



Congratulations on your pregnancy!

We are honored that you have chosen us to take care of you and your baby during your pregnancy. We hope your experience will be a joyous one!

LeConte Women's Healthcare Associates

Office number: (865) 908-9888

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How to contact the office

During your pregnancy, questions and problems may arise. If you need to contact us, please call the office and choose the option to '*Speak with a nurse*' regarding any problem that needs immediate attention. Generally, the nurses and doctors will call you after their clinic hours are done.

Register for our patient portal by giving the front desk your email address. On the portal, you can ask clinical questions or request a prescription refill.

If an EMERGENCY arises after office hours, call the office phone number and leave a message for the physician on call. Please stay by phone, as you can expect a return call within 30 minutes. Out of consideration for the providers, after-hours calls should be reserved only for severe and emergent issues.

Emergency phone calls

Phone Calls During Normal Business Hours

Our main telephone number is answered Monday through Friday between the hours of 8:45 am and 5:00 pm. If the staff leaves a message for you to contact the office, please call back before 4:00 pm. The on-call physician will not be able to answer any questions about the message left by the office staff. You will need to call the office the next day.

Phone Calls After Business Hours

In case of emergency, when the office is closed, call the office phone number. An answering service will page the physician on call and the physician will usually call you back within 30 mins. Exceptions to this is if the physician is attending to an emergency. Know the message has been sent to the physician and they will contact you back as soon as possible. If you feel you cannot wait for the physician to return your call, go directly to the hospital emergency room. **NOTE: If you have a spam blocker on your phone, make sure you disable this feature. Also remember to turn off the 'Do Not Disturb' setting.**

Phone calls when the office is closed should be reserved for emergencies only.

If you leave a message regarding your emergency, please give your name, how many weeks pregnant you are, and the problem you are calling about. Providers are not in the office and do not have your chart, so give as much information as possible.

Your privacy matters to us. To protect your confidentiality, we are unable to discuss your care with anyone other than you. This includes partners, family members, and friends. If you are experiencing a situation so urgent and distressing that you cannot speak with us by phone, please go directly to the nearest emergency room for immediate assistance.

We will not call in prescriptions when the office is closed.

Prescriptions, including refill prescriptions, will only be called in during times when the office is open. Narcotics and antibiotics can only be prescribed after you are evaluated in the office. See below for a list of safe medications.

When to come to the Emergency Room

- Decreased or no fetal movement after 26 weeks of pregnancy. (See RECOMMENDATIONS Pg 9)
- Contractions before 35 weeks: more than 6 every hour that do not improve with rest & drinking fluids
- Labor signs. (See RECOMMENDATIONS Pg 10)

- Leaking fluid vaginally
- Vaginal bleeding, heavier than a normal period
- Severe or continuous headache (unresponsive to medications)
- Fever over 101° F
- Auto accidents and falls

When to wait until business hours

- Fever under 100.2° F, unexplained
- Painful urination / UTI
- Unexplained rash
- Vaginal spotting of blood
- Other vaginal discharge
- Diarrhea, vomiting, or “Stomach Flu/Bug”
- Cough and cold advice

Do’s and Don’ts of Pregnancy

Do’s:

- Exercise: 30 minutes of light to moderate cardiovascular activity is recommended 3-5 days/week.
- Get plenty of rest. An average of 7hrs or more of sleep is recommended nightly.
- Maintain a well-balanced, low-fat diet. Avoid adding extra salt to your diet.
- Travel: Ensure that you are moving around at least every 2 hours to decrease your risk of blood clot. While traveling, move your feet and legs frequently, flexing your calf muscles. You may want to discuss with your doctor the use of a support hose, compression stockings, or “TED” hose if you are planning a long car/airplane trip.
- Always check with your physician **prior to traveling in your third trimester.**

Don’ts:

- SMOKE, DRINK ALCOHOLIC BEVERAGES, or USE STREET DRUGS.
- Change the litter box at home if you have a cat (Toxoplasmosis); someone else should do this.
- Eat fish high in mercury (Shark, Swordfish, Large Game Tuna, King Mackerel, Catfish)
- Eat deli meats, unpasteurized dairy products, or soft cheeses
- Drink more than 1 serving of caffeinated beverages per day
- See further food recommendations later in the document

Common Problems & Solutions

Pregnancy is often accompanied by several common but nevertheless uncomfortable symptoms. Additionally, you will be limited in the types of medications that are safe to take for common illnesses. Below is a list of common complaints and ways to alleviate them.

Nausea / “Morning Sickness”

One of the most common complaints, nausea can occur at any time during pregnancy but is most common in the first twelve weeks. Although this nausea is often referred to as “morning sickness,” it can occur at any time of the day.

Prevention and treatment

- Take small bites and eat slowly. “Sips and nibbles.”
- Eat frequent, light meals throughout the day.
- Avoid fried, greasy, spicy, and highly acidic foods, as well as sweets and caffeine, which tend to aggravate the stomach and worsen the nausea.
- Have unsalted unbuttered toast and crackers in the morning.
- Engage in some light exercise, like walking, after eating to help digestion.
- If vomiting occurs, drink plenty of clear liquids such as Gatorade, ginger ale, 7-Up, or broth. If you are unable to tolerate clear liquids for over 24 hours, notify the office.
- Sip on room temperature/warm liquids, such as broth, tea or chicken noodle/rice soup. Stay hydrated with ginger ale, Sprite, or Gatorade, which may help settle your stomach. Try Jell-O, toast, popsicles, bananas, rice, applesauce or plain baked potatoes when you’re feeling better.
- Consider natural ginger, ginger candies, hard candies, and Peggie Pops to help nausea.

Heartburn / Indigestion

During pregnancy, your body and the placenta will secrete progesterone. This hormone relaxes the esophageal sphincter, allowing the stomach contents to reflux up the esophagus, thus creating heartburn.

Prevention and treatment

- Take small bites, eat slowly, and chew food completely.
- Avoid fried, greasy, spicy, and highly acidic foods.
- Do not mix fats and sweets in the same meal.
- Antacids: see Medication List

Constipation

A common complaint, especially in the third trimester. Caused by a combination of elevated progesterone levels as well as uterine pressure on intestines/colon. Progesterone causes relaxation of the intestines and slows digestion.

Prevention and treatment

- Drink an 8 ounce glass of water at least 6-8 times daily.
- Maintain a high fiber diet. Try to incorporate beans, grains, berries, and other high fiber foods.
- Do not use artificial laxatives such as Correctol or Exlax unless directed by the provider, as they inhibit the absorption of nutrients from the intestines.
- Stool softener – see Medication List

Headaches

Commonly caused by the hormonal changes in pregnancy. Stress and tension can also cause headaches.

Prevention and treatment

- Eat regularly.
- Get plenty of rest.
- Avoid crowded and noisy places.
- Avoid poorly ventilated or smoke filled rooms.
- Acetaminophen (Tylenol): according to the package directions. If this, along with rest, does not help your headache, you should notify the office.

Diarrhea

- Avoid dairy, caffeine, and raw fruits and vegetables
- Drink clear liquids: Sprite, ginger ale, apple/grape juice

Fatigue or Insomnia

- Exercise
- Take relaxation breaks
- Take warm baths (NOT hot)
- Massage

Burning, Itching, and Vaginal Discharge

- A white, creamy non-odorous discharge is common in pregnancy: “leukorrhea”
- Do not douche, as this only worsens the problem.
- After the first trimester, if you are sure that you have a “yeast” infection and itching or burning bothers you, you may use one round of an over-the-counter anti-fungal (Monistat, Mycelex).
- Notify the office if symptoms persist

Swelling (Ankles, Feet, And Hands)

Caused, in part, by the increased blood volume caused by pregnancy, and by the body’s inability to transport the extra volume without displacing extra fluid in dependent areas of the body, such as feet and ankles.

- Elevate your feet.
- Avoid adding salt to your diet. Be aware of foods high in sodium and avoid them.

Anemia (Low Iron)

The developing baby often takes from the mother’s iron stores; if they are not replaced by adequate iron intake, anemia will occur.

- Increase dietary iron intake by increasing consumption of foods such as red and organ meats (three times per week), dark green leafy vegetables such as greens and spinach (at least once or twice a day), raisins, prunes, and sunflower seeds.
- Take your prenatal vitamins.
- Your physician will add an iron supplement if indicated.

Depression

Multiple causes, but can be related to hormonal changes during and after pregnancy.

- Don’t be afraid to voice your concerns and to talk things out.
- Do things that you enjoy. Get out of the house. Take care of yourself.
- If you have severe symptoms and are unable to sleep, eat, or participate in daily activities, please notify the office.

Varicose Veins

- Elevate feet. Wear a support hose.
- Do not wear tight clothing or garters around your legs.
- Walk daily.

- If you note severe pain, redness, or swelling in one leg, notify the office.

Other Common Concerns

- Hair coloring and perms are safe at any time.
- Painting should be done in a well-ventilated area and only if necessary.
- Ventilate your home well before returning after exterminations.
- Full, tender breasts are normal.
- Urgent dental work is okay at any time. See the paragraph later in this booklet about dental care.

Smoking, Alcohol and Street Drugs

DO NOT SMOKE OR CONSUME ALCOHOLIC BEVERAGES.

Tobacco use is associated with prematurity, low birth weight, birth defects, and even SIDS. It is also important that you not be exposed to “second hand” smoke. Take this opportunity to encourage everyone in the family to quit smoking. If you smoke, even a small amount, please discuss with your doctor ways you can quit.

Alcohol can cause birth defects, poor fetal growth, prematurity, and developmental delays. If you are in the habit of having even an occasional drink, please discuss it with your doctor.

DO NOT USE MARIJUANA, SPEED, COCAINE, OPIOIDS, OR OTHER STREET DRUGS.

These drugs are extremely dangerous to both you and your baby. If you are taking these drugs, please discuss with your doctor ways you can quit.

Exercise in Pregnancy

Most patients are encouraged to exercise on a regular basis during their pregnancy. For those individuals who have NOT been exercising on a regular basis prior to pregnancy, gradually working your way up to a regimen of brisk walking for 30 minutes per day is recommended. Swimming is an IDEAL exercise for pregnant women due to its weightless condition, reduced forces on weight bearing joints, and provides for dissipation of heat. Pregnancy is not the time to begin an aggressive weight training program, but if you have been training with weights prior to conception, it is fine to continue, but with lower weights and higher reps. Avoid any maneuver that would cause you to Valsalva or “bear down.” Abdominal “crunches” are not recommended. Other exercises that are recommended in pregnancy are: stationary bike, Stairmaster, or low impact aerobics specifically designed for pregnancy. You should avoid any type of exercise where you could fall and hit your abdomen such as road bike riding, snow skiing, waterskiing, jumping on a trampoline, and horseback riding. Scuba diving is also not advised in pregnancy. The best rule to follow regardless of what exercise you choose to do: LISTEN TO YOUR BODY! If it is uncomfortable, then “back off”...do not try to push through the discomfort. If you find yourself short of

breath, slow down until you are able to maintain a conversational pace. In addition, it is very important to stay well hydrated and avoid “overheating.”

Nutrition in Pregnancy

Your nutrition before, during, and after pregnancy is an important part of growing a healthy baby as well as maintaining your health. Pregnancy offers a unique opportunity to focus attention on your dietary habits and make healthy choices. An increase of approximately 300 kcal/day is recommended during pregnancy. Folate (folic acid) supplementation has been shown to decrease spinal defects and other birth defects in newborns. It is recommended that folate be started prior to conception for maximum benefit, but should be continued throughout pregnancy. Mega dose vitamins are to be avoided as some vitamins and minerals can be toxic in large doses (e.g. iron, selenium, vitamins A&D). Again, please do not take any over the counter vitamin supplements or herbal products unless you have discussed them with your doctor.

Pregnant women should follow these guidelines from the FDA:

- Do not eat hot dogs or luncheon meats (including deli meats such as ham, turkey, salami, and bologna) unless they are reheated until steaming hot.
- Avoid soft cheeses such as feta, brie, Camembert, Roquefort, blue-veined, queso blanco, queso fresco or Panela unless it is labeled as made with pasteurized milk. Hard cheeses, processed cheeses, cream cheese, and cottage cheeses are safe.
- Do not eat refrigerated pates or meat spreads. (Listeria thrives at refrigerator temperatures.) Canned and shelf-stable versions are safe.
- Avoid refrigerated smoked seafood unless it has been cooked (as in a casserole). Canned and shelf-stable versions can be eaten safely.
- Do not consume unpasteurized juices, milk, or foods made from it.
- Refrigerate unused cooked foods promptly.
- Always wash vegetables and fruits before eating.

Advice on Mercury in Fish & Shellfish (FDA & EPA)

Fish and shellfish contain high-quality protein and other essential nutrients such as omega-3 fatty acids. A well-balanced diet that includes a variety of fish and shellfish can contribute to heart health and fetal growth and development. Yet, some fish and shellfish contain higher levels of mercury that may harm the fetal developing nervous system.

- DO NOT eat Shark/Swordfish/King Mackerel/Tilefish because they contain high levels of mercury.
- DO eat up to 12 ounces (2 average meals) a week of a variety of fish & shellfish that are lower in mercury.
- Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock, & catfish.

- Another commonly eaten fish, albacore ("white") tuna, has more mercury than canned light tuna. You may eat up to 6 ounces (one average meal) of albacore tuna per week.
- Check local advisories about the safety of fish caught by family and friends in your local lakes, rivers & coastal areas. If no advice is available, eat up to 6 ounces (one average meal) per week of fish you catch from local waters, but don't consume any other fish during that week.
- Avoid all raw and undercooked seafood, eggs, and meat.
- For more information, call toll-free at 1-888-SAFEFOOD or www.fda.gov/food/consumers/advice-about-eating-fish

Dental Care in Pregnancy

There are many normal changes that the gums go through during the course of a normal pregnancy. However, recent studies have indicated that gum disease may contribute to premature births. Many dental professionals are now recommending more frequent cleaning and gum evaluation during pregnancy to distinguish these normal changes from more serious problems. If you have any questions about dental care, please contact your dentist for further information. We are happy to consult with your dentist should any advanced procedures like extractions or root canals need to be performed during pregnancy. It is much more dangerous to ignore dental problems than it is to have them taken care of during pregnancy.

Miscarriage

Light bleeding or spotting occurs relatively frequently in the first few months of pregnancy. Pelvic heaviness or cramping is also relatively common. Fortunately, most patients who have early bleeding or cramping do not miscarry and they're pregnant.

Kick Counts

Beginning around the 28th week of pregnancy you may be asked to record your baby's *kick counts*. This is a helpful way to keep us informed of your baby's health. Babies have sleep and wake cycles lasting from 20 minutes to 2 hours. Movement is usually more noticeable during mid pregnancy than late pregnancy. Unfortunately, there is no consensus on a critical level of fetal movement. However, it is certain that fetal activity is generally reassuring and that fetal inactivity does need further evaluation. Please let us know if you feel that your baby's activity has diminished from his/her usual pattern. If you feel a decrease in activity, have a glass of juice or soda, lie down on your left side, and count your baby's movements for an hour. If you do not feel your baby moving at least 10 times in 2 hours, you should notify the office or the provider on-call.

IS THIS LABOR?

SYMPTOM	DESCRIPTION	ACTION
bloody show or mucous plug	Blood tinged mucous discharge, could indicate that the cervix is starting to thin and dilate in preparation for labor	No action necessary, unless your bleeding is like a menstrual period or you have extreme abdominal pain.
backache	Can be common during pregnancy, but if intermittent, it may be early labor especially if associated with cramping or increased pelvic pressure.	No action, unless you are less than 35 weeks.
contractions	Tightening of the uterus, usually begins irregularly. Contractions usually last 30-45secs.	Time your contractions and notify the office/on- call provider if contractions are regularly 5-7mins apart for at least 1hour. Be ready to proceed to labor and delivery.
leaking of fluid	Fluid leaks, gushes from vagina	Call the office or on-call provider immediately regardless of gestational age and proceed directly to labor and delivery, note the time, amount, color, and if you have any contractions.

Vaccines in Pregnancy

Several vaccines are recommended during pregnancy to protect against serious illnesses for mom and baby including: flu, COVID-19, whooping cough (Tdap), and RSV. These vaccines can keep you healthy and protect your baby after birth. Everyone who cares for the baby (for example, parents, siblings, teachers, babysitters, nannies) should get a flu and COVID vaccination during winter and have an updated Tdap booster (every 10 years).

Flu/influenza vaccine (injection)

- Recommended during flu season (October-May). Pregnant women should receive the injection, NOT the nasal spray vaccine.
- Safe for you and your fetus during any trimester of pregnancy.
- Effective at preventing severe flu illness during pregnancy.
- Creates antibodies that are passed to the fetus, which protect against flu until the baby can get the flu vaccine at age 6 months.
- Available in our office or pharmacy/primary care provider.

COVID-19 vaccine

- Safe for you and your fetus during any trimester of pregnancy.
- Effective at preventing severe COVID illness during pregnancy.
- Creates antibodies that are passed to fetus, which protect against virus until baby can get the COVID- 19 vaccine at age 6 months.
- Not available in our office. Available at pharmacies, primary care providers.

Tdap (Whooping cough) vaccine

- Reduces whooping cough respiratory infection by 85% in the first 2 months of life for a baby.
- Recommended between 27-36 weeks of pregnancy (during each pregnancy).
- Creates antibodies that are passed to the fetus, which protect against whooping cough until the baby can get the vaccine at age 2 months.
- Available in our office or pharmacy/primary care provider.

RSV (Abrysvo) vaccine

- RSV is a respiratory infection and is the leading cause of hospitalization for infants.
- There are two options for RSV protection for babies: vaccine during pregnancy or RSV antibody given to the baby.
- Vaccines recommended for pregnant women between 32-36 weeks usually from September - January.
- Not available in our office. Available at pharmacies.
- RSV antibody (nirsevimab/Beyfortus) is offered from birth to 8 months through the pediatrician's office, usually from October-March. Contact your pediatrician's office for availability.
- For more vaccine information, please visit: <https://www.cdc.gov/vaccines/pregnancy/index.html>

Checklist:

- By 24-28 weeks:
 - Register for childbirth classes, baby care, breastfeeding, and sibling classes
- By 34 weeks:
 - Stop baby Aspirin (if taking)
 - Take a tour of the hospital
 - Contact: (865) 446-8220
 - Learn about options for pain management
 - Learn about options for postpartum contractions
- By 36 weeks:
 - Turn in Pre-Registration packet to the hospital
 - Choose a pediatrician
 - Decide about circumcision (if you are having a boy)
 - Pack a 'Ready to Go' bag for Labor and Delivery
 - Choose a car seat: bring it with you to the hospital

Medications Safe in Pregnancy

Avoidance of all medications, except ones that are essential for good health, is a good principle to follow during your pregnancy. Listed below are over the counter medications we feel are to be the least harmful. Please use them only when needed.

Nausea

- Most recommended:
 - Vitamin B6 50mg twice daily **WITH**
 - Unisom (doxylamine) at night
- Other medicines over-the-counter:
 - Dramamine
 - Emetrol – 2 tablespoons every 3 hours as needed
- Foods to try:
 - Ginger, Ginger Ale, Mint, Peggie Pops

Constipation

- Colace- 100mg up to 3 times a day
- Bulk Producing Agents- Metamucil, Citrucel, Fibercon, or Konsyl
- Milk of Magnesia, Miralax
- ***AVOID*** the use of Mineral Oil, harsh laxatives, or enemas

Indigestion/Heartburn/Gas

- Immediate relief of heartburn: Mylanta, Gaviscon, Tums, Rolaids, and Maalox
- Prevention of heartburn (Antacids): Pepcid AC, Tagamet
- Gas: GasX

Hemorrhoids

- Preparation H- up to 2-5 times daily as needed
- Tucks
- Nupercain
- Anusol suppositories

Fever/Headache/Body Aches (*Report any Temp higher than 100.6° F to the office*)

- Tylenol- as directed on the label (Do not exceed 3000mg in 24 hours)

Cough

- Robitussin or Robitussin DM - 2 Tsp. every 4 hours (Do not exceed 12 Tsp. in 24 hours)
- Mucinex
- Cough Drops

Sore Throat

- Chloraseptic Spray
- Lozenges – Follow package directions

- Salt Water Gargle - 2 Tsp. of salt in warm water, gargle as needed
- Honey

Congestion/Allergies/Cold Symptoms

- Sudafed, Sudafed Cold and Cough, Actifed, Dimetapp (Do not take Sudafed PE)
- Benadryl, Zyrtec, or Claritin
- Saline Nasal Spray – 1-2 sprays each Nostril as needed
- Afrin nasal Spray (Do not use more than 2 days)
- Vicks VapoRub, Warm or cool mist humidifier

Yeast Infection

- Monistat 7, Gyne-Lotrimin

Skin Irritation

- Hydrocortisone cream, Neosporin cream/ointment, Benadryl

Pain

- Topical treatments: BenGay, Aspercreme, Biofreeze

AVOID ANY NON-STEROIDAL ANTI-INFLAMMATORY SUCH AS ASPIRIN, IBUPROFEN, ADVIL, ALEVE, OR MOTRIN
UNLESS PRESCRIBED BY YOUR PHYSICIAN.

DISCUSS WITH YOUR DOCTOR ANY AND ALL OVER THE COUNTER MEDICATIONS, VITAMINS AND HERBS YOU
MAY BE TAKING.

DO NOT TAKE ANY FORM OF ACCUTANE (Acne-Medication)