

# Information for Obstetric Patients



Dr. Steve Godfrey

The following pages are excerpts from a notebook you will receive at your new OB visit. Please look this over before your appointment, as it will provide some useful information and may be helpful with questions prior to your first visit. These pages may be printed off of your computer. The second, third, and fourth pages may be filled out by you prior to your visit to expedite your initial appointment.

Thanks!

We look forward to seeing you at this exciting time in your life.

Dr. Steve Godfrey

## **Introduction Page for New Ob Notebook**

Congratulations and welcome. It is our intention to provide you with the most pleasant experience in prenatal care and delivery. It is our belief that quality prenatal care also includes patient education about relevant issues. This notebook is prepared in that regard.

This notebook is designed to provide you with a number of informative documents which cover a variety of pregnancy related issues such as general guidelines, what to do for common problems in pregnancy, exercise guidelines, educational materials, and Hospital related material.

This book is divided in two sections, with the first section related more to your initial visit and early pregnancy issues, and the 2<sup>nd</sup> section focusing on issues related to the latter part of pregnancy.

The first few pages of this book contain forms to help us get to know you better and assess your medical history.

**Please fill out and sign the first 3 pages and return to the nurse before seeing the doctor.**

The 1<sup>st</sup> half of the book contains information regarding general questions in pregnancy, Genetic testing that is available to test for birth defects in women of ALL age groups, as well as dietary & exercise guidelines. There is also a list from the Texas Department of Public Health regarding available counseling centers for Parenting and Post Partum depression issues. There is also several pages provided at the front of the book for you to jot down questions which you may then bring up at your visits.

Please be sure to read and give careful thought to the sections regarding Genetic & Cystic Fibrosis Testing Before your second visit with the doctor. If you have had a previous cesarean section you should read the page about VBACS.

The last section has information specifically related to labor.

It is recommended that you have selected a doctor for your baby no later than 4-6 weeks before your due date.

In the front cover of this notebook there is a booklet about pregnancy in general. There is a brochure that discusses blood testing for genetic birth defects in women younger than age 35. There is a brochure about testing for cystic fibrosis. There is also a brochure from the hospital which has a listing of pregnancy related educational classes.

In the back folder of this notebook there is a pre-registration packet to send to the hospital. This should be filled out and mailed to the hospital well before your due date.

We welcome any questions or concerns you may have regarding your pregnancy or your care. We believe an open dialogue between you and us provides the best opportunity for quality care.

## PRENATAL QUESTIONNAIRE

Date: \_\_\_\_\_

<b>Patients Name :</b> _____		DOB : _____		<b>Father of Baby :</b> _____		DOB : _____	
Address: _____				Address: _____			
Home Phone: _____		Work Phone: _____		Home Phone: _____		Work Phone: _____	
Cell Phone: _____		Other phone: _____		Cell Phone: _____		Other phone: _____	
Occupation: _____		Employer: _____		Occupation: _____		Employer: _____	
Language: _____		Religion: _____		Language: _____		Religion: _____	

**Previous Pregnancies:** Please list All Pregnancies, Including Miscarriages, Abortions, or other failed Pregnancies.

Date:	Length of Pregnancy	Hrs in Labor/Pushed	Type Del: Vag/C-Sec	City	Baby's Sex	Baby's Wt	Childs Name	Problems: Baby/Mom
		/						
		/						
		/						
		/						
		/						
		/						

**High Risk Assessment:** Please Check any of the following that apply:

<input type="checkbox"/> Height less than 5 foot	<input type="checkbox"/> Age < 18 or >35
<input type="checkbox"/> Pre-pregnancy weight < 100 or > 200	<input type="checkbox"/> Previous cesarean section
<input type="checkbox"/> History of high blood pressure	
<input type="checkbox"/> History of preeclampsia	
<input type="checkbox"/> History of kidney disease	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Frequent bladder/kidney infections	<input type="checkbox"/> More than 5 previous deliveries
<input type="checkbox"/> Heart problems	<input type="checkbox"/> Second or third trimester fetal death or stillbirth
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Termination of pregnancy for medical reasons
<input type="checkbox"/> Lung disease	<input type="checkbox"/> Previous growth restricted infant
<input type="checkbox"/> Previous STD herpes venereal warts	<input type="checkbox"/> Prior infant with genetic disease or birth defects
<input type="checkbox"/> Hemorrhage with previous pregnancy	<input type="checkbox"/> Prior infant effected by viral syndrome
<input type="checkbox"/> Infertility treated?	<input type="checkbox"/> Drug or chemical exposure this pregnancy

Comments regarding above/other:


**Past Medical History:**

Medical Problems:
Surgeries:
Drug Allergies/What Happens?
Current Medications/Dose:

**Family History**


**Misc. info**


**Do You Use any of the Substances listed below? If so, how much?**

Alcohol:
Tobacco:
Recreational Drugs:

**Please sign here:** \_\_\_\_\_ **Date:** \_\_\_\_\_

GENETIC QUESTIONNAIRE

- 1. Will you be 35 years of age or older at the time the baby is born? .....  Yes  No
- 2. Are you and the baby's father related to each other (cousins or otherwise)? .....  Yes  No
- 3. Have you or the baby's father had 2 or more pregnancies that ended in miscarriage? .....  Yes  No
- 4. Have you or the baby's father had a stillborn baby (a baby that was dead at the time of birth?) .....  Yes  No
- 5. Have you or the baby's father had a child that died around the time of delivery or in the first year of life?.....  Yes  No
- 6. Have you or the baby's father had a child with a birth defect or genetic problem? .....  Yes  No
- 7. Do you or the baby's father have a birth defect or genetic problem? .....  Yes  No
- 8. Are there any members of your family or the father's family that have a birth defect such as a club foot, cleft palate, deafness, blindness, or other genetic (inherited) problem? .....  Yes  No
- 9. Are you or the baby's father members of any of the following ethnic or racial groups? (if Yes check the group or groups) .....  Yes  No
  - Jewish  Mediterranean (Greek, Italian, other)
  - Black/African  French-Canadian
  - Oriental/Asian
- 10. Have you taken any of the following drugs during your pregnancy or around the time that the pregnancy began? (If Yes check the drug or drugs) .....  Yes  No
  - seizure (epilepsy) medicine  anticancer- drugs
  - anticoagulants (blood thinners)  Lithium or Accutane
- 11. Since the start of this pregnancy have you had alcohol containing drinks (beer, wine or whiskey) almost each day or frequently? .....  Yes  No
- 12. Have you used cocaine, marijuana, speed, or any street drug during this pregnancy? .....  Yes  No
- 13. Are you a diabetic, or has any one ever said you might have diabetes? .....  Yes  No
- 14. Is any member of your family diabetic? .....  Yes  No
- 15. Have you ever had radiation or chemotherapy? .....  Yes  No
- 16. Have you, the baby's father, or any member of your family or the father's family ever had any of the following:
  - 16a. A child with Downs Syndrome (Mongoloid) or other chromosome problem? .....  Yes  No
  - 16b. An open spine (spina bifida,) brain defect, or anencephaly? .....  Yes  No
  - 16c. A child with mental retardation or a child that was a very slow learner? .....  Yes  No
  - 16d. A Heart defect? .....  Yes  No
  - 16e. A muscle (muscular dystrophy) or nerve disease? .....  Yes  No
  - 16f. Cystic Fibrosis or any lung disease that started early in childhood? .....  Yes  No
  - 16g. Blood disorders like hemophilia, thalassemia, sickle cell or others? .....  Yes  No
  - 16h. Anything that you think could be a birth defect, genetic problem (inherited, or one that runs in your family or the father's family) that is not listed here? .....  Yes  No

Please write any questions you have here .....

.....

.....

.....

Please Sign here

.....

Date

## Obstetrical Consent Form

It is with a great deal of joy and anticipation that we congratulate you on your pregnancy.

There is not a better time in life to enjoy than the anticipation of having a child and the of a new family member. It is indeed one of the most wonderful times of life and it is our intent for you to have the best experience humanly possible with this pregnancy.

It is, however, necessary that we inform you of certain risks that you need to be aware of with this pregnancy. Even though we have a great technological revolution in delivery of health care, especially in obstetrics, obstetrics, labor and delivery are not yet risk free situations. There are many unforeseen events that can occur during a pregnancy and you need to be aware that even though we take as many precautions as needed, there still may be a chance that something would go wrong such that you would not get a perfect baby.

Specifically you need to understand the following risks: there is a 6 - 8% chance that any given pregnancy will be delivered premature. There is a 2 - 3% occurrence of major congenital malformations or birth defects in the general population, 2/3 of which are from an unknown cause. With any delivery there is a 3% risk that the child will be born with mental retardation. Overall in the U. S. the perinatal mortality( death around the time of birth) is 14 per 1000 births. That figure becomes much higher when the mother is younger than 20 or older than 40. Poor nutrition, the development of diabetes, alcohol use, smoking, being around cats, having herpes, etc., all increase these risks.

Of course you can help to reduce these risks with proper nutrition, stopping smoking, avoidance of alcohol, and close prenatal follow-up and care with our office. You need to realize that even with optimal care anything can go wrong, such as a tight umbilical cord around the baby's neck, a trapped shoulder at delivery, or premature separation of the placenta, not producing a perfect baby.

We trust that this information has been helpful to you and we regret the necessity of informing you of these risks, but it is necessary that you understand them. We, of course, will try to deliver the best care we can for you and your family.

*Thank you.*

Dr. Steve Godfrey M.D.

**Patient** \_\_\_\_\_

**Date** \_\_\_\_\_



**Dr. Steve Godfrey**

Obstetrics, Gynecology & Infertility

Office # 766-8446

Clinic Page Operator - 24 hrs/day 7 days/week 766-3551

**Web address [www.Clinicsofnorthtexas.com](http://www.Clinicsofnorthtexas.com) Go to Doctors Link**

Visit our web site for numerous informative links and up to date information

**Due Date:**

**Prenatal Guidelines**

These are general prenatal guidelines. Keep these instructions in a safe and convenient place so you may refer to them as often as necessary.

If you have any questions please try to write them down and ask at your regular visits.

If they cannot wait you may call the office to speak to the nurse or doctor 8 AM-5 PM Mon-Thurs, 8 AM- Noon on Fridays 766-8446.

If there is an emergency you may call at ANY time 766-8446 or 766-3551.

I will make every attempt to be present at your delivery. Each doctor delivers all his patients during the week but does occasionally have a weekend off, vacation, medical meetings, etc. In the event that I am not available, Dr. Jones, Dr. Lamar, or Dr. Hurst will be readily available.

During your pregnancy you should Abstain from:

A. Smoking

B. Drugs [Tylenol is ok for headaches]

C. Drinking of any type of alcohol

D. Caffeine. The following are high in caffeine:

1. Coffee
2. Colas
3. Tea

E. Douching and the use of tampons

F. Use of hot tubs (not hot bath tubs-these are ok)

G. Sexual intercourse is not harmful unless you have some high risk factor with your pregnancy (such as a history of preterm labor).

**Common medical problems of pregnancy**

**Heartburn:** You may use Maalox, Mylanta, Riopan, Milk of Magnesia, Tums or Rolaids.

**Colds:** Increase fluid intake, especially clear liquids. Use a vaporizer at night if

Congested. Call the office if temperature goes over 100.4. You may use Tylenol for fever, aches, or pains. Sudafed, Dimetapp, or Actifed are recommended decongestants to use during pregnancy and may be purchased at your drug store. Do not use nasal sprays. Claritin may be taken for allergies.

**Constipation:** Increase your water intake to 6-8 glasses per day. Increase bulk by eating more roughage, which includes bran cereals, fruits, and raw vegetables. Increase your exercise. Stool softeners such as Surfak or Colace are permitted [no prescription is needed for these].

**Morning Sickness:** Eat 6-8 small meals per day. DO NOT SKIP MEALS. Keep 2-3 saltine crackers by bedside at night and eat them before getting out of bed. Emetrol can be purchased without a prescription to aid in control of morning sickness. Vitamin B 6 25mg 3x/day and Unisom Night Time Sleeping Aid 1 tab at night & 1/2 tab in the morning may also prove helpful. Both of these can be purchased without a prescription.

**Diet Guidelines**

A weight gain of approximately 2-3 pounds per month or a total of 20-35 pounds is desirable.

A high protein diet is best during pregnancy. Lean beef, chicken, turkey, and fresh water fish [baked or broiled but not fried] are your best sources of protein. Pork is a source of protein but extremely high in salt; therefore it should be eaten sparingly.

Milk-- 2 to 3 glasses daily, low fat or skim is fine. If you cant drink milk, take calcium supplements. Calcet, Fosfree, or Posture D may all be purchased at your drug store. You may also purchase calcium supplemented orange juice at the grocery store.

Foods high in iron: Liver, peaches, grapes, dried apricots, raisins, egg yolks, fresh spinach, and peanut butter. Your prenatal vitamins contain some iron. If you are found to be anemic additional iron tablets will be prescribed.

Recommended snacks: Fresh fruits, fresh vegetables, hard-boiled eggs, raisins, baked turkey or chicken. Avoid lunchmeats and canned foods, as they are high in salt.

Foods high in sodium: pork products, lunch meats, potato chips, pretzels, Fritos, shellfish, salad dressings, canned soups, canned fruits and vegetables, diet drinks, fried foods, gravies and sauces, prepared foods [TV dinners or fast foods], cheese,

Chinese food and Mexican foods. Obviously it will not be possible to avoid all these foods; however they should be eaten sparingly.



## **Office hours-Walk in Policy, After Hours**

### **Introduction to Practice**

**Welcome:** We are happy to be able to serve you. Our goal is to provide high quality patient care with an emphasis on active patient involvement. We feel informed patients are in charge of their own well being. We will make every attempt to answer your questions and provide educational literature. Questions are welcome!

### **Call Coverage**

All Drs are Board certified in Obstetrics, Gynecology & Infertility by the American Board of Obstetrics & Gynecology, and practice at the Midwest Parkway location. Each doctor takes all of his call during the week but does occasionally have a weekend off, vacation, medical meetings, etc. In the event that I am not available, Dr. Jones, Dr. Lamar, or Dr. Hurst will be readily available.

Office hours are from 8:30 AM to 5:00 PM Mon-Thurs, and 8:30 – 12 noon on Fridays. Appointments are required so that we may better serve you. If there is an urgent situation, patients will be worked in on an as need basis after calling in.

The Dr. is available for emergencies after hours by calling the main office or Clinic number. Please DO NOT go to the emergency room at the Hospital for Ob/Gyn problems.

We have a **nurse practitioner ( Nancy Orr)** who may be able to see some patients for the Doctors under some circumstances.

### **Refills**

If you need medicine refills please call during office hours in the mornings. We need your chart for refills, and thus ' refills will be only for emergency situations after office hours. The Dr. on call may not know you and thus refuse to fill some medications on the weekends, or after hours. Please have the name & phone # of your pharmacy when you call.

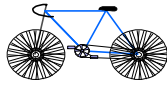
### **Phone Calls**

**When returned-** The Dr. is seeing patients during regular office hours and can only accept emergency phone calls. Other calls are usually returned over the lunch hour and after 4 p.m. Please be sure to leave a number where you can be located at these times. What we can do by phone - We will attempt to answer questions by phone; however, please remember that many medical problems require a physical exam to determine the correct treatment.

### **Insurance-Managed care**

If you are covered by an HMO or Managed Care Insurance Program that requires a referral from your Primary Care Physician, it is your responsibility to get any needed referral prior to your appointment to assure that you are covered by your insurance.





## **Exercise and Pregnancy**

### **Some Dos and Don'ts for Staying Fit at This Very Special Time**

When it comes to keeping up with your fitness program during pregnancy and through the postpartum period, there are lots of "dos" and just a few "don'ts." According to the American College of Obstetricians and Gynecologists, as long as you are healthy and are having a normal pregnancy there are almost no restrictions on your physical activity.

The following exercise recommendations are a sensible guide for mothers-to-be.

DO continue with your fitness program during pregnancy and try to workout on a regular basis—about three times a week.

Chances are that if your pre-pregnant exercise focused on jogging, skiing, aerobic dancing, tennis, or other weight-bearing activities, you'll find your performance level will fall somewhat during pregnancy. On the other hand, if you swim, cycle, or engage in other non-weight-bearing sports, you'll probably be able to keep up a fairly strenuous level of activity. You'll also feel a lot less awkward in a swimming pool than on a dance floor. So as you get bigger, you may wish to switch to nonweight-bearing activities.

DON'T exercise flat on your back after the first trimester.

Avoid situps, leg raises, and free weight and machine-based exercises in which you lie on your back on a bench. Such a position causes your uterus to press down on certain veins and decreases blood flow throughout your body.

Standing motionless for long periods of time also lowers the amount of blood your heart pumps through your body. So let someone else stand in line for the movie tickets while you walk around or sit down.

DO listen to your body and end your workouts when you become tired.

Your body needs more oxygen during pregnancy, and that means there may be less oxygen available for aerobic exercise. This can cause you to tire faster. Do not exercise to exhaustion or beyond the point where you feel fatigued.

DO choose activities that are safe.

Not that you'll be performing routines on a balance beam in your eighth month, but be careful to avoid ordinary activities in which you could fall or experience even mild abdominal trauma. Again, swimming and cycling on a stationary bike are good choices.

DO remember to eat a little more if you exercise regularly.

To maintain body weight during pregnancy, you need to consume an extra 300 calories per day. Depending on how many calories you burn during a workout you'll want to replace those calories with a muffin, a bagel, fruit, or some other nutritious carbohydrate snack.

DO wear well-ventilated clothes that help your body keep cool especially when exercising during the first trimester.

DON'T go into a hot tub (over 102°F), sauna, or steam room during the first trimester—either after a workout or at any other time. Your baby's brain and nervous system are forming during the first three months of pregnancy, and birth defects have been observed in the babies of women who used hot tubs in early pregnancy.

DO continue to follow these exercise recommendations during your postpartum period. Work up to more strenuous routines gradually.

### **Special Recommendations for Special Circumstances**

As with all types of health care, your obstetrician or other health care provider will have the final word on your personal dos and don'ts during pregnancy. If you are at risk for premature labor, have pregnancy-induced high blood pressure, an incompetent cervix, have persistent second or third-trimester bleeding, or if your fetus seems smaller than it should be, your doctor is likely to ban exercise during your pregnancy. In addition, certain other medical conditions may cause your doctor to modify or restrict your exercise during pregnancy.