



Congratulations! We are delighted you have chosen South Shore Women's Health Care to provide you with obstetrical care. You have been scheduled for your first OB appointment at 8-10 weeks gestation. By 8-10 weeks your baby and its heartbeat can be visualized.

The first appointment will be with a nurse who will take an extensive health history and provide you with information about your prenatal care. You will also see a nurse practitioner or physician who will perform a physical exam that will include a vaginal ultrasound. We will be asking personal questions regarding your sexual and pregnancy history. Please take your needs for privacy into consideration before inviting family members to join you for this interview.

Please review the following information that may be helpful to you between now and your appointment time.

It is important for you to be on a prenatal vitamin that provides at least 1 mg (1000 mcg) of folic acid each day. If you have not received a prescription, please phone our office and request that we call it in to your pharmacist.

You may engage in your regular exercise regimen. This includes walking, biking, swimming, or jogging. Please do not start any new exercise routine during your pregnancy. The one exception is if you are not exercising at all, it would be good for you to start walking every day. Do not engage in high-impact aerobics or sports that place you at risk for falls or other injuries. If an exercise causes you undue fatigue or discomfort, you should discontinue that activity.

We recommend the following restrictions during your pregnancy:

- Do not lift more than 20 pounds repetitively.
- Do not stand continuously for longer than 4 hours without a break or longer than 8 hours total per day.
- Avoid exposure to any potentially toxic or infectious substance.
- Avoid repetitive bending or lifting for more than 1 hour at a time.

If your work requires that you perform any of these activities, please call us so we can provide a restriction excuse for your employer.

It is normal for you to have mild cramping in the first trimester of pregnancy. If you have pain, please call immediately.

You may engage in normal sexual activity during pregnancy unless your doctor has instructed you otherwise. It is common for the cervix to be more tender and fragile during pregnancy which may result in a slight amount of bleeding after sex. You may notice one or two spots of pink, red, or brownish discharge within 24 hours after intercourse. You do not need to call us unless you experience more bleeding than that.

If you have pink, red, or brownish spotting or bleeding that does not follow sexual intercourse, you should call immediately and request to speak with a nurse. You may be brought in for blood tests and further evaluation will be considered when the results are in.

Some patients experience extreme fatigue or sleepiness in the first trimester of pregnancy. This is normal. Try to get as much rest as you can.

You may begin to experience nausea without vomiting. You may find that rather than experiencing hunger, you will feel nauseated instead. Try to eat more frequently and in smaller amounts. Also, prevent dehydration by sipping liquids throughout the day. Please review the enclosed tips for minimizing your discomfort. Most patients gradually feel better towards the end of the first trimester.

If you are vomiting more than twice every day, unable to keep anything down, or if you are losing weight, you need to call and speak with a nurse.

If you were on a prescribed medication before you became pregnant, please call to see if you can remain on that medication. Do not discontinue your medication without consulting with us first. Please review the enclosed list of over-the-counter medications to see what is approved for use in pregnancy. Avoid caffeinated drinks. Please abstain from alcoholic beverages while you are pregnant. If you smoke, do your best to quit or significantly reduce the number of cigarettes you smoke each day.

Obstetrical care provided over a 9-month period varies for each new mother. Your physician's office has no way of predetermining the exact cost of your pregnancy. We will do everything to provide you with the best care at a fair and reasonable cost; however, obstetrical charges are only an estimate. Please find the enclosed OB Payment Plan per your insurance benefits.

For questions related to your financial responsibility, please call our billing department at (269)428-2800 ext 40.

Feel free to phone our office if you have any questions or concerns. For clinical questions or problems, please ask to speak to one of our nursing staff at extension 15. If you have a problem at night or on the weekend, you may call (269)428-2800 and listen to the instructions on the answering machine or call the answering service directly at (269) 408-4884.

We look forward to being of service to you!

Sincerely,

Rachael Proctor, MD  
Heidi Grabemeyer-Layman, MD  
Michele Ashton, MD

2690 S. Cleveland Ave.  
St. Joseph, MI 49085  
Phone: 269-428-2800

## Medicine Information

It is important to take medication when it is needed, but equally important to avoid medication when it is not needed. This is true any time, but it is particularly important in pregnancy when we wish to avoid exposing the developing fetus to any drugs unnecessarily - even though the drug may not be known to be harmful.

We recommend that you try to avoid the unnecessary exposure to over-the-counter medications. When you do need to use medication, we find the following acceptable. Please inform us at the next office visit if you do take any medications.

We have also listed some home remedies you may also try for the following discomforts:

### **HEADACHE:** Tylenol, Extra-Strength Tylenol

- Hot foot bath with cold cloth to back of neck and forehead for 20 minutes.

**HEAD COLD, STUFFY NOSE:** Sudafed, Dimetapp, Benadryl, Claritin, Zyrtec, Robitussin DM, Mucinex, Afrin or Flonase nasal spray, Vicks Formula 44, Vicks Vapor Rub, Saline nasal spray.

- Hot foot bath with cold cloth to back of neck and forehead for 20 minutes.

### **SORE THROAT:** Cepacol, Halls, Sucrets, chloraseptic lozenges or spray

- Hot salt water gargle (1 tsp. salt in a tall glass of hot tap water)

### **COUGH:** Plain Robitussin

**INDIGESTION:** Tums, Maalox, Mylanta, Pepcid, Zantac, and Riopan

**CONSTIPATION:** Metamucil, Fibercon, Effersyllium, Colace, Citracel, Milk of Magnesia, or Ducolax

- Increase fluids, prunes, bran, fruit, raw vegetables, exercise

### **SLEEPLESSNESS:** Benadryl, ZZZQuil, Unisom, or Tylenol PM

- Warm Tub Bath, Herbal Tea, Count Sheep

**NAUSEA/VOMITING: Vitamin B6 25mg twice daily and one Unisom Nighttime Sleep tablet twice daily**

- If used, this combination should be taken every day through the 12th to 14th weeks of pregnancy and not on an "as needed" basis.

**FOR YEAST: Monistat**

**GAS: Gas X or Simethicone**

**HEMMORHOIDS: Tuck pads, Preparation H or Anusol or warm sitz bath**

**DIARRHEA: Imodium, clear liquids until diarrhea stops. Clear liquids include anything you can see through: sprite, ginger ale, Gatorade, tea, soup broth, apple juice, popsicles, or jello**

**ACNE: Any mild skin cleanser that does not contain salicylic acid or benzoyl peroxide**

**RASHES: Benadryl cream or tablets. Caladryl lotion or Oatmeal Bath (Aveeno)**

**MUSCLE ACHES: Ben Gay or Icy Hot that does not contain methyl salicylate**

**INSECT REPELLENT: Insect repellents containing DEET or Picaridin are safe to use during pregnancy. Consumer reports top choices are products with any one of these three active ingredients - DEET, oil of lemon, eucalyptus, and picaridin. All are safe for pregnant women when used appropriately. Examples: Off, Natrapel 8 hour, or Repel Lemon Eucalyptus**

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## **Easing Morning Sickness**

About 50% of pregnant women suffer from morning sickness, ranging from bouts of mild, infrequent nausea to vomiting so severe that hospitalization and intravenous nourishment may be required. While doctors do not know what causes morning sickness, they do recommend several strategies to help mothers-to-be with morning sickness. Do not worry if you are not eating or drinking in large amounts. Your goal is to remain adequately hydrated and avoid losing weight.

- Avoid hard-to-digest foods. This includes fatty foods, especially fatty meats, fried foods, and rich pastries.
- Avoid very spicy foods. Strong flavors and aromas may cause nausea.
- Avoid caffeine.
- Avoid cigarettes and cigarette smoke.
- Eat foods that are high in complex carbohydrates (crackers, toast, rice, plain baked potatoes).
- Eat small, frequent meals. Do not let your stomach get too full or too close to empty. Eat something every two hours, even if you feel queasy. Eat before getting out of bed in the morning. Keep a high carbohydrate snack at your bedside. Nibble in bed and wait in bed until your feeling of nausea subsides.
- Drink small but frequent amounts. Do not let yourself get dehydrated. Take a sip or two every five to ten minutes. Avoid large amounts of sugary or sweet drinks. Suggest drinks include Gatorade, Ginger Ale, and Ginger tea. If unable to drink plain water, try it with fresh squeezed lemon juice. Avoid drinking large amounts with your meals. Wait a half-hour after eating to drink.
- Have a high protein snack at bedtime (milk, a hard cooked egg, nuts or peanut butter, cheese).
- Use a Sea-Band (over-the-counter wrist band that applies acupressure).
- Vitamin B6 25mg twice daily and one Unisom Nighttime Sleep tablet twice daily. If used, this combination should be taken every day through the 12th and 14th weeks of pregnancy and not on an "as needed" basis.