THE IOWA CLINIC®

OB/GYN



Pregnancy Guide

Helping you have a healthy, happy pregnancy.

515.875.9290

iowaclinic.com



Putting you and your baby first. **Always.**

Pregnancy can bring on a whirlwind of emotions — from happiness and excitement to nervousness and more. At The Iowa Clinic OB/GYN Department, our physicians and staff understand what you're going through, and offer the most comprehensive and compassionate care you'll find in central Iowa.

We want to help you have a healthy delivery in the safest way possible. That's why we use the latest technology and resources, as well as involve multiple physicians and healthcare professionals in your care. It's how we provide the expertise needed for safe and healthy outcomes.

There's nothing we love more than being there for a mom and baby's first moments together. Thank you for letting us be a part of this special time in your life.



Get coordinated prenatal care with everything you need under one roof.

Experience the benefits of our group practice.

With The Iowa Clinic, you have the advantage of different physicians reviewing your care and making sure your pregnancy is progressing as expected. You have the option of seeing only a few physicians in our practice or rotating through our entire team to meet everyone who may be involved in your care.

PHYSICIAN CERTIFICATIONS

Our physicians are expected to be board certified by the American Board of Obstetrics and Gynecology within a few years of employment and must maintain this certification throughout their careers.

Several of our physicians have obtained additional certifications and training to provide advanced levels of care not possible in single- or small-group practices.

CONVENIENT LOCATIONS

The Iowa Clinic OB/GYN has three primary offices in the Des Moines metro area. You can choose which office you prefer to visit.

ADVANCED PRACTICE PROVIDERS

On occasion, you may be scheduled with one of our nurse practitioners or physician assistants for a routine visit, but you'll always be seen by a physician if any complications arise.

LABOR AND DELIVERY

A physician will always manage your labor and delivery. We have a 24-hour on-call physician responsible for patients entering labor spontaneously. If you require an induction or cesarean section, delivery can often be scheduled with the physician of your choice.

Get convenient testing and additional services.

At The Iowa Clinic, we provide complete obstetric care under one roof. This includes any testing you may need during your pregnancy.

GENETIC TESTING

Our physicians were among the first in central Iowa to become certified in early first trimester prenatal screening using nuchal translucency ultrasound. This valuable technique, combined with bloodwork, can detect upwards of 99% of common chromosomal abnormalities, including up to 97% of Down's syndromes and Trisomy18 in the first trimester. We also offer a full range of genetic testing services.

ADDITIONAL TESTING

If you need additional testing – such as non-stress tests, biophysical profiles and contraction monitoring – these can usually be performed in our offices during your prenatal visits. If more advanced testing or consultation is required, we'll help coordinate this for you.

LAB AND MEDICAL IMAGING

We have a full-service lab as well as medical imaging and pathology departments all available under one roof. Ultimately, this means less wasted time for you and easier coordination of appointments.



PHYSICIANS



Katelyn
Buhrow, MD



Wanakee
Carr, MD



Robert
Casper, MD



Jenna
Kubat, MD



Amy
McEntaffer, MD



Evan
Olson, MD



A. Perry
Osborn, DO



Anthony
Schneider, MD



Alicia
Toncar, DO



Therese
Tran, DO

PROVIDERS



Kimberly
Alton, ARNP



Stephanie
Fardal, DNP



Nicole
Meyer, PA-C



Melissa
Phillips, ARNP



Breanna
Wickett, PA-C

We deliver at the following hospitals:

- MercyOne West Medical Center
- Methodist West Hospital

Click to pre-register and find prenatal class info

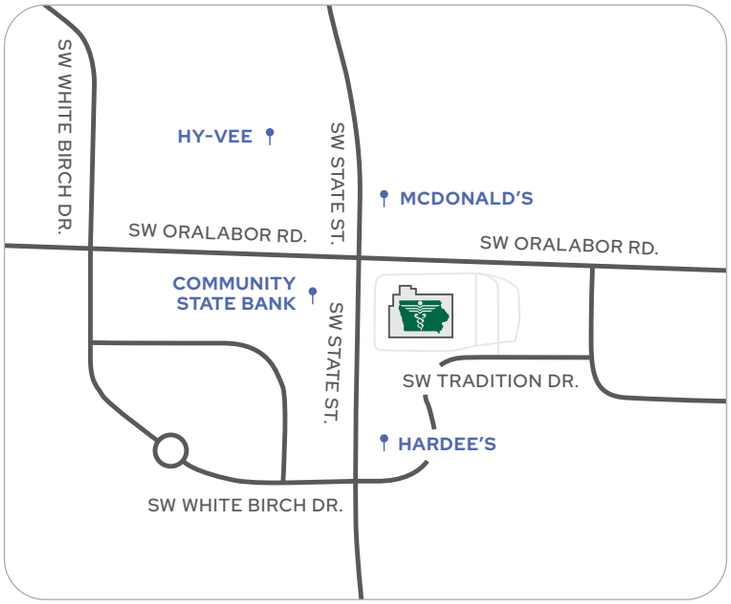
OB/GYN Hours

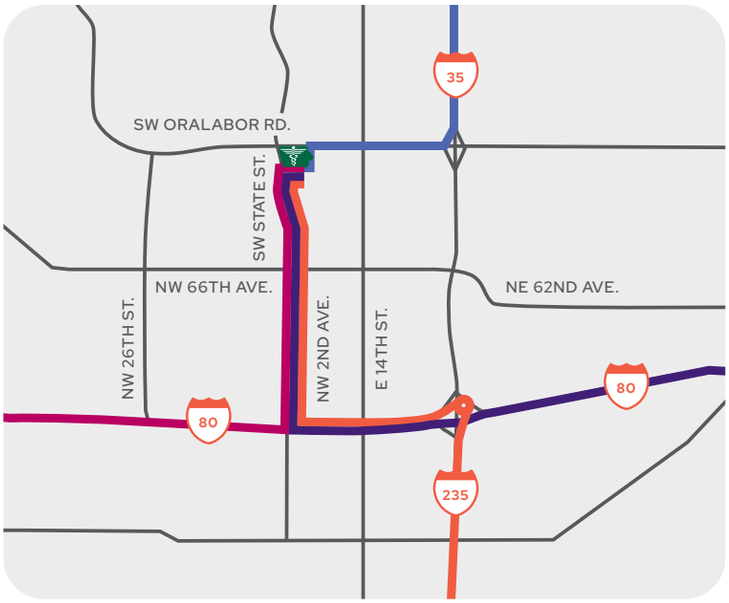
Our clinics are open Monday through Thursday, 7am to 4:30pm and Friday from 7am to 3pm.

Care Locations

Ankeny Campus

1410 SW Tradition Drive, Ankeny, IA 50023





FROM I-80 WESTBOUND

- Take exit 135 for 2nd Avenue
- Turn right onto 2nd Avenue
- Travel north and turn right onto SW Tradition Drive
- Turn left into The Iowa Clinic parking lot

FROM I-80 EASTBOUND

- Take exit 135 for 2nd Avenue
- Turn left onto 2nd Avenue
- Travel north and turn right onto SW Tradition Drive
- Turn left into The Iowa Clinic parking lot

FROM I-235/35 NORTHBOUND

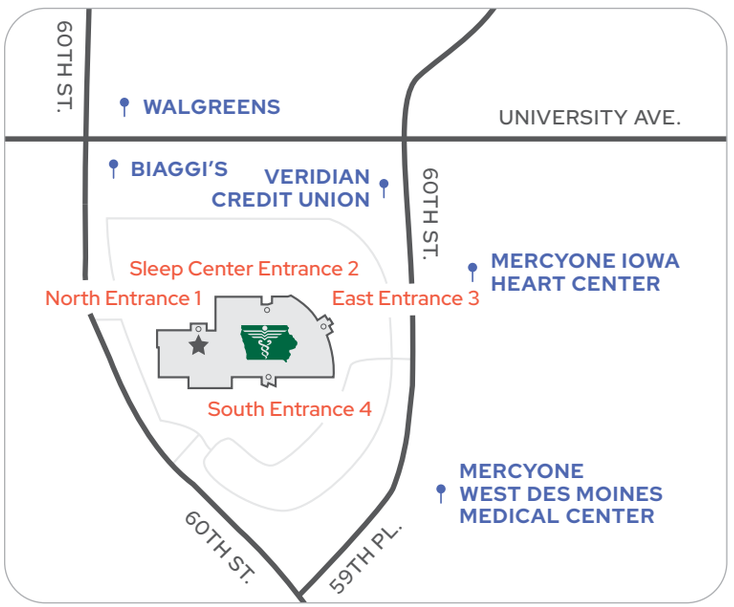
- Take exit 137B for I-80 west and merge onto I-80
- Take exit 134 for University Avenue
- Turn right onto 2nd Avenue
- Travel north and turn right onto SW Tradition Drive
- Turn left into The Iowa Clinic parking lot

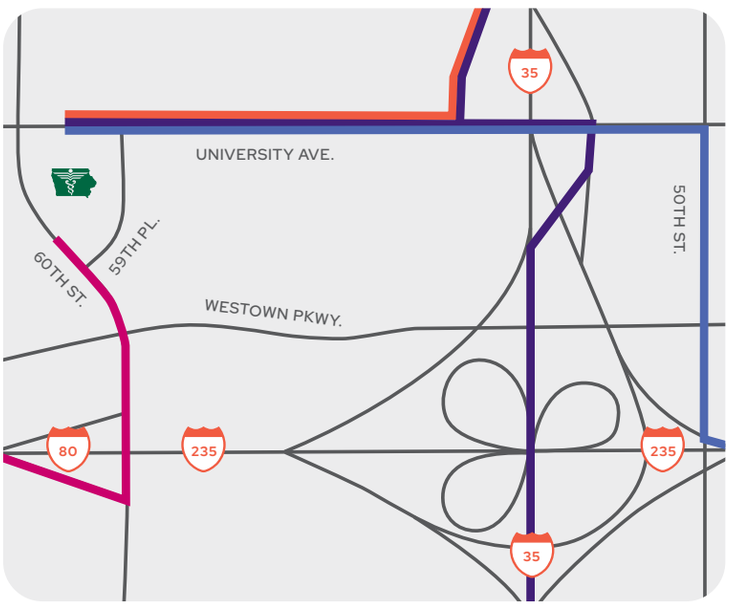
FROM I-35 SOUTHBOUND

- Take exit 90 for SE Oralabor Road
- Turn right onto SE Oralabor Road
- Turn left onto SW Franklin Drive
- Turn right onto SW Tradition Drive
- Turn right into The Iowa Clinic parking lot

West Des Moines Campus

5950 University Avenue, West Des Moines, IA 50266





FROM I-35 NORTH OR SOUTHBOUND

- Take exit 72C north or exit 124 south for University Avenue
- Turn west onto University Avenue
- Turn left into The Iowa Clinic parking lot

FROM I-80 EASTBOUND

- Take exit 122 for 60th Street
- Turn left onto 60th Street
- Turn right into The Iowa Clinic parking lot

FROM I-80 WESTBOUND

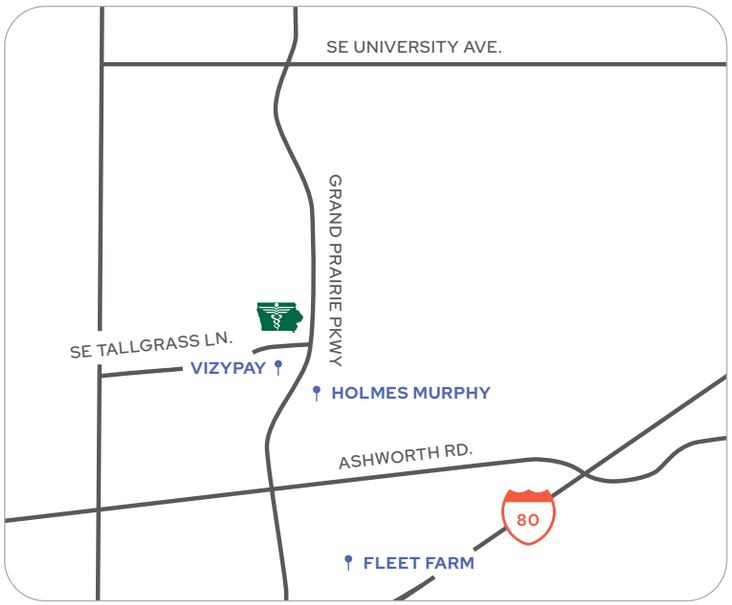
- Take I-80 west until it becomes I-35
- Take exit 124 University Avenue
- Turn right onto University Avenue
- Turn left into The Iowa Clinic parking lot

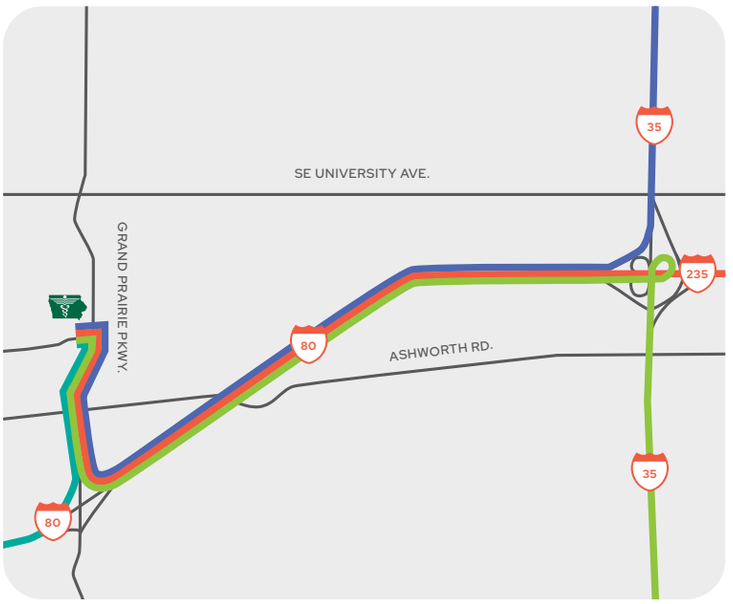
FROM I-235 WESTBOUND

- Take exit 1A for 50th Street
- Turn right onto 50th Street
- Turn left onto University Avenue
- Turn left into The Iowa Clinic parking lot

South Waukee Campus

1025 SE Tallgrass Lane, Waukee, IA 50263





FROM I-35 SOUTHBOUND/ I-80 WEST-BOUND

- Take exit 72B for I-80 West
- Merge onto I-235 West / I-80 West
- Take exit 118 for Grand Prairie Parkway
- Keep right at the fork to merge onto Grand Prairie Parkway
- Turn left at SE Tallgrass Lane
- Turn right into The Iowa Clinic parking lot

FROM I-35 NORTHBOUND

- Keep right at the fork to continue on I-80 West
- Take exit 118 for Grand Prairie Parkway
- Keep right at the fork to merge onto Grand Prairie Parkway
- Turn left at SE Tallgrass Lane
- Turn right into The Iowa Clinic parking lot

FROM I-235 WESTBOUND

- Stay on I-235 West (it will become I-80 West)
- Take exit 118 for Grand Prairie Parkway
- Keep right at the fork to merge onto Grand Prairie Parkway
- Turn left at SE Tallgrass Lane
- Turn right into The Iowa Clinic parking lot

FROM I-80 EASTBOUND

- Take exit 118 for Grand Prairie Parkway
- Keep left at the fork to merge onto Grand Prairie Parkway
- Turn left at SE Tallgrass Lane
- Turn right into The Iowa Clinic parking lot

Recommended Lab Tests

At one of your initial visits, you'll have recommended lab tests to help us provide you and your baby the best care possible. If you decline recommended testing, please request a waiver from your nurse.

The following tests are recommended for all patients:

- Blood type and Rh
- Antibody screen
- Hemogram and platelet count
- Rubella (German measles)
- VDLR (syphilis)
- HBsAg (hepatitis B)
- HIV
- Chlamydia
- Hepatitis C
- Varicella
- Gonorrhea
- Urine culture
- Pap smear (may be recommended depending upon age and date of last pap)
- Glucose (usually done between 24-28 weeks but may be recommended earlier if certain risk factors are present)





Medications

Almost everything you eat or drink while pregnant can enter the bloodstream of your developing fetus, including medications, food, drinks and alcohol. The medications on this page have been used for years and are considered safe when used as recommended.

Talk to your physician before taking any prescription medications or stopping any prescriptions you were taking before becoming pregnant.

Symptom	Permitted Medications
PAIN	Tylenol® (acetaminophen), Extra Strength Tylenol
CONGESTION OR COLD	Sudafed®, Robitussin® (plain or DM), Chlor-Trimeton®, over-the-counter cough drops, Vicks® VapoRub, Afrin® or saline nasal spray
CONSTIPATION	Metamucil®, Colace®, Citrucel, FiberCon®, milk of magnesia, MiraLAX®
HEARTBURN	TUMS, Rolaids®, Maalox® (not including Advanced), Mylanta®, Pepcid® or Prevacid®
DIARRHEA	Imodium A-D®, Kaopectate®, Pepto-Bismol®
ALLERGIES	Benadryl® (topical cream and oral), Chlor-Trimeton, ZYRTEC®, Claritin®
NAUSEA	Vitamin B6 and Unisom® (doxylamine) tablets, Meclizine, ginger
SLEEP	Unisom® (doxylamine), Benadryl, Dramamine®

Nausea and Vomiting

Nausea and vomiting are common pregnancy symptoms. Most women who experience vomiting will still be able to eat and drink enough to keep from becoming dehydrated.

However, if you have severe vomiting, you may become dehydrated. When this happens, you'll need treatment to help. Early treatment may help reduce your chances of developing hyperemesis gravidarum (the medical term for severe morning sickness).

B6 & DOXYLAMINE

Although treatment can't alleviate all vomiting, the goal is to decrease your vomiting to a tolerable level. The first treatment we often recommend for nausea and vomiting is taking 25 mg to 50 mg of vitamin B6 two or three times a day.

If B6 alone doesn't help, you can take doxylamine with it. You can buy doxylamine over the counter as a sleeping pill called Unisom. Purchase the pill, not the capsule, because the pill is the one with doxylamine.

You can take one pill at bedtime along with the vitamin B6, or 1/2 of the Unisom pill twice a day with vitamin B6.





NON-PHARMACOLOGIC OPTIONS

Ginger Capsules

- These can be purchased at health food and vitamin stores.

Over-the-counter Pressure Wristbands

- These can be purchased at drugstores.

Acupressure or Acupuncture

- Treatment over the P6 point can be a benefit. Please contact a local acupuncturist.

Frequent Small Meals

- A small study showed that small, frequent, protein-rich meals were more likely to alleviate nausea and vomiting.

Hypnosis

- If you want to do this, contact a hypnotherapist who works mainly with medical hypnosis.

HYPEREMESIS GRAVIDARUM

At least 50% of women will experience nausea and vomiting during pregnancy. Hyperemesis gravidarum represents the extreme end of the spectrum of vomiting. Women with this condition experience severe vomiting to the point of dehydration. This occurs in 0.5% to 2% of pregnancies.

The exact cause of hyperemesis is not known. But it is known that other pregnancy problems and a pregnancy with twins increase the risk of hyperemesis. If you have hyperemesis and have not had an ultrasound, one will be performed. You may also need prescription medications and/or IV therapy to treat it.

Frequently Asked Questions



APPOINTMENTS

How often will I be seen during my pregnancy?

Most patients will be seen every four weeks through the first 32 weeks of their pregnancy. Then from there, every two weeks until the last month. During the last month, you'll be seen weekly until you deliver. However, if complications arise, this will be adjusted to give you the best care possible.

What will happen at my appointments?

At every appointment, we'll check your weight, blood pressure and urine and measure your stomach to check for fetal growth. We'll also check your baby's heartbeat either with doppler or ultrasound. Blood tests may be needed at various times throughout your pregnancy, but we'll tell you this in advance and let you know if any preparation is needed.

How often will I get an ultrasound?

You'll be offered an ultrasound at your first visit to verify the pregnancy and help determine your due date. After that, you may elect to have another ultrasound with your first trimester nuchal screening test for birth defects and again at 18-20 weeks for completion of the birth defect screening. If needed, additional ultrasounds may be recommended throughout your pregnancy to ensure everything is progressing normally.

DIET & EXERCISE

What prenatal vitamins should I take?

It's recommended you take vitamins containing at least 400 micrograms (0.4 mg) of folate or folic acid starting 12 weeks before conception and then throughout your pregnancy. Most multivitamins and all prenatal vitamins should contain folate/folic acid. Prescription vitamins contain even more folate and iron than over-the-counter ones, but there is no added benefit other than some may be better tolerated than others.



Can I eat fish?

Although nearly all fish contain low levels of mercury, they can also provide healthy nutrients. Fish with low mercury levels include pollock, shrimp, catfish, salmon, canned tuna (albacore is higher in mercury than light tuna) and all freshwater fish. Limit eating 8-12 ounces of these types of fish per week. Avoid fish with high mercury levels, including swordfish, tilefish, king mackerel and shark. Learn more here: fda.gov/food/consumers/advice-about-eating-fish.

Can I use sugar substitutes?

Artificial sweeteners, such as Nutrasweet® and Splenda®, are safe during pregnancy. Some experts do not recommend consuming saccharin during pregnancy; therefore, using this sweetener should be limited or avoided altogether.

Can I have caffeine?

Although a safe amount of caffeine during pregnancy hasn't been thoroughly established, most studies suggest having up to 200 mg of caffeine a day is okay when you're pregnant. Caffeine can be found in coffee, tea, soft drinks, hot cocoa and chocolate products.



Can I drink alcohol?

The simple answer is no. The March of Dimes recommendation is no alcohol, even in moderation, during pregnancy.

Can I exercise during pregnancy?

It's recommended you do low-impact aerobic exercises throughout your pregnancy unless you've been told to rest. This includes swimming, walking, yoga (avoid heated yoga) and prenatal aerobics. Aim for 30-45 minutes, 3-5 times per week. Make sure to stay well hydrated and keep your movement low-impact enough that you can carry on a conversation while exercising.





VACCINATIONS & ILLNESS

Should I get a flu vaccine?

Yes. The flu vaccine is recommended for all pregnant women at any stage of their pregnancy.

Should I get a COVID-19 vaccine?

Pregnant women are at greater risk of severe illness and hospitalization if infected by coronavirus (COVID-19). Although the chances of this happening are low, COVID-19 is a serious virus. The COVID-19 vaccine and booster are recommended for all pregnant women to reduce the risk of getting the disease and spreading it to others.

What if I'm exposed to shingles?

If you know someone with shingles, you should avoid direct contact with them. Wash your hands with soap and water frequently. If you have had chickenpox in the past, you already carry the shingles virus so should have antibodies against it, but you should still discuss your exposure with your physician.

What about parvovirus (fifth disease)?

If you've had direct exposure to someone with parvovirus (fifth disease), you should contact our office and you'll likely need to be tested.

What about hand, foot and mouth disease?

This is a common childhood viral illness. Try to limit any direct exposure to affected individuals and practice good handwashing care. This is typically not a cause for concern during pregnancy and antibiotics are not needed.

What about whooping cough?

Whooping cough can be very contagious, and antibiotics are often recommended if you've had close contact with an infected individual. Please let us know if you've had any direct exposures. The Tdap vaccine is recommended during each pregnancy.



SAFETY & PRECAUTIONS

What position should I sleep in?

As of 2019, pregnant women are encouraged to sleep in any position they find comfortable. Pillows can be helpful to reduce hip strain.

Can smoking and secondhand smoke harm my baby?

Yes. First- and secondhand smoke can cause prenatal complications, such as preterm labor, placental abruption, high blood pressure and pre-eclampsia. Smoking is also associated with reduced birth weight due to carbon monoxide poisoning and reduced oxygen to your baby. In newborns, secondhand smoke has been linked to an increased risk of sudden infant death syndrome (SIDS), stillbirth, asthma and ear infections.

Can I use hot tubs and saunas?

You should avoid these during pregnancy. Bath water can be warm but should not exceed 90°F, and the jets on jacuzzi-type tubs should be avoided.

Can I color my hair?

Yes. It's safe to color, highlight and perm your hair when pregnant.

Can I get a massage?

Yes, massages are a great way to relax. Just tell your massage therapist that you're pregnant and avoid lying flat on your back while getting a massage.

Can I see my dentist?

It's recommended that you keep up with routine dental exams and dental work when pregnant. Local anesthetics with or without epinephrine can be used. Most antibiotics are safe during pregnancy, except tetracyclines including doxycycline. X-rays are OK if needed, but lead aprons should be used to shield both your baby and your thyroid. Please tell your dentist that you're pregnant when scheduling your appointment.

Is it safe for me to paint or be around fresh paint?

It's safe for you to be around latex paints, but you should still try to keep the area well-ventilated and leave if you feel nauseated. You should avoid oil-based paints and stains, or any paint with a noxious odor. Also avoid standing on ladders and don't scrape/sand any lead-based paints.

When is it safe to travel?

You can travel by plane or car until your 36th week of pregnancy. We recommend stretching and walking hourly on long trips to help prevent blood clots. Also drink plenty of water. If you're pregnant with twins or have a high-risk pregnancy, you'll need to be cleared by your doctor before you travel. And after 24 weeks, don't go on any cruises.

What are some helpful items I might need during and after my pregnancy?

Some things we recommend are breast pumps, anti-nausea bands and maternity support belts. You can find these conveniently located at the West Lakes Medical Equipment store, located between the cafe and internal medicine department, at The Iowa Clinic's West Des Moines Campus.

LABOR & DELIVERY

How long can I go past my due date?

Your due date will be determined early in your pregnancy by ultrasound and the last date of your period. If there are no complications for you or your baby, then we would prefer you enter labor spontaneously. If you haven't entered labor by one week past your due date, then we'll discuss an induction with you. Elective inductions won't be scheduled before 39 weeks (one week before your due date). This is now a city-wide policy to help prevent babies from having premature lungs when delivered. Medically indicated inductions will be scheduled depending on the severity of the problem and the timing will be discussed with you.

Can I try a vaginal delivery after having a C-section?

In some cases, a vaginal birth after cesarean (VBAC) can be attempted, but it can be associated with serious complications. Your physician will discuss this with you in much more detail and provide you additional information to help you make this decision. A VBAC delivery will only be performed at Iowa Methodist Medical Center.

Have you pre-registered at your choice of hospital yet?

- MercyOne West Medical Center
- Methodist West Hospital

When should I go to the hospital?

During your last four weeks of your pregnancy, you should watch for signs of labor. Go directly to Labor & Delivery (no calling necessary) if:

- You're having regular, painful contractions that have been happening 5 minutes apart for over one hour.
- Your bag of water has broken or is leaking. Don't wait for contractions to begin if you may be leaking fluid.
- You have a gush or flow of blood. However, a slight bloody discharge (bloody show) is not cause for concern and doesn't need to be evaluated.



What type of activity do you suggest for early labor?

You can walk, sit, shower or bathe in the whirlpool throughout your labor if you aren't having any problems. You can still be up after your membranes rupture once we check the position of your baby's head and confirm it's firmly against the cervix.

Do you encourage fluid intake in early labor?

It's fine for you to have ice chips, popsicles and small amounts of clear liquids in early labor.

Do you prefer a passive or active approach to labor?

Every labor is unique, so it depends. In general, we feel it's best to let labor progress at its own pace as long as steady progress is being made. When progress is delayed, medications may be necessary to help. Your bag of water is often ruptured prior to delivery to help identify problems with the fluid before birth occurs.

What type of pain management do you recommend?

Generally, we start patients with simple measures like Lamaze, breathing, warm baths and walking. Some patients may not require any additional medication. But if additional pain relief is needed, then we can give you IV pain medications that are safe and take the edge off contractions. If more relief is needed, an epidural is available 24/7. During labor, you'll be in close contact with your nurse and physician. The amount and type of pain management you get is largely up to you.



Do you routinely use an IV in labor?

We almost always start an IV when you're admitted, but it's often capped and not connected to fluids unless needed. This allows your nurse to draw blood for initial lab tests and administer pain medications, antibiotics or Pitocin if needed without having to repeatedly stick you. IVs are mandatory.

How often do you use fetal monitoring?

External fetal monitoring is usually used, at least intermittently, throughout your labor. Sometimes internal monitors are used if there's a need to follow your baby's heartbeat or contraction pattern more closely, but they are not routinely used.

Do you routinely perform episiotomies?

No. They're used when it's likely a tear could be potentially worse than the episiotomy itself. An episiotomy may also be needed to speed up your delivery in the case of fetal problems.

How often will I see my nurse or physician while I'm in labor?

When you arrive in Labor & Delivery, you'll be examined and admitted by your nurse. Your physician will be notified and will stay in contact with your nurse throughout your labor. Your nurse and/or physician will typically examine you following your admission and at various times throughout your labor.

How long can I expect to stay off work following delivery?

Before you deliver, talk to your employer about your disability benefits. The standard medical leave for a vaginal delivery is 6 weeks off and for a C-section is 8 weeks off. You may be eligible to take up to 12 weeks of non-paid time off through the Family Medical Leave Act.



Physical Therapy for Postpartum Recovery

THE ONE AND DONE PROGRAM

Women's bodies are amazing, changing quickly to grow a human being over the course of nine months. But it's no wonder your body sometimes needs a little help to regain strength and function after you give birth.

That's where our One and Done program can help. This pelvic physical therapy program includes an evaluation by a specialized women's health physical therapist. They'll assess your pelvic floor muscle and core strength, as well as coordination, posture, diastasis recti and overall readiness to return to increased activity or fitness.

At your first visit, your physical therapist will discuss an individualized treatment plan. Many women will just need one visit to lay the groundwork necessary to regain previous core strength and fitness levels. But some women might need more than one visit, especially those with perineal tearing, forceps or vacuum deliveries, difficult c-section deliveries, incontinence, pelvic pain or significant weakness.

After physical therapy is complete, you'll be given links to online videos that will help you progress to higher impact activities.

We want to help your postpartum recovery process go as smoothly as possible.

Postpartum conditions treated:

- Diastasis rectus abdominus (DRA)
- Pelvic floor muscle weakness
- Core weakness
- Urinary or fecal incontinence
- Overactive bladder (OAB) or painful bladder syndrome, urinary urgency or frequency
- Cystocele or pelvic organ prolapse
- Pubic symphysis dysfunction
- Sacroiliac (SI) joint pain
- Low back pain
- Pain with intercourse
- Abdominal or c-section scar pain

Locations

ANKENY CAMPUS
1410 SW Tradition Drive

JOHNSTON PHYSICAL THERAPY
5290 NW 86th Street

SOUTH WAUKEE CAMPUS
1025 SE Tallgrass Lane

WEST DES MOINES CAMPUS
5950 University Avenue

Find a Pediatrician for Your Little One

At The Iowa Clinic, our pediatricians provide a full range of services for your kids from birth through adolescence. This includes immunizations, sick visits, well-child exams, behavioral consults, developmental screening, school/sports physicals and more. We stand behind the American Academy of Pediatrics' recommendations regarding vaccination.

GET TO KNOW US

We know that choosing your pediatrician is an important decision. That's why we encourage expecting and/or new parents to schedule a no-charge consultation so you can find the right fit.

Learn more about our pediatricians and view their video profiles at: iowaclinic.com/pediatricians

OFFERING PEDIATRIC INTERNAL MEDICINE

Our downtown location offers a unique pediatrics specialty that cares for children with chronic conditions. Dr. Tomlinson helps treat all stages and complications of illness throughout your child's lifetime.



PEDIATRICIANS



Shauna
Baker, MD



Jessica
Greenley, DO



Joy Hanson,
MD, MPH



Sarah
Holland, DO



Joshua
Kindt, MD



Marissa
Michel, MD



Daniel
Pelzer, MD



Adam
Secory, DO



Nicole
Stoecken, DO



Katherine "Christy"
Sullivan, MD



Ryan
Tomlinson, MD



Allison
Whitney, MD

The Iowa Clinic Urgent Care

The Iowa Clinic also offers urgent care at our West Des Moines, Ankeny and South Waukee locations.

Locations

ANKENY PEDIATRICS

515.875.9420
1410 SW Tradition Drive

Katherine "Christy" Sullivan, MD
Ryan Tomlinson, MD
Allison Whitney, MD

DES MOINES INTERNAL MEDICINE/ PEDIATRICS

515.875.9787
1215 Pleasant Street, #206

Ryan Tomlinson, MD

GRIMES PEDIATRICS

515.875.9607
825 NE Gateway Drive

Nicole Stoecken, DO

NORTH WAUKEE PEDIATRICS

515.875.9610
842 NE Alice's Road

Shauna Baker, MD

SOUTH WAUKEE PEDIATRICS

515.875.8420
1025 SE Tallgrass Lane

Sarah Holland, DO
Joshua Kindt, MD
Adam Secory, DO

WEST DES MOINES PEDIATRICS

515.875.9420
5950 University Avenue

Jessica Greenley, DO
Joy Hanson, MD, MPH
Marissa Michel, MD
Daniel Pelzer, MD
Katherine "Christy" Sullivan, MD

Questions for Provider