



FHCSO

FAMILY HEALTH CENTER OF SOUTHERN OKLAHOMA



Prenatal Guide



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Table of contents

03	Pregnancy Timeline
05	Lab Work
06	Pregnancy Trimesters
07	Nutrition
08	Lifestyle
13	Pre-eclampsia
15	Common Pregnancy Complaints and Remedies
17	Safe Over-the-counter Medications
19	Postpartum Information



Who will deliver my baby?

Patients can be seen by our physicians at FHCSO up to 32 weeks. At that time, the patient will establish care with one of our OBGYN partners for delivery. Our current partners are: Caring Hands Women's Clinic of McAlester and The Women's Clinic of Central Oklahoma.

FMLA

Our office can fill out any FMLA paperwork that your employer requires. Please allow 1-2 weeks for paperwork to be filled out. Our providers can only write you off work during your pregnancy if there is a legitimate medical reason. After delivery, 6 weeks of medical leave is given for a vaginal delivery and 8 weeks for a c-section. Leave greater than 6 or 8 weeks without indication is considered family leave and is between you and your employer. We cannot extend your postpartum medical leave if there is no medical reason.

Pregnancy Information Packet

Anything on this schedule can change at any time due to practitioner's discretion or changes in pregnancy.



What to expect week by week (Normal Pregnancy)

High risk pregnancies will require visits more often listed in the following chart.

First visit

- Extensive visit with provider and possible physical exam/pap smear. An ultrasound may not be done at the first visit.
- First visit, blood work: CBC, blood type, urinalysis, urine culture, urine drug screen, HIV, gonorrhea/chlamydia, hepatitis B, hepatitis C, syphilis, rubella immunity, varicella (chicken pox) immunity, cystic fibrosis, spinal muscular atrophy (possibly), Fragile X (possibly), thalassemia testing (only in certain ethnicities), sickle cell screening (possibly).
- Pregnancy information packet
- Flu shot-given yearly if desired by patient. The flu vaccine can be given any time in pregnancy.

OB Visits every 4 weeks

- Routine visits every 4 weeks with provider until 28 weeks.
- Urine sample left at every visit to check for protein and glucose.
- Fetal heart rate, blood pressure, and maternal weight assessed at each visit.

6-9 WEEKS

- Ultrasound confirming due date (this ultrasound is usually done using a vaginal probe)

12-13 WEEKS

- First trimester Genetic Screen (Optional blood work). You may find out the sex of the baby (if desired) the genetic blood work screen.
- May not be able to hear fetal heartbeat with external doppler, but you can see heart.

15-21 WEEKS

- Second trimester Genetic Screen - Quad Screen, AFP

18-22 WEEKS

- Ultrasound for structural survey
- You may find out the sex of the baby if you haven't already.

24-28 WEEKS

- 1 hour glucose test to screen for gestational diabetes (Blood work) and CBC.
- 3 hour glucose tolerance test if abnormal 1 hour test.
- Antibody screen for RH-negative patients

28 WEEKS

- Rhogam injection if indicated for RH negative patients
- Tdap vaccine offered (28-36 weeks)

28-36 WEEKS

- Begin visits every 2 weeks
- Possible fetal monitoring if indicated

32 WEEKS

- Ultrasound for fetal weight and position

36 WEEKS

- Group Beta Strep vaginal culture (if expecting vaginal delivery)
- Discuss pediatrician, pain management in labor, circumcision, and breast/formula feeding

36-40 WEEKS

- Begin weekly visits



Lab work done at first visit



Our routine lab work is listed below. Depending on your individual needs, you may receive additional lab work.

Pap Smear

Screens for cervical cancer in women aged 21 and over. Pap smears are considered safe in pregnancy.

CBC

Checks your hemoglobin and hematocrit levels to identify women who are anemic and may need extra iron supplementation.

Blood type and screen

Know your blood type and detect potentially harmful antibodies.

Hepatitis B

Detects current Hepatitis B infection.

Rubella

Makes sure you have immunity to rubella. If you grew up in the United States, you most likely received the MMR vaccine and have immunity. If you do not have immunity, do worry. We recommend receiving the vaccine in the hospital after you deliver.

Varicella

Makes sure you have immunity to the chicken pox virus. If you have been exposed to chicken pox in the past or had the vaccine, you are most likely immune. If you are pregnant and have never had the chicken pox or the vaccine or you are found to be nonimmune to varicella, you are to avoid contact with people who are infected with the chicken pox or shingles.

HIV

Detects the human immunodeficiency virus.

Hepatitis C

Detects current Hepatitis C infection.

Gonorrhea/Chlamydia

Detects current gonorrhea/chlamydia infections.

RPR

Detects current syphilis infection

Urinalysis/ Urine Culture

Detects a urinary tract infection.

Urine Drug Screen

Detects drug use that may be harmful to a developing baby.

Cystic Fibrosis (Possible testing)

Detects if you are a carrier of the cystic fibrosis gene. Cystic fibrosis is a progressive, genetic disease that cause persistent lung infections and limits the ability to breathe over time. Depending on your ethnicity, your risk of being a carrier can be as high as 1 in 29. If you are a carrier, we will test the father of the baby. If the father of the baby is a carrier, there is a 25% chance the baby will be affected.



Sickle Cell Screening (Possible testing)

Detects if you are a carrier of the sickle cell trait.

Spinal Muscular Atrophy - SMA (Possible testing)

Detects if you are a carrier for SMA. Spinal muscular atrophy is a genetic disease that results in progressive muscle weakness and paralysis.

About 1 in 50 people are carriers of the abnormal gene that causes SMA. If you test positive, we will test the father of the baby. If the father of the baby is found to be a carrier as well, there is a 25% chance the baby will be affected.

Fragile X (possible testing)

Detects if you are a carrier of the Fragile X gene. People affected with Fragile X syndrome can have intellectual disabilities, behavioral problems, as well as abnormal physical features.

Thalassemia Testing (possible testing)

Detects if you are a carrier of the thalassemia gene. Thalassemia is an inherited condition affecting the blood which can cause various levels of anemia.

The Trimesters of Pregnancy

First Trimester

week 1
through
week 12

Second Trimester

week 13
through
week 27

Third Trimester

week 28
through
birth

Your due date is calculated by using the first day of your last menstrual period (LMP) or by ultrasound.

Nutrition

Prenatal Vitamin

In addition to eating healthy, take a prenatal vitamin daily. It is recommended to take a prenatal vitamin that has 200mg of DHA to support your baby's brain development. During pregnancy, you need more folic acid and iron. It is recommended that pregnant women get at least 600mcg of folic acid daily (from all sources) and 27mg of iron daily.

In addition to taking a prenatal vitamin containing iron, it is recommended to eat iron rich foods such as lean red meat, poultry, fish, dried beans and peas, iron fortified cereals, and prune juice.

Water

Aim to drink at least 10 eight-ounce glasses of water daily (or 5 water bottles). You can tell if you are drinking enough if your urine looks pale yellow or colorless.

Caffeine

Most experts say that consuming fewer than 200mg of caffeine (approximately one 12 oz cup of coffee) a day during pregnancy is safe. Sources of caffeine include: coffee, tea, soda, energy drinks, and chocolate.

Fish

Omega-3 fatty acids are a type of fat found naturally in many kinds of fish. To get the most benefit from Omega-3 fatty acids, women should eat at least two servings of fish or shellfish per week-

while pregnant or breastfeeding (about 8-12 ounces per week, max 20 ounces per week). Some types of fish have higher levels of mercury than others. Mercury has been linked to birth defects. Choose fish and shellfish low in mercury such as shrimp, salmon, catfish, pollock, cod, tilapia, and canned light tuna. Avoid shark, swordfish, king mackerel, marlin, orange roughy, bigeye tuna, or tilefish. Limit white (albacore) tuna to 6 ounces per week.

Foods to avoid

- Raw meat, uncooked seafood, or rare and undercooked beef and poultry.
- Non-pasteurized cheeses (most cheeses in the United States are pasteurized, check package labels)
- Runny or undercooked eggs
- Freshly cut lunch meat is ok to eat in moderation- if you are concerned you may microwave meat to steaming before consuming.



Lifestyle

Weight Gain

The amount of weight gain depends on your health and body mass index (BMI) prior to pregnancy. If you were normal weight prior to pregnancy (BMI 18-25), you should aim to gain between 25 to 35 pounds. If you started off pregnancy underweight (BMI < 18), it is recommended that you gain 15 -25 pounds. If your BMI is greater than 30, it is recommended to gain between 10-20 pounds. Eating healthy and staying active are the most important things you can do to control your pregnancy weight gain.

Sleep positions

All sleep positions are fine in pregnancy. Sleep however you are most comfortable. You may lie on your back as long as it does not make you feel dizzy, nauseous, or short of breath. Adding a long pillow to one side, behind your back, to create a slight tilt may help you feel more comfortable with back sleeping.

Car safety

Wear a lap and shoulder belt every time you travel. Buckle the lap belt below your belly. Place the shoulder belt across your body (between your breasts). If your car has airbags- keep 10 inches between the steering wheel and your breastbone. If your car has an airbag "on/off" switch, make sure it is turned to "on".

Travel

We do not recommend airplane travel after 36 weeks of pregnancy. If your pregnancy is considered high risk, recommendations may be different, so please consult a provider. If you are going on a car trip, try to limit driving to no more than 5-6 hours/day. Plan to make frequent stops to move around and stretch your legs. Plan to get up, move around, and use the bathroom every 2 hours. If you are planning a trip outside the country, the CDC is a great resource for travel alerts, safety tips, and up-to-date vaccination facts for many countries. While you are pregnant, you should not travel to countries where there is a risk of malaria, including Africa, Central and South America, and Asia. You should also not travel to any areas at risk for Zika infection- see section below.

Zika Virus

Zika virus disease is caused by the Zika virus, which is spread to people primarily through the bite of an infected mosquito (*Aedes aegypti* and *Aedes albopictus*). The illness is usually mild with symptoms lasting up to a week, and many people do not have symptoms or will have only mild symptoms. Zika virus infection during pregnancy can cause a serious birth defect called microcephaly and other severe brain defects or cognitive defects (such as learning disabilities). The most common symptoms of Zika virus disease are fever, rash, joint pain, and red eyes. Other symptoms include muscle pain and headache.

Zika cont'd

If you or your partner have traveled in the 3-6 months prior to pregnancy, please let our office know. You may qualify for Zika testing. If you are planning to travel during pregnancy, call our office to make sure you are not traveling to an area with active Zika infection. The CDC website www.cdc.gov/zika is also a great source for the most up-to-date info on Zika as well as the list of the Zika infected areas.

Exercise

Most types of moderate exercise are considered safe during pregnancy, especially if you are exercising regularly prior to pregnancy. It is recommended that pregnant women get at least 150 minutes of moderate-intensity aerobic exercise each week. Moderate-intensity means you are moving enough to raise your heart rate and start sweating- you can still talk normally but cannot sing. If you are new to exercise, start out slowly.

Sex

Sex is fine in uncomplicated pregnancies. Orgasms will not harm or hurt the baby. Sex can become more uncomfortable during pregnancy so you may need to use artificial lubricants. Water-based lubricants are preferred. Vaginal spotting may happen after sex, but if you have persistent bleeding or other symptoms develop- call the office.

Lifestyle

Hair Care

Highlighting or dying hair is considered safe during any trimester of pregnancy. Hair dying in pregnancy poses no known risk to the fetus, however some women choose to wait until after the first trimester to dye their hair or just get highlights to limit the amount of dye absorption.

Spa Activities

Manicures, pedicures, and massages are okay during pregnancy. Some facilities may require a doctor's letter for a pregnancy massage. Hot tubs, saunas, steam rooms, tanning beds, and spray tans should be avoided during pregnancy.

Acupuncture & Chiropractor

It is okay if you get acupuncture or see a chiropractor in pregnancy. Make sure you tell them you are pregnant. Our office is not responsible for the care that you would receive through a chiropractor.

Dental Care

It is recommended to brush and floss your teeth during pregnancy. It is also recommended to see your dentist for regular annual or semi-annual cleanings. Your gums may become more sensitive and bleed easier during pregnancy. Dental cleanings and necessary dental work is fine. Please-

notify the dentist that you are pregnant. If medically necessary, dental x-rays are fine. Novocain and most antibiotics for dental infections are safe. If the antibiotics are prescribed, please call our office to make sure they are safe in pregnancy as long as an abdominal shield is used. Please realize that untreated dental disease can put you at risk for many pregnancy complications including preterm labor and preterm delivery.



Behaviors to Avoid

The following are not recommended in pregnancy:

- Triathlons or marathons
- Roller coasters/bumper cars
- Water skiing, rollerblading, ice skating, or snow mobile riding.
- Horseback Riding
- Jacuzzis, tanning beds, spray tans, steam rooms, saunas, hot tubs.
- Cleaning a litter box
- Direct exposure to pesticides, fertilizers, or toxic chemicals. Please wear gloves when -

-cleaning with household cleaners that contain bleach or other strong chemicals.

- Any other activity that puts you at risk of hitting or jarring your pregnancy.

Cats & Toxoplasmosis

You can live with, work with, and be around cats in pregnancy. You cannot change a litter box during pregnancy due to the risk of being exposed to cat feces that could potentially be infected with toxoplasmosis. Toxoplasmosis can also be transmitted through raw and undercooked meat, raw fruits or vegetable that are not cleaned thoroughly, and gardening. Always cook meat thoroughly, wash fruits and vegetables, and wear gloves when gardening.

Infections (viral or bacterial)

Please call our office if you have any type of bacterial or viral infection. Definitely call our office if you are exposed to or think you have the following:

- Toxoplasmosis
 - Cytomegalovirus (CMV)
 - Parvovirus B19 (Fifth disease)
 - Hand, foot, mouth Disease
 - Varicella (Chicken pox) - We will test you at the beginning of your pregnancy to see if you are immune to the virus.
-

Painting

It is best to limit your exposure to paint and paint fumes while pregnant. Research studies are inconclusive on the effects paint exposure can have in pregnancy. Have someone else do the painting if possible. If you are painting, choose a paint labeled “low-VOC” or “zero-VOC”. These are usually latex paints that contain lower levels of solvents, or “volatile oil compounds”. Avoid exposure to oil-based paints, leads, and mercury. Painting should be done in a well-ventilated area. If the fumes make you dizzy or nauseous, stop painting.



Tobacco, Alcohol, & Drugs

- It is recommended that you do not smoke during pregnancy. If you smoke during pregnancy, your baby is exposed to harmful chemicals such as tar, nicotine, and carbon monoxide. The risk of preterm birth and problems with the way the placenta attaches to the uterus are increased in women who smoke during pregnancy. Also, infants born to women who smoke during pregnancy tend to be smaller. They are more likely to have asthma, colic, and childhood obesity. They also have an increased risk of sudden infant death syndrome (SIDS). Breathing secondhand smoke can increase the risk of having a low birth weight baby as much as 20%.
- There is no known safe level of alcohol use during pregnancy. It is best not to drink at all while you are pregnant. Heavy drinking in pregnancy can result in fetal alcohol syndrome which causes growth problems, mental or behavioral problems, and abnormal facial features.
- Do not use illegal drugs while pregnant. Illegal drugs include the list of heroin, cocaine, methamphetamines, marijuana, and prescription drugs for non-medical reasons. Drug use can interfere with the growth of the baby and cause preterm birth or death of the baby during the pregnancy or after birth.
- Marijuana use in pregnancy: The American College of Obstetrics and Gynecology advise avoiding marijuana use during pregnancy and lactation because of concern for negative impact on the developing brain of the fetus and child. Please ask your provider if you have more questions.



Umbilical Cord and/or Cord Blood Banking

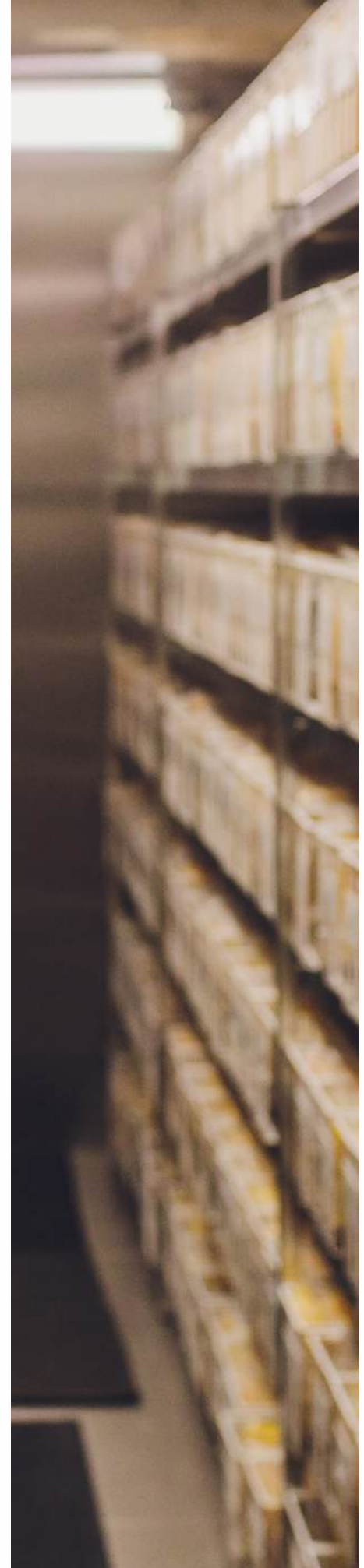
Cord blood is the blood from the baby that is left in the umbilical cord and placenta after birth. It contains stem cells that can be used to treat certain types of diseases. You have the option of banking your child's umbilical cord blood for future use. Please talk with one of the providers for more information.

The FLU & Tdap Vaccine

The CDC recommends that all pregnant women receive a flu vaccine. The flu is more likely to cause severe illnesses in pregnant women than in women who are not pregnant. This is due to increased immunity in pregnancy and changes in your lungs during pregnancy. Pregnant women with the flu are more likely to experience premature labor, require hospitalization, or even life-threatening complications. Getting the flu vaccine is the most important step in protecting against the flu. The flu vaccine has not been shown to cause harm to pregnant women or their babies. The CDC also recommends that pregnant women receive the Tdap (Tetanus, diphtheria, and pertussis) vaccine in the 3rd trimester (preferably between 27 and 36 weeks of pregnancy). Pertussis is another name for whooping cough which is a disease that can be deadly for babies. Babies cannot be vaccinated until two months old. If you receive the Tdap vaccine in your 3rd trimester, you pass antibodies to your baby before birth. These antibodies can protect your baby for the first few months of life. It is recommended that you received a Tdap vaccine in each pregnancy. Caregivers and close family members of the baby should also make sure they are up to date with the Tdap vaccine.

Group Beta Strep (GBS)

Group B streptococcus (GBS) is one of the many types of bacteria that live in the human body and usually does not cause serious illness. It can be found in the reproductive tracts of men and women. GBS is not a sexually transmitted infection. If you are planning on a vaginal delivery, you will be tested in the 3rd trimester of pregnancy to see if your vagina/rectum is colonized with GBS. If you are positive, there is a potential risk to pass GBS to the baby during delivery. Therefore, if you are positive, you will be treated with antibiotics in labor to minimize risk to the baby. -



GBS cont'd

About 1 in 4 women will be positive for GBS in the vagina or rectum during pregnancy. A pregnant woman who tests positive for GBS bacteria and receive antibiotics during labor has only a 1 in 4,000 chance of delivering a baby who will develop group B strep disease, compared to a 1 in 200 chance if she does not receive antibiotics.

Fetal Kick Counts

You will begin to feel your baby move sometime between 20-25 weeks of pregnancy. You will get to know your baby's movements and when they are most active. Starting at 32 weeks, you can count fetal movements to assess fetal well-being. Start by finding a comfortable position during the time of day when your baby is most active. It is recommended that you feel 10 movements (kicks, flutters, swishes, or rolls) within 2 hours. If your baby does not meet this goal, try again in a few hours after eating or drinking. If your baby still does not move 10 times in 2 hours, call our office.

How to tell if your labor begins..

- As labor begins, the cervix opens (dilates). The uterus will begin to contract at regular intervals. When it contracts, the abdomen becomes hard (like your forehead). Between contractions, the uterus relaxes, and your abdomen becomes soft again.
- Your uterus may contract on and off before labor begins. These irregular contractions are called false labor or Braxton Hicks contractions. They are completely normal but can be painful at times. False labor contractions are usually less regular and not as strong as true labor contractions.
- To time a contraction, note how long it is from beginning of one contraction to beginning of the next. You may download a contraction timing app on your smart phone.
- You could be in labor if you are having contractions every 5-10 minutes consistently for 2 hours. If you are in labor or unsure, please call our office or go to the hospital.
- Go to the hospital immediately if your bag of water breaks, you have vaginal bleeding, or your baby is not moving like normal.

Fetal Kick Count Tracker

DATE	TIME	# OF KICKS	DATE	TIME	# OF KICKS

Could you benefit from taking **Aspirin** during pregnancy?

➔ Why Aspirin?



- Low-dose, or baby aspirin, has shown it can decrease the chances you might develop a condition called preeclampsia and it lowers the risk of having your baby too early.

- Preeclampsia is a sudden rise in blood pressure that happens after the 20th week of pregnancy.
- Preeclampsia can increase your risk of having your baby too early (before 37 weeks).
- Preeclampsia can harm your health by damaging your heart, kidneys, and liver and can cause seizures or death.
- Low-dose aspirin works to increase the size of blood vessels that lead to the placenta and improves blood flow to the baby.

➔ How do I take Aspirin?

- If you and your provider decide aspirin is right for you, you will begin taking one low-dose aspirin daily as soon as you are 12 weeks pregnant. Aspirin usage is most effective when started between 12-28 weeks of pregnancy.
- It's best to take one low-dose aspirin every day, before bed, until your baby is born.
- Your doctor can write you a prescription for low-dose aspirin or you can buy it over the counter at your local pharmacy.



Continue reading at next page >



PRE-ECLAMPSIA

What is Preeclampsia?

Preeclampsia is a serious disorder that can affect all the organs in your body. It usually develops after 20 weeks of pregnancy, often in the third trimester. When it develops before 34 weeks of pregnancy, it is called early-onset preeclampsia. It can also develop in the weeks after childbirth.

It is not clear why some women develop preeclampsia. Doctors refer to "high risk" and "moderate risk" of preeclampsia.

Factors that may put you in the "high risk" category include

- preeclampsia in a past pregnancy
- carrying more than one fetus (twins, triplets, or more)
- chronic hypertension
- kidney disease
- diabetes mellitus
- autoimmune conditions, such as lupus (systemic lupus erythematosus or SLE)
- having multiple moderate risk factors (see below)

Factors that may put you in the "moderate risk" category include

- being pregnant for the first time
- being pregnant more than 10 years after your previous pregnancy
- body mass index (BMI) over 30
- family history of preeclampsia (mother or sister)
- being age 35 or older
- complications in previous pregnancies, such as having a baby with a low birth weight
- in vitro fertilization (IVF)
- Black race (because of racism and inequities that increase risk of illness)
- lower income (because of inequities that increase risk of illness)

Preeclampsia

Signs & Symptoms

Preeclampsia can develop quietly without you being aware of it. Symptoms can include:

- swelling of face or hands
- headache that will not go away
- seeing spots or changes in eyesight
- pain in the upper abdomen or shoulder
- nausea and vomiting (in the second half of pregnancy)
- sudden weight gain
- difficulty breathing

If you have any of these symptoms, especially if they develop in the second half of pregnancy, call your ob-gyn right away.



A woman with preeclampsia whose condition is worsening will develop “severe features.” Severe features include

- low number of platelets in the blood
- abnormal kidney or liver function
- pain in the upper abdomen
- changes in vision
- fluid in the lungs
- severe headache
- systolic pressure of 160 mm Hg or higher or diastolic pressure of 110 mm Hg or higher

How is Preeclampsia Diagnosed?

A high blood pressure reading may be the first sign of preeclampsia. If your blood pressure reading is high, it may be checked again to confirm the results. You may have a urine test to check for protein. You may also have tests to check how your liver and kidneys are working and to measure the number of platelets in your blood.

How is Preeclampsia Managed?

You and your ob-gyn should talk about how your condition will be managed. The goal is to limit complications for you and to deliver the healthiest baby possible.

Low-dose aspirin may reduce the risk of preeclampsia in some women. Your ob-gyn may recommend that you take low-dose aspirin if

- you are at high risk of developing preeclampsia
- you have two or more moderate risk factors for preeclampsia

Low-dose aspirin may also be considered if you are Black or if you have a low income, even if you have no other risk factors.

Talk with your ob-gyn about whether you should take aspirin.

Do not start taking aspirin on your own without talking with your ob-gyn.

Common Pregnancy Complaints and Remedies

		REMEDY
SYMPTOM	Nausea/Vomiting	• Try eating dry toast or crackers in the morning before you get out of bed to avoid moving around on an empty stomach. • Drink fluids often, but in small amounts • Eat small frequent meals or snacks. Saltine crackers and ginger ale (made with real ginger) can be helpful. Try bland foods such as the “BRAT” diet (bread, bananas, rice, applesauce, and toast) • Avoid dairy products, citrus, red meats, and fried foods • Avoid smells that bother you • Try over the counter vitamin B6, Preggie Pops, or sea bands • If you are unable to keep any food or fluids down, please call the office. If you begin to feel weak, dizzy, have a fast heartbeat, noticed a decrease in urination/dark urine, or your mouth becomes very dry - call our office or go to the ER.
	Swelling	• Increase water intake • Decrease sodium intake • Elevate your lower extremities as much as possible (preferably higher than the level of your heart) • Wear compression stockings
	Headache	• Extra strength Tylenol (you may take up to 1,000mg at once up to 4 times daily, as needed) • Cold pack to head • Increase fluid intake • Drink something with caffeine • Maintain blood pressure by eating small, frequent meals or snacks • Massage • Rest in dark room • Take a warm shower or bath • Severe or persistent headaches, especially with high blood pressure, may indicate a more serious condition in pregnancy. Please call our office if you are concerned about your headaches.
	Heartburn	• Eat small, frequent meals instead of three large ones. Eat slowly. • Avoid fried, spicy, or fatty foods • Do not lie down directly after eating or go to bed within 2 hours of eating dinner. • Elevate your head while sleeping • OTC medications as listed

Common Pregnancy Complaints and Remedies (cont.)

		REMEDY
SYMPTOM	Constipation	• Increase water intake • Eat prunes or drink prune/pear juice • Exercise • Increase fiber intake or take OTC fiber supplements. Foods high in fiber include raspberries, pears, apples with skin, green peas, broccoli, turnips, lentils, black beans, chia seeds, whole wheat pasta, quinoa, barley, and oatmeal. • OTC medications as listed
	Hemorrhoids	• Avoid constipation • Stool softeners such as Colace • Warm bath • OTC medications as listed
	Diarrhea	• Increase oral fluids (specifically Gatorade, Powerade, Pedialyte, and water) • Avoid dairy products • Follow the BRAT diet (bread, bananas, rice, applesauce, toast) • OTC medications as listed
	Leg Cramps	• Stretch calf muscles • Yoga • Stay hydrated • Eat magnesium- rich foods such as whole grains, beans, dried fruits, nuts, and seeds • Eat potassium-rich foods such as bananas, avocados, spinach, pomegranates, kiwi, and sweet potatoes • , When leg cramp strikes, stretch the calf muscle on the affected side. Hot shower, warm bath, ice, or massage may also help.
	Restless Leg	• Moderate- intensity exercise (brisk walking, water aerobics, dancing, etc.) • Get adequate sleep • Avoid caffeine and nicotine

SAFE OVER-THE-COUNTER MEDICATIONS

Use medications as directed per instructions on package. **We cannot advise to take OTC herbal supplements due to limited research studies and limited regulation by the FDA.**

		MEDICATION (GENERIC)	NAME BRAND	TRIMESTER
INDICATION	Allergy	Diphenhydramine	Benadryl	Any
		Loratidine	Claritin (Plain, not D)	Any
		Cetirizine	Zyrtec (plain)	Any
		Brompheniramine	Dimetapp	Any
		Clemastine	Tavist	Any
	Cold, Flu, Cough, Congestion		Cepecol (lozenges)	Any
		Dextromethorphan	Robitussin-DM	Any
		Menthol Cream	Vicks Vapor rub	Any
		Guaifenesin	Mucinex (plain)	Any
		Pseudoephedrine	Sudafed	2nd and 3rd, do not use if breastfeeding
			Entex	Same
			Actifed	Any
		Acetaminophen	Tylenol	Any, do not take more than 4,000 mg in 24 hours
			Tylenol cold and flu	Avoid in first trimester
		Saline nasal drops / spray	Ocean Mist	Any
		Salt water gargle		Any
		*Do not use Nyquil in pregnancy		
	Diarrhea	Loperamide	Imodium	2nd and 3rd trimester, use for 24 hours only
		Bismuth subsalicylate	Kaopectate	Any
		*Do not take Pepto Bismol in pregnancy		
	Constipation	Methylcellulose fibre	Citrucel	Any
		Docusate	Colace	Any
		Bisacodyl	Dulcolax	Any
		Magnesium hydroxide	Mild of Magnesia	Any
		Polyethylene glycol	MiraLAX	Any
	First Aid Ointment	Bacitracin, neomycin/polymyxin B/Bacitracin	Neosporin	Any
	Headache	Acetaminophen	Tylenol	Any, do not take more than 4,000 mg in 24 hours

INDICATION		MEDICATION (GENERIC)	NAME BRAND	TRIMESTER
	Heartburn	Omeprazole	Prilozec OTC	Any
		Esomeprazole	Nexium	Any
		Famotidine	Pepcid	Any
		Lansoprazole	Prevacid	Any
		Aluminum hydroxide / magnesium hydroxide	Maalox	Any
		Calcium carbonate / magnesium carbonate	Mylanta	Any
		Calcium carbonate	Turns	Any
	Hemorrhoids	Phenylephrine/mineral oil/ petrolatum	Preparation H	Any
		Witch Hazel	Tucks pads or ointment	Any
	Insect Repellant		DEET, OFF	Any
	Nausea & Vomiting	Vitamin B6	Pyroxidine	Dosing: 25 mg 3 times a day
		Promethazine	Phenergan	Any
		Ondansetron	Zofran	2nd and 3rd
			Scopolamine Patch	Any
		Phosphorated carbohydrate	Emetrol	Any
		Sea-bands		Any
	Rashes	Diphenhydramine cream	Benadryl cream	Any
		Hydrocortisone cream		Any, use sparingly
		Oatmeal bath	Aveena	Any
	Sleep	Diphenhydramine	Unisom, Benadryl	Any
	Yeast	Miconazole	Monistat	Any
		Butoconazole	Femstat	Any
		Clotrimazole	Gyne Lotrimin	Any
		Terconazole	Terazol	Any
	Thyroid Medication	Levothyroxine	Synthroid	Any
	Antibiotics	Cephalexin	Keflex	
		Nitrofurantoin	Macrobid, Macrochantin	
		Amoxicillin		
		Penicillin		
	Nasal Spray		Afrin	Any
			Flonase	Any
			Nasonex	Any
	Asthma	Albuterol	Ventolin	Any

The Postpartum Period

During pregnancy and the postpartum period, your body will experience various changes both physically and emotionally that will require a bit of extra insight and patience. Below are a few common feelings you may find yourself dealing with after giving birth:

- Feelings of alternating sadness, weepiness, and emotional oversensitivity
- Overwhelming feelings of fear and worry
- Feelings of anger in the days after delivery is also common
- Feeling on edge (easily startled, very tense, or even very anxious)
- Heightened sensitivity
- Feeling of doubt
- Feeling exhausted (physically and emotionally)

Understanding **baby blues** vs. **postpartum depression**:

- **Baby blues** is common and affects up to 80% of mothers. Emotional symptoms are mild and typically last anywhere from a week to two weeks and diminish on their own within that timeframe.
- **Postpartum depression** impacts one in every seven women. Postpartum depression includes extreme feelings of emotional distress interfering with a mom's ability to care for herself or her family. Symptoms are most prevalent a week to a month postpartum but may begin up to a year postpartum.



Try our FHCSO Behavioral Health Services

We understand that navigating post-partum depression can feel overwhelming, and we're here to walk alongside you every step of the way. Our team is dedicated to providing a compassionate and supportive space where you feel truly heard, respected, and valued.

With the guidance of our experienced professionals, we'll work together to create a personalized treatment plan that meets your unique needs, using the most effective, evidence-based approaches to help you feel like yourself again. You don't have to do this alone—we're here to support you in your healing journey.

(Find more information on the back)



If you are experiencing severe mood and/or anxiety symptoms or symptoms such as loss of motivation, sleep disturbances, disturbing thoughts, or feelings of hopelessness call our office to schedule a visit. If you are having harmful or suicidal thoughts, go to the ER immediately.

If you have experienced any of the symptoms listed above, please know you are not alone, you are not the first mother to battle with postpartum emotional changes, and there is support for you. Talk therapy, and medication can also be helpful tools for relief.

[illegible]

[illegible]

[illegible]

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