EST. 1965

LEE OBSTETRICS & GYNECOLOGY

PREGNANCY INFORMATION PACKET

LEE OBSTETRICS & GYNECOLOGY

CONGRATULATIONS

Congratulations on your pregnancy! We are so happy that you have chosen Lee Obstetrics & Gynecology as your maternity provider.

This packet is a great resource for you during your pregnancy. It contains information such as what you can expect during each appointment, an overview of each trimester, common pregnancy questions and concerns, and information about our office and policies.

This can be an exciting and stressful time for moms and families. We have elected to offer this to patients digitally on our website so you can take us with you wherever you go! We hope the information presented here will help ease any anxiety you may have and answer any preliminary questions that may arise when you aren't able to reach us. As always, if you have any questions, please know we are here to help!

LEE OBSTETRICS & GYNECOLOGY

TABLE OF CONTENTS

LEE OBSTETRICS & GYNECOLOGY

Dr. Chelsea Cockrell

Dr. Chelsea Cockrell graduated from Eastern Kentucky University, Summa Cum Laude where she was a member of the Gold Humanism Honor Society. She received her medical degree from Edward Via College of Osteopathic Medicine-Auburn Campus. She completed her residency at the University of Kentucky College of Medicine at Bowling Green.

Dr. Cockrell and her husband, Mac, and her son love traveling and all things outdoors. They love UK Athletics, the Braves and are looking forward to relaxing days at the lake.

Dr. Jon Mahram

Dr. Mahram received his undergraduate degree from the University of Georgia, graduating Cum Laude, and attended medical school at the Edward Via College of Osteopathic Medicine (VCOM). He completed his residency at the University of Mississippi Medical Center in Jackson, Mississippi. Following his residency, he joined Lee OBGYN in August of 2021.

Dr. Mahram is board certified in OB/GYN and is the Department Chair for the OB/GYN and Pediatrics Departments at East Alabama Medical Center. Dr. Mahram and his wife, Lindsey, have three children. In his spare time, Dr. Mahram enjoys spending time with family, fishing, hiking, traveling, cooking, and attending sporting events.

LEE OBSTETRICS & GYNECOLOGY

MEET OUR OBSTETRICS PROVIDERS

Dr. Robert Marino

Dr. Marino received his undergraduate degree from Auburn University and completed medical school at Louisiana State University in New Orleans, Louisiana. He then completed his OB/GYN residency at the Medical University of South Carolina in Charleston, South Carolina. He joined Lee OBGYN in July 2008.

Dr. Marino is board-certified in OB/GYN and has been on staff at East Alabama Medical Center for over 15 years. He has served as the Department Chair for the OB/GYN and Pediatrics Departments at EAMC. He is currently serving as the Chief of Staff Elect for EAMC as well as a member of the EAMC Foundation Board. He is a member of the Advisory Council for the Alabama and Mississippi region for the American College of Obstetrics & Gynecology (ACOG). He is also a member of the Alabama Medicaid Board for this region.

He and his wife, Janie, have a daughter and two sons. He resides in Auburn and enjoys spending time at the lake, hunting, and attending Auburn University sporting events.

Dr. Emily McInnis

Dr. Emily Allen McInnis attended Auburn University for her undergraduate studies and went on to graduate from medical school at the Edward Via College of Osteopathic Medicine in South Carolina. As a medical student, she worked with the providers at Lee OBGYN and East Alabama Medical Center. After graduation, she completed her OB/GYN residency at the University of Mississippi Medical Center.

Dr. McInnis returned to her hometown of Sylacauga where she was the first female physician specializing in obstetrics and gynecology as well as one of the first female surgeons in the area. After practicing in her hometown for five years, Dr. McInnis is excited to rejoin the Auburn / Opelika community and continue the legacy of providing excellent care for the women in the surrounding counties. She and her husband, Ryan, love being outside, even if she's only sitting on the porch. They look forward to being closer to her parents so they can enjoy spending time hanging out on their boat and watching the sunset with their two sons.

LEE OBSTETRICS & GYNECOLOGY

MEET OUR OBSTETRICS PROVIDERS

Dr. Ashley Surles

Dr. Ashley Surles is from Madison, Mississippi received her undergraduate degree in Psychology from University of Mississippi in Oxford, Mississippi. She holds a Masters Degree in Biomedical Sciences, earned her Doctor of Medicine degree in 2018 and completed her OB/GYN residency 2022 at the University of Mississippi Medical Center in Jackson, Mississippi.

Dr. Surles has been delivering high quality care to the women of the Coosa Valley area throughout all phases of life since 2022. No stranger to small town medicine, Dr. Surles is passionate about women's healthcare and will be initiating our first pediatric gynecology clinic to offer care to younger women experiencing early on set symptoms. After practicing in Sylacauga for four years, Dr. Surles and her husband, Dr. Bret Surles, a pediatrician, decided to relocate their practices to Auburn in 2025 and are excited to serve the Auburn community.

Dr. Alexus Young

Dr. Young grew up in Roanoke, Alabama where she graduated from Handley High School. She attended the University of Alabama where she studied Dance and Biology, graduating magna cum laude. After completing further premedical training at Auburn University and teaching ballet for a year, she attended the University of Alabama in Birmingham for medical school where she received the Gold Humanism Award.

She then completed her OB/GYN residency program at Carolinas Medical Center in Charlotte, North Carolina where she was a PATCH program mentor and resident liaison for the Camino Health Center.

Dr. Young worked as a laborist at Novant Health Systems in Charlotte, North Carolina where she specialized in emergency gynecological care, labor management, midwifery supervision, vaginal deliveries, cesarean deliveries, and high-risk obstetrical care. She then served as a gynecology faculty member and gyn provider at Emory University in Atlanta, Georgia.

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LEE OBSTETRICS & GYNECOLOGY

MEET OUR PROVIDERS

Valerie Birmingham, CRNP

Valerie is a native of Opelika who started working at Lee OBGYN in 2020. She has been an employee at East Alabama Health for approximately 20 years. She worked as an RN in various departments including Urology/Oncology, Mother and Baby, GYN surgery, Pediatrics and Well Nursery for 8 years.

She completed her Master's in Nursing from Troy University in 2013 (specialty in Family Nurse Practitioner), and as a Nurse Practitioner she worked at The Prenatal Clinic, OB Observation Unit, and East Alabama Women's Clinic. Valerie serves as an adjunct faculty, working with Troy University's Nurse Practitioner Program. Valerie is a member of the AANP and is board certified by the Alabama Board of Nursing.

Valerie is married with two children and despite thinking she would never be a dog mom, has four dogs. Her hobbies include cooking, reading, and trips to the beach.

Rachel Brown, CRNP

Rachel joined Lee OBGYN as a Registered Nurse in February 2014 while still in graduate school. She graduated from Auburn University cum laude in 2010 with a Bachelor of Science in Nursing. Rachel went on to graduate summa cum laude from the University of Alabama at Birmingham with a Master of Science in Nursing (family Nurse Practitioner specialty). She joined Lee OBGYN full time as a Nurse Practitioner in January 2016.

Rachel is a member of the American Academy of Nurse Practitioners and is Board Certified by the Alabama Board of Nursing. She is also an American Heart Association BLS Provider.

Racher and her husband, George, are both Opelika natives. They have three boys and enjoys being involved in the Auburn-Opelika community as a family. While not at work, Rachel enjoys spending time with family and friends – preferably near a body of water.

LEE OBSTETRICS & GYNECOLOGY

OVERVIEW OF OB APPOINTMENTS

Lee OBGYN averages 10-12 appointments for routine OB care. The number and frequency of appointments may be adjusted by your provider and are subject to change depending on the patient. In weeks 1-12 of gestation, your visits will occur every four weeks. During weeks 13-27 of gestation, your visits will occur every three weeks. Weeks 28-35 of gestation, your visits will occur every two weeks. Following 36 weeks gestation, your visits will be weekly.

PREGNANCY CONFIRMATION APPOINTMENT (YOUR FIRST APPOINTMENT)

The Pregnancy Confirmation (PC) appointment is the first visit you will have after receiving a positive at home pregnancy test. At this appointment, you can expect:

- Urine pregnancy test
- Prenatal labs
- Meet and greet with your provider
- Review of your history, medications, and any previous pregnancies

OB COMPLETE APPOINTMENT

The appointment following your PC appointment is called the OB Complete and will include:

- First Ultrasound (viability scan)
- A provider appointment
- A pap smear (if you are due)

RETURN OB APPOINTMENTS

The remainder of your appointments will be called “Return OB” appointments. All return OB appointments include meetings with your provider to assess fetal heart tones and follow up meetings after every ultrasound.

- At 15 weeks, you can elect to schedule a gender scan. A $50 payment is required before your appointment.
- At 18-20 weeks, you will receive an anatomy scan to visualize the baby’s feet, hands etc. You will have a follow-up appointment with your provider.
- At 26-28 weeks, you will need to schedule a Glucola test to test for gestational diabetes. This is a one-hour appointment.
- Between 26-30 weeks, you can elect to schedule a 4D ultrasound. The fee for this test is $150 for one baby and $175 for twins.

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WHAT TO EXPECT AT YOUR OB APPOINTMENTS

Over the course of your pregnancy, you might start to feel like you live at our office – and that's a good thing! Studies show that mothers who visit their providers regularly during their pregnancy, on average, deliver much healthier babies. Scheduled provider visits will of course vary depending on your particular pregnancy. Generally, here is what you can expect during your OB appointments:

4 to 20 WEEKS - about one visit per month (every 4 weeks)

20 to 30 WEEKS - one to two visits per month (every 2-3 weeks)

35 WEEKS TO DELIVERY - one visit per week. During these visits, you will likely be asked to undress from the waist down. Your provider will be checking your cervix and pelvis to evaluate you for delivery.

FIRST APPOINTMENT: (6-8 WEEKS)

Generally, this appointment will not include a physical exam. Rather, this is where your provider will gather your basic health information that may impact your pregnancy. From this information your provider will determine any potential issues/risks in your pregnancy. You and your provider will discuss your overall health and what to expect in your pregnancy. Your provider will discuss our practice and how our staff and providers operate. Feel free to ask any questions about your pregnancy.

SECOND APPOINTMENT: (8-12 WEEKS)

This appointment will include a physical exam and a review of your labs. You may have an ultrasound at this visit if it is indicated in your pregnancy.

ROUTINE VISITS

At these visits, your provider will collect vital signs, a urine sample, measure your belly, and listen to your baby. You and your provider will discuss any progress and any potential issues you may be experiencing.

16-18 WEEK VISIT: You will have a thorough ultrasound performed to check your baby's anatomy. At this visit you may find out the sex of your baby – if you choose.

26-28 WEEK VISIT: You will be tested for Gestational Diabetes.

36-37 WEEK VISIT: You will be tested for Group B Strep.

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ULTRASOUND AND DUE DATE

HOW DO I FIGURE OUT MY DUE DATE?

The best way to determine your due date is to ask your provider. We will be happy to review your accurate due date and how it was established. At Lee OBGYN, we use the American College of Obstetrics and Gynecology (ACOG) guidelines for establishing your due date which uses a combination of your last stated menstrual period and an ultrasound-generated due date to determine the most accurate date to use. If you have had multiple ultrasounds, each may show a different due date. We will let you know if any of these ultrasounds change the due date that was established early in your pregnancy.

ULTRASOUNDS

An ultrasound, also called a sonogram, is an imaging test that is used to create pictures of internal organs and structures. An obstetrics ultrasound is used to monitor a pregnancy. The majority of women will only have one or two ultrasounds during their pregnancy. Additional scans are only performed for specific indications. Ultrasound uses sound waves to create images. It uses a small conduction device that is placed on skin or a conduction wand that is inserted into the vagina. The device transmits sound wave information that is translated into pictures on a monitor. Images may be saved in the computer or printed out. There are no known risks associated with ultrasound. Unlike X-rays, ultrasound does not involve radiation.

During pregnancy, an ultrasound may be used to monitor fetal growth and the pelvic organs. An ultrasound may show a baby's heartbeat or sex. It may be used to check for Down's Syndrome or other fetal developmental abnormalities. An ultrasound is useful for diagnosing a multiple pregnancy, miscarriages, placenta problems, tumors, an ectopic pregnancy – an abnormal pregnancy that implants outside of the uterus.

WHAT TO EXPECT ON ULTRASOUND DAY

An ultrasound is an outpatient examination that is typically performed in our office by our ultrasound technician. You may be asked to drink several glasses of water an hour before your test. A full bladder helps to create a good image. You should not urinate before your test. Please try to arrive at least 15 minutes early for your ultrasound. For the procedure, you will lie down on your back on an examination table. A warm conducting gel will be placed on your skin. An ultrasound usually causes only slight or no discomfort. For a transvaginal ultrasound, you will undress from the waist down and use a sheet for coverage. You will lie on your back on an examination table and place your feet in stirrups to position your pelvis. The conduction wand is gently inserted into your vagina and positioned to produce the best images. You may feel temporary or slight discomfort or pressure during the procedure.

If your provider performs your ultrasound, your results may be discussed at the time of your procedure. If our ultrasound technician performs your procedure, he/she is not qualified to diagnose or discuss your results with you. In this case, one of our providers will review your images and contact you with the results. For pregnancy ultrasounds, please bring a DVD+RW if you would like a digital copy of your ultrasound.

LEE OBSTETRICS & GYNECOLOGY

OPTIONAL ULTRASOUND INFORMATION AND PRICING

Service	Price	Recommended Gestational Age
Gender Scan	$75	15 weeks
2D "Check In"	$100	During third trimester
4D Scan	$150 $175 for twins	26 – 30 weeks only

Gender Scan:

This ultrasound is recommended to be completed at 15 weeks. This is a prenatal ultrasound focused solely on determining the gender of your baby. Unlike detailed Anatomy scans that you get between 18-20 weeks that evaluates fetal development, organ structures and overall health, this gender scan is typically shorter, less comprehensive and not considered diagnostic or clinical ultrasound. If we are unable to determine the gender during a gender scan, we will offer you another opportunity to try again at later appointment.

2D "Check In" Scan:

In addition to our current 4D ultrasound offering, patients may choose to have a brief ultrasound to view their baby and to listen to the heartbeat. Much like the gender scan, this elective scan is not considered a diagnostic or clinical ultrasound. Rather it is more of a "sneak peek" of your developing baby.

4D Scan:

The quality of the images will depend on the position and the movement of the baby, as well as the size of the mother. For the best results, the scan should be scheduled between 26-30 weeks gestational age. Please call 4-6 weeks in advance for your appointment to ensure appointment availability. Please make sure to eat approximately 30 minutes before your appointment time. If the baby does not "cooperate" at your initial 4D scan, we agree to offer you a second scan on another day (at no additional cost) to help you obtain quality images.

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LEE OBSTETRICS & GYNECOLOGY

MATERNITY FEE SCHEDULE

As you prepare for this exciting journey, it is important for you to understand all the components involved. Below is a partial list of our maternity fees. Our fees do not include hospital, pediatric, or anesthesia charges. You will receive a separate bill from each entity providing service.

You will meet with our OB Benefits Coordinator and receive a personalized summary of your maternity fees based on the insurance on file with our office. During this meeting you may elect to pay your patient portion due in one payment at the beginning of your pregnancy or in eight installments to be completed before your delivery. One this agreement is signed, it will be published to your Patient Portal for your records. Should your insurance status change at any time during your pregnancy, it is your responsibility to let our billing office know immediately so we can make appropriate changes. Please feel free to call our Billing Office if you have any questions.

Prenatal Care, Delivery (Vaginal/Caesarean) and Postpartum Visit	**$3,700/$4,100**

This includes all regular OB visits with a provider, provider fee for vaginal/c-section delivery, and your three-week postpartum visit. You do not pay insurance copays for regular scheduled maternity care visits. You may be charged a copay for any visit that falls outside of your regular appointments. C-section deliveries will have an additional assistant charge.

Screening Ultrasound*	**$300**
Limited Ultrasound*	**$202**
Repeat Ultrasound*	**$202**
Additional Ultrasound*	**$220-$299**
Non-Stress Test*	**$150**

*These items must be ordered by a provider and may or may not be covered by your insurance

Note: All lab and pathology charges are separate and are not billed through our office. We use Lee Pathology, East Alabama Health, and Synergy Labs for these services, and you will be billed by them directly. If your insurance requires that you use a specific lab, it is your responsibility to let the lab technicians know at the time of any lab draws.

CIRCUMCISION INSURANCE COVERAGE

Most insurance policies will cover a circumcision for male infants. However, if insurance does not cover this procedure, you will be responsible for the full cost of both the physician and hospital charge associated with this procedure.

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LEE OBSTETRICS & GYNECOLOGY

YOUR PREGNANCY WEEK BY WEEK

FIRST TRIMESTER: WEEKS 1 to 14

The first 14 weeks of pregnancy are referred to as the first trimester. Your baby's organs are forming during this part of the pregnancy. Therefore, it is particularly important for you to take care of yourself and your baby during this time. Avoiding unhealthy habits, such as smoking, and alcohol are important.

WHAT IS HAPPENING TO ME?

Common signs and symptoms of pregnancy in the first trimester include:

- Missed period
- Fatigue and Headaches
- Food aversions and/or cravings
- Heartburn, Nausea and/or vomiting
- Breast tenderness and enlargement
- Frequent urination

WARNING SIGNS

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

- Bleeding
- Severe cramping
- Trauma or injury to the abdomen

Week 1: The egg is fertilized and attaches to the wall of the uterus.
Week 2: The egg cell divides over and over into new cells. The embryo and placenta start to form. This is the time when you typically miss your period.
Week 3: The baby's body begins to take shape and the placenta is now fully formed.
Week 4: Your baby is as big as a doodle bug, but the heart, digestive system, and baby's blood are forming.
Week 5: Your baby's heart starts to beat.
Week 6: The eyes and ears are forming.
Week 7: Your baby now has eyes, a nose, a mouth, and lips. Bones and teeth are starting to form.
Week 8: Your baby is about 1 inch long and growing fast.
Week 9: The baby is now called a "fetus" and is starting to form its boy and girl parts.
Week 10: The lower part of the body and legs are growing fast.
Week 11: All of your baby's organs start to work and it begins to urinate, which helps make amniotic fluid.
Week 12: Your baby can now swallow and suck its thumb. The lungs are forming and breathing movements begin even though the baby is getting all of its oxygen through the placenta. The placenta and umbilical cord will act as the baby's lungs, liver, kidneys, and digestive system until birth. Your baby is protected from many illnesses because your immunity will pass through the placenta.

LEE OBSTETRICS & GYNECOLOGY

YOUR PREGNANCY WEEK BY WEEK

SECOND TRIMESTER: WEEKS 15 to 26

WHAT IS HAPPENING TO ME?

Common signs and symptoms of pregnancy in the second trimester include:

- Mild swelling of hands and feet
- Lower abdominal aches/backaches
- Bleeding gums, nasal congestion/nosebleeds
- Increased appetite/Constipation
- Leg cramps
- Increased vaginal discharge
- Baby movement or "quickening" first felt between 18-23 weeks

WARNING SIGNS

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

- Vaginal bleeding or leaking of watery fluid
- Severe or persistent abdominal pain or tenderness
- Trauma to the abdomen
- Visual changes or severe headache unrelieved by Tylenol
- Severe/sudden swelling of the face
- Pain in the leg associated with tenderness behind the knee and swelling of that leg
- Chest pain and/or persistent difficulty breathing (it is normal to be short of breath after climbing stairs while pregnant)

Week 13: Your baby is still called a "fetus", but it is starting to look like a little person with a very big head.
Week 14: The nervous system is up and running. The muscles and bones are ready for action.
Week 15: Your baby weighs about as much as a large orange. One ultrasound, you will see obvious and frequent movements. You may even start to feel flutters in your belly called "quickening".
Week 16: All of the major organs – heart, liver, lung, brain – are formed. In the next few weeks, things slow down as your baby just focuses on getting bigger.
Week 18: Have you ever been in the water so long that your skin gets shriveled and wrinkly. To prevent that from happening, a fine coating of oil forms on your baby called "vernix". The baby's fine hair, called "Lanugo", keeps the vernix from washing off in your amniotic fluid.
Week 19: The eyebrows and eyelashes begin to grow. You may notice your breasts are starting to get bigger. You may even notice some leaking. This first milk is called colostrum.
Week 20: You will start to notice movement. You will also notice your baby has favorite times to move around, and quiet times for sleeping. Your baby is already setting a schedule for itself.
Week 22: Your baby is getting heavier! Its bones are getting thicker as the skeleton grows. You will notice a 3-4 pound weight gain at this point. Much of this is calcium from your baby's bones.
Week 24: The baby weighs about 28 ounces (about 2 pounds). This is about as much as a bag of sugar. Its eyelids have formed and we occasionally see blinking on ultrasound.
Week 26: All of your baby's organs are functioning fully and just need time to grow.

LEE OBSTETRICS & GYNECOLOGY

YOUR PREGNANCY WEEK BY WEEK

THIRD TRIMESTER: WEEKS 27 TO DELIVERY

WHAT IS HAPPENING TO ME?

Congratulations! You are now in the home stretch of your pregnancy! Your baby is really starting to make its presence felt now. In these last months of your pregnancy, your baby will be focused primarily on growth.

Common signs and symptoms of pregnancy in the second trimester include:

- Occasional abdominal pain and tightening (Braxton-Hicks contractions)
- Stronger fetal movement
- Difficulty sleeping
- Swelling of hands and feet
- Itchy abdomen
- Frequent urination
- Colostrum (leaking from nipples)
- Increasing back and leg aches
- Hemorrhoids
- Increased vaginal discharge
- Navel or belly button sticking out

WARNING SIGNS

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

- Vaginal bleeding or spotting
- Leaking of watery fluid
- Decreased fetal movement
- Severe or persistent abdominal pain
- Trauma to the abdomen
- Pelvic pressure, low back pain, menstrual-like cramping or abdominal pain before 37 weeks
- Visual disturbance resulting in a sudden loss of part of your vision
- Persistent or severe headache unrelieved by Tylenol or a headache accompanied by blurred vision, slurred speech, or numbness
- Sever/sudden swelling of the face
- Persistent leg cramp
- Difficulty breathing or chest pain

LEE OBSTETRICS & GYNECOLOGY

YOUR PREGNANCY WEEK BY WEEK

THIRD TRIMESTER: WEEKS 27 TO DELIVERY

Week 27: This week, your baby's lungs start gearing up to work after the baby is born. Your baby will start to "practice"" breathing. On ultrasound, you might even be able to see the baby's chest rise and fall. The baby is not breathing air yet; it is still surrounded by fluid. The amniotic fluid goes in and out of the baby's lungs. A substance called surfactant is in the fluid. Surfactant coats the little air sacs inside the lungs so they will work better after the baby is born.
Week 28: Your baby has achieved about 2/3 of its growth. You will notice your baby's movements becoming more predictable. At this time in your pregnancy, we recommend you start tracking "kick counts" when you notice your baby's movements slowing. While resting, you should be able to count at least 10 kicks in 2 hours. **Week 29:** Your baby is fattening up. Extra fat stores are forming to give your baby that "plump" look. Fat works to insulate your infant so it will not get cold as quickly.
Week 30: Your baby's movements will become stronger around this time. These movements may keep you up at night and may cause occasional abdominal discomfort.
Week 32: This week your baby is looking less wrinkled as its skin fills out. It has grown to be a little more than 1 foot in length.
Week 34: Your baby weighs about 5 pounds. The smaller more rapid kicks are now being replaced by less frequent but stronger kicks. Your baby's body can almost function on its own. Most baby's born at this time can breathe room air and drink breastmilk.
Week 36: Your baby is growing about a pound per week. Your baby is continuously getting antibodies from you through the placenta that helps your baby fight off infections. If there are diseases that you are immune to (like mumps or measles), your baby will be immune to them for about 3-4 months; longer if you breastfeed.
Week 37 to birth: Did you know that only 1 out of 20 women will deliver their baby on their due date? Fifty percent of women will give birth within 10 days of their due date. During these last few weeks, your baby will settle into the birth canal and prepare itself for delivery. Although we consider a baby to be "term" at 37 weeks, the onset of natural labor is your body's way of signaling that your baby is completely ready to be born.

CALCULATING KICK COUNTS

If you ever feel like your baby is not moving the way he or she normally does, monitoring fetal movement, often called "Kick Counts" is important. Kick Counts should only be performed after 28 weeks. Sit in a quiet location, mark the time, and start counting fetal movements. You should feel 10 movements within 2 hours. If you are having difficulty feeling the movements, eat or drink something sweet then lie down on your side with your hands on your abdomen. You will probably feel 10 movements in less time, but if you do not feel 10 movements in 2 hours, call Lee OBGYN (334-745-6447) or Labor and Delivery (334-528-3072). You may be instructed to come to the hospital so that we may monitor the baby's heartbeat for at least 30 minutes to ensure the baby is healthy.

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LAB TESTS PERFORMED DURING PREGNANCY

TESTS PERFORMED IN 1st TRIMESTER

- A full physical exam
- Pelvic exam
- Pap smear
- Vaginal cultures for infections
- Bloodwork required by Alabama and Federal Law for all pregnant women
    - Blood type and Rh status
    - Blood antibodies
    - Blood counts
    - Complete metabolic profile
    - Rubella status
    - Syphilis status
    - Hepatitis B & C status
    - HIV status (optional but recommended)
    - Sickle cell screening (for women at risk)
    - Cystic Fibrosis carrier status (optional)

Based on your individual risks or medical history, other tests may be performed such as Early Glucose Test, Thyroid Studies, Urine Studies, Varicella Titers, Parvovirus etc.

TESTS PERFORMED IN 2nd TRIMESTER

- Genetic Screening
- Diabetic Screening (Glucola)
- Blood Count

TESTS PERFORMED IN 3rd TRIMESTER

- Group B Strep Test
- Gonorrhea & Chlamydia Test
- Fetal Non-Stress Tests (“putting your baby on the monitor”) if indicated

Note: At each visit, your provider will record your weight and blood pressure as well as collect a urine sample.

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OPTIONAL GENETIC TESTING DURING PREGNANCY

DOWN SYNDROME & SPINA BIFIDA (QUAD SCREEN)

During your pregnancy, you will be given the option of testing your baby for certain genetic disorders and birth defects. Down Syndrome (Trisomy 21) and spina bifida/neural tube defect (NTD) are two of the best-known disorders, but many other disorders are available for screening if your history suggests an increased risk. Personal and family histories are important in determining who might be at increased risk for delivering a baby with one of these abnormalities. Down syndrome occurs in approximately 1 in 1,000 pregnancies in women under age 30 and increases to approximately 10-11 in 1,000 pregnancies in women 40 years old at the time of delivery. Spina bifida/NTD occurs 1-2 times in 1,000 pregnancies. Cystic fibrosis is more common in Caucasians than in Blacks and occurs in 1 in 1,000 Caucasian pregnancies.

Various options for testing exist and the appropriate screening test can be selected during a discussion with your provider if you choose to proceed with screening. Each of these tests are available through our office and each has a unique time during pregnancy that they are offered.

Integrated screening is initiated at 10-13 weeks with an appointment with a UAB Maternal Fetal Medicine specialist for a special ultrasound and blood tests. Additional blood tests are drawn in our office at 15-17 weeks. The results of these tests are then examined, and a risk estimate is calculated to determine if the risk is low enough to reassure you that no further testing is needed. If the risk is increased, however, additional testing may be recommended. The Quad screen is also offered to patients who are 15-19 weeks. A normal result is very reassuring, but an abnormal result would require additional testing as well.

CELL-FREE DNA TESTING

Cell-free DNA testing is also available to all patients after 9 weeks of pregnancy. This test was previously offered to increased risk patients (patients 35 years or older, previous child with certain genetic disorders, abnormal ultrasound findings or abnormal integrated screen or Quad screen) but can be offered to even lower risk patients. This test employs technology to isolate fetal DNA from a patient's blood sample, multiply it and then analyze it for abnormal chromosome counts etc. It is extremely accurate but abnormal results still require additional, perhaps invasive, testing. Also, importantly, it does not screen for abnormalities that might be detected using other tests such as the AFP and/or Quad screen later in pregnancy, usually 15-17 weeks. This technology has significantly reduced the need for invasive genetic testing. Occasionally, the test will result with insufficient fetal cells and may need to be repeated.

LEE OBSTETRICS & GYNECOLOGY

OPTIONAL GENETIC TESTING DURING PREGNANCY

INHERITED CARRIER SCREENING

In addition to genetic testing options for your baby, we also offer inherited carrier screening testing. This can be performed at any time prior or during pregnancy and is offered to any patient who requests it, regardless of her personal or family history. Testing for inherited conditions such as Cystic Fibrosis, Spinal Muscular Atrophy, Fragile X and Duchenne/Becker Muscular Dystrophy is available, in addition to 274 other conditions. If you should test positive, there is an opportunity to have your partner tested as well and to consult with a medical genetic specialist. Please feel free to discuss this with your provider at any point in the pregnancy.

Finally, we are frequently asked if insurance pays for these tests. We have provided the names or codes of the screening tests we currently use and encourage you to call your insurance company's customer service representative to answer insurance coverage questions.

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VACCINES RECOMMENDED IN PREGNANCY

TDAP

Pertussis outbreaks, also known as “whooping cough”, are occurring all over the country. Newborns and infants are especially vulnerable to this infection. While disease can occur in all ages, infants less than 12 months of age are at a higher risk for severe disease and death.

Infants begin their pertussis immunization series (Diptheria-tetanus-acellular Pertussis or “TDaP”) at two months. Maximum protection, however, is not achieved until all three injections are completed. Currently, it is recommended that both adults and adolescents receive a booster dose (“TDaP”). Adolescent boosters are given preferably at 11-12 years of age.

The American College of Obstetricians and Gynecologists (ACOG) recommends that unvaccinated pregnant women receive a TDAP vaccination during the late second or third trimester (after 20 weeks). With this vaccination, close contacts of infants can help to create a protective “cocoon” for newborns and infants who either cannot yet be vaccinated or have not completed their initial vaccine series. Studies have indicated that 75-83% of infant pertussis cases with a known source exposure were caused by an infected household member. Parents and siblings are the most common source, with 55% of cases of infants linked to an infected parent.

Your provider will be glad to answer any questions concerning the TDaP immunization during your visits.

RSV

This vaccination is a single injection of an inactivated RSV vaccine that is given between 32 - 36 weeks of your pregnancy. The goal of this vaccination is to provide passive protection against RSV to infants during the first few months of life. This vaccine is considered safe during pregnancy and reduces the risk of severe RSV bronchiolitis in infants if mothers receive the vaccine at least 14 days before delivery. As with other inactivated vaccines (eg, flu vaccine), studies have shown the RSV vaccine can be effectively and safely coadministered with the diphtheria, tetanus, and acellular pertussis vaccine (TDaP), which is also indicated in pregnancy.

LEE OBSTETRICS & GYNECOLOGY

WEIGHT GAIN DURING PREGNANCY

HOW MUCH WEIGHT SHOULD I GAIN IN MY PREGNANCY?

The American College of OB/GYN (ACOG) and the Institute of Medicine recommend that healthy average women gain approximately 25-35 pounds during pregnancy. Heavier women should gain less. Most of this weight should be in the last 24 weeks (6 Months) of pregnancy.

- First 3 Months - normal weight gain - 2 to 4 lbs total
- Last 6 Months - normal weight gain - 0.5 to 1 lb per week

Where do these extra pounds go?

- Baby - 7.5 lbs
- Extra Blood - 3.5 lbs
- Placenta and Amniotic Fluid - 6 lbs
- Uterus and Breast Growth - 3 lbs
- Fat Stores - 4 to 6 lbs
- Total - 24 to 30 lbs

Research suggests that weight gain in this range may improve your chances for having a healthy baby and may decrease the risks of your baby developing adult illnesses (Diabetes, Hypertension, Cardiovascular Disease)

LEE OBSTETRICS & GYNECOLOGY

NUTRITION DURING PREGNANCY

DELI MEAT

Deli meats have been known to be contaminated with a bacteria called Listeria which can cause miscarriages. Listeria can cross the placenta and may infect the baby leading to infection or blood poisoning, which may be life-threatening. If you are pregnant and you are considering eating deli meats, make certain that you reheat the meat until it is steaming hot.

FISH WITH MERCURY

Fish such as shark, swordfish, king mackerel and tilefish contain high levels of mercury and should be avoided during pregnancy. Mercury consumed during pregnancy has been linked to developmental delays and brain damage. Canned chunk light tuna generally has a lower amount of mercury than other tuna but should only be eaten in moderation (1 serving per week). Sushi should be avoided during pregnancy.

RAW SHELLFISH

Most seafood-borne illnesses are caused by undercooked shellfish, which includes oysters, clams, and mussels. Raw shellfish should be avoided altogether during pregnancy.

RAW EGGS

Raw eggs or any food that contains raw eggs should be avoided because of the potential exposure to the bacteria, Salmonella. Some homemade Ceasar dressings, mayonnaise, homemade ice cream or custards, and Hollandaise sauces may be made with raw eggs. If the recipe is cooked at some point, this will reduce the exposure to Salmonella. Commercially manufactured ice cream, dressings, and eggnog are made with pasteurized eggs and do not increase the risk of Salmonella. Restaurants should be using pasteurized eggs in any recipe that is made with raw eggs such as Hollandaise sauce or dressings.

SOFT CHEESES

Imported soft cheese may contain bacteria called Listeria, which can cause miscarriages. Listeria can cross the placenta and may infect the baby leading to infection or blood poisoning, which may be life-threatening. Soft cheeses to avoid include Brie, Camembert, Roquefort, Feta, Gorgonzola, and Mexican style cheese that include queso blanco and queso fresco, unless they clearly state that they are made from pasteurized milk. All soft non-imported cheeses made with pasteurized milk are safe to eat.

UNPASTEURIZED MILK

Unpasteurized milk may contain bacteria called Listeria, which can cause miscarriages. Listeria can cross the placenta and may infect the baby leading to infection or blood poisoning, which may be life-threatening. Make sure any milk you drink is pasteurized.

LEE OBSTETRICS & GYNECOLOGY

NUTRITION DURING PREGNANCY

PÂTÉ

Refrigerated pâté, or meat spreads, should be avoided because they may contain the bacteria Listeria, which can cause miscarriages. Listeria can cross the placenta and may infect the baby leading to infection or blood poisoning, which may be life-threatening. Canned pate, or shelf-safe meat spreads can be eaten.

CAFFEINE

Although most studies show that caffeine intake in moderation is ok, there are others that show that caffeine intake may be related to miscarriages. Avoid caffeine during the first trimester to reduce the likelihood of a miscarriage. As a rule, caffeine should be limited to fewer than 200 mg per day during pregnancy (approximately one caffeinated drink per day). Caffeine is a diuretic, which means it helps eliminate fluids from the body. This can result in water and calcium loss. It is important that you drink plenty of water, juice, and milk rather than caffeinated beverages. Some research shows that large amounts of caffeine are associated with miscarriages, premature birth, low birth weight, and withdrawal symptoms in infants. The safest thing is to refrain from consuming caffeine during pregnancy.

ALCOHOL

There is NO amount of alcohol that is known to be safe during pregnancy, and therefore alcohol should be avoided during pregnancy. Prenatal exposure to alcohol can interfere with the healthy development of the baby. Depending on the amount, timing and pattern of use, alcohol consumption during pregnancy can lead to Fetal Alcohol Syndrome or other developmental disorders. If you consumed alcohol before you knew you were pregnant, stop drinking now. You should continue to avoid alcohol during breastfeeding. Exposure to alcohol to an infant poses harmful risks, and alcohol does reach the baby during breastfeeding.

UNWASHED VEGETABLES

Vegetables are safe to eat. However, it is essential to make sure they are washed to avoid exposure to toxoplasmosis. Toxoplasmosis may contaminate the soil where the vegetables were grown.

WILD GAME

Generally, wild game (deer, wild turkey, wild hog etc.) should be avoided during pregnancy if possible.

LEE OBSTETRICS & GYNECOLOGY

VITAMINS AND MINERALS

Nutrient (Daily Recommended Amount)	Why You and Your Fetus Need It	Best Sources
Calcium (1,300 milligrams for ages 14-18) (1,000 milligrams for ages 19-50)	Builds strong bones and teeth	Milk, cheese, yogurt, sardines, dark green leafy vegetables
Iron (27 milligrams)	Helps red blood cells deliver oxygen to your fetus	Lean red meat, poultry, fish, dried beans and peas, iron-fortified cereals, prune juice
Iodine (220 micrograms)	Essential for healthy brain development	Iodized table salt, dairy products, seafood, meat, some breads, eggs
Choline (450 milligrams)	Important for development of your fetus' brain and spinal cord	Milk, beef liver, eggs, peanuts, soy products
Vitamin A (750 micrograms for ages 14-18) (770 micrograms for ages 19-50)	Forms healthy skin and eyesight Helps with bone growth	Carrots, green leafy vegetables, sweet potatoes
Vitamin C (80 milligrams for ages 14-18) (85 milligrams for ages 19-50)	Promotes healthy gums, teeth, and bones	Citrus fruit, broccoli, tomatoes, strawberries
Vitamin D (600 international units)	Builds your fetus' bones and teeth	Sunlight, fortified milk, fatty fish such as salmon and sardines
Vitamin B6 (1.9 milligrams)	Helps form red blood cells Helps body use protein, fat, and carbohydrates	Beef liver, pork, ham, whole grain cereals, bananas
Vitamin B12 (2.6 micrograms)	Maintains nervous system Helps form red blood cells	Meat, fish, poultry, milk (vegetarians should take a supplement)

LEE OBSTETRICS & GYNECOLOGY

VITAMINS AND MINERALS

Nutrient (Daily Recommended Amount)	Why You and Your Fetus Need It	Best Sources
Folic Acid (600 micrograms)	Helps prevent birth defects of the brain and spine Supports general growth and development of fetus and placenta	Fortified cereal, enriched bread and pasta, peanuts, dark green leafy vegetables, orange juice, beans. Also take a daily prenatal vitamin with 400 micrograms of folic acid
DHA (Docosahexaenoic acid)	Supports brain, eye and nervous system development Can prevent preterm labor, ensure a healthy birthweight, supports a mother's mood during the postpartum period	DHA supplements, fatty fish
PNV (Prenatal Vitamin)	Multivitamin, mineral, and fatty acid product used to treat or prevent vitamin deficiency before, during and after pregnancy	Tablets or gummies

LEE OBSTETRICS & GYNECOLOGY

MEDICATIONS & LIFESTYLE PRECAUTIONS

NOTE: No medications are considered 100% safe during pregnancy. Even if no medications are taken during pregnancy, there is a 1-2% congenital anomaly rate. Using nothing is better, but, when the patient herself decides that her symptoms are severe enough, based on years of experience, the following are the safest recommendations we know:

HEADACHES

Use Regular-Strength Tylenol and increase fluids. You may also use Benadryl (at night) and Claritin (daytime) for headaches associated with allergies. Headaches during pregnancy are common, but if blurred vision or spots before eyes are accompanied by headache or if unrelieved by Tylenol, call for further advice.

COUGH

Use Regular-Strength Robitussin, Chloraseptic spray, nasal saline drops, or any throat lozenges. If needed, increase fluid intake, stop smoking (if a smoker) and use a vaporizer. If cough is accompanied by a fever, discolored phlegm, shortness of breath, or chest pain call for further advice.

SINUS CONGESTION AND COLD SYMPTOMS

Use Sudafed, Benadryl, Mucinex, or Tylenol; increase fluid intake; take throat lozenges if needed; stop smoking (if a smoker); and use a vaporizer. Also, Chloraseptic Spray and nasal saline drops are very safe to us in pregnancy. Sinus congestion during pregnancy may be common, but if sinus congestion is accompanied by a fever (greater than 100.4) or discolored drainage, please call for further advice.

EYE DROPS

Visine, if needed.

NASAL SPRAYS

Vicks or Ocean Spray

CONSTIPATION

First try increasing fluids to 6-8 glasses per day, increasing fiber and bran in your diet, and increasing your exercise. If these efforts are unsuccessful, try Metamucil or Konsyl and/or stool softeners, such as Colace. Develop regular bowel habits. If you have gone over three days without a bowel movement, you may use Milk of Magnesia. We do not recommend laxatives such as Ex-Lax, or use of enemas.

HEMORRHOIDS

Use Tucks Medicated Pads, Anusol suppository, Preparation H, sitz baths and measures to prevent constipation. If you experience rectal bleeding or significant pain, call for further advice.

LEE OBSTETRICS & GYNECOLOGY

MEDICATIONS & LIFESTYLE PRECAUTIONS

DIARRHEA

Metamucil, Kaopectate, and lots of clear liquids

HEARTBURN

Use antacids (Maalox, Mylanta, Tums, or Rolaids; not baking soda or Alka Seltzer) after meals and eat small, frequent high-protein meals of bland quality. Eat slowly, and do not lie down immediately after eating. If symptoms persist, you may use over-the-counter Pepcid twice daily.

NAUSEA AND VOMITING

Keep crackers or dry toast at bedside to eat before getting up, have juice with breakfast, eat small frequent high protein meals of bland quality, and drink fluids between meals instead of with them. Take Vitamin B6 tablets 25mg twice daily and take Mylanta or Maalox. Use Unisom (Doxylamine) at night. If nauseous only, consider purchasing a “Sea Band” (a non-drug acupressure method for controlling nausea). If vomiting is persistent for more than 24 hours, call for further advice.

LEG CRAMPS

Leg massage, heating pad, avoid pointing the toes, and walking “heel first”, avoid lying on your back. If severe, call for advice.

VARICOSE VEINS

Avoid standing for long periods of time, elevate your legs at frequent intervals during the day and do leg exercises. Wearing support hose may help. We can prescribe specific support hose for you based on specific needs.

BREAST TENDERNESS

Wear a good support cotton bra. Later in pregnancy, you may need 1-2 size larger cup. Anytime from the 5th month, you may produce colostrum (yellowish fluid) which is the beginning of breast milk. Avoid plastic shield, instead, tuck a cotton handkerchief or gauze into each bra cup.

FAINTNESS

When standing for long periods of time, move around frequently to stimulate your circulation. Take frequent rest periods, eat healthy foods in small amounts throughout the day, and drink plenty of fluids. Avoid getting overheated. Call if dizzy spells with fainting persists.

LEE OBSTETRICS & GYNECOLOGY

MEDICATIONS & LIFESTYLE PRECAUTIONS

TIREDNESS

Fatigue during pregnancy may be normal. Daily exercise and an adequate night's rest is important. Iron supplements may be recommended if anemic. Shortness of breath toward the end of your pregnancy, due to pressure of the growing uterus, may cause fatigue and is helped by lying on your side or propped up on pillows.

BACKACHE

Maintain good posture, squat instead of bending over, rise from lying down by rolling on your side and pushing yourself up with your hands, exercise daily, wear comfortable low-heeled shoes, and sleep on a flat, firm mattress. Wearing a maternity girdle may help. If the pain persists, you may be referred to a recommended and pregnancy-certified Physical Therapist.

SKIN CHANGES/STRETCH MARKS

A brown discoloration over your face and nipples, as well as a line from your navel to the pubic bone is normal. Avoid sunburn which could deepen skin discoloration. The spots will likely disappear after your baby is born. Stretch marks may be minimized if your skin is kept soft and supple with lotion, cream or cocoa butter. Stretch marks may fade after delivery but will probably not disappear completely.

INCREASED SALIVATION OR "METAL TASTE"

This is normal, use throat lozenges.

URINARY SYMPTOMS

A feeling to urinate frequently in normal, especially at the beginning of pregnancy and towards the end. However, if you experience painful urination, bloody urine or fever, call for an appointment.

VAGINAL INFECTIONS

A yellowish clear mucous discharge may be normal during pregnancy. If burning, itching, pain, swelling, or foul odor occurs, call for an appointment. You may use a non-deodorant pad. If you know you have a yeast infection, use Monistat or GyneLotrimin externally only in the 1st trimester, and both internally or externally after the 1st trimester.

TAMPONS/DOUCHING

Do not use these products during pregnancy due to the potential for infection and damage to your developing baby if fluid or air gets inside your cervix.

LEE OBSTETRICS & GYNECOLOGY

MEDICATIONS & LIFESTYLE PRECAUTIONS

SWELLING

Wear loose, non-constrictive clothing. Elevate your legs at frequent intervals during the day, bed rest for 2 hours daily on side, eat a diet rich in protein, drink plenty of fluids, avoid salty foods and don't add salt to foods. Report marked or rapidly worsening hand or face swelling immediately.

CRAMPING

Most cramping in early to mid-pregnancy is due to pressure from the enlarging uterus and stretching ligaments. Exercise, a heating pad, Tylenol, and relaxation techniques may help. Call for advice or appointment if vaginal bleeding occurs.

CONTRACTIONS

Later in pregnancy, as early as your 5th month, uterine tightening ("Braxton Hicks contractions") or false labor can occur. Relieve false labor with walking, rest, Tylenol, heating pads, liquids, warm baths, and relaxation techniques. After 26 weeks and before 36 weeks, if you think you are having more than 4 contractions an hour on a consistent basis, call for advice and/or an appointment. After 36 weeks, call for an appointment to be checked if you have increasingly strong contractions every 5 minutes for two hours, and they are not relieved with conservative measures.

NOSEBLEEDS

Ensure you are taking an adequate supply of Vitamin C. You can apply a cold compress to your nose, lie down, tilt your head back, and pinch nose your nose to stop the bleeding. You may consider adding a humidifier in your home and applying a thin coating of Vaseline to each nostril at bedtime.

BLEEDING GUMS

Later in pregnancy, gum inflammation may occur. Increase Vitamin C intake and continue gentle brushing.

DENTAL PRECAUTIONS

Routine dental care is fine, but you should be shielded from X-rays and prohibited from using Nitrous Oxide (gas).

HEART PALPITATIONS

These may be normal later in pregnancy. Call if palpitations are persistent or associated with chest pain, fainting or fatigue.

LEE OBSTETRICS & GYNECOLOGY

MEDICATIONS & LIFESTYLE PRECAUTIONS

HAIR PERMING OR COLORING

During pregnancy, hair can become slightly more brittle and hair loss may increase. A permanent hair color may cause hair to break or may not “take” but will not harm the baby.

ANTIBIOTICS

You may use Penicillin, Cephalosporin or Erythromycin, if ordered by a dentist or a physician and you have no allergies to the medication.

SEX DURING PREGNANCY

Sexual intercourse will not harm the baby. The baby is floating in amniotic fluid which protects the baby and absorbs shock. If bleeding or contractions happen with sex, please call and inform your physician. It is normal to experience a decrease in sexual desire during the first trimester.

TRAVEL

Toward the end of your pregnancy, you are encouraged to stay close to home so your provider can be available for delivery. Otherwise, for a normal, healthy pregnancy, travel by air or car is fine. We do not recommend air travel after 35 weeks. If travelling by car, use a shoulder strap and a seatbelt fastened loosely under your protruding abdomen, with the belt positioned more on your thighs than across your abdomen. Eat and drink sensibly while en route. Elevate your feet if possible. Avoid sitting still for prolonged periods of time. Regardless of the mode of transportation, you should get up and walk around every 1 ½ hours if possible.

HOT TUBS/SAUNAS

Animal experimentation suggests that extreme body temperatures can damage developing babies. Since no human studies are available, we suggest you avoid hot tubs and saunas. Baths are fine, but the water temperature should not be over 100°.

CATS

There may be a bacteria in cat feces that can be harmful to your baby. It is important to have someone else change your cat’s litter box to avoid exposure to cat feces.

HOUSEHOLD PRODUCTS

Most day-to-day products probably won’t harm your baby. Avoid products like oven cleaners that have label warnings about toxicity. Most latex paints are safe. Any products that have a strong odor should be used in a well-ventilated area as smells can often bring on nausea. Don’t climb on ladders to paint or to access hard-to-reach areas. Wear gloves to prevent absorption of household chemicals through the skin.

LEE OBSTETRICS & GYNECOLOGY

MEDICATIONS & LIFESTYLE PRECAUTIONS

EXERCISE

Whatever exercise you were used to before you were pregnant is okay during pregnancy unless contractions, bleeding or other symptoms occur. Prenatal exercises to promote good posture, good body mechanics, and strengthening for labor are all highly recommended. If you have never exercised before, begin with low intensity activities, and advance slowly. Your heart rate should not exceed 140 beats/minute and strenuous activities should not exceed 15 minutes duration. You should be able to talk while exercising. Avoid exercising in hot, humid weather or during an illness when you have a fever. Avoid jumping, jarring motions or rapid changes in direction. As your pregnancy progresses, you should avoid any activity that puts you at risk for falling or increases the chance of trauma to your abdomen. The American College of Obstetricians and Gynecologists (ACOG) notes that activities at altitudes over 6,000 feet may carry some risks, as less oxygen is available for you and your baby. Exercise that involves lying down (flat on your back) and pulling up should not be done after the 4th month. Always include a 5-minute warm up and cool down. Please avoid road bikes and treadmills as accidents are more common and can potentially harm your baby. Play it smart by sticking to safe pregnancy activities. Even if you were very active before getting pregnant, if you're at risk for preterm labor or intrauterine growth restriction (when the baby fails to grow at a normal rate), you should cut back on your level of physical activity in your second and third trimesters. Your provider at Lee OBGYN can help you design a fitness routine that's right for you and your baby.

The American College of Obstetricians and Gynecologists (ACOG) advises that you stop exercising immediately and call your healthcare provider if you have any of the following symptoms:

- vaginal bleeding
- shortness of breath
- dizziness or feeling faint
- headache
- chest pain
- muscle weakness
- calf pain or swelling (which could indicate a blood clot)
- preterm labor
- decreased fetal movement
- fluid leaking from the vagina

LEE OBSTETRICS & GYNECOLOGY

MEDICATIONS & LIFESTYLE PRECAUTIONS

The following are a list of activities and restrictions that will guide you in your decision; however, note that this is a partial list and does not take the place of common sense:

☑ **Swimming:** Swimming will not harm the baby and is safe throughout pregnancy

Walking: Walking is safe and promotes increased oxygenation and bloodflow to your baby

☒ **Amusement Park rides:** Waterslides and other rides at amusement parks are not recommended.

Bicycling: Cycling is not a good idea. Stationary bikes are OK; however, falls from road bikes carry an increased potential for abdominal trauma.

Contact sports: Soccer, basketball, and hockey put you at a high risk of injury from a ball or puck, a collision with another player, or a fall during play and are not recommended.

Downhill skiing: We and ACOG advise against downhill skiing anytime during pregnancy because of the risk of serious injuries and hard falls. A safer choice is cross-country skiing, which is also much better for building cardiovascular fitness. Avoid skiing at altitudes above 6,000 feet, where there's less oxygen for you and your baby.

Gymnastics: Same risk of falling and increased chance of trauma to your abdomen.

Horseback riding: Even if you're an expert rider, it is not recommended.

Post-sport tubs and saunas: Soaking in hot tubs and Jacuzzis or sitting in a sauna can be dangerous to your developing baby because overheating has been linked to birth defects (Neural Tube Defects)

Running: If you weren't a runner before you got pregnant, now's not the time to take it up. Otherwise, it's fine in moderation. From your second trimester on, when the risk of falling increases, you should run with caution. As with all forms of exercise, avoid becoming overheated, and drink plenty of water to replace fluids lost through sweating.

Scuba diving: Absolutely contraindicated in all trimesters of pregnancy.

Snowboarding: Same risk of falling and increased chance of trauma to your abdomen.

Surfing: Same risk of falling and increased chance of trauma to your abdomen.

Tennis: A moderately paced game of tennis is acceptable, only if you played before you became pregnant. You may have problems with balance and sudden stops, so watch your step. Most women find that it's hard to keep up their game as their bellies get bigger in the second and third trimesters.

Waterskiing: Another activity that puts you at risk of falling and increases the chance of trauma to your abdomen; therefore, not recommended.

Boating: Slow boat rides are acceptable. Boating that causes jerking and/or pounding movements can cause abdominal trauma and should be avoided.

LEE OBSTETRICS & GYNECOLOGY

FREQUENTLY ASKED QUESTIONS

WHEN WILL I GO INTO LABOR?

The average length of pregnancy is 280 days or 40 weeks. Most women deliver between 38 – 41 weeks. There is no way to predict when you will go into labor.

WHAT CHANGES SHOULD I LOOK FOR?

- Lightening is the sensation that the fetus has dropped lower into your pelvis.
- Rupture of Membranes – when the fluid – filled amniotic sac that surrounds the fetus breaks, you may feel this fluid trickle or gush from the vagina. Usually, it is continuous. If you suspect your water has broken, call the office or Labor and Delivery and follow their instructions.
- Contractions –
    - True labor contractions come at regular intervals and have a pattern. As time goes on, they get closer and closer together and increase in intensity. True labor contractions continue even when you rest or move around and usually start in your back and move to the front.
    - False contractions do not have a pattern and do not get closer together. They may also stop once you walk, rest, or change positions. False contractions are weak and do not get stronger. They may start strong and weaken over time and they are usually felt in the front.

HOW WILL I KNOW WHETHER TO CALL MY PROVIDER OR GO TO THE HOSPITAL?

If you think you are in labor (or you are not sure), call the office or Labor and Delivery. You should for sure contact the office or Labor and Delivery if you have any of these signs:

- Your water has broken
- You are bleeding heavily from the vagina
- You have constant, sever pain with nor relief between contractions
- You notice the baby is moving less

WHAT IS PRETERM LABOR AND WHAT ARE THE SYMPTOMS?

Preterm labor is labor that starts before 37 weeks gestation. Some symptoms of preterm labor include:

- Mild abdominal cramps with or without diarrhea
- A change in vaginal discharge – watery, bloody or with mucous
- Pelvic or lower abdominal pressure
- Constant, low, dull backache
- Regular or frequent contractions or uterine tightening, often painless
- Ruptured membranes

*If you have any of the symptoms above, please contact the office or call Labor and Delivery.

Lee OBGYN Office Number (334) 745-6447
EAMC Labor and Delivery (334) 528-3072
FOR EMERGENCIES DIAL 911

YOUR HEALTH IS OUR FOCUS

LEE OBSTETRICS & GYNECOLOGY

WOMEN'S SERVICES AT EAMC

PREPARED CHILDBIRTH CLASS

This 3-hour class is designed to help expectant parents prepare for childbirth by teaching preparation for labor and delivery, postpartum care, and infant care. This course introduces the physical changes you can expect during pregnancy, labor, delivery and after the birth of your child. You will learn about hospital procedures, anesthesia, and medications, as well as information about rooming-in with your baby. Comfort measures, and basic coping strategies for laboring, pushing and birth are also introduced. A tour of Labor and Delivery and the Mother/Baby unit is included. We also encourage Mothers-to-be to bring her partner/support person to class. This class is recommended for first-time parents.

UNMEDICATED CHILDBIRTH CLASS

This 3-hour class aims to support mothers desiring an unmedicated birth. Lamaze coping strategies are taught by instructors with knowledge and skills in assisting with unmedicated birth. This class is recommended for all mothers planning unmedicated delivery. However, if this is your first baby, you will need to take the Prepared Childbirth Class before the Unmedicated Birth Class. Mothers-to-be are encouraged to bring her labor support person to class. You will be learning great hands-on techniques to assist with support and relaxation.

BREASTFEEDING PREPARATION CLASS

This is a targeted class teaching the basics of breastfeeding a baby and designed for expectant mothers who are interested in learning more about breastfeeding. The class includes information about techniques and methods, storing milk and hints for working mothers. The class is taught by Board Certified Lactations Consultants (IBCLCs). Registration is required.

BREASTFEEDING SUPPORT GROUP

This group provides a comfortable place for breastfeeding mothers to share ideas as well as seek emotional support. An infant weight scale is available at each session for mothers who wish to track their baby's weight gain. There is no registration required for this support group, and you are welcome to stop in at any time during the session. This group meets on the third floor of East Alabama Medical Center in the Maternal Child Education Room.

The Breastfeeding Support Group is held each Thursday from 12-2pm. If you have any questions, need any additional breastfeeding support, or would like to schedule a one-on-one lactation consultation, please reach out to one of EAMC's lactation consultants at (334) 528-3160.

LEE OBSTETRICS & GYNECOLOGY

THE DELIVERY

INDUCTION OF LABOR

Labor is induced to cause a pregnant woman's cervix to thin out and open to prepare for the vaginal birth of her baby. Labor may be induced if the health of the woman or the baby is at risk. Whether your labor will be induced depends on the condition of you and your baby, how far along the pregnancy is, the status of your cervix, and other factors. Current guidelines and research support induction of labor and delivery to be offered at 39 weeks. The decision regarding timing of an induction should be made on an individual basis between the patient and our providers at Lee OBGYN. Reasons for inducing labor may include one or more of the following conditions:

- You have high blood pressure caused by your pregnancy.
- You have health problems that could harm you or your baby.
- You have an infection in the uterus.
- You have premature rupture of membranes (your water has broken too early).
- There may be other reasons why labor induction may be needed. For instance, your labor may be induced if you are at term and live a far distance from the hospital or if you are at risk for rapid delivery.

*Information taken from the ACOG Induction of Labor Pamphlet

VAGINAL BIRTH AFTER CESAREAN (VBAC)

The American College of Obstetricians and Gynecologists (ACOG) has called for a loosening of restrictions around vaginal birth after C-Section (VBACs), urging hospitals to consider them more thoughtfully than they did in the past. ACOG reports that about 60% to 80% of women who are appropriate candidates for a VBAC will be successful having a vaginal delivery. The providers at Lee OBGYN are happy to perform VBACs in certain circumstances. The greatest risk of VBAC is from a uterine rupture (life threatening), which occurs in 0.5% to 0.9% of cases. The decision to pursue a VBAC should be discussed with your provider early in pregnancy. There are risks to VBAC just as there are risks to repeating a C-Section. Risks of surgical complication can increase with each subsequent C-section. VBACs are certainly becoming more common but need to be undertaken with care and cooperation of both the patient and provider.

LEE OBSTETRICS & GYNECOLOGY

THE DELIVERY

NATURAL CHILDBIRTH

Natural childbirth has many definitions and is highly individualized. Our providers at Lee OBGYN are proponents of natural childbirth and are happy to help you safely achieve the birth that you desire. There are, however, certain limitations to what can be provided. We recommend that you discuss your requests, concerns, and expectations with your provider at your appointments in the 3rd trimester.

A significant part of the natural childbirth experience for women involves a birth without pain medication or Pitocin. Unlike an epidural, natural pain-reduction techniques do not eliminate pain — so if you're not willing to feel and work with the pain, you may be happier with an epidural or other alternatives. Also, natural approaches may not offer adequate pain management if you end up with a prolonged labor or a complicated labor that requires certain interventions. Our providers and Labor and Delivery nurses are happy to help you with various pain management techniques. Keep in mind that if you plan a natural childbirth, but find the pain of labor intolerable, you can change your mind.

We do not use Pitocin in every delivery we perform. We encourage natural labor. We will however use various techniques/medications that expedite labor when indicated for safety and medical reasons. We will be happy to discuss the indication (reason) for any techniques/medications used during your labor process.

LEE OBSTETRICS & GYNECOLOGY

PAIN MANAGEMENT DURING LABOR

ANESTHESIA

It is important to know that different people have different pain tolerances. This means that what is right for one person may not be right for you. We do not use one type of anesthesia exclusively; it will vary from patient to patient. Remember that you are not required to have any kind of pain medication. The only exception would be in an emergency situation. The most commonly used types on anesthesia are listed below:

INTRAVENOUS ANESTHESIA

This refers to a painkiller that is given through an intravenous (IV) site (a small tube in your vein). Stadol is the most common drug that is used. This type of medicine will not completely stop the pain; however, it will decrease your awareness of it. IV pain medicine can make you sleepy and drowsy, especially between contractions. IV medicine may be withheld near the time of delivery so that there will be minimal to no effect on the baby.

NITROUS OXIDE

At EAMC, there is the option of using a gas called "nitrous oxide" to help with labor pain. The gas is inhaled through a face mask or mouthpiece. Nitrous oxide can help with the pains of labor, however, has not been shown to eliminate the pains of labor.

EPIDURAL

An epidural blocks the nerves that transmit the pain of uterine contractions. Unlike IV medication, an epidural has no direct effect on your baby. A small needle is temporarily placed in the lower part of your spine. A small catheter (plastic tube) is then left in the back for the duration of labor and the needle is removed. Epidurals are generally very safe and effective. An epidural does not typically "run out" and should last throughout labor and immediately post-partum. However, in certain circumstances, an epidural may stop functioning correctly. There are techniques that can be used to adjust your epidural for better pain relief if for some reason it stops functioning correctly. Generally, an epidural numbs you from your abdomen to your toes. You will not be able to walk once you have your epidural. A Foley Catheter (bladder tube) will be placed so you will not have to get up to use the bathroom.

Pain relief is not always complete. Sometimes small nerves are not blocked, and you will have "Hot Spots." Hot Spots are small painful areas on your belly generally less painful than the pain of a contraction. This may be the reason why some of your friends thought their epidural was great, and others did not. There are techniques used to help eliminate these "Hot Spots." In general, pain relief is excellent. The epidurals used these days have been proven not to increase your risk of C-section but may increase the time to delivery of your baby by an hour or two.

LEE OBSTETRICS & GYNECOLOGY

WHAT TO BRING TO THE HOSPITAL

FOR MOM:

- Nightgown or shirt to wear during labor you don't feel comfortable in a gown provided from the hospital (it should be loose·fltting or something that can be completely opened in the front)
- Robe, socks, slippers
- Nightgown or pajamas (if breast-feeding, bring those made for nursing)
- 2-4 bras (nursing bras if you plan to breast-feed)
- 3-6 pairs of underpants
- Toiletries: toothbrush/toothpaste; soap; shampoo/conditioner; deodorant; lotion; comb; brush; lip balm/chap stick
- Hair scrunchie, rubber band or hair clip to pull hair back during labor
- A photo or object to be used as a focal point during labor
- Going-home outfit - something comfortable and loose-fitting
- Charging cables for any technology (phone, ipad etc)

(Optional)

- Lollipops or hard candy to keep your mouth moist during labor
- An activity (such as pre-addressing birth announcements, crossword puzzles) or book to keep busy during early labor
- Makeup, lipstick, and scented shower gel or body powder to make you feel better after labor
- Eyeglasses or contact lenses (keep in mind that you can wear your eyeglasses during labor, but you must take out your contacts)
- A small gift from the baby for the other children at home

FOR HUSBAND/PARTNER

- Insurance information
- Hospital pre-registration information
- Change of clothes and toiletries, if he or she is allowed to stay in room
- Things to be used during labor: soothing music, something to be used as a focal point, tennis ball or lotion for massage, watch, paper, pen, snacks
- Book or magazine for reading
- List of people and phone numbers to call and the order in which they are to be called
- Cell phone and charging cords to make calls
- Recording device to capture first moments

Lee OBGYN Office Number (334) 745-6447
EAMC Labor and Delivery (334) 528-3072
FOR EMERGENCIES DIAL 911

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WHAT TO BRING TO THE HOSPITAL

FOR BABY

- Cord blood collection kit (it prearranged)
- Onesie, socks, hat
- Going-home outfit
- Bunting/jacket (depending on season)
- Receiving blanket (and a heavier blanket if it is cold)
- Car seat (Remember - you can't leave the hospital without it. Please make sure it is properly installed (many baby stores and police and fire departments offer instruction). Click here for the American Academy of Pediatrics complete guide to car seats.

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CIRCUMCISIONS

WHAT IS CIRCUMCISION?

Circumcision is a procedure performed on male infants by our providers in which the foreskin (fold of the skin that covers the end of the penis) is surgically removed. Many parents are interested in having a circumcision performed for ethnic, cultural, religious, or social reasons; but there is still medical controversy regarding the need for the procedure on a routine basis or medical indication.

ARE THERE RISKS TO CIRCUMCISION?

In general, the risks associated with the procedure are extremely rare. However, the following are typical risks that may be expected:

- MINOR PROBLEMS
    - Slight oozing or slight bleeding may be noted at the surgical site
    - Infection of the circumcision site or at the tip of the penis can occur
    - Irritation of the exposed tip of the penis

- LONG TERM MINOR PROBLEMS
    - The urethra (the tube that leads from the tip of the penis to the bladder) may be damaged at the point of exit
    - Scarring at the tip of the penis can occur
    - Unintended removal of the outer skin layer of the penis can occur
    - An opening that is too small for the foreskin to retract over the penis can occur if too little foreskin is removed
    - There a chance that actual results may differ from expected results cosmetically which may require an additional procedure
- MAJOR PROBLEMS
    - Complete removal of the skin covering of the shaft of the penis has rarely been reported
    - Significant bleeding may occur, requiring stitches or other means to stop bleeding
    - Serious life-threatening bacterial infection may occur
    - In extreme circumstance, partial or full removal of the tip of the penis has been reported

DURING MY STAY IN THE HOSPITAL, WHEN IS A CIRCUMCISION PERFORMED?

Typically, a circumcision is performed the day prior to discharge of the infant. The procedure takes approximately 10 minutes to perform. However, the infant is typically observed by the nursing staff for an hour to an hour and a half following the procedure.

INSURANCE COVERAGE

Most insurance policies will cover a circumcision for male infants. However, if insurance does not cover this procedure, you will be responsible for the full cost of both the physician and hospital charge associated with this procedure.

LEE OBSTETRICS & GYNECOLOGY

BREASTFEEDING

BREASTFEEDING

The physicians and nurses at Lee OBGYN are strong supporters of breastfeeding and will encourage it in all new moms who do not have a medical contraindication. Current WHO and CDC recommendations support breastfeeding your infant for at least 6 months with supplemental breastfeeding for a year and beyond. Breast milk is made from nutrients in the mother's bloodstream and bodily stores. Breast milk has just the right amount of fat, sugar, water, and protein that is needed for a baby's growth and development. Breastfeeding uses an average of 500 calories a day and can help with maternal weight loss after giving birth. That being said, formula-feeding is a very valid, healthy choice for babies as well. Formula feeding can begin at birth or after a period of nursing. The best way to choose the right formula to use is to contact your pediatrician for advice.

We work closely in partnership with the Lactation Consultants at East Alabama Medical Center to help with any problems you may have breastfeeding your baby. You will find their information below along links to informative websites.

East Alabama Medical Center's Lactation Consultants:
Office Number
(334) 528-3709

LEE OBSTETRICS & GYNECOLOGY

POST PARTUM – DELIVERY TO SIX WEEKS AFTER

ACTIVITY

Take it easy for the first few weeks after being discharged from the hospital. Gradually increase your activity. Walking is very good exercise and can be started as soon as you get home. Avoid strenuous activities such as running for 4-6 weeks.

DIET

Continue to take your prenatal vitamins as long as you are breastfeeding. You should adjust your diet to include 200 more calories per day and add more protein to your meals. You should be drinking 8-10 glasses of water, plus two glasses of milk per day. If you are not breastfeeding, continue to take your prenatal vitamins for 3 months.

HYGIENE

You may shower at any time. Avoid baths for 2 weeks. Do not use vaginal tampons or douche.

BOWEL HABITS

Try to keep your stool soft by drinking plenty of fluids. If needed, Colace is a gentle, over-the-counter stool softener. Bran and prunes are good natural laxatives. You should have no less than 1 bowel movement every other day. If you need a laxative medication, try Milk of Magnesia.

BLEEDING

Vaginal discharge and bleeding may last up to 6 weeks postpartum. You may have to wear a pad. It is normal for discharge to be quite heavy and bloody at times. If you are not breastfeeding, your first period will usually be 25-35 days after your delivery and will likely be heavier than usual. Passing clots is also normal during this first period.

EPISIOTOMY/LACERATIONS

If you have sutures because of an episiotomy or laceration, the sutures that were placed will be naturally absorbed by your body over the 6-week postpartum period. You may notice a pulling or sticking sensation. This is normal. A warm sitz bath may help with any pain or discomfort. Tucks pads and/or Americaine Spray may also be used to help with any discomfort.

LEE OBSTETRICS & GYNECOLOGY

POST PARTUM – DELIVERY TO SIX WEEKS AFTER

MENSTRUATION

If you are not breastfeeding, you will likely resume your menses by 25-35 days postpartum. If you are breastfeeding, you may not menstruate for at least 3 months after delivery, if at all. As previously mentioned, your period will be heavy.

SEX/BIRTH CONTROL

You may resume sexual activities after 6 weeks if you are no longer sore. Be sure to discuss birth control with your provider prior to your discharge from the hospital. Remember, nursing alone will not prevent you from becoming pregnant.

CIRCUMCISION ON MALE INFANTS

You may remove the gauze on the circumcision 24 hours post procedure. The site will be raw and may ooze a little blood. You can expect it to heal like a wound on your skin: superficially in 7-10 days, and completely by 4 weeks. Wash the area with soap and water and apply Neosporin until it is healed.

MOOD

Postpartum blues are most common in the first 2 weeks after delivery but may last 6-8 weeks after delivery. After all the excitement of delivery, it is normal to feel a little down and overwhelmed. You and your new baby are working to get adjusted to each other's schedule. You are likely not getting a lot of sleep. It is important to use those around you for support during this time. A few hours of good sleep or getting a babysitter for a quick trip out by yourself can often make a big difference. If you are feeling extremely overwhelmed, you may be exhibiting signs of postpartum depression. This is a very serious but treatable condition. We are here to help! Please call us with any questions or concerns.

SPECIAL INSTRUCTIONS

Please call our office if you have any of the following:

- Heavy, profuse bleeding (soaking a pad every hour or less)
- Burning or pain with urination
- Severe abdominal pain
- High fever or chills (101° or higher)
- Redness or pain in the breasts

FOLLOW UP

Your follow-up appointment will usually be made prior to your discharge from the hospital. If not, please call our office to make your 3-week postpartum appointment as soon as possible. If you experience any problems prior to your 3-week appointment, please call our office. We are here to help!

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RESOURCES

American Academy of Pediatricians

Healthychildren.org

The American College of Obstetrics and Gynecologists

https://www.acog.org/

American Medical Association

https://www.ama-assn.org

Babycenter.com

http://www.babycenter.com/breastfeeding

Center for Disease Control

http://www.cdc.gov/breastfeeding/index.htm

East Alabama Medical Center

www.eastalabamahealth.org

Healthline

www.healthline.com

Women Obstetrics and Gynecology

www.womenob.net

World Health Organization

http://www.who.int/topics/breastfeeding/en