

GALEN MEDICAL GROUP

Wisdom. Compassion. Integrity.

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GENERAL OBSTETRICAL INFORMATION PACKET

This handout is given to you at the beginning of your pregnancy. It includes a brief overview of our policies, tests offered in pregnancy, common ailments that may arise in pregnancy, as well as a list of remedies. Please keep this packet as a reference throughout your pregnancy.

We are here to assist you in any way we can. Please ask questions and tell us how you are feeling at each visit.

We hope you have a rewarding pregnancy and delivery.

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General Obstetrical Information

Our goal is to provide you with quality care and to assist you in the “normal” pregnancy and childbirth process, as well as to advise and assist when there are any problems.

You may have many questions, especially if this is your first pregnancy. Answers to many of your questions can be found in this information packet. We recommend a few books: “Planning for Pregnancy, Birth and Beyond” by American College of OB/GYN, “What to Expect When You are Expecting” by Arlene Eisenberg, “Girlfriends Guide to Pregnancy” by Vicki Iovine, and “The Complete Pregnancy and First Year” by the Mayo Clinic.

The first part of this handout will go over common questions women have in pregnancy, genetic testing, over the counter remedies for common health problems, and information on labor and delivery. The second part goes over what to expect at visits as well as testing during your pregnancy.

Your Due Date: Length of average pregnancy is 40 weeks (280 days). Only about 4% of women will deliver on their “due date.” Over 90% will delivery within 2 weeks of that date.

Travel: If your pregnancy is uncomplicated, you may travel until 34-36 weeks. Most airlines will not let you fly in your last month of pregnancy unless you have a note from your provider. Long trips by car can be taken if common sense is used. When you travel, stop every 2 to 3 hours, move around, exercise your legs... After 34 to 36 weeks, it is better to stay close to home.

Nutrition and Weight Gain:

Weight gain recs are based on pre-pregnancy weight:

Underweight (BMI <18.5) 28-40 lb

normal wt (18.5-24.9) 25-35 lb

Overweight (25-29.9) 15-25lb

BMI>30 11-20 (ok if less)

If your pre-pregnancy BMI >25 OR weight gain in pregnancy >40 pounds, you have an increased risk of miscarriage, stillbirth, developing high blood pressure, diabetes, C-section with more complications of surgery, more complications with epidurals, complications of delivery that can affect you or the baby. In your child: increase the risk of brain tumors, abnormalities of brain and spinal cord such as spina bifida, increase risk of childhood obesity by 2x, heart defects, and diabetes. This means children are preprogramed to have health issues based on mother’s lifestyle before the baby is even born!

If you have a history of eating disorder, bulimia or anorexia, please let us know, you may have a hard time managing weight gain and self-image and we want to help.

Most women do not need to eat more than they did before pregnancy. Eat 3 balanced meals a day plus 2 snacks or 5 small meals a day. Concentrate on a diet that is low in simple carbs but high in complex carbs (60%), high in fruits, vegetables and protein (25%): lean meat or vegetarian sources of protein, fat (15%) - focus on healthy fat such as fatty fish, avocados, nuts. Caffeine in small amounts (<200 mg/day) is fine in pregnancy.

Vitamin supplements: the average American diet does not include all the vitamins recommended in pregnancy so we do recommend prenatal vitamins (PNV). Avoid mega-vitamins; more is not better, especially in pregnancy. Avoid vitamin A >10,000/day. Specific vitamin recommendations: **Folic acid** is needed for development of the baby’s brain and spinal cord. **Iron:** dietary sources cannot keep up with iron needs in the second half of pregnancy. Your body needs iron to make the red blood cells

necessary to carry oxygen for both you and the baby. **Calcium:** typically PNVs do not have enough. The best way to get calcium is by eating 3 to 4 dairy servings daily. If you take a calcium supplement, don’t take with other vitamins or medications because calcium will limit their absorption. **DHA or omega 3 fatty acids** (250-300mg/d) is important for eye and brain development. Other sources include fish, flax seed, canola oil, and walnuts. **Vitamin D**800-1000 IU/day, (max 2000 IU/d). If you’ve had a gastric by-pass, you are at risk for anemia, vitamin B12 deficiency and vitamin D and calcium deficiency (check CBC, ferritin, thiamine, calcium, B12, vitD folate). If you are vegan or true vegetarian, you may be at risk for vit B12 deficiency and not eating enough protein.

Avoid bottles with BPA (plastic bottles with #7 on the bottom).

Not all herbal supplements are safe in pregnancy so please discuss any supplements with your provider.

Unpasteurized cheese, deli meats, smoked fish, and hot dogs can carry bacteria called listeria, the symptoms are usually mild. This bacteria can affect the baby. Listeria can survive cold but doesn’t survive heat. Reduce risk of Listeria: cook hot dogs or lunch meat to steaming and avoid unpasteurized cheese and smoked seafood.

FDA recommends that pregnant women eat 8-12 ounces of cooked fish per week, eat smaller fish and a variety. Avoid large fish due to mercury content such as shark, swordfish, tilefish from Gulf of Mexico, orange roughy, big-eye tuna, marlin, whale, albacore and king mackerel. Limit non-commercially caught fresh-water fish to 1 serving a week because of pollutants.

Dental Hygiene: Pregnancy is a good time for a thorough dental checkup; some women seem to suffer more cavities at this time (although it is not a proven fact). Special attention should be given to the care of your gums; you may notice that they bleed very easily. Dental x-rays and Novocain are safe in pregnancy although they are best to avoid in the first trimester.

Sexual Intercourse: Unless otherwise instructed, you may continue to have intercourse until the onset of labor. Do not have intercourse if you have vaginal bleeding, if your bag of water breaks, or if you are being treated for premature labor.

Maternity Leave: You may continue your employment as long as you wish. Some jobs and occupations should be stopped sooner, but most can be performed until term. If you think you have a job that may negatively affect your pregnancy, please let us know. Please check with your employer regarding your maternity leave benefits. Many women take advantage of the time allowed by the Family Medical Leave Act (FMLA).

Breast Changes: Your breasts change in order to produce milk, the milk glands enlarge, veins become visible. Your nipples and the pigmented area around your nipples (areolas) will darken and widen. Your nipples may itch; lanolin can help. A milky or clear discharge from one or both of your nipples at any time during your pregnancy is common. Flat or inverted nipples can cause problems with BF, there are things that can help so let us know if this is an issue.

Breast feeding benefits: Mom: decreased risk of breast and ovarian cancer and women who BF will lose more weight. Baby: decreased infections in the first year of life, fewer ear infections and pneumonia, decreased infections of the bowel in premature babies, lower risk of obesity and diabetes, SIDS and infant mortality, decreased childhood cancers, asthma and skin rashes. BF isn’t easy so please prepare before you have the baby.

There are books to read and classes. It is helpful to find a friend or relative who was successful with BF to give you advice and support. We will discuss more later in pregnancy.

Exercise: Exercise helps you feel better, minimizes excess weight gain, reduce risk of diabetes, high blood pressure and postpartum depression. It helps prepare you for labor and delivery. Women at high risk for premature labor, or other high-risk conditions should not exercise and will be reminded of this by their provider. Women who are in good aerobic condition prior to pregnancy may continue to exercise at those levels. The American College of Obstetrics and Gynecology recommends:

1. Continue mild to moderate exercise. Regular exercise (>3x/week) is better than intermittent exercise.
2. Avoid exercise lying directly on your back after 12 weeks.
3. Non-weight-bearing exercise: cycling or swimming, may decrease your risk of injury and help you exercise longer.
4. When exercising, make sure you drink lots of water and modify exercise by how **you** feel.

Exercise Generally Considered Safe in Pregnancy.

- Low-Impact Aerobics/Pregnancy Fitness Classes
- Cycling/Stationary Bike
- Jogging, Walking, or a Day Hike
- Cross Country Skiing (under 20 weeks)
- Non-competitive Racket Sports/Golf
- Swimming/Water Aerobics
- Weight Training (avoid excessive straining)
- Yoga/Pilates, avoid hot yoga

Infections:

- **Herpes:** If you or your partner has herpes, let us know. Herpes is passed to the baby only if a woman has an outbreak in labor. If a woman has an outbreak in labor, we will recommend a c-section to avoid passing it to the baby. Medication (valtrex) will be recommended during the last month of pregnancy to reduce the chance of outbreaks.
- **Parvo virus or Fifth's disease or "Slapped cheeks":** This is a common virus in school age children; it is difficult for adults to get this even if they spend a lot of time with children. If you are a teacher and exposed to a child with Fifth's disease, the chance of getting it is 20-30%, if you are a household contact, the chance is 60-80%. The chance of getting the infection is rare and even rarer for it to pass to the baby, if you are exposed, we will recommend lab tests to see if you are immune.
- **Toxoplasmosis:** Rarely, you can get toxo from cat feces. Prevention: avoid changing cat litter, wear gloves in the garden, avoid uncooked meat
- **CMV:** best prevention: good hand washing, avoid passing saliva with children - don't share utensils/tooth brushes/ kissing on the mouth
- **Zika Virus: 80% of women have NO symptoms**, it can cause severe brain damage to a developing baby. Best source for information is the CDC website. There is a lot we don't know about it so best info is on the CDC website. Even though the last documented case in USA or Caribbean was 12/2016, the CDC still recommends that pregnant women/their partners do not travel to these locations. If either of you do travel, please call us first AND use DEET (best is DEEP WOODS OFF), permethrin on clothing AND check CDC website for latest recommendations on protecting yourself. If your partner is exposed while you are pregnant, recommendation: abstinence or condoms for the rest of pregnancy.

VACCINES:

- Rubella: we recommend the mmr after delivery if not immune
 - Whooping cough: this disease is increasing in the US because waning immunity from vaccines and people not getting vaccines, CDC recommends TDap in third trimester of each pregnancy (if you wait to be vaccinated after delivery - fewer antibodies are

passed to the baby, so less of a benefit). Spouses and grandparents should be vaccinated as well.

-Flu: Being pregnant increases your risk of having a more severe case of the flu and being hospitalized for complications of the flu. Scientific data shows that getting the flu may increase the risk of autism, premature delivery and still birth. If you get the flu, call for tamiflu, start within 72 hrs to decrease the severity of disease.

Alcohol, Drugs, and Cigarettes: Alcohol & drugs pass from your blood through the placenta to the baby. Alcohol, marijuana, and cocaine have long-term effects on your developing baby. These may cause complications during pregnancy and delivery and may cause learning disabilities. Even small amounts of drugs and alcohol can be harmful.

Marijuana is becoming more popular, there is a significant increase in marijuana use in pregnancy, most commonly used for nausea. Scientific studies show marijuana increases miscarriages, since marijuana concentrates in the fetal brain there is evidence that children have trouble with memory, attention, impulse control, lower school performance and lower IQ. Due to these risks, the recommendation is to stop marijuana use in pregnancy and use something safer for the ailment. Smoking (risks of vap'ing are unclear) increases risk of miscarriage, SIDS, preterm delivery, and health problems in the baby, such as ear infections and asthma. Quitting before 16 weeks of pregnancy will give your baby a healthier start.

Prescription narcotics have been shown to cause birth defects such as heart defects, spina bifida, Neonatal Abstinence syndrome (it takes a baby about a month in the NICU to wean off narcotics).

Mood disorders, anxiety, depression: Women with a history of mood disorders have an increased chance of recurrence during pregnancy and post-partum. There are ways to reduce the risk so please let us know if you have dealt with a mood disorder before.

Miscellaneous: Tanning beds will not hurt your pregnancy, but they are not good for you. Hair processing (such as coloring, perms, and straightening) will not hurt your pregnancy. We do recommend avoiding these in the first trimester. Douching is not recommended. Tub baths are fine throughout pregnancy. Hot tubs are probably fine if you limit the length of time in the tub and keep the temperature at 100° or less.

Danger Signals: To ensure that your pregnancy is a happy and healthy event, you need to recognize when something is going wrong. If any of the following occur, please notify your provider:

- Vaginal Bleeding
- Severe, continuous headache
- Dimness or blurring of vision
- Severe pain in the abdomen
- Persistent vomiting and inability to keep down food/drink
- Chills and fever (temperature > 100.4°) not responding to Tylenol for more than 1 day
- Sudden escape of water from the vagina

Fees: The fees for obstetrical care will be discussed with you early in your pregnancy, after your benefits are verified. If you have partial or no insurance coverage, please notify our business office. They will assist you in making payment arrangements.

Remember the hospital has a separate fees.

Cord Blood Banking:

http://www.asbmt.org/guide_for_parents,
<http://stemcellresearchfacts.org>, <http://parentsguidecordblood.org/>

Phone calls: If you have an emergency after hours please call our office number (423)-899-9133. The answering service will page the nurse or doctor on call and they will call you back.

Web Portal: You can use the web portal for non-emergent questions and we will post your labs to the web portal, this will include instructions, if a medication is needed, we will post that and send in the Rx. We will call about genetic testing.

Genetic Testing:

What do these tests look for? There are a number of new tests being offered that look at the risk of having a child with chromosomal problems such as Down's syndrome or a less common chromosomal problem called trisomy 18. Some of the following tests also look at the risk for problems with development of the baby's brain or spinal cord (called neural tube defects, NTDs). The most common NTD is called spina bifida. Spina bifida occurs in less than 2 pregnancies per 1000.

What types of tests are offered? There are 2 categories of tests available. Screening tests tell us if there is an increased or decreased risk of a problem, it can't tell us if there actually is a problem (these are the first trimester screen, the quad screen, cell free DNA and ultrasound). Diagnostic tests give a definite answer, (these tests include amniocentesis and CVS). Screening tests have no risks. The risks of diagnostic tests are very small.

Screening tests:

1. First Trimester Screening: Performed between 11 and 13-6/7 weeks, an ultrasound is done and a measurement of the skin fold on the back of the baby's neck is taken; this is called the Nuchal Translucency (NT). Increased thickening of NT increases the risk of Down's syndrome, trisomy 18 and heart defects. Maternal blood is also drawn to test 2 chemicals called hCG and PAPP-A, drawn same day as the ultrasound. The combination of the NT, blood tests and the mother's age at delivery gives the chance of Down's syndrome and trisomy 18. Detection 85-88%.

Disadvantages: Position of the baby and the mother's weight can make the NT measurement difficult to get. This doesn't test for all chromosomal problems and doesn't test for open NTDs. If the results show increased risk, follow up tests: CVS or amnio.

2. Second Trimester Screening (Quad or penta): Blood test is drawn to assess the risk of open neural tube defects and chromosomal abnormalities. This test is offered between 15-21

weeks. These tests pick up approximately 80-85% of Down syndrome and 90% of open NTDs.

Disadvantages: An abnormal result DOES NOT mean your fetus has a birth defect. IT SUGGESTS THE NEED FOR FURTHER TESTING which may include an ultrasound or amniocentesis, remember that US only detects 70% of Down's. Sometimes the results are normal even though the baby has a problem.

3. Cell free DNA (Noninvasive prenatal screening: NIPS) – blood test done after 10 weeks, detects trisomy 13, 18 and 21 (Downs) and sex chromosomal abnormalities (find out the sex)

Disadvantages: misses 50% of abnormalities detected on amnio and CVS, sometimes fetal DNA cannot be found in sample so results are "indeterminate". This is not a diagnostic test so if abnormal, still rec amnio. Lower prediction in low risk women.

4. An ultrasound between 19- 20 weeks will detect 70% of Down syndrome and 90% of NTDs.

Diagnostic tests:

1. **CVS:** Detects chromosomal problem, it is too early to look at NTDs.
 - At 10-13 weeks a small piece of the placenta is removed and the chromosomes are tested. There is a 1% chance of bleeding, infection and miscarriage.
 - This test is over 98% accurate.
2. **Amniocentesis (amnio):** American College of Obstetricians and Gynecologists recommended that all women be given the option for an amnio. For years the risk of an amnio was thought to be 1/200-1/300, newer studies have shown that the risk is much lower, even though the exact risk is not known. Risks: bleeding, infection and miscarriage. Accuracy: >99%. Usually performed 16-18 wks.
 - Procedure: a needle is placed in the sac around the baby and fluid is removed. The results will include chromosomes of the baby and the risk of NTDs.

Test	Timing (weeks)	Detection Downs (%)	Detection Trisomy 18 (%)	Detection of NTDs (%)	False positive rate (%)	Follow up test if Abnormal	Limitations
First trimester screen	10-14	85-88	85-88	Doesn't test	5	CVS/ amnio	Position of baby and mothers weight can limit ability to measure NT
CVS	10-12	98%	98	Doesn't test	~0		Risk of miscarriage. Doesn't test for NTDs.
Penta/Quad screen	15-22	80-85%	80	80	5	amnio	
Amnio	15-20	>99%	>99		~0		Risk of miscarriage.
Ultrasound	19-21	70%	90-94	80-90		Amnio	Can miss about 30% of Downs syndrome, picks up >90% of NTDs
NIPS	10	>98%	Varies	Doesn't test	0.5	Amnio	If fetal DNA can't be detected - "indeterminate result)

Recommendations for Medications and Remedies for Common Ailments During Pregnancy

1. Chloraseptic Spray or Lozenges
2. Tylenol (Regular or Extra Strength)
3. Robitussin
4. Cough Drops

Cold and Flu

1. Tylenol (Regular or Extra Strength)
2. Actifed, Tylenol-Cold, Sudafed
3. chlorpheniramine (antihistamine)

Nasal Congestion

1. Ocean Nasal Spray
2. Vaporizer
3. Robitussin (plain or CF)
4. Claritin or benadryl, zyrtec

Headache

1. Alternate warm and cold compress
2. Tylenol (Regular or Extra Strength) don't use Advil or Aspirin
3. Rest, relaxation, and massage, acupuncture
4. If you have prescription migraine medications please discuss with your provider, some meds should not be taken in pregnancy.

Diarrhea

1. Increase clear liquids and avoid milk products.
2. BRAT diet (Bananas, Rice, Applesauce, and Toast)
3. Avoid spicy and greasy foods
4. Kaopectate or Imodium
5. Call if you have blood in the diarrhea

Constipation

1. Increase fiber; bran cereal or fiber supplements (such as Metamucil, Citrucel, or Unifiber)
2. Increase fluid intake
3. Exercise
4. Stool softeners: Colace or PeriColace
5. Milk of Magnesia or miralax

Heartburn

1. Avoid spicy or fried foods. Eat smaller, more frequent meals. Don't lie down within 2 hours after eating.
2. Antacids: Mylanta, Riopan, Tums, or Pepcid, prevacid.
3. If you are constipated, avoid above meds that have calcium.

Hemorrhoids

Hemorrhoids are enlarged rectal varicose veins that are often itchy and painful.

1. Try to avoid straining with bowel movements and constipation.
2. Warm sitz baths for 20 minutes twice a day may help.
3. OTC Suppositories or Preparation H.
4. Tucks pads are particularly soothing when cold.

Back Pain/Sciatic Nerve Pain

1. Pressure on your sciatic nerve may cause pain or numbness in your lower back and down one leg
2. Heat or ice (see which one is more effective for you.)
3. Tylenol (Regular or Extra Strength)
4. Massages, physical therapy, and chiropractic adjustments, acupuncture are safe during pregnancy.

Gas: Phazyme or Gas-X

Nausea/Vomiting

1. Diet: Try eating small frequent meals, avoid drinking with meals, drink 30 minutes after a meal. High carb foods, crackers, dry toast, hard candy, plain popcorn, dry cereal, potatoes. Avoid spicy and greasy foods. Dry toast or crackers before getting out of bed in the morning
2. Keeping active and exercising may help decrease nausea.
3. Sea-Bands (over the counter)
4. Vitamin B₆ 25 mg 3 times/day (may add Unisom 25-50 mg to each dose of vitamin B₆, start with evening dose because it may make you sleepy)
5. Ginger 250 mg 3 to 4 times/day or ginger tea 3-4x/d
6. Dramamine 50-100 mg every 4-6 hours.
7. Avoid PNV with Fe in first trimester
8. Prescriptions: diclegis, Phenergan, prefer to avoid Zofran between 6-10 weeks bc of possible increased risk of heart disease and cleft lip/palate

Yeast Infections

Over-the-counter treatments are fine

Varicose Veins

Support hose can help reduce the discomfort and swelling (you will need a prescription for this and need to be fitted); avoid standing for prolonged periods of time, elevate your legs when you can. Varicose veins often get worse as pregnancy progresses.

Urinary Tract Infection (UTI)

If you feel you have a UTI, you should call the office. You can help prevent UTIs by increasing your water intake.

Spotting

Spotting is common, especially early and late in pregnancy. However, if you have unexplained spotting, please call our office.

Swelling

Swelling in your legs is very common and rarely worrisome. You may try elevating your legs, support hose, or increasing your water intake. Avoid prolonged standing. If you have sudden and severe ankle swelling and rapid weight gain or if you notice pain, warmth, or swelling in one leg, please notify your provider.

Stretch Marks

Stretch marks occur in about 90% of women. They may occur on your abdomen, breast, and thighs. Nothing prevents these, but keeping your skin soft with lotion may help.

Other Skin Changes: You may notice changes in your skin and hair. Wrinkles may be less obvious. You may grow new moles, red spots, and skin tags. If your moles change significantly, let us look at them. Acne may increase as well. Most over the counter acne washes are fine in pregnancy.

Insomnia

Warm baths; relax with soft music, massages. Try sleeping on your side with a pillow to support your knees and hip joints. Benadryl (25 mg) may help if you have difficulty falling asleep. You may sleep in any position that is comfortable for you. Some books state you may ONLY sleep on your side, but these are incorrect. You may feel more comfortable sleeping on your back; just place a pillow under your side/hip to tilt your uterus.

(Palpitations) Heart Pounding

Try to relax and take deep, cleansing breaths, and then breathe easily and comfortably. Decrease caffeine and stress. If they occur more frequently or if you experience pain, let us know.

Exact risk of these medications are unknown but probably very low if taken sparingly.

Tylenol: some evidence that Tylenol can cause neurodevelopmental issues or ADHD in offspring

INFORMATION ABOUT LABOR AND DELIVERY:

1. Information about Premature Labor: A baby that is born between 20 and 36 weeks is called preterm. Prematurity can be serious.

A. Patients at Risk:

- Previous preterm deliveries.
- Multiple births (twins or triplets).
- Abnormally shaped uterus, large fibroids, bleeding.
- Incompetent cervix or short cervix on ultrasound.
- Kidney infections.

B. Symptoms of Premature Labor:

- If you suspect you are having premature contractions, drink fluids and lie down. If the contractions do not decrease, please call.
- Premature uterine contractions are different from Braxton Hicks, the “normal” contractions that prepare the uterus for labor. If you are less than 36 weeks and having regular contractions every 10-15 minutes in an hour, please call.
- A gush or trickle of fluid from the vagina may signal premature rupture of membranes (PROM). Sometimes as your baby gets larger a sudden kick to the bladder can trigger an involuntary release of urine. If you have unexplained wetness, please call.
- Worsening back pain and pelvic pressure.
- A feeling that something is not right.

2. Labor Instructions if you are full term (36 weeks):

Call the Office if you have any of the following symptoms. 423-899-9133, after office hours the answering service will page the provider or nurse on call and they will call you back.

Contractions: Labor contractions often start 15 to 20 minutes apart and become progressively closer and increase in strength. With your 1st baby contractions are not likely to cause dilation of the cervix until they are 4 or 5 minutes apart. False labor is common. Contractions of false labor may be painful but are usually irregular, less than 30 seconds in duration, and do not become more frequent or regular with time. Call if you are having regular contractions every 4 to 5 minutes for 1 hour.

Ruptured or Leaking Bag of Water: Although your bag of water usually breaks or is broken during labor, this may occur before labor. Usually when your bag of water breaks, it is a gush; however, it may be a trickle. You should call regardless of whether you are having contractions.

Bleeding: Slight spotting or staining may occur during the last few weeks of pregnancy, especially if you had a pelvic exam. This should not be alarming. Heavy bleeding or a gush of bright red blood may be significant. If you have heavy bleeding or if there is severe pain with bleeding, you should call immediately.

Severe Abdominal Pain: This may indicate a serious condition. Please call immediately.

Arrival at the Hospital: You will initially be evaluated by an experienced certified Labor and Delivery nurse who will contact the provider on call and inform us of your condition.

If at any time you are unsure of any symptoms you are having, please feel free to call for advice.

3. Prepared Childbirth: We encourage you and your spouse or coach to enroll in a childbirth class. We have classes held in our office, there are classes through the hospital where you plan to deliver, and there are Bradley classes held in the area, (Bradley classes are typically 12 weeks in length and focus on natural child birth).

4. Pain Management in Labor: There are several options for pain control in labor. The most common options are I.V. pain medications, epidurals or nothing. We will review these options with you and help you choose what you want.

5. Inductions: Having an induction means to be put into labor with medications and/or breaking your bag of water. If you have a medical problem like diabetes or high blood pressure or if you pass your due date, we may recommend an induction.

If we discuss inductions with you, we will also discuss the medications that we recommend the expectation of having a successful vaginal delivery and typical time frame.

SUMMARY OF YOUR PRENATAL VISITS AND WHAT TO EXPECT:

Your first obstetrical visit is usually around 8 weeks. This visit will include: Review of your history, full physical exam, and determine your due date (which may include an ultrasound). Your visits include: Blood pressure, weight, urine, fundal height (measurement of your uterus), and listening to your baby's heartbeat. Cervical exams are often necessary as you approach the end of your pregnancy. You will be seen every 4 weeks until 28 to 32 weeks, then every 2 weeks until 36 weeks, and then weekly until your baby is born. Should a problem arise, you may be seen more frequently.

Eight Week Visit

Changes You May Experience: Morning Sickness is the common term that describes nausea and/or vomiting in pregnancy. If this occurs, it usually starts around 6 weeks and may last until 12 – 16 weeks. Remember, this is a normal. Please refer to earlier section on "Nausea" for specific recommendations. If you are suffering, there are safe medicines that can be prescribed. Prolonged vomiting and difficulty keeping food down is concerning, please let us know so we can help.

Feeling tired is common in pregnancy especially at the beginning. Rest when you need to and hopefully you will feel better between 12 to 16 weeks.

Tests:

Initial Prenatal Lab Work At the 1st or 2nd visit, blood tests are performed on all pregnant patients. Standard tests (1-7), optional (8) Other blood tests may be recommended depending health risks such as high blood pressure, diabetes and thyroid problems.

1. CBC measures the hemoglobin and cell counts which provide information on anemia and infections.
2. Blood typing will alert us to possible blood group (A,B,O, AB) and/or Rh (+ or -) incompatibility problems later in pregnancy. If you are Rh negative, you will receive an injection of RhoGAM at 28 weeks and at delivery (if the baby is Rh positive).
3. The antibody screen is done to detect unusual antibodies that may have arisen during a prior pregnancy or from a transfusion. These antibodies are uncommon.
4. Test Rubella (German measles). If you are not immune, we will recommend the vaccine after delivery.
5. RPR or VDRL is a test for exposure to Syphilis.
6. Hepatitis BsAg is a test that detects Hepatitis B infections.
7. HIV test. This test is recommended by the American College of Ob/Gyn and is a Tennessee State law for all pregnant women be tested in first and third trimester.
8. Cystic Fibrosis is an autosomal recessive genetic disease. Autosomal recessive means that an abnormal gene has to come from **BOTH** parents for a child to have the disease. Cystic Fibrosis is a disease that increases a child's risk for lung infections, as well as a shortened life span.

In Caucasian and Jewish populations, 1 in 29 people carry an abnormal gene for cystic fibrosis. The chance of a baby having cystic fibrosis born to Caucasian or Jewish parents is about 1 in 3,300. Testing detects approximately 80% of the abnormal genes carried in Caucasian and 97% of Jewish populations. If your test is positive, we would recommend testing the father of the baby. Normal results significantly decrease the risk of cystic fibrosis in your child but do not make that risk zero.

Since this is a test on your genes, you only need to do this test one time in your life, the results won't change.

There is no treatment for cystic fibrosis during pregnancy. Knowing the diagnosis will help you and your pediatrician

care for the child after delivery. Babies are tested for this at birth.

This is meant to be brief summary describing this test. Your provider will discuss this further.

9. Genetic testing: (testing to see if your baby may have chromosomal problems such as Down's syndrome or problems with brain and spine development), for more information see the section on "Genetic Screening".

Twelve-Week Visit

Changes You May Experience: You may continue to experience nausea and fatigue, but most women are starting to feel better. At your 12-week visit, we will often be able to hear the heartbeat.

Specific Instructions for This Month: Did you decide on genetic testing.

Sixteen-Week Visit

Changes You May Experience: You are probably feeling better and have more energy, and you may begin to show. If you already have a child, you may start feeling the baby move between 14 to 16 weeks. If this is your first, you may start feeling the baby move between 16-20 weeks. Feeling your baby move is called "quickening". Your baby is still very small, weighing about 4 to 6 ounces.

Specific Instructions for This Month: Do you have an ultrasound scheduled at your next appointment? Genetic testing?

Twenty-Week Visit

Changes You May Experience: Now your baby weighs ½ to 1 pound and is 10 to 12 inches long. Most women are feeling the baby move but movement is still sporadic.

Due to increased blood volume, you may notice swelling, nasal congestion and vaginal discharge. As your baby grows, you may begin to have shortness of breath because of upward pressure on your diaphragm. You may experience pelvic discomfort, low back pain, decreased exercise tolerance, and difficulty getting comfortable. See earlier section on "Recommendations for Common Ailments during Pregnancy."

Ultrasound: Ultrasound is done 18-20 weeks to evaluate anatomy and growth of the baby and amniotic fluid and placenta. This ultrasound can take 30 minutes. Although it does not provide guarantees, a normal ultrasound is very reassuring

Specific Instructions for This Month: Start thinking about birthing classes, breast feeding, and pain management in labor.

Circumcision: Over 85% of Americans circumcise their sons. It is considered a cosmetic procedure so not medically necessary. Circumcisions do decrease the risk of transmitting STDs, currently up to 25% of teenagers have STDs and that rate is increasing. This is typically performed in the hospital after the baby is cleared by the pediatrician. The risks: bleeding, infection, injury to penis, possible need for revision.

Twenty-Four-Week Visit

One-Hour Diabetes Screen: Screening for gestational diabetes occurs between 24 and 28 weeks. We screen all patients because gestational diabetes is rarely associated with symptoms. Your hemoglobin will be drawn at the same time as your diabetes test to see if you are anemic (low iron levels). Being anemic is common, we may recommend iron rich foods such as beans and red meat or we may prescribe iron pills. There is a Tennessee state law that requires first and third trimester HIV tests, therefore we add HIV to these tests.

Instructions for the test: Avoid eating for 2 hrs prior to drinking the Glucola. Drink it over 5 minutes and note the time you finish. We will draw blood 1 hour after finishing the drink. Do not eat, drink, or chew gum between the time you drink the Glucola and have your blood drawn. If you do not pass the one hour test, we will recommend a 3 hour test; this will be explained to you if this is necessary. Fortunately only 15% of women who have to take the 3 hour test will have diabetes. Results will be posted on the web portal, we call if you need to schedule a 3 hour test.

Specific Instructions for This Month: Consider signing up for prenatal classes and breast feeding classes. Breast feeding is not easy AND we want you to be successful, read books or take classes, please see “post-partum instructions” for more information on breast feeding.

Twenty-Eight Week Visit

Changes You May Experience: Your baby continues to grow. Height is 11 to 14 inches, and the baby may weigh 1½ to 2 pounds. The eyes are open and sensitive to light. The baby can hear and has hand and footprints.

Tests: If you are Rh negative, you will receive RhoGAM at 28 weeks (see notes under initial prenatal lab work, page 7).

Specific Instructions for This Month: You will need to choose a pediatrician. Ask friends, check your insurance and consider what office location is best for you. We will give you recommendations. Fill out pre-registration forms for the hospital.

Thirty Weeks

Specific Instructions for This Month: Healthy babies are active. You should be aware of your baby’s movement each day. Babies do sleep. If the pattern of movement of your baby decreases, you should drink something cold and sweet and lie down where you will not be distracted. If you don’t feel movement in 30 minutes, please call.

Labor and delivery: we will give you information to guide our discussion, please write down your questions.

Thirty-Two and Thirty-Four-Week Visits

Your baby weighs about 3½ to 5 pounds and measures about 16 inches long. All organ systems are developed. However, the next 2 months are important for growth and maturity.

Labor and delivery: We will cover: epidurals, episiotomies and prevention, vacuum, forceps and csections. Standard requirements by the hospital: IV, fetal monitoring, antibiotic ointment in the baby's eyes to prevent infection.

Vaccine: Tdap will be given at around 32 weeks, make sure your husband, children and grandparents are up to date.

Thirty-Five and Thirty-Six-Week Visits

Changes You May Experience: You may feel faint or dizzy. This may be from low blood sugar, low iron, fatigue, feeling hot or low blood pressure, can occur if you stand for a long time or from standing up too quickly. You may have cramping (Braxton Hicks) and pressure. Rest when you need, drink lots of water and eat healthy foods in small amounts at frequent intervals.

Your baby is now about 18 inches long and may weigh as much as 5 to 6 pounds. If born now, your baby may need to go to the NICU, fortunately the baby’s chances for survival are excellent.

GBS Culture: Group B Strep is a bacteria. 20% of women have GBS as normal bacteria. GBS can be passed to a baby during labor and delivery. A vaginal culture is performed between 35-37 weeks. If you are positive, we will give you antibiotics in labor to prevent transmission to the baby.

Specific Instructions for This Month:

Pack Your Bags: You and your partner need to pack a bag and don't forget you will be leaving with a new bundle, so bring some things for the baby! Pack like you will be gone for a weekend.

For Yourself

- Cosmetics, toothbrush/paste
- Nightgown (open front for nursing) or comfy PJs
- Nursing bras or support bra if not nursing
- Flip flops for shower
- Breast feeding book
- Clothes to go home
- Slippers
- Camera
- Comfort items for labor: birthing ball, candy...
- Favorite snacks

For The Baby

- Infant car seat
- 1 to 2 blankets
- Outfit for baby’s 1st picture
- 2 to 3 outfits (remember one to go home and remember to bring several sizes, the baby may be bigger or smaller than you think)
- Present from the baby for big sister/brother

Thirty Seven to Forty Weeks

Your baby is about 20 inches in length and weighs about 7½ lb. If this is your 1st baby, the head will often drop into your pelvis and engage before labor. If you’ve had a baby before, this may not occur until you are in labor.

Forty to Forty-One Weeks

We recommend delivery prior to 42 weeks due to increased risks to the baby, such as miscarriage. During your 41st week, special tests will be recommended to make sure your baby is healthy. Induction of labor, if necessary, will be discussed by your provider.