



Preparing For Delivery

Obstetrics & Gynecology

St. John Medical Center offers a variety of pregnancy related classes. They can be reached at 744-0123 for scheduling information or on the web at <http://www.stjohnhealthsystem.com/womens-center>. You will also need to pre-register for hospital admission and may schedule an appointment at 744-2680 for pre-admission testing. You must speak with an anesthesiologist to receive your epidural, but no prepayment is needed if you have medical insurance. If you do not have medical insurance the epidural will need to be paid for prior to delivery.

Hillcrest Hospital South offers classes and can be reached at 579-8028 at the Peggy V. Helmerich Women's Center or on the web at <http://www.HelmerichWomensCenter.com>. The number to register for admission/orientation is 579-8033. Epidurals must be arranged for ahead of time at 579-8033.

Circumcision: If you chose to have your male infant circumcised and prefer for the Women's Health Group physicians to perform the procedure, the fee is payable in full prior to the delivery. If this fee is not paid in full, the procedure will not be performed. If you desire not to know the sex of your baby and still want your male child circumcised, you will be required to pay the fee in advance and have this refunded after the baby is born should it be a female infant.

Leave of Absence: It is our current policy to approve medical leave for six weeks from your delivery date. This is for both vaginal and cesarean deliveries. If you have a medical condition or complication of pregnancy you may be approved for additional leave prior to your delivery. This will need to be discussed with and approved by the physician. If provided, family medical leave may be utilized to extend your maternity leave following delivery. Please fill out the attached form and provide the necessary disability paperwork indicating your due date. You must fill in your name on the paperwork. There is a \$25.00 pre-paid charge to complete disability forms.

Travel During Pregnancy If traveling by car, you should always wear your seat belt across your shoulder and lower abdomen! Trauma to the fetus from wearing a seat belt is unfounded. Be sure to stop frequently (every 100 miles) and get out to walk around. This improves circulation. Empty your bladder frequently and drink plenty of water. You should not travel by car more than two hours from Tulsa beyond 32 weeks of your pregnancy. Air travel in a commercial airplane is perfectly safe; however, you should not leave the greater Tulsa area beyond 36 weeks gestation. Private airplanes should not fly above 10,000 feet. If you are planning a trip you may want to pack a copy of your prenatal medical records.

Rh Negative Blood: If you have Rh negative blood, you will have an antibody blood test and be given a Rhogam shot at your 28-week visit. This is to protect you from developing antibodies against the Rh protein that can create a serious problem for your baby and all future pregnancies.

Breastfeeding: There are definite advantages to both the baby and you if you choose to breastfeed. This is a very personal decision and one to be carefully considered. Both hospitals offer breastfeeding classes and have certified lactation specialists available following delivery to assist you.

Car Seats: By law, you are required to have a newborn car seat to take your baby home from the hospital. Please plan well in advance as some babies arrive prior to their scheduled due date.

Pediatrician: You must make arrangements for a doctor to care for your baby in the hospital and after you are discharged. We will furnish you a list of suggested physicians that we are familiar working with, but it is your responsibility to locate a physician that is a provider on your insurance plan. We cannot

guarantee that our choice will be a provider on your individual plan.

WHAT TO DO IF YOU THINK YOU ARE IN LABOR:

Late in pregnancy, irregular uterine contractions are common. These are called Braxton-Hicks contractions. Your uterus will be hard and tight all over. These may become regular and can become painful. A good time to check for these is when you are having low backache, lower abdominal cramping or pressure. If you are having 5-6 contractions per hour and your due date is more than 4 weeks away, you should contact the office for instructions. If you think your water has broken, you should contact the office immediately. If this occurs after-hours, then you should report immediately to the hospital planned for your delivery. Symptoms can be quite varied, but if you have a watery, vaginal discharge that is more than expected and it persists, or you are unsure of what is happening, you should call the office. It is better to be safe than sorry. When your contractions become 5 minutes apart and stay that way for two hours, your water breaks, you have bleeding like a period, or serious pain you should proceed directly to Labor & Delivery at your designated hospital.

INFORMATION ABOUT LABOR AND DELIVERY:

Please discuss any particular concerns that you have with your physician. The following are some basic requirements for all of our doctors at Women's Health Group. We do insist on an IV, but a heparin lock needle (an IV catheter placed in the vein, but not always attached to the tubing and bag of fluid) may be substituted in some circumstances so that you may ambulate. Episiotomy is not routine, but is done if indicated. Perineal shaving is not performed routinely. Enemas are not ordered routinely, but may be comforting post-partum if constipation has been a problem during pregnancy. A fetal monitor is preferred at all times in Labor and Delivery. We do insist on either continuous or intermittent fetal monitoring. In situations where your water is broken or contains meconium, you are running a fever, or you are being induced we will insist upon continuous monitoring. Other situations will be up to the discretion of your delivering physician. We do prefer that our patients be put in stirrups or foot supports for the delivery. Birthing beds, which aide in the comfort of this, are in all of the delivery rooms at both hospitals.

Although all types of anesthesia are available in Labor and Delivery, if you desire anesthesia you will be given an epidural if laboring in anticipation of a normal vaginal delivery. Cesarean sections can be performed under epidural anesthesia, spinal anesthesia, or general anesthesia. This decision will be made with consultation from the anesthesiologist present for the delivery.

Dismissal from the hospital occurs within 24-48 hours following your delivery if it's vaginal. Cesarean section deliveries are dismissed from two to four days following delivery. If you are Group B Strep positive you will be required to stay a minimum of 48 hours in the hospital following delivery for observation of the infant. Circumcision will be performed on the first post-partum day with a local or topical anesthetic.

Post-Partum Follow-Up: We will see you for your post-partum follow-up at six weeks following delivery. If the doctor discharging you from the hospital feels that an earlier appointment is indicated this will be scheduled for you. Please call the office to schedule these appointments once you have arrived and settled at home with your newborn. If you experience problems or complications prior to your appointment, please call the office to discuss these with the nurse. Birth control methods will be discussed at your post-partum appointment. If you have additional questions or need information on birth control methods please ask your physician during one of your weekly prenatal appointments in the last month prior to delivery.

Post Partum Depression: There is a risk of post-delivery depression with any delivery. Your risk of developing this illness is increased if you have a history of depression or severe PMS symptoms or have experienced post-partum depression with a previous pregnancy. The increased fatigue and sleep deprivation of caring for a newborn can also be a significant contributing factor. If you feel you are

suffering with symptoms of depression, please call the office for assistance. This can become quite serious if not detected and treated early.

Once again, we are thrilled to be able to share in the birth of your child. It is such a special time for you and your family. We look forward to making it a positive experience while assuring your safety and the safety of your unborn child.

Questions I want to ask at my next appointment:
