

NICOTINE, ALCOHOL AND OTHER DRUGS

No amount of nicotine, alcohol or illicit drugs are considered safe in pregnancy. Complications such as Fetal Alcohol Syndrome, growth restriction, preterm delivery and placental abruption are a few of the serious outcomes directly caused by the use of these substances. If you are currently in a treatment program or are in need of assistance attaining sobriety, please let us know so we can work together to ensure a safe and healthy pregnancy.

FMLA AND SHORT-TERM DISABILITY

To ensure your paperwork is processed correctly, please submit your forms to the front desk between 28 to 36 weeks. To speed processing, please complete as much information as possible. You MUST complete your name, date of birth, the date you are planning to start your leave (this is typically your due date or date of scheduled cesarean section), your return to work date and SIGN where indicated. Forms are typically ready within 10 days. Please indicate where the form should be faxed and if you would like the originals back. The same guidelines apply for paperwork your partner would need completed for their work.

LABOR

Labor typically begins in the weeks around your due date

You are likely in labor if:

- You are experiencing abdominal and/or back pain (i.e. contractions) every 5-7 minutes
- Each contraction lasts one minute
- The contractions persist for more than 1 hour
- You cannot talk through the contractions

Your bag of water may break before labor. Your water breaking may be a large gush of fluid or a trickle of fluid that does not stop.

Loss of the “mucus plug” typically happens during the late third trimester and can precede the onset of labor by hours to weeks.

Please call if you are experiencing any of the following symptoms:

- Vaginal bleeding
- Decreased fetal movement
- Preterm contractions
- Headache that does not go away with Tylenol
- Significant shortness of breath or chest pain
- Sudden onset of pain, redness and/or swelling in the back of your lower leg

AFTER LEAVING THE HOSPITAL

Do not douche, medicate yourself for vaginal discharge, use tampons, or have intercourse for six weeks following delivery. Before leaving the hospital, you should schedule a postpartum visit for 4-6 weeks after you deliver. Please call sooner if you are experiencing: depression, difficulty breastfeeding, fever, breast pain, uterine pain, increasing vaginal bleeding, significant shortness of breath, chest pain, sudden onset of pain, redness and/or swelling in the back of your lower leg.

Voyage Healthcare prides itself on caring for infants to grandparents; therefore we would like to care for your infant as well as yourself. The Family Practice physician will visit you in the hospital and discuss care of the newborn at that time. Please indicate to your physician if you are choosing to visit a different physician.



CRYSTAL OFFICE: 5109 - 36th Avenue North • Crystal, MN 55422

MAPLE GROVE OFFICE: 9825 Hospital Drive Suite 300 • Maple Grove, MN 55369

CENTER FOR WOMEN'S HEALTH: 15655 37th Avenue North Suite 180 • Plymouth, MN 55446

PATIENT CALL LINE: 763-587-7916

OFFICE VISITS

First OB: General physical exam, routine prenatal labs

Visit Schedule (for uncomplicated pregnancies):

- Through 28 weeks: Every 4 weeks
- 28 to 36 weeks: Every 2 weeks
- 36 weeks to delivery: Weekly
- Every visit will include: Weight, blood pressure check, listening to the fetal heart beat

SCREENING

- Anatomy Ultrasound: 20 weeks
- Gestational Diabetes and Anemia: between 26 to 28 weeks
- Tetanus and Diphtheria (Whooping Cough) Vaccine: 28 weeks
- Rhogam (for “Rh negative” blood types): 28 weeks
- Group Beta Strep: between 35 to 37 weeks

PROVIDERS

At Voyage Healthcare, our physicians and nurse practitioners work collaboratively. You are welcome to see one, a few or all of our providers during your pregnancy. If you have certain medical conditions or pregnancy complications, you will be recommended to see primary physicians.

Physicians: Routine and high risk prenatal care, labor and delivery, postpartum

Nurse Practitioners: Routine prenatal and postpartum care

HOSPITALS AND COVERAGE

Maple Grove Hospital: Level 3 NICU, delivers 28 weeks 0 days and beyond. A Voyage Healthcare obstetrician is available to attend to patients at Maple Grove Hospital 24 hours a day, 7 days a week.

North Memorial Hospital: Level 3 NICU, delivers 24 weeks 0 days and beyond. Voyage Healthcare Providers will perform scheduled Cesarean deliveries at North Memorial. They work closely with the North Memorial laborist who will manage emergency visits, vaginal deliveries and admissions to North Memorial Hospital. A laborist is an OB/GYN Physician who works exclusively in a hospital setting.

PRENATAL CLASSES

Maple Grove Hospital: Please visit www.maplegrovehospital.org/classes for more information.

North Memorial Hospital: Please visit www.classes.northmemorial.com for more information.

AFTER BUSINESS HOURS

A Voyage Healthcare Ob/Gyn physician is available by phone for **urgent or emergent** concerns outside of normal business hours. Please call for routine matters during regular business hours.

If you believe that you have an **urgent or emergent** concern, please call 763-587-7916; our answering service will page the on-call physician who will then call you back.

DIET AND WEIGHT GAIN

During pregnancy you require an additional 340 calories per day in the 2nd trimester and 450 calories per day in the 3rd trimester. You should aim to eat a wide variety of food including lean meats, whole grains, fruits, vegetables and “good” fats. A prenatal vitamin with iron provides the daily requirements for most pregnant women. For more nutrition information visit www.choosemyplate.gov/pregnancy-breastfeeding.html.

Weight gain recommendations are based on your pre-pregnancy **Body Mass Index (BMI)** which is a calculation based on your height and weight. You will be provided with your BMI at your first prenatal visit. Guidelines are as follows:

Category	Pre-Pregnancy BMI	Weight Gain Goal
Underweight	<18.5	28-40 pounds
Normal weight	18.5-24.9	25-35 pounds
Overweight	25-29.9	15-25 pounds
Obese (Class I)	30-34.9	11-20 pounds
Obese (Class II & III)	35-39.9 & 40 and greater	0-20 pounds, weight loss is acceptable

FOOD SAFETY

Avoid

- Seafood high in mercury
- Raw or undercooked seafood
- Undercooked meat, poultry and eggs
- Underpasteurized foods
- Unwashed fruits or vegetables

Caffeine— consuming up to 200 mg a day (2 8-ounce cups of coffee) is safe

Listeria— Affects about 1/8000 pregnancies a year and can lead to miscarriage, preterm birth and stillbirth; for surviving infants, there are significant neurological implications. Most outbreaks are SPORADIC, however, two higher risks foods are raw-milk cheeses and deli turkey. In general, avoid foods that have been sitting around a long time in the refrigerator (this is the temperature listeria likes to grow) and wash all fruits and vegetables.

Toxoplasmosis— The risk of congenital toxoplasmosis can be reduced by 50% by avoiding raw/rare meat and poultry and washing all fruit and vegetables. Cats are NOT a common source of toxoplasmosis. Long time cat owners have likely been exposed and thus their pregnancies not at risk. Consider caution with new kittens as they likely have not been exposed. For more information on food safety visit: www.FDA.gov

BATHS

You may take tub baths or showers throughout your pregnancy, however, hot tubs and saunas should be avoided during the first trimester.

DENTAL CARE

Routine dental care and treatment of dental conditions should not be delayed or avoided because of pregnancy. Dental x-rays (with proper shielding) and procedures such as tooth extraction, cavity filling, etc. are not harmful to your pregnancy. If you have questions or concerns about a specific dental procedure please let your provider know. We are happy to provide a note to your dentist if one is required.

TRAVEL

Seat belts should be worn 100% of the time during pregnancy. The lap belt should be placed across the hips and below the abdomen; the shoulder belt should be positioned between the breast and to the side of the abdomen. Air bags should not be turned off.

Most airlines allow travel up to 37 weeks gestation; however, individual carriers may have different policies. Commercial airlines travel is generally safe for those with uncomplicated pregnancies.

Tips for Travel

- Get out of your seat and walk every 1-2 hours to walk to help prevent blood clots in your legs
- Compression stockings may also be helpful in prevention of blood clots
- Wear loose, non-restrictive clothing
- Discuss travel plans with your provider
- Travel with a copy of your prenatal records

EXERCISE

Exercise has many benefits during pregnancy including: prevents and/or reduces back pain, prevents excessive weight gain and reduces the risk of gestational diabetes and high blood pressure. For women without obstetrical or medical complications, 30 minutes or more of moderate intensity exercise is recommended on all or most days of the week. During moderate intensity exercise you should be able to carry on a normal conversation. Avoid activities with a high risk of falling or abdominal trauma, exercise at high altitudes and scuba diving. If you have questions about specific activities please ask your provider.

WORK

Women can expect to continue working without interruption until the onset of labor. Certain work related activities can become uncomfortable as your pregnancy progresses. To help ease these discomforts: take short frequent breaks, use a chair with good lower back support, wear flat shoes with good support and consider wearing support stockings.

In the absence of specific pregnancy complications such as preterm labor, unexplained vaginal bleeding, leaking amniotic fluid, premature cervical dilation, placenta previa or vasa previa, pregnant women may continue sexual intercourse.