



Congratulations on your pregnancy! Thank you for allowing Conway Regional Renaissance Women's Center to be a part of this special event.

This handout is intended to provide you with some general information and to answer some of the most common questions that may arise during this pregnancy. It is important to note that we practice and deliver exclusively at Conway Regional Medical Center and no other hospitals.

### **Providers**

Dr. Courtney Sick      Dr. Kala Slaton      Stephanie Rittman APRN      Brooke Money, P.A.

You will have the opportunity to meet the other physician at one of your visits in the 3<sup>rd</sup> trimester.

### **Call**

**Effective March 1<sup>st</sup>, 2022, the physicians now share call during the week with Conway Women's Health Center physicians (Dr. Lawrence, Dr. Martin, Dr. Amy Johnson, and Dr. Ward). Also, on the weekends, all the OB doctors at Conway Regional share call (including Conway Women's Health Center and Conway Ob/Gyn). This will not affect inductions. This will only effect if you come in laboring during the night or on the weekends. You can always ask your doctor who will be on call for the upcoming weekend, and we should be able to let you know.**

### **Business Office Staff**

Emily Duncan | Practice Manager  
Lindsey Spangler | Business Office  
Amanda McNeil | Business Office  
Taylor Pratt | Business Office  
Kylie Dallas | Business Office  
Karen Hood | Receptionist

### **Nursing Staff**

Courtney Rauch, RN—Dr. Sick's Nurse	Mary K Johnson, RN—Stephanie's Nurse
Mallory Harpenau, RN—Dr. Sick's Nurse	Brittany Hess, LPN—Dr. Slaton's Nurse
Nancy Embry, RN—Lactation Specialist	Courtney Kennedy, LPN—Brooke's Nurse
Erinn Craig, RN—Dr. Slaton's Nurse	Hannah Linz, RN—Medical Exchange Nurse

Each of the staff will be happy to answer any questions that you may have through your pregnancy. You may call us during normal business hours at (501) 548-6100. If you have a medical emergency during the night or on the weekends, you may contact us through the medical exchange at (501) 329-1199. **Please remember the medical exchange is only for emergencies.** If your problem/question is not an emergency, please contact us during regular business hours.

**Visits**

The following is a guideline of how often we will be seeing you during your pregnancy if everything is going well with no complications. If there are problems/complications that arise, you may be see us more often.

8-28 weeks	visits every 4 weeks
28-36 weeks	visits every 2 weeks
36 + weeks	visits every week

**Laboratory Tests**

8 weeks	New OB labs (including blood type, CBC, sexually transmitted infection screening)
10-12 weeks	genetic testing for chromosomal abnormalities (includes gender) and carrier screening
16 weeks	screening for spinal cord defects (such as spina bifida)
28 weeks	screening for gestational diabetes and anemia
36 weeks	screening for anemia and group B strep infection

We will also check your urine at every appointment for infection, blood, protein, dehydration.

**Ultrasounds**

An ultrasound will be performed at several visits during your pregnancy. The ultrasounds are performed by the physicians. They are performed in a room with a wide screen TV. You are welcome to bring as many guests as you desire for the ultrasound appointments. You will be provided with a printout of some of the pictures and a CD that will have all the pictures in a JPEG format at each ultrasound. You may bring a USB drive that we can load the pictures on for you.

1 <sup>st</sup> appointment	vaginal ultrasound to confirm viability and establish due date
12 weeks	vaginal or abdominal ultrasound (free of charge)
20 weeks	anatomical survey screening ultrasound for anomalies (performed at the MFM Clinic in building #3 at the hospital)
28 weeks	growth measurements and 3D/4D images (free of charge)
34 weeks	evaluation of fetal position and weight

If you have any questions concerning your pregnancy, please do not hesitate to ask! We are here to provide you with a safe and happy pregnancy and delivery!

Courtney Sick, M.D.

Kala Slaton, M.D.



## **Safe Medications During Pregnancy**

### **Antibiotics:**

- Cephalosporins – Keflex
- Penicillin
- Zithromax
- Macrobid/Macrodantin
- E-mycins

AVOID: Ciprofloxacin, Tetracycline, Minocycline, Levaquin

### **Allergy Relief:**

- Chlorpheniramine antihistamine along (chlor-Trimetron)
- Benadryl (Diphenhydramine)
- Saline nasal spray
- Neti-pot or sinus rinse
- Claritin (Loratidine)
- Zyrtec (Cetirizine)
- Allegra (Fexofenadine)

### **Constipation:**

- Fiber (Metamucil, Citrucel, BeneFiber)
- Stool softener like Colace (Docusate)
- MiraLax

### **Coughs/Colds:**

- Guaifenesin (Mucinex)
- Guaifenesin plus dextromethorphan (Robitussin-DM)
- Cough Drops
- Vicks VapoRub

AVOID: Cold medicine with phenylephrine, pseudoephedrine, or alcohol

### **Heart Burn or Digestive Upsets:**

- Antacids (Tums, Rolaids, Maalox, Pepcid)
- Simethicone (Gas-X, Mylicon, Gaviscon)
- Zantac (Ranitidine)
- Pepcid (Famotidine)
- Imodium (Loperamide-after the 1st trimester) or BRAT diet (bananas, rice, applesauce, toast or tea) for diarrhea

**Hemorrhoids:**

- Preparation H
- Tucks pads (witchhazel)

**Headache:**

- Magnesium 400 mg Tab; Take 1 tablet by mouth daily
- Riboflavin, vitamin B2, 400 mg Tab; Take 1 tablet by mouth daily

AVOID: Aspirin (Bayer) or ibuprofen (Advil, Motrin)

**Nausea and Vomiting:**

- Vitamin B6 (Pyridoxine) 10-25mg every 6 to 8 hours. (Max of 200mg/day)
- Vitamin B6 (Pyridoxine) + Doxylamine (Unisom) - Take 25mg Vitamin B6 plus half of 25mg Unisom tablet. Can be take 3-4x per day however Unisom may cause drowsiness.
- Dramamine (may cause drowsiness)
- Benadryl (may cause drowsiness)
- If persists, consider prescription for Phenergan, can be taken orally or can use Phenergan suppositories.

**Pain Relief:**

- Tylenol or acetaminophen

AVOID: Aspirin (Bayer) or ibuprofen (Advil, Motrin)

**Back Pain:**

Back pain may be related to several different causes. Low back pain is usually related to either the weight of the uterus resting on your backbone or the strain on your lower back from carrying the added weight of your baby. This is best treated with getting off your feet (if possible), taking Tylenol, and using a heating pad. Upper back pain may be related to your kidneys. This should be reported at your scheduled appointment or sooner if it associated with fevers or symptoms of a bladder infection.

**Bladder Infections:**

You are predisposed to get these when you are pregnant. Common symptoms are burning with urination, frequent urination, and low-grade fevers. If you have these symptoms, notify our office.

**Bleeding:**

Bleeding is very common in pregnancy, especially in the first trimester and after intercourse. If you notice spotting that you cannot associate with intercourse, notify our nurses during clinic hours. If you are bleeding more than a menses, call the clinic or the medical exchange.

**Colds:**

Viruses cause colds. Therefore, antibiotics are rarely necessary. Treat cold symptoms with Robitussin, and fever with Tylenol. Most of the OTC medicines for colds are safe to take including ones combined with Tylenol. Please avoid cold medicines combined with aspirin or ibuprofen—i.e. Advil Cold and Sinus. Please also avoid pseudoephedrine and phenylephrine.

Examples of medicines that you may take include:

- Throat lozenges and sprays
- Nasal spray – saline or medicated like Afrin
- Cough drops and liquids – Halls cough drops, Robitussin cough syrup
- Antihistamines – Claritin, Zyrtec, Chlor-Trimetron, Benadryl, Nyquil

**Constipation:**

Try to avoid constipation by increasing the amount of fluids and roughage in your diet. You may also use dietary fibers such as Metamucil and Fibercon. You can also use stool softeners like Colace.

**Dentist:**

You may go to the dentist when you are pregnant and have any dental work they feel is necessary. If they have questions on medicines to give you, they will call us.

**Dizziness:**

This is typically associated with sudden changes in posture. In some cases, it is related to hypoglycemia (low sugar). If it has been a while since your last meal and this begins to occur, try to eat more frequent, smaller meals instead of larger meals to avoid this problem.

**Fetal Movement:**

You should expect to start feeling your baby move sometime between 14-20 weeks. At approximately 20-24 weeks, you should feel your baby move at least daily. After 24 weeks, you should feel it move at least three times every hour of every day. If you think your baby isn't moving as much as it should, then you should do "kick counts." This is done by drinking something with sugar (juice, soda, etc.), lying on your left side and observing to make sure your baby moves at least three times over the next hour. If it doesn't, notify us.

**Hair:**

You may have a perm put in your hair and you may color it without risk to the pregnancy.

**Headaches:**

You may use Tylenol but avoid any Aspirin products or nonsteroidal anti-inflammatory agents like Motrin and Aleve.

**Heartburn:**

Try to eat small meals. Avoid eating immediately before lying down. You may use antacids such as Tums, Roloids, Mylanta, Maalox, Pepcid, and Tagamet.

**Heart Palpitations:**

An irregular heart rate and a fast heart rate are both very common during pregnancy. If you notice your heart "racing," sit down and try to relax as becoming anxious makes the problem worse. If you have episodes of fainting associated with these, please notify us.

**Hemorrhoids:**

You should try to avoid constipation (see above). You may use topical ointments such as Preparation H.

**Immunizations:**

If you desire, you may get a flu shot and a TB tine test.

**Nausea and Vomiting:**

You should try to eat small, simple, frequent meals and bland food. Notify us if you cannot keep liquids down or if you vomit blood.

**Nosebleeds:**

These are common in pregnancy due to increased blood volume. It is helpful to try to keep your nasal passages from becoming too dry with the use of a humidifier or saline nasal drops.

**Round Ligament Pain:**

Round ligament pain is a sharp sudden pain in the groin area caused by movement of the uterus. If you experience this, move carefully, avoiding any sudden movements. You may use heating pads and Tylenol to reduce pain.

**Swelling:**

This is most common in the last trimester. When possible, keep your feet elevated and lie on your left side to help this problem. Notify us if the swelling suddenly becomes excessive.

**Travel:**

Travel by car or plane is acceptable throughout the pregnancy. Any time after 36 weeks, however, you have the risk of going into labor and we recommend not traveling too far from Conway unless you have another hospital available to use. It is important to wear your seatbelt below your abdomen.



## Pediatricians

Mom, as part of your admission to Labor and Delivery, you will need to identify a Pediatric Clinic for your baby's follow-up after discharge. If you currently use a particular clinic for any other children, please select the same clinic for your new addition to the family. If you do not live close by and you plan to use a local Pediatrician or clinic out of town, please schedule a follow-up appointment for your baby with them before discharge.

At Conway Regional, we have a group of Pediatricians who round and provide care to our newborns during their hospital stay. This physician may not be the Pediatrician or clinic that you plan to take your baby to after his or her discharge. Our team will schedule your baby for his or her follow-up appointment prior to discharge. Please make sure to have this information before taking your baby home. Congratulations and Thank You for choosing Conway Regional!

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### Arkansas Pediatrics of Conway (APC)

2710 College Ave.  
Conway, AR 72034  
Phone: 501-329-1800

Steve McNabb, M.D. | Phillip Hopp, M.D. | Karen Baker, M.D.

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### Central Arkansas Pediatrics (CAP)

3010 Fountain Drive  
Conway, AR 72034  
Phone: 501-328-0055

Jeff Craig, M.D. | Adam Harrell, M.D. | Priya Yadav, M.D.

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### The Children's Clinic of Conway and Greenbrier

#### Conway

2505 College Ave.  
Conway, AR 72034  
Phone: 501-327-6000

#### Greenbrier

10 Lois Lane  
Greenbrier, AR 72058  
Phone: 501-679-6796

Kelly Staley, M.D. | Chris Killingsworth, M.D.

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### TLC Pediatrics

955 Carolyn Lane  
Conway, AR 72034  
Phone: 501-327-2444

Terence L. Champlin, M.D.



# ADVICE ABOUT EATING FISH

For Those Who Might Become or Are Pregnant or Breastfeeding and Children Ages 1 – 11 Years



## Fish† provide key nutrients that support a child's brain development.

Fish are part of a [healthy eating pattern](#) and provide key nutrients during pregnancy, breastfeeding, and/or early childhood to support a **child's brain development**:

- Omega-3 (called DHA and EPA) and omega-6 fats
- Iron
- Iodine (during pregnancy)
- Choline

Choline also supports development of the **baby's spinal cord**. Fish provide iron and zinc to support **children's immune systems**. Fish are a source of other nutrients like protein, vitamin B12, vitamin D, and selenium too.



## Choose a variety of fish that are lower in mercury.

While it is important to limit mercury in the diets of those who are pregnant or breastfeeding and children, many types of fish are both nutritious and lower in mercury.

This chart can help you choose which fish to eat, and how often to eat them, based on their mercury levels.

**What is a serving?** As a guide, use the palm of your hand.

**Pregnancy and breastfeeding:**  
1 serving is 4 ounces

**Eat 2 to 3 servings a week from the "Best Choices" list**  
(OR 1 serving from the "Good Choices" list).

**Childhood:**  
On average, a serving is about:

- 1 ounce at age 1 to 3
- 2 ounces at age 4 to 7
- 3 ounces at age 8 to 10
- 4 ounces at age 11

**Eat 2 servings a week from the "Best Choices" list.**

Best Choices			Good Choices		
Anchovy	Herring	Scallop	Bluefish	Monkfish	Tilefish (Atlantic Ocean)
Atlantic croaker	Lobster,	Shad	Buffalofish	Rockfish	Tuna, albacore/white tuna, canned and fresh/frozen
Atlantic mackerel	American and spiny	Shrimp	Carp	Sablefish	Tuna, yellowfin
Black sea bass	Mullet	Skate	Chilean sea bass/ Patagonian toothfish	Sheepshead	Weakfish/seatrout
Butterfish	Oyster	Smelt	Grouper	Snapper	White croaker/ Pacific croaker
Catfish	Pacific chub mackerel	Sole	Halibut	Spanish mackerel	
Clam	Perch, freshwater and ocean	Squid	Mahi mahi/dolphinfish	Striped bass (ocean)	
Cod	Pickering	Tilapia			
Crab	Plaice	Trout, freshwater			
Crawfish	Pollock	Tuna, canned light (includes skipjack)			
Flounder	Salmon	Whitefish			
Haddock	Sardine	Whiting			
Hake					

**Choices to Avoid** HIGHEST MERCURY LEVELS

King mackerel	Shark	Tilefish (Gulf of Mexico)
Marlin	Swordfish	Tuna, bigeye
Orange roughy		

**What about fish caught by family or friends?** Check for [fish and shellfish advisories](#) to tell you how often you can safely eat those fish. If there is no advisory, eat only one serving and no other fish that week. Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants.

[www.FDA.gov/fishadvice](http://www.FDA.gov/fishadvice)  
[www.EPA.gov/fishadvice](http://www.EPA.gov/fishadvice)



† This advice refers to fish and shellfish collectively as "fish" / Advice revised October 2021



CONTINUED

## ADVICE ABOUT EATING FISH

For Those Who Might Become or Are Pregnant or Breastfeeding  
and Children Ages 1 – 11 Years



The *Dietary Guidelines for Americans* recommends eating fish as part of a healthy eating pattern.

The *Dietary Guidelines for Americans* recommends:

- At least 8 ounces of seafood (less for children) per week based on a 2,000 calorie diet.
- Those who are pregnant or breastfeeding consume between **8 and 12 ounces per week** of a variety of seafood from choices that are **lower in mercury**.



Eating fish can provide other health benefits too.

**Fish intake during pregnancy is recommended** because moderate scientific evidence shows it can help your baby's cognitive development.

Strong evidence shows that eating fish, as part of a healthy eating pattern, **may have heart health benefits**. [Healthy eating patterns](#) that include fish may have other benefits too. Moderate scientific evidence shows that eating patterns relatively higher in fish but also in other foods, including vegetables, fruits, legumes, whole grains, low- or non-fat dairy, lean meats and poultry, nuts, and unsaturated vegetable oils, and lower in red and processed meats, sugar-sweetened foods and beverages, and refined grains are associated with:



**Promotion of bone health – decreases the risk for hip fractures\***



**Decreases in the risk of becoming overweight or obese\***



**Decreases in the risk for colon and rectal cancers\***

A **healthy eating pattern** consists of choices across all food groups (vegetables, fruits, grains, dairy, and protein foods, which includes fish), eaten in recommended amounts, and within calorie needs. Healthy eating patterns include foods that provide vitamins, minerals, and other health-promoting components and have no or little added sugars, saturated fat, and sodium.

This advice supports the recommendations of the [Dietary Guidelines for Americans](#), which reflects current science on nutrition to improve public health. The *Dietary Guidelines for Americans* focuses on dietary patterns and the effects of food and nutrient characteristics on health.

§ For some children, the amounts of fish in the *Dietary Guidelines for Americans* are higher than in this FDA/EPA advice. The *Dietary Guidelines for Americans* states that to consume those higher amounts, children should only be fed fish from the “Best Choices” list that are even lower in mercury – these fish are anchovies, Atlantic mackerel, catfish, clams, crab, crawfish, flounder, haddock, mullet, oysters, plaice, pollock, salmon, sardines, scallops, shad, shrimp, sole, squid, tilapia, trout, and whiting.

\* There is [moderate scientific evidence of a relationship](#) between the eating pattern as a whole and the potential health benefit.

‡ This advice refers to fish and shellfish collectively as “fish” / Advice revised October 2021



## Invest in Life!

### How can my baby's cord blood help someone else?

Cord blood is the term used for the blood collected from the umbilical cord and placenta (after birth) when a healthy baby is born. Cord blood is rich in blood-forming cells that can be used in transplants for patients with leukemia, lymphoma and many other life-threatening diseases. It can be especially useful for transplant patients from racially and ethnically diverse backgrounds, who often have difficulty finding an adult transplant match.

### Options for Cord Blood Banking

You have 3 options for the use of your child's cord blood:

**Public Cord Blood Banking** – You can offer the gift of life to others by choosing to donate your baby's cord blood for public use. The cord blood will be stored in a public bank so that it can be transplanted into **any** patient considered a match: not only here in Arkansas but throughout the world. There is no cost to you because public cord blood banks cover the cost of processing, testing and storing donated cord blood.

**Private Cord Blood Banking** – Private banking allows you to store the cord blood for your own family. You are charged a fee for the initial collection plus an annual storage fee. Please contact the CBBA Coordinator toll free at 1-855-854-2222 or 501-686-6271 for current rates and fees. (As of 6/01/2011, \$1399.00 covers the initial collection and 1 year of storage, the storage rate is \$120.00/yr after that. Rates are subject to change).

**Research Cord Blood Banking** – By choosing this option you are allowing us to use your cord blood to be used to further research studies. Researchers conduct studies to help improve the transplant process for future patients, and to discover new ways to use the cells to help repair damaged organs.

**TO GET STARTED:** Please contact the CBBA Coordinator at 1-855-854-2222 (CBBA) or 501-686-6271 between 8:00 – 3:30 Monday through Friday to arrange for cord blood banking, or see our website: [www.cordbloodbankarkansas.org](http://www.cordbloodbankarkansas.org) for more information. You can sign up at anytime during your pregnancy but we encourage you to enroll by the 34<sup>th</sup> week to ensure you receive a cord blood collection kit before you deliver.



### **Frequently asked questions:**

**When should I sign up?** If you are interested in cord blood banking with us you should contact the CBBA by your 34<sup>th</sup> week of pregnancy. We can enroll donors later than that but it increases the chances that you could deliver before receiving your cord blood collection kit.

**How does donated cord blood help others?** It can help treat diseases such as cancer (leukemia or lymphoma), other malignancies, bone marrow failure, hemoglobinopathies, immunodeficiencies, and/or inborn errors of metabolism.

**Why are more donations needed?** Seven out of 10 people will not have a suitable matched donor in their family and will depend on a registry to find a suitable donor. An example would be the *Be The Match Registry*, a registry operated by the National Marrow Donor Program (NMDP), to find a match. Adding more cord blood units to the registry increases the likelihood that all patients will find a match. *Racially and ethnically diverse donors are especially needed.* Patients are more likely to match tissue types with someone who shares their racial or ethnic heritage. And since nearly 35 percent of cord blood units used in NMDP transplants go to ethnically or racially diverse patients, we strongly encourage donations from all racial and ethnic backgrounds.

**Will having my child's cord blood collected affect the health of my newborn?** No, the cord blood collection occurs after the normal birth of your child when the umbilical cord has been clamped/cut and when you are spending time with your newborn.

**Will the collection of my baby's cord blood change my delivery experience?** No, the cord blood collection will not affect your labor or delivery in any way. It occurs after the birth of your healthy baby and only blood from the umbilical cord and placenta is taken.

**If I donate, is any of my information ever given to the patient or family that receives my cord blood?** No. No identifying information of you or your baby is ever exchanged between a cord blood donor and the cord blood transplant recipient or their family.

**I would like to donate but, am concerned I might not qualify. What would disqualify me as a donor?** The donor evaluation is much like when you are screened for a blood donation. The donor information form has a series of questions that helps us screen you as a donor and takes just a few minutes to complete. Some things that would disqualify you from donating would be:

- You are under 18 years of age
- You are undergoing treatment for a serious active infection and/or are on antibiotics.
- You have a chronic disease such as HIV/AIDS or Hepatitis.
- You are an IV or illicit drug user.
- You and the baby's father have a very strong history of cancer

**Would my donated cord blood be used for human cloning?** No. We offer Physician Scientists cord blood for research but the unit would not be used for cloning.

**Is donated cord blood always stored?** No, not all donated cord blood is eligible to be banked. The collected cord blood unit must be large enough, have a high enough cell count and be free from infection or diseases. This ensures the cord blood unit is suitable for a patient needing a transplant.