Screen):**
- This test measures the level of 4 substances (AFP, Estriol, HCG, and Inhibin-A) within the mother's blood. The quad screen detects Downs Syndrome in about 81% of cases. The AFP test detects spinal defects in about 80% of cases. The first trimester genetic screening is generally more accurate than Quad Screen testing, so for statistical reasons if you have a negative test in the first trimester we do not recommend second trimester testing. First trimester testing does not assess your risk of having open spinal defects, but those defects may be seen on ultrasound.

**AFP Testing Only:**
- Spinal defect screening is not covered in the first trimester genetic screen so some patients choose to have this test in addition. AFP testing is a simple blood test that can be done between 15-18 weeks that screens for open spinal defects.

**Cystic Fibrosis (CF) Testing:**
- Cystic Fibrosis is an inherited abnormality. Or in other words, it is passed down in a family. CF is a life-long illness that is usually diagnosed in the first few years of life. It causes problems with breathing and digestion. CF does not affect intelligence or appearance and is not visible on ultrasound. CF cannot be treated before birth.
- CF is more common in Caucasians. About 1 in 29 Caucasians is a carrier. It is possible to be a carrier even if no one in your family has CF. Both you and your partner would have to be carriers before your baby would have a 1 in 4 chance of having CF.
- If you decide to have the test to see if you are a carrier and it comes back positive, the next step would be for your partner to be tested. If your partner is negative, the chance that your baby has CF is very, very small. If you both are positive, you may need genetic counseling to give you more information and help you decide if you want to have the baby tested.

**Toxoplasmosis Testing:**
- Toxoplasmosis is a parasite that lives in cat feces and raw meat. You can avoid toxoplasmosis by not handling raw meat or cat feces, wearing rubber gloves while gardening, and not ingesting rare meat (keep it at least medium-well). A first time exposure to toxoplasmosis in pregnancy can harm the baby, so if you have handled cat litter or eaten/handled rare meat you may wish to have toxoplasmosis testing. It is a simple blood test. Talk to your provider for more information.

**Amniocentesis:**
- Genetic testing on the amniotic fluid that surrounds the baby can provide highly accurate information about Trisomy 21, 18, 13, and other genetic disorders. With ultrasound guidance a needle is placed through your belly into the sac of fluid around the baby. About 1/4 cup of fluid is sent to the lab for testing.
- Women who are at high risk for Downs Syndrome (either because of their age or by abnormal results on their screenings) may wish to elect to have this testing for more accurate results.
- This test does pose more risk than less invasive tests. There is a chance of miscarriage, the baby being injured by the needle, your water breaking, or infection. You should discuss the risks and benefits of this procedure with your provider if you feel you are interested in this testing.

---

These are some of the optional tests that are available. Your provider may discuss other optional testing with you after reviewing your medical and family history.

Some insurance plans do not cover the cost of these tests and others do, but require precertification. Please talk to an account representative if you are interested.

(304) 697-2035

11
**First Trimester Genetic Screening**

Genetic screening allows us to identify if your baby is at higher risk for Down Syndrome (Trisomy 21), Trisomy 18 and Trisomy 13. Although results are **not** a definite yes or no, first trimester risk assessment detects nearly 90% of babies with Down Syndrome and about 97% of babies with Trisomy 18 or 13.

Each person has a genetic code that serves as a map for how their body will develop. In these disorders three pieces of genetic information are located in spots on the map where only two pieces of information should be. In Trisomy 21, this can be associated with birth defects, mild to severe mental retardation, and other medical problems. Trisomy 13 and 18 are much more severe disorders where the babies have profound mental retardation and birth defects that seriously effect the life expectancy of the baby.

**Some important facts about first trimester genetic testing:**

- Anyone can have a baby with these genetic abnormalities but the chance of doing so increases with the mother’s age
- First trimester genetic screening is not designed to provide information on genetic conditions other than Trisomy 21, 18, and 13
- For statistical reasons, we do not recommend routine second trimester genetic screening when the first trimester result is reassuring, however we do recommend AFP for spinal defect screening in the second trimester in addition to this test
- The test has two parts: an ultrasound to measure the thickness of skin behind the baby’s neck and the measurement of two pregnancy hormone levels in the mother’s blood
- The blood test is a simple finger stick
- The combined information from the blood test and ultrasound will produce your baby’s calculated risk for Trisomy 21, 18 or 13
- The test may be positive when, in fact, the baby is normal (some false positives)

**Timing is important!**

- The test must be completed between 11 and 13 weeks of your pregnancy
- **Please discuss this test with your family and inform your health care provider as soon as possible if you wish to have first trimester genetic testing.**

**The results:**

- Your healthcare provider will discuss the results of your genetic testing with you.

**If your test results are not reassuring:**

- A more detailed ultrasound may be performed
- We may consult a high risk pregnancy specialist to assist us with your care
- We may discuss further testing options with you that can give a more definite result

As always, we are here to discuss any of your concerns!

697-2035
Ultrasounds play a key role in our patient care here at UHP. We want you to have an understanding of how ultrasound works and what information you can expect to gain from your ultrasounds.

**Briefly, this is how it works:**

- Sound waves above the audible range are sent through the mom’s belly from a handheld device called a transducer.
- Sound waves bounce off different types of tissues at different speeds.
- The time it takes for each sound wave to hit a tissue and bounce back to the transducer is assigned a different shade of gray.
- The computer displays those shades of gray in the form of an image on a screen.

**How is Ultrasound used in my care at UHP?**

- Many tests in pregnancy, and the timing of your delivery, rely on accurate pregnancy dating. A first trimester vaginal ultrasound is most accurate for determining how far along you are. We also determine how many fetuses are present, check the heart rate(s), and examine the uterus and ovaries.
- After the baby has had some time to grow, we do a screening ultrasound. This is generally around 20 weeks. Your technician will look at details of the baby’s anatomy. This is done abdominally and will take considerably more time than the first ultrasound. You may bring guests and a standard VHS video tape if you wish.
- Other ultrasound examinations may be completed throughout your pregnancy if your health or the baby’s health indicates the need for such studies. The need for additional studies will be determined by your clinicians.
- We have both 2D and 4D ultrasound in our office. We use 2D for all measurements of the baby. 4D may be used as a supplement when appropriate.

**Who will do my ultrasounds:**

- We have one of the few AIUM accredited ultrasound labs in the Tri-State Area.
- UHP is proud to have three nationally certified ultrasonographers with nearly 50 years experience between them.
- We have the largest ultrasound lab outside a hospital in the tri-state area.
- Members of our staff teach ultrasound to physicians and technicians at prestigious institutions such as Wake Forest University.
- We are backed by an equally impressive physician staff with extensive training, certification, and continued education in ultrasound.

**What can we expect to find out about the health of our baby:**

- The American Institute of Ultrasound in Medicine gives us guidelines of what to look for and document about your baby’s health. Appropriate growth of your baby will be assessed by measuring the head, abdomen and extremities of the baby. Details of head anatomy, abdominal organs, fluid, placenta, and heart will also be documented.
- There is no technology capable of detected 100% of abnormalities, including ultrasound. Size of the mother, size of the baby, position of the baby, amount of fluid around the baby, and other factors influence the quality of images we can get of the baby. Some abnormalities cannot be detected even in the best circumstances with ultrasound.
- We are committed to doing our best to seek out information about your baby via ultrasound that is helpful to your clinicians in the course of your care here at UHP.
How do you get GBS?
The bacteria that causes GBS infections lives in the stomach and bowels of many people. It is typically harmless. If the mother carries GBS bacteria in her vagina or rectum at the time of labor and delivery, the baby can become dangerously ill. People who touch the baby can also expose the baby to GBS if they have not washed their hands. Most GBS infections occur in the first week of life, but they can occur at any time in the first two months.

How will I know if I have GBS?
A simple culture can be done in the doctor’s office toward the end of pregnancy. This test is done late in pregnancy because the GBS bacteria come and go. The closer the test is done to delivery, the more accurate it is in predicting which women will actually have GBS at delivery.

You may be at higher risk for having GBS and passing it on to your baby if you have had GBS in a prior pregnancy, you have preterm labor, your water breaks before 37 weeks, you have a fever of 100.4 degrees or higher in labor, you go into labor before your test for GBS has been completed, or you have had a urinary tract infection caused by GBS in pregnancy.

What do I do if my test is positive?
The most effective prevention for GBS disease in babies is to treat the mother with intravenous antibiotics during labor and delivery. The antibiotics used are considered safe for both baby and mother. If your test is positive, it is helpful to remind your labor and delivery nurse that you have GBS when you go to the hospital. This allows as much time as possible for antibiotics to be given.

If you go into labor before the test is completed or before the test results become available, a test may be completed at labor and delivery. If time does not allow for the test to be completed, it may be necessary to treat you with antibiotics as though you carry GBS.

If you deliver before antibiotics are given to you, the Pediatrician may need to treat the baby in the nursery. Rarely, babies get sick from GBS even though they have been treated.

*IMPORTANT: Take your Baby to the Emergency Room*
- If the baby has a fever over 100 degrees in the first two months of life
  - If your baby stops eating (has missed two feedings)
  - If your baby appears gray or floppy
**Preeclampsia & Eclampsia**

**What is Preeclampsia and Eclampsia?**

Preeclampsia is a serious disturbance in blood pressure, kidney function and the central nervous system that may occur from the 20th week of pregnancy until 7 days after delivery. The progression from Preeclampsia to Eclampsia is characterized by seizures and even stroke.

**What are the symptoms of Preeclampsia and Eclampsia?**

**Mild Preeclampsia**

- Significant Blood Pressure Rise even if still in the normal range.
- Puffiness in the hands and face that is worse in the **morning**.
- Excessive weight gain of more than a pound a week during the last trimester.
- Protein in your urine. (evaluated by urine tests)

**Severe Preeclampsia**

- Continued rise in blood pressure.
- Continued swelling or puffiness.
- Blurred vision.
- Headache.
- Irritability.
- Abdominal pain.
- Vaginal Bleeding

**Eclampsia**

- Muscle twitching.
- Seizures.
- Coma.
- Stroke.

**What causes Preeclampsia and Eclampsia?**

We do not know for sure what causes Preeclampsia. It is believed to be caused by a substance produced by the placenta. Delivery is the only cure for preeclampsia.

**Risks increase with:**

- Poor nutrition.
- Diabetes.
- Previous high blood pressure.
- Chronic kidney disease.
- First pregnancy.
- Family history of Preeclampsia.
- Drug use.
- Excessive alcohol consumption.
- Smoking.

**What should I do?**

- Come to all office visits (which will be more frequent)
- Inform us immediately of any changes in your condition
- Limit work or follow resting instructions given to you by your clinician
- Take medications prescribed by your doctor exactly as directed
- Monitor blood pressure frequently and report changes to clinician

---

**Quick take:**

Approximately 8% of pregnant patients will develop preeclampsia.

This condition can be very dangerous, even life threatening to mom and baby.

We test your urine and blood pressure at each visit, but we want you to be aware of these signs and symptoms so you can inform your clinician of any changes in your health right away.
Tests Later in Pregnancy
Tests for Fetal Well-Being

As you approach the end of your pregnancy, you may require additional testing to help us evaluate your baby’s health. There are many reasons why your health care provider may wish to do further testing. A few of them include:

- Your baby is not moving as much as it was
- You are past your due date
- Your provider is concerned the baby is not growing as well as expected
- You have too little fluid around the baby
- You have diabetes, high blood pressure, or other issues that could affect your baby
- You have had a prior stillbirth or poor outcome

---

The following are tests done to help assure us the baby is doing well. You will find more about “Kick Counts” on the following page.

- **Fetal Monitoring (NST)**

  An NST is done by using an instrument attached to your stomach to monitor the heart rate of your baby, movements of your baby, and contractions of your uterus. When you exercise your heart beats faster. When your baby moves or stretches, it should do the same. An NST shows the changes in your baby’s heart rate when it moves or when your uterus contracts. Fetal monitoring cannot keep a problem from occurring, but it can give us some idea of the baby’s present condition and alert us to warning signs that will allow us to take steps to help the baby.

- **Biophysical Profile (BPP)**

  A Biophysical Profile (BPP) is also a test of fetal well-being. Most of the test is done using an ultrasound machine. The final component is an NST as described above. A BPP evaluates 5 fetal activities. Since these activities are controlled by different centers of the baby’s brain, we can gain assurance of the baby’s neurological well-being if the five activities are noted. Each activity is assigned 2 points for a total of 10 points. Eight to ten points is considered reassuring. These are the activities evaluated:
  - Fetal Heart Beat (by NST)
  - Fetal Breathing Motion
  - Fetal Tone (flexion and extension of extremities)
  - Fetal Movement
  - Amount of fluid around the baby

- **Kick Counts**

  Counting your baby’s kicks is a way you can help us to evaluate your baby’s well-being. You know your baby better than anyone else. We rely on you to give us this important information. As a guideline, ten movements in an hour after eating is a normal amount of movement.

  **Babies should not stop moving!**

  Call or come in if you experience a significant decrease in movement, if you cannot document 10 movements in an hour after you have eaten, or if you have any doubt about the baby’s movement. You may be asked by your provider to keep a more detailed record of your baby’s movements. He or she may give you a kick count chart to record your baby’s movements. Follow the directions carefully and call our office or go to Labor and Delivery immediately with any abnormal findings.
**Kick Counts**

After the sixth month of pregnancy, your baby’s movements are more consistent and easier to assess. If you ever get concerned about a decrease in movement, here is a way to assess your baby’s well-being.

One of the ways we can assess your baby’s well-being is to monitor its movements. You know your baby’s activity patterns better than anyone else. These instructions are guidelines to help you assess your baby’s movements so that you will be alerted to changes and decreases in your baby’s movement patterns.

**Babies should continue moving all the way through your pregnancy!** Follow the instructions below and notify our office with any questions or concerns!

- Choose a time during the day that is typical for your baby to be active.
- Have something to eat. Babies tend to be a little more active when you have recently eaten.
- Lay on your left side and count your baby’s movements for 1 hour or until the baby moves 10 times which ever comes first.
- Your provider may ask you to do this three times a day (morning, afternoon, and evening)

**Call the Office or Hospital:**

- Please call us if you do not have 10 movements in the hour of monitoring. You may need to repeat the test, be monitored at the office, or go to the hospital for further evaluation.
- Please call if your baby has had a significant decrease in its activity.
- If you are worried or you feel something just isn’t right. Remember, you know your baby best. Listen to your intuition. If something just doesn’t seem right, please call us or go to the hospital.

---

**KICK COUNT CHART**

<table>
<thead>
<tr>
<th>Date</th>
<th>Morning Total</th>
<th>Afternoon Total</th>
<th>Evening Total</th>
<th>Day Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

304-697-2035
When is a baby considered premature?

A full-term pregnancy lasts 40 weeks. Babies need this length of time to grow and develop. If a baby is born before 37 weeks, it is considered premature. Occasionally, babies born closer to their due date still have the problems of prematurity.

Premature infants weigh less than full term infants. They often have difficulty breathing, digesting food and maintaining a normal body temperature. Some will require the help of the Neonatal Intensive Care Unit at Cabell Huntington Hospital. Some babies will need a machine to assist them in breathing and a warming bed to keep their temperatures up.

Prematurity can lower survival or lead to permanent disability!

What causes premature labor and birth?

No one knows for sure why babies are born early. However, risks include:

- Induction of labor prior to due date for any reason
- Previous premature delivery or prior miscarriages
- Double or divided uterus, or weak cervix due to surgery
- Twins or Triplets
- Other pregnancy illnesses such as diabetes, kidney disease, urinary tract infections, bacterial vaginal infections, placenta previa or abruption
- The risk increases in women who smoke, use drugs, have a poor diet or who are under stress

How will I know if I am in premature labor?

The symptoms of premature labor are:

- Greater than 4 contractions per hour before 37 weeks of pregnancy
- Menstrual-like cramps or a change in backache
- Gush of fluid from the vagina or increase in discharge
- Vaginal bleeding (even spotting)

Alert our office if you are experiencing any of the above symptoms. If you cannot reach our office, choose the hospital by the criteria to the left and go directly to labor and delivery at the appropriate hospital!
Safety in Pregnancy

Quick Take:
In your age group, over 51% of deaths are caused by accidents. To give you perspective, cancer and heart disease together claim less than 11% of lost lives.

Wear your seatbelt...
- Always wear your seat belt every time you are in a car. Put the lap belt underneath you baby bump, not across your abdomen. We want your hip bones to take the pressure and not your belly if you have an accident.
- Avoid distractions in the car. Stay off your cell phone. If the children need your attention, pull off the road and help them.

Avoid risky activities such as...
- Four wheelers or other ATVs
- Waterskiing or downhill skiing
- Horseback riding
- Bungee jumping; Sky diving
- Whitewater rafting

Avoid harmful substances such as...
- Tobacco and marijuana
- Alcohol
- Illegal drugs
- Over the counter drugs not cleared by your clinicians
- Prescription drugs not approved by your clinicians
- Herbal remedies and alternative medicines not approved by your clinicians
- Radiation or harmful chemicals

Exposure to harmful substances increases your risk of seriously harming your baby and/or yourself. Your increase your risk of stillbirth, abnormalities in growth and development of your baby, deformities, SIDS, and other serious problems.

In pregnancy, your immune system is a little compromised.

Avoid contact with people who are sick and could be contagious...
- Get your flu shot during flu season
- See your doctor promptly if you do get sick

Note!
Your safety is very important to us and to your family. Your baby may not be able to survive if you are seriously injured.

If you are unsure of whether an activity is safe, please consult your clinician first!

304-697-2035
In the last few weeks of pregnancy...

- In the last few weeks of pregnancy, focus on resting and preparing for your new baby. If you are not sleeping well, talk to your clinician.
- Come to the hospital well rested and prepared for labor.
- Bring a few comforting items with you such as your favorite pillow, soothing music, or an object of the baby’s that can help you remember that your hard work has a purpose.
- Bring necessary personal care items and a comfortable outfit to wear home.
- For the baby, bring weather appropriate blankets, an outfit to wear home, and a stocked diaper bag.
- Make sure an approved infant car seat is in your car for the trip home. If you are unable to purchase the appropriate car seat, inform your labor and delivery nurse as soon as possible.
- Make sure you leave the hospital with follow-up appointments for yourself and baby. Call our office if you need assistance.
- We want to care for the baby too. If you would like to meet one of our doctors and speak with him about caring for your baby, any receptionist can arrange a complimentary appointment.
- Call us if you have a fever, bleeding heavier than a period, increased pain, or any other concerns about your health.
- Rest is an important part in recovery. Allow loved ones to assist you in household chores and caring for the baby as you regain your strength.

Thank you, again, for the opportunity to take care of you!
Post-Partum Depression (PPD)

PPD is a medical condition. It is **not** due to a personal weakness.

**Who gets Post-Partum Depression?**

A least three women in ten experience significant emotional difficulty following delivery. Post-partum Depression (PPD) can be much more than the brief “Baby Blues” that most women experience for a few days after they deliver. Mothers with PPD feel increasingly worse. Their symptoms may last months, or even years, if left untreated.

Risk factors for PPD include lack of support at home and a history of depression. PPD is more common when the baby is premature, unhealthy or colicky. An accumulation of life stresses such as loss of job, moving, money problems or divorce can also make PPD more likely. Many women with PPD don’t have any risk factors.

**What are the dangers of PPD?**

PPD can interfere with your ability to car for your baby, disrupt relationships, and lead to accidents. In rare cases women may harm themselves or their babies.

**What are the symptoms of PPD?**

- **Depressed Mood.** Sometimes life can seem hopeless when it should be joyous. They may not want to leave the house.
- **Anxiety.** Some mothers experience intense worries. They fear being alone with the baby or they worry constantly about the baby’s health.
- **Irritability.** Some women express inability to control their feelings. They may take their frustrations out on their children, their spouse or even their baby.
- **Fatigue.** All new mothers are tired, but mothers with PPD are often so exhausted that they feel something must be physically wrong.
- **Loss of Enjoyment.** What used to be a pleasure may seem unappealing. Sex, eating, or the company of loved ones may not seem enjoyable.
- **Not Coping.** Mothers may feel overwhelmed by their work load. It may seem like nothing they set out to do ever gets done.
- **Tearfulness.** Many women say they cry for no apparent reason.
- **Negative Body Image.** Women may become frustrated with body changes brought on by pregnancy and fatigue.

**What is the treatment for PPD?**

Fortunately, effective treatment is available. A combination of medication, increased support from family and an opportunity to express feelings to a medical professional are recommended.

Therapy should start as soon as possible because it can take up to two weeks for medications to take effect. Usually the treatment is complete in two to six months. Symptoms can return if treatment is stopped too soon.

**Things you can do:**

- Identify someone you can talk to
- Take every opportunity to rest and get enough nourishment
- Get enough nourishment
- Find some time for yourself and your partner
- Take advantage of help when offered
- Remember, PPD is not your fault
- **Please call us! ...especially if you feel that you may harm yourself or your baby!**
Sudden Infant Death Syndrome (SIDS) is the leading cause of death in children between the ages of 1 month and 1 year old.

Every parent is concerned about their baby’s risk.

Here are some ways you can make a difference.

The cause of Sudden Infant Death Syndrome (SIDS) remains unknown. We do know, however, that mothers of infants who die of SIDS have some similar characteristics. Many of these characteristics are changeable. If they apply to you, we want you to change them!

What NOT to do:

- **Don’t use Alcohol.** Some studies show alcohol use increases risk for SIDS as much as 6 fold.
- **Don’t do drugs** (especially opiates such as codeine, morphine, hydrocodone, methadone, and heroin).
- **Don’t miss your prenatal appointments.**
- **Don’t smoke.**

It is important to continue doing what you can to prevent SIDS after the baby is born. These are things you can do to limit your baby’s risk of dying from SIDS:

- **Always put baby to sleep on its back on a firm surface.** (tell any babysitters to do the same!) Encourage tummy time when the baby is awake. Do not put babies to sleep on puffy comforters or pillows.
- **Do not put toys, pillows, or loose blankets in the bed with the baby.** We recommend sleep sacks, “blankets” you can zip the baby into. They are available in most baby stores and on-line.
- **Put the baby to bed with a pacifier.** Pacifiers at bedtime in the first year of life appear to reduce the risk of SIDS. If a baby is breast-fed wait until after one month of age when feeding is well established.
- **Baby should sleep in a location near you, but not in the bed with you.** The baby should not share the bed with other children either.
- **Avoid overheating.** The infant should be lightly clothed for sleep and the room temperature kept comfortable. Light pajamas and their sleep sack should be adequate. If the baby feels hot to touch or is sweating, it is overdressed or the room is too warm.

SIDS has decreased 56% since 1992, when the American Academy of Pediatrics first recommended that babies sleep on their backs. The research continues to find other clues about SIDS. Until we know more, we want to do our part by educating our patients about risks and ways to limit those risks. We hope you will in turn educate others.
Help During and After Pregnancy

Whether you need assistance with a health problem outside of the scope of pregnancy or if you are looking for someone to care for your new baby, UHP has some providers to recommend to you....

Dr. Ben Allan, Family Medicine

It was hard for us to see our favorite patients deliver and go on their way, so Dr. Allan decided to help us get a team together to care for the babies and families of our patients. Dr. Allan’s practice is filled with young families and children and he would love to add yours to the list.

Children and adults alike love Dr. Allan’s sense of humor and down-to-earth style. Parents relate to Dr. Allan’s attention to detail and children relate to his ability to sit and talk to them. Children love the toy chest and Dr. Allan’s “old family doctor” charm.

Why Wait in the Emergency Room????
Our Family Medicine Team Would Love to Help
Give us a Call!
Tell Me the Truth...

Here are answers to some of our most frequently asked questions...

If I put my hands above my head, will the umbilical cord wrap around the baby’s neck?
- No. It is the baby’s movements that cause the cord to be wrapped around the neck or other body parts. The fact is, this is a very common occurrence. About 1 in every 3-4 babies are born with the cord around something.

Will it harm the baby if I get my hair colored?
- No. We believe the products in hair products to be safe in pregnancy. Some providers recommend you avoid any chemical, radiation, or medication exposure you can during the time organs are being developed (5-9 weeks), but most say it is a safe activity if done in a well-ventilated area. Breathing the fumes of some peroxide and bleach products can make you feel nauseated and dizzy.

Is it safe to tan in pregnancy?
- It is not safe or good for your skin to tan at any time. Tanning is known to increase your risk of skin cancer. That being said, tanning will not harm the baby. Your skin is more sensitive to burning and uneven tanning during pregnancy. You may end up with a splotchy, uneven tan. If you choose to tan, try to avoid overheating in the sun or tanning bed and do not lay flat on your back after 14 weeks.

Can I exercise in pregnancy?
- Yes. Exercise is an important part of staying healthy and strong in pregnancy. It has been shown that women who are in better physical condition do better in labor and have quicker recoveries. Review the page in this book on safety and avoid risky activities. We recommend walking, swimming, cycling, low impact aerobic, water aerobics, yoga, and many other forms of exercise as long as your provider has not given you activity restrictions. We recommend walking, swimming, cycling, low impact aerobic, water aerobics, yoga, and many other forms of exercise as long as your provider has not given you activity restrictions. Just modify the exercise routine by avoiding crunches or sit-ups, do not lay flat on your back after 14 weeks. You can be more prone to injury during pregnancy because your weight is off balance so be careful. No hot tubs or saunas and keep well hydrated!

Is it ok if I have a glass of wine or beer occasionally during my pregnancy?
- No. There is no safe amount of alcohol to drink while you are pregnant. Alcohol is known to cause abnormalities such as small body size, curved spin, deformed ribs and sternum, learning and attention problems, heart defects, mental retardation,...The list goes on and on and no one knows for sure how much alcohol it takes to cause those abnormalities. It is prudent to avoid alcohol all together during pregnancy. For the unborn child, alcohol interferes with the baby’s ability to get enough oxygen and nourishment for normal cell development. The same advise goes for the use of tobacco and other drugs...just don’t!

Can I eat fish while I am pregnant?
- Yes and no. Many fish are rich in Omega-3 fatty acids and are excellent for your health, but some of those fish contain high levels of mercury and contaminates that are not safe for pregnant and nursing mothers. Here is the rundown DO NOT EAT swordfish, shark, marlin, large tuna, tilefish, and salmon caught in the Great Lakes. YOU MAY EAT UP TO TWICE A WEEK...salmon not caught in the Great Lakes, farm trout, sardines, herring, flounder, cod, haddock, mahi mahi, perch, crab, shrimp, scallops, and clams.

Is it ok to have sex when I am pregnant?
- Yes...as long as sex is not painful for you and your provider has not told you not to. Women who have had preterm labor, have a low lying placenta, have had recent vaginal bleeding, or have a thinning cervix may be asked not to have intercourse. Otherwise, it is safe. If you have any doubt, ask your provider.