



Acadiana Ob/Gyn

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Respecting the Dignity of Women and building a new Culture of Life

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INFORMATION FOR PREGNANT WOMEN

The purpose of this handout is to provide general information and answers to commonly asked questions during pregnancy. If you have a problem, try to find the solution in these pages. If you would like to be seen or talk to a nurse or doctor, please call the office after 8:30 a.m. on any work day.

1. Is spotting normal during pregnancy?

It is common and frequently stops without harm to the baby. You should call the office to notify us and decide if tests should be done.

2. Are nose bleeds common during pregnancy?

Yes, simply apply a cold wash rag and it should stop.

3. Is the presence of a sharp, pulling type of pain normal?

Yes, particularly in mid to late pregnancy and does not harm the baby. This is called round ligament pain.

4. What activities are safe during pregnancy?

Low impact exercise such as walking and low impact cardio exercise is beneficial. Swimming is good but you should not water ski. Please discuss any high intensity exercise program with your doctor before proceeding.

5. How long can I travel by car or plane during pregnancy?

Up to 34 weeks. After 34 weeks you should stay within 1-2 hours of Lafayette.

6. Can I have a permanent or have my hair dyed?

Based on current research there is no evidence that this is harmful.

7. Is Nutrasweet, caffeine (coffee or tea) okay?

There have been no reported incidents of birth defects with Nutrasweet or caffeine, but we still recommend minimizing consumption of these substances.

(One cup of coffee per day is considered safe.)

8. Can I paint, use cleaners, oven spray or bug spray while pregnant?

Water-based paints can be used without known risks. Other chemicals should be avoided if possible and if needed to be used, only in ventilated areas.

9. Should I stop smoking?

Yes, this can be harmful to the baby.

10. Can I drink alcohol?

No study has shown harmful affects to rare use in small amounts.

11. Can I have a Flu shot?

The official Center for Disease Control's position is that all pregnant women should receive the vaccine. However, the flu shot is a Category C drug meaning that "risk cannot be ruled out". Please ask your doctor if you have more questions about this topic.

12. Can we continue intercourse throughout pregnancy?

Generally, yes. We will let you know if there is any reason you would need to avoid intercourse.

13. Are tanning beds or hot tubs okay?

No.

14. Should I take calcium?

If your diet is low in dairy products, adding 1000mg of calcium by using over the counter supplements is recommended.

15. How can I contract toxoplasmosis from cats?

Cats can contract toxoplasmosis simply by going outside and eating an animal affected with the disease. You can contract toxoplasmosis from a cat by changing the litter box, so it is preferable that someone else change the litter box during pregnancy. Also you should wash your hands carefully after touching the cat.

16. What is Strep B?

Strep B is a germ that can be present during delivery. We test for this germ at 36 weeks gestation by doing a vaginal swab. If your test is positive, you will be treated with antibiotics during labor. Generally, it is harmless for the mom, but can cause an infection for the baby.

17. Can I take over the counter prenatal vitamins?

Yes, as long as you take .8mg of folic acid a day. The over the counter vitamins do not have flaxseed oil in them, so 1000 mg. of flaxseed oil should be added each day if the vitamin does not contain it.

18. What if I am exposed to chicken pox or fifth disease?

If you have had them before you should not get them again. Many women who do not think they have had chicken pox have had a mild case yet are still immune. If you are unsure, call the office to schedule a blood test for chicken pox or fifth disease immunity.

19. Are there childbirth education classes available?

Childbirth classes are available and are particularly useful for women having their first baby. Some women prefer to attempt a delivery without medication. This natural childbirth requires preparation and there are several instructors in the area who prepare women for labor. Epidural anesthesia is also available and should be considered safe and effective. Information about the instructors and classes will be given to you at your 20 week ultrasound appointment.

20. How can I tell if I have a yeast infection while I am pregnant?

A discharge during pregnancy that is heavier than prior to pregnancy is commonly normal. If there is no itching, no odor and the color is white this is probably not an infection.

Should you become symptomatic with either itching, odor or a discharge that seems abnormal to you, please call the office to schedule an appointment.

21. Is swelling in pregnancy normal?

Swelling in pregnancy is usually normal. It can be on one side of the body or both. When it is near the end of pregnancy and associated with headaches and nausea it may be associated with toxemia. To reduce the amount of swelling you are having, lay on your left side and drink plenty of water or lemonade.

MEDICATIONS DURING PREGNANCY

It would be ideal if no medications (other than vitamins) were taken during pregnancy. No medication can be proven totally safe, but many have been used for decades without ill effect so I tend to recommend those when symptomatic relief is needed. Dosage should not exceed the instructions on the package.

COMPLAINT

Cough

Nausea

Headache/pain

Indigestion/heartburn

Diarrhea

Constipation

Hemorrhoids

Sore throat

Body pain

Congestion/Colds

OVER THE COUNTER MEDICINE

Plain Robitussin

Vitamin B6, 50 mg. twice a day

Unisom solid tablet ½ pill at bedtime

Regular strength Tylenol

Maalox, Mylanta, Pepsid AC

Imodium AD

Metamucil, Fibercon, Senakot

Preparation H, Anusol HC

Chloraseptic spray or lozenges, Tylenol

Moist heat

Benadryl (diphenhydramine)

ANTENATAL TESTING (SCREENING FOR BIRTH DEFECTS)

Prenatal Screening (A.K.A “Birth Defect” testing)

Acadiana Ob/Gyn physicians do not perform, recommend, or promote induced abortions. In the unlikely event your child has any genetic or developmental problems that would require any changes in our care for you, we are typically able to identify such during the routine anatomy ultrasound performed at approximately 20 weeks.

If there is any special (non-routine) testing that we believe would help us to better care for you and your baby we’ll discuss it with you further if and when the need arises.

However, from both a medical-legal standpoint and for the sake of general knowledge, you should be aware that there are numerous different optional testing strategies intended to identify those babies at higher risk for a genetic or developmental abnormality. Since legalized abortion was imposed on all 50 states in 1973, various different “screening” and “diagnostic” techniques of varying degrees of complexity and risk have been and continue to be developed. Such tests range from the highly accurate and highly invasive tests that remove a piece of the baby’s placenta to the very inaccurate and far less invasive tests such as the “quad screen” that rely on measurements the mom’s hormones. Historically, such tests as the “triple screen” have been terribly misunderstood. Since an arbitrary cutoff of 1/200 was used for a “positive screen”, 99.5% of women with “abnormal tests” had completely normal babies. Consequently, this led to a great deal of unnecessary grief and anxiety among women for the rest of their pregnancy. Furthermore many often felt pressured to undergo the more risky test known as an amniocentesis. Please let us know if you are interested in any of these elective testing protocols and we refer you to a specialist in this area.

The intent of care by this office is to promote life. In all pregnancies the goal is to deliver the healthiest baby possible. Statistically, the chance of your baby being normal is 98%. 2% of all babies will have some birth defect and often these are undetectable until delivery. Pray that God blesses you with a normal baby and the faith to raise the baby with joy if it is less than perfect.

GLUCOSE SCREEN

3-5% of women will have elevated blood sugars near the end of their pregnancy in a condition known as gestational diabetes. This does not show up well on urine tests so we adopted the policy of evaluating all patients for diabetes between 24/28 weeks gestation with a blood test.

A screening test is done by drinking 50 grams of glucose in the office and drawing a blood sugar level 1 hour later. You do not need to be on an empty stomach, but eat lightly the day of the test and eat nothing for 1 hour before you arrive at the office. 85% of patients will pass the test. The 15% that do not pass should take the 3 hour blood sugar test that does require an overnight fast (nothing to eat or drink past midnight the night before). For either of these tests, it is best to prepare by eating some simple sugars (jam or honey) each day for 3 days before the test. Please call the office the next day to get your results. If you are diagnosed with gestational diabetes the treatment usually only requires a special diet. Furthermore, it usually resolves after the baby is born.

CALL COVERAGE

Dr. Hardey and Dr. Cudihy will share call during the week from Sunday night to Friday at noon. We rotate weekends with four other doctors: Wayne Daigle, Eric Elias, Daryl Elias, and Amanda Lemoine Alleyn. In our absence the operator will contact one of these doctors for emergency cases.