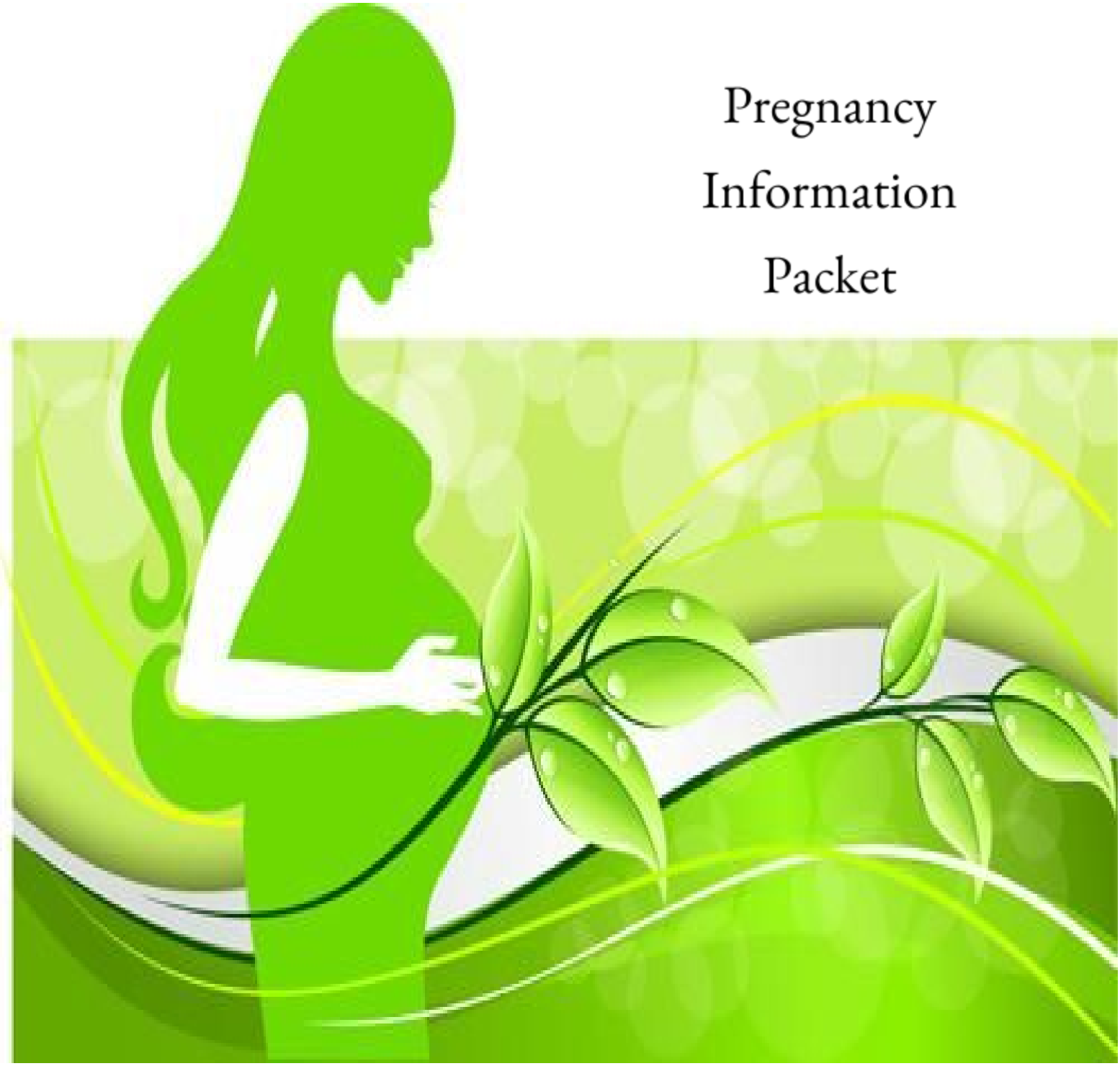
NORTH COUNTY WOMEN'S SPECIALISTS

Pregnancy Information Packet



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www.ncwomensspecialists.com

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Congratulations

We look forward to working with you for a healthy pregnancy and delivery. This Packet contains some information about our practice; common prenatal testing as well as answers to some commonly asked questions. We hope you will find it helpful. We strongly encourage you to use reliable and up-to-date information found on the official website for the American Congress of Obstetricians and Gynecologists (ACOG) at www.acog.org/Patients

Who we are

We a group of obstetrician/gynecologist and women's health nurse practitioners, specializing in routine and moderately high-risk pregnancies. We rotate being on labor and delivery daily to ensure safe around the clock care of our patients. Your labor, delivery and postpartum care will be provided by one of our obstetricians covering hospital care (the "hospitalist" or "laborist") at the time you deliver. Having the obstetricians in the group take turns caring for our patients while they are in the hospital allows the doctors to provide the best possible care for all of their patients and ensures that the doctor treating you in the hospital will be able to focus fully on your needs. *We deliver our patients at **Palomar Medical Center-Escondido** exclusively*. All of our doctors are nationally board-certified or board-eligible in obstetrics and gynecology.

- Locations: Our providers' offices are located at 488 East Valley Parkway in Suite #308, #311 and #400
- Business Hours:
  - Monday-Thursday 9 AM to 5 PM
  - Friday 9 AM to 2 PM
    - *Closed daily from 12 PM to 2 PM*

Telephone availability (How do you reach us after hours?)

- Non-urgent questions: Please save for your scheduled doctor's visit. You may also call during business hours to speak with or leave a message for your provider's medical assistant.
- Severe symptoms: Do not call, go directly to the hospital.
  (See "When should I go to the hospital?" below for further details)
  - If you are **< 20 weeks** pregnant, go to the ***Emergency Room*** at *Palomar Medical Center-Escondido* at *2185 Citracado Parkway*
  - If you are **20 weeks or more** pregnant, go to ***Labor and Delivery*** at *Palomar Medical Center-Escondido* at *2185 Citracado Parkway*
    - Note this is for *pregnancy related* urgent problems—non-pregnancy related issues you feel you need to be seen for emergently—you should go to the Emergency Room
- Urgent questions you feel ***cannot*** wait until the office opens—Please call our answering service at the same number as our office number. The answering service will receive your call and forward your name and phone number to the on-call physician. We will return your call as soon as possible, so please stay at the number you gave the service. Please note that the on-call provider is also the same provider who is on labor and delivery caring for our laboring patients, so allow at least 30 minutes for them to return your call. If you do not get a returned call in 30 minutes, please call the answering service again.

When should I go to the hospital?

- If you are **< 20 weeks** pregnant, go to ***the Emergency Room*** if you have:
  - Severe pain

- Heavy bleeding of bright red blood soaking more than a large pad in less than an hour
- Severe dehydration from vomiting (if you are not able to keep any liquids down)
- If you are not sure what to do—please call our office (if it is after hours, the answering service will get you in contact with the on-call physician) (see above "How to reach us after hours?")
- You **do not** need to **call** us if you think you need to go to the ER for the above severe problems

- If you are **20 weeks or more** pregnant, go to ***Labor and Delivery*** if you have *pregnancy related* urgent problems such as:
  - Severe headache with vision changes that does not go away with rest, hydration or acetaminophen (Tylenol)
  - Severe right or midline upper abdominal pain (under or between your ribs) that does not resolve with rest, hydration or over the counter heartburn medications
  - Tightening of the abdomen (or back pain)/Contractions every 5 minutes for more than an hour
  - Leaking of fluid (constant trickling or a big gush)
  - Bright red bleeding that is more than just spotting
  - Decreased fetal movement - *only after 28 weeks* (i.e. not able to get 10 fetal movements in 2 hours)(see "Kick Counts" below for more information)

General OB Items

- It is normal to have increased vaginal discharge during pregnancy. If there is an odor or itching, please let your provider know; most treatments are safe during pregnancy.
- A small amount of cramping pain can be normal during early pregnancy. Spotting or dark brown discharge can be normal as well, especially after intercourse. If you have heavy bleeding without cramping, or severe pain, call your provider.
- Weight gain recommendations: the amount of weight gain that is recommended depends on your health and your *body mass index* (BMI) before you were pregnant. (ACOG FAQ001)
  - BMI <18.5 recommend gaining 28 to 40 pounds
  - BMI 18.5-24.9 recommend gaining 25 to 35 pounds
  - BMI 25.0-29.9 recommend gaining 15 to 25 pounds
  - BMI ≥ 30 recommend gaining 11 to 20 pounds
- Exercise
  - If you are healthy and your pregnancy is normal, it is safe to continue or start most types of exercise, but you may need to make a few changes. Physical activity does not increase your risk of miscarriage, low birth weight, or early delivery. However, it is important to discuss exercise with your obstetrician or other member of your health care team during your early prenatal visits. If your health care professional gives you the OK to exercise, you can decide together on an exercise routine that fits your needs and is safe during pregnancy. (ACOG FAQ119)
  - Women with the following conditions or pregnancy ***complications*** should **not exercise** during pregnancy: (ACOG FAQ119)
    - Certain types of heart and lung diseases
    - ***Cervical insufficiency*** or ***cerclage***
    - Being pregnant with twins or triplets (or more) ***and*** with risk factors for ***preterm*** labor
    - ***Placenta previa*** after 26 weeks of pregnancy
    - Preterm labor or ruptured membranes (your water has broken) during this pregnancy
    - ***Preeclampsia*** or pregnancy-induced high blood pressure

        - Severe ***anemia***
    - The Centers for Disease Control and Prevention recommend that pregnant women get at least 150 minutes of moderate-intensity aerobic activity every week. An aerobic activity is one in which you move large muscles of the body (like those in the legs and arms) in a rhythmic way. Moderate intensity means you are moving enough to raise your heart rate and start sweating. You still can talk normally, but you cannot sing. (ACOG FAQ119)
    - While pregnant, avoid activities that put you at increased risk of injury, such as the following: contact sports (i.e. hockey, soccer, and basketball), skydiving, fall risk activities (i.e. off-road cycling, skiing (water or snow), surfing, and horseback riding), "Hot yoga" or "Hot Pilates", scuba diving. (ACOG FAQ119)
- Back Pain in Pregnancy
    - Back pain is caused by strain on your back muscles, abdominal muscle weakness and pregnancy hormones, but the main cause is strain on your back muscles. As your pregnancy progresses, your ***uterus*** becomes heavier. Because this increased weight is carried in the front of your body, you naturally bend forward. To keep your balance, your posture changes. You may find yourself leaning backward, which can make the back muscles work harder. This extra strain can lead to pain, soreness, and stiffness. (ACOG FAQ115)
    - To help prevent back pain, be aware of how you stand, sit, and move. Here are some tips that may help:
        - Wear shoes with good arch support. Flat shoes usually provide little support unless they have arch supports built in. High heels can further shift your balance forward and make you more likely to fall.
        - Consider investing in a firm mattress. A firm mattress may provide more support for your back during pregnancy.
        - Do not bend over from the waist to pick things up—squat down, bend your knees, and keep your back straight.
        - Sit in chairs with good back support, or use a small pillow behind the low part of your back. Special devices called lumbar supports are available at office- and medical-supply stores.
        - Try to sleep on your side with one or two pillows between your legs or under your abdomen for support. (ACOG FAQ115)
- Travel
    - Some domestic airlines restrict travel during the last month of pregnancy or require a medical certificate; others discourage travel after 36 weeks of pregnancy. If you are planning an international flight, the cutoff point for traveling with international airlines is often earlier. (ACOG FAQ055)
    - For long trips, try to take breaks every 1-2 hours to move around and stretch your legs. If that is not possible, do some leg exercises in your seat (to lower chances of blood clots) - flex and rotate your feet and ankles about 10 times an hour.
- Cord Blood Banking
    - Cord blood is the blood from the baby that is left in the *umbilical cord* and *placenta* after birth. It contains special *cells* called *hematopoietic stem cells* that can be used to treat some types of diseases. Cord blood can be donated to a public bank for use by anyone who needs it or stored in a private bank (sometimes called a "family bank") for future use.

- The stem cells in cord blood can be used to treat some diseases and in research studies of new treatments. Public cord blood banks store cord blood for use by anyone who needs it. You are contributing to the overall supply of cord blood when you donate to a public bank. Private banks store cord blood for use by your baby or by a family members.
- *You should know all of the facts about cord blood banking before making a decision about storing or donating your baby's cord blood.* Many resources are available if you want to learn more. The following organizations offer detailed information about cord blood banking and the uses of stem cells in the treatment of disease: National Marrow Donor Program (www.bethematch.org), Parent's Guide to Cord Blood Foundation (www.parentsguidecordblood.org) (ACOG AP172)

Nausea and Vomiting

- *Nausea and vomiting of pregnancy* is a very common condition. Although nausea and vomiting of pregnancy often is called "morning sickness," it can occur at any time of the day. Nausea and vomiting of pregnancy usually is not harmful to the developing baby, but it can have a serious effect on your life. (ACOG FAQ126)
- Having nausea and vomiting of pregnancy usually does not harm your health or your baby's health. It does not mean your baby is sick. It can become more of a problem if you cannot keep down any food or fluids and begin to lose weight. When this happens, it sometimes can affect the baby's weight at birth. (ACOG FAQ126)
- Diet and lifestyle changes may help you feel better. You may need to try more than one of these suggestions:
  - Eat small frequent meals and bland "BRATT" foods (Bananas, Rice, Applesauce, Toast (plain), Tea)
  - Try "tart" drinks (i.e. Tart Lemonade, Squirt, Fresca— try sugar free/low sugar/diet forms of these drinks, as too much sugar could upset your stomach more)
  - Ginger ale, ginger tea, ginger candies (made from real ginger)
  - Sour-candies (i.e. sour "jolly-rancher", "Preggie Pops"— again, try sugar free/low sugar/diet forms of these drinks, as too much sugar could upset your stomach more)
  - Hydrate, Hydrate, Hydrate—water and fitness drinks (i.e. Gatorade, Propel-sometimes cutting 50% with water helps lower sugar content and makes it easier on your stomach)
- B6 + Doxylamine
  - Pyridoxine (Vitamin B6) 10-25mg

    With
  - Doxylamine (Unisom Sleep Tabs) take ½ of a 25mg tab (12.5mg) up to 3 times a day*
    - *Make sure Unisom's active ingredient is *doxylamine*
    - (Do NOT get Sleep Gels or Melts as these are diphenhydramine instead of doxylamine)
  - *Diclegis (doxylamine 10mg/pyridoxine 10mg), is a prescription that combines these 2 medications, however, it may not be covered by all insurance plans.*

Prenatal Visits-Frequently asked questions

You will be seen several times during your pregnancy. This is to ensure that your baby is growing well and that you benefit from all the available testing for your pregnancy.

Your own experience may be different than what is on these pages. Your provider will guide you based on *your* individual pregnancy's needs.

How many visits will I have/How often will I be seen?

- Every 4 weeks until 28 weeks
- Every 2-3 weeks until 36 weeks
- Every week after 36 weeks until delivery

How many Ultrasounds will I have?

- Ultrasounds (also known as sonograms) are done when *medically indicated* (i.e. to assist in determining your due date, to check on the growth of the baby, to assess bleeding, to survey the baby and placenta, etc.). We only order ultrasounds for medical reasons.
- You will *likely* receive TWO ultrasounds during your pregnancy.
    - First Trimester (before 14 weeks): This is the best time to confirm your final due date. This is often done by your provider in the clinic.
    - Second Trimester (18 to 22 weeks): This is the best time to inspect the baby's anatomy (brain structures, heart chambers, and vital organs) and placenta. The baby's gender *may* be seen on this exam, but it is not always possible and we cannot order another ultrasound just for this reason. Occasionally, a baby's position may prevent optimal viewing of a particular structure and a repeat scan will be needed. Please note, even the best ultrasound can be inaccurate. This exam is often done by our ultrasonographer at a separate visit than your routine prenatal clinic visit.

What lab tests will I need?

- First Visit (Initial Prenatal Labs):
    - CBC (complete blood count): This test will check for anemia and other factors.
    - Blood Type and Rh: A pregnant woman who is Rh negative may need to receive a blood product called anti-D Immune Globin (RhoGAM). RhoGAM prevents the breakdown of your baby's red blood cells (if the baby's Rh positive).
    - Antibody screen: This test will check for red blood cell antibodies.
    - Syphilis: A sexually transmitted disease which can cause birth defects.
    - Hepatitis B and C: If the mother has this viral infection of the liver, there is an increased chance that without treatment, the baby may be infected.
    - Rubella (German measles): An infection can lead to severe birth defects. If a woman is not immune, a vaccine can be given to her after the baby is born.
    - Varicella (Chicken Pox): If you are not sure whether or not you had chicken pox or the vaccine, testing for this is recommended.
    - Pap smear (if indicated): A screening test for cervical cancer.
    - Chlamydia and/or Gonorrhea: A sexually transmitted disease that can potentially be harmful to you and your baby if not treated.
    - Urine culture: Urine test screening for urinary tract infections.
    - Urine drug screen: Urine test that detects illicit drug substances.
    - Hemoglobin A1c (if indicated): An early gestational diabetes screening test.
    - Genetic disease/carrier testing (if indicated):

- Carrier testing often is recommended for people with a family history of a genetic disorder or people from certain races or ethnic groups who are at increased risk of having a child with a specific genetic disorder.
- **Cystic fibrosis (CF)**
    - Cystic fibrosis (CF) carrier screening is *offered to all* women of reproductive age because it is one of the most common genetic disorders. (ACOG FAQ094).
    - Cystic fibrosis (CF) is a genetic disorder caused by an abnormal *gene* that is passed from parent to child. It is a lifelong illness that affects all of the organs of the body and often causes problems with digestion and breathing. It does not affect a person's looks or mental ability.
    - Cystic fibrosis is a *recessive disorder*. In a recessive disorder, both parents must carry a copy of the abnormal gene for the problem to occur in their child. A person who has one copy of an abnormal gene for a recessive disorder is a *carrier* for that disorder, even though he or she may show no signs of it. If both parents are carriers, each of their children has a 25% chance of having the disorder. Put another way, this couple has a 1-in-4 chance of having a child with CF. (ACOG FAQ171)
- **Spinal Muscular Atrophy (SMA)**
    - **Spinal Muscular Atrophy (SMA)** is a problem with the nerves that control movement and causes muscles to break down (atrophy) and overall weakness. OF the three types, Type 1 is the most sever and most common and can cause death by age 2 years.
    - SMA carrier screening is *offered to all* women of reproductive age. If you have a family history of spinal muscular atrophy, molecular testing reports of the affected family member should be obtained and reviewed. If reports are not available, then the *SMN1* deletion testing will be recommended. (ACOG CO691, ACOG AP179)
- **Fragile X Syndrome**
    - **Fragile X Syndrome** is the most common inherited cause of intellectual disability. Carrier screening (for *FMR1* premutation) is recommended for women with a family history of fragile x-related disorders, unexplained intellectual disability or developmental delay, autism with intellectual disability, or women who have unexplained ovarian insufficiency. (ACOG CO691, ACOG AP179)
- **Tay-Sachs Disease (TSD)**
    - **Tay-Sachs Disease (TSD)** can cause blindness, seizures, and intellectual disability. Symptoms can occur at 6 months of age and death can occur by age 5 years. Carrier screening is recommended if either you or the father of the baby is of *Ashkenazi Jewish*, *French-Canadian*, or *Cajun decent*, or if you have a family history of Tay-Sachs disease. (ACOG CO691, ACOG AP179)
- **Sickle Cell disease (SCD)**
    - **Sickle Cell disease (SCD)** is a blood disorder that causes the red blood cells to be abnormally shaped (sickled) which can cause these cells to get caught in blood vessels and prevent oxygen from getting to tissues and cause pain. Carrier testing

is recommended to women who are *African*, *Mediterranean*, and *Southeast Asian* descent. (ACOG CO691, ACOG AP179)

- **Thalassemias**
  - **Thalassemias** are several blood disorders that can cause anemia. Carrier screening for alpha-thalassemia is recommended for women who are *Asian*, *African*, *Mediterranean* and *West Indian* descent. Carrier screening for beta-thalassemia is recommended for women of *Mediterranean*, *Asian*, *Middle Eastern*, *Hispanic*, and *West Indian* descent. (ACOG CO691, ACOG AP179)

- HIV: Test to detect antibodies for human immunodeficiency virus (HIV).

- 10-14 weeks: First trimester genetic screening blood test (optional). See "California Prenatal Screening Program" blue booklet.
- 15-20 weeks: Second trimester genetic screening blood test (optional). For some patients, amniocentesis (optional). See "California Prenatal Screening Program" blue booklet.
- 24-28 weeks: Gestational diabetes screening test.
- 28 weeks: If your blood type is Rh negative, you will need another Antibody screen before you get your RhoGAM injection.
- 36 weeks: Culture collected for Group B Streptococcus (aka GBS). (See GBS below for more information)

What tests are available for detecting birth defects?

- Prenatal genetic **screening**: Prenatal genetic **screening** tests may indicate if a fetus has an increased *risk* for certain genetic defects or chromosomal abnormalities, such as Down Syndrome (Trisomy 21), Trisomy 18, spina bifida, etc. These tests are only screening tests, and cannot absolutely determine if a fetus is affected. There are three *screening* test options to choose from, which are covered in the "**California Prenatal Screening Program**" blue booklet. Patients are responsible for reading this booklet.
- The "California Prenatal Screening Program" ***screening*** tests include:
  - **Quad Marker Screening** - One blood test drawn in the second trimester at 15 weeks – 20 weeks of pregnancy. [yellow section of booklet]
  - **Serum Integrated Screening** – Combines first trimester blood test results with second trimester blood test results. [blue section of booklet]
  - **Sequential Integrated Screening** – Combines specialized early ultrasound for Nuchal Translucency (NT) with first and second trimester blood test results. [green section of booklet]
- Prenatal genetic **diagnostic** tests: Prenatal genetic **diagnostic** tests may detect chromosomal abnormalities and other types of birth defects. The "California Prenatal Screening Program" *diagnostic* tests include:
  - **Non-Invasive Prenatal Testing (NIPT):** This is a blood test for fetal DNA that is found in the mother's blood (cell-free DNA). This test can screen for certain chromosome abnormalities. This may be offered in the first trimester (11-14 weeks) and the second trimester (15-24weeks) *if indicated*.
  - **Chorionic Villus Sampling (CVS):** This may be offered at 10-14 weeks
  - **Amniocentesis (Amnio):** This may be offered after 15 weeks.
    - Please see the "California Prenatal Screening Program" booklet for details on these tests

- You may choose to do some, all, or none of the above tests. You may also need a referral to a high risk specialist for some of these tests if your doctor feels it is necessary. Your doctor will discuss these with you at the appropriate visit. Please check your insurance coverage for these tests as plans may differ. For the most part, there is some basic prenatal *diagnostic* testing included in prenatal coverage in most plans.

What if I have already had a Cesarean Delivery - Can I VBAC?

VBAC or vaginal birth after cesarean may be an option for some. Our obstetricians are experienced in **TOLAC** (Trial of Labor after Cesarean delivery) and **VBAC**. This *may* be an option for *some* women. If it is determined by your provider that this is an option for you, your provider will review an informative consent form with you. You will be able to then decide if you would like to attempt a VBAC or if you would like a repeat cesarean delivery.

I have a cat - can I change my cat's litter box?

Yes. There is concern for Toxoplasmosis (a bacteria that can be found in cat feces) infection, however, you may change the litter box as long as you minimize direct contact with the litter. Wash your hands after each changing. You do not need to change your usual routine with your cat.

How and when do I apply for state disability?

Many expectant mothers can continue to work until late in pregnancy without any issues. Sometimes, however, the physical changes that occur during pregnancy and/or the demands of a woman's job can create difficulties. Please let us know if you have any concerns in this regard. If your doctor determines you should be placed on disability or medical leave, you will need to obtain these forms from your employer. Please give these forms to the front desk staff for processing. There is a processing fee for completion of these documents.

While normal pregnancy is *not* a disability, under California law, you may apply for EDD benefits from **36 weeks until 6 weeks after delivery**. If your provider feels you need disability earlier for a medical reason, they will discuss this with you. Please go to the California EDD website (http://www.edd.ca.gov/disability/FAQ_DI_Pregnancy.htm) for information and forms. (You may also ask the front desk staff for these forms). There is a processing fee for completion of these forms.

Is dental work safe during pregnancy?

Yes. We recommend you continue with your routine dental exams and cleanings. If you need additional dental work, we advise that you do so during pregnancy, do not wait until after delivery. Dental X-rays are safe to do if a lead apron is used to shield your abdomen. Local anesthetics and most antibiotics such as penicillin, erythromycin, and cephalexin are safe to be used in pregnancy. *(Do not take floxacins (i.e. Ciprofloxacin) or tetracyclines.)* You can get a dental form letter from the front desk staff.

When do I pre-register at the hospital?

We recommend around 28-32 weeks you complete and mail in the Palomar Health preadmission paperwork. Please ask the front desk staff for the Palomar Health preadmission paperwork.

Are there any prenatal classes I should take?

- We encourage you to take an **infant CPR** class before your baby is born.

- You may also be interested in **Palomar Health's** Childbirth classes: Childbirth Prep (5 weeks); Childbirth-Just the Basics; CPR for Family and Friends; Birth Center Tour. Please see the Palomar Health website for details and registration.

How long will I be in the hospital after delivery?

- Uncomplicated vaginal delivery: usually 24-48 hours
- Uncomplicated cesarean delivery: usually 48-72 hours

Are there vaccinations I should get while I am pregnant?

Yes.

- **Flu Vaccine**: The Centers for Disease Control and Prevention (CDC) recommend that everyone 6 months of age and older—including pregnant women and women who are breastfeeding—get the flu vaccine each year. It is best to get the vaccine early in the flu season (October through May), as soon as the vaccine is available. You can get the inactivated influenza vaccine at any time during your pregnancy. If you are not vaccinated early in the flu season, you still can get the vaccine later in the flu season. (ACOG CO608, ACOG FAQ189)
- **Tdap Vaccine**: All women should receive the **t**etanus toxoid, reduced **d**iphtheria toxoid, and **a**cellular **p**ertussis (Tdap) vaccine; this is particularly important for pregnant women because they are susceptible to acquiring pertussis (whooping cough) and newborns are at highest risk of having severe complications from pertussis. The American College of Obstetricians and Gynecologists (ACOG) supports the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) recommendation that women should receive Tdap during each pregnancy, irrespective of the patient's prior history of receiving Tdap. The ACOG recommends that pregnant women receive a Tdap vaccination, preferably between 27 weeks and 36 weeks of gestation to maximize the maternal antibody transfer to the fetus. Your family members who will be in contact with your newborn, or who have contact with other infants younger than 12 months, also should be vaccinated (at least 2 weeks prior to contact with your newborn). This helps provide protection for your newborn because he or she cannot get this vaccination until 2 months of age. (ACOG AA576B and AA576, ACOG FAQ032, ACOG CO566)

If I have a boy, what about Circumcision?

"Circumcision is an elective procedure. That means that it is the parents' choice whether to have their infant sons circumcised. It is not required by law or by hospital policy. Because it is an elective procedure, circumcision may not be covered by your insurance policy. To find out, call your insurance provider or check your policy.

Circumcision on infants may be performed before or after the mother and baby leave the hospital. It only is performed if the baby is healthy." (ACOG FAQ039)

Not all of our physicians perform this procedure. If your OB provider does NOT perform this procedure, we can still arrange for the procedure to be done in our office with one of our other OB physicians.

What to expect at your visits

At each visit we will check your weight, blood pressure, urine (likely), measure your abdomen for uterine growth (after 20 weeks), and listen to the baby's heartbeat. At certain points in your pregnancy other tests, vaccinations, etc. will be recommended and may include the following:

- **8-10 weeks "OB Orientation" Visit (8-10weeks):** This visit is scheduled after you have had your first ultrasound to confirm your due date. This first prenatal visit will be with a medical assistant (MA) for your "OB Orientation." At this visit, the MA will go over the questionnaires and forms you have completed, review routine prenatal labs, review the "California Prenatal Screening Program" booklet and what you have selected for prenatal screening tests, review first trimester information, give you an overview of our obstetrics practice and discuss general care issues. You will be given orders for your Initial Prenatal Labs (see above for details).
- **10-14 weeks:**
  - Initial OB exam: A complete physical exam, including a pap smears (if indicated), will be performed.
  - First trimester genetic screening blood test (optional). See "California Prenatal Screening Program" blue booklet
- **15-20 weeks**: Second trimester genetic screening blood test (optional). For some patients, amniocentesis.
- **18-22 weeks:** Second trimester ultrasound for growth and anatomy. (See "How many ultrasounds will I have?" above for details) *Note this exam is often done by our ultrasonographer at a separate visit than your routine prenatal clinic visit.
- **24-28 weeks:** Gestational diabetes screening test. Pregnancy may alter your body's ability to manage dietary sugars leading to a condition called gestational diabetes. Gestational diabetes increases the risk of having a very large baby (a condition called *macrosomia*) and possible *cesarean birth*. (ACOG FAQ177). This test involves having your blood drawn before and at set times after you drink a very sugary drink. This test will require you to be fasting (no eating or drinking for at least 8 hours prior to the test).
- **28 weeks:**
  - "Kick Counts": We will also discuss **fetal movement counts** (also called "kick counts"). Fetal movements are one way your baby has to tell you and your doctor that all is well.
    - **Once** a day when you know your baby is most active, count how long it takes to count **10 movements** (this includes rolls, kicks, or flutters). You should be able to count 10 movements in a total of 2 hours.
    - If you do not count **10 movements in the first hour**, drink some juice (or ice water if you have diabetes) "to wake the baby up" and count for one more hour. If you still do not have **10 counts in now 2 hours**, go to Labor and Delivery so we can put the baby on the monitor.
  - RhoGAM injection: If your blood type is Rh negative, you may need to receive a blood product called anti-D Immune Globin (RhoGAM). **RhoGAM** prevents the breakdown of your baby's red blood cells (if the baby's Rh positive).
  - Tdap vaccination (after 27weeks): see "Tdap Vaccine" above for details
  - *Visits will now be more frequent at every 2-3 weeks.*
- **32 weeks:** We recommend you complete and mail in your preadmission/pre-registration paperwork.
- **35-37 weeks:**
  - Culture collected for Group B Streptococcus (Group B Strep or GBS). Group B streptococcus is one of the many types of bacteria that live in/on the body and usually do not cause serious illness. It

is found in the digestive, urinary, and reproductive tracts of men and women. In women, it can be found in the vagina and rectum. GBS is *not* a sexually transmitted infection. A woman who is colonized with GBS late in her pregnancy can pass it to her baby as the baby moves through the birth canal and could cause an infection for baby. If results of the culture test are positive, showing that GBS is present, you most likely will receive treatment with **antibiotics** during labor to help prevent GBS from being passed to your baby. (ACOG FAQ105)

- *Visits will now be weekly until you deliver.*

- **41-42 weeks:**
  - A *postterm* pregnancy is one that lasts 42 weeks or longer.
    - After 42 weeks, the *placenta* may not work as well as it did earlier in pregnancy. Also, as the baby grows, the amount of *amniotic fluid* may begin to decrease. Less fluid may cause the *umbilical cord* to become pinched as the baby moves or as the *uterus* contracts.
    - If pregnancy goes past 42 weeks, a baby has an increased risk of certain problems, such as *dysmaturity syndrome*, *macrosomia*, or *meconium aspiration*. There also is an increased chance of *cesarean delivery*. (ACOG FAQ069)
    - If you decide to wait on induction of labor until you are 42 weeks, you will be scheduled for twice weekly antepartum testing which includes placing the baby on the electronic fetal monitor for at least 20 minutes and measuring the fluid around baby.
  - We will discuss with you an option of inducing your labor at 41 or 42 weeks. (Most health care providers wait 1–2 weeks after a woman's due date before considering inducing labor.)

Are there Over-the-Counter (OTC) Medications that are safe to take in Pregnancy?

- Below is a list of common problems and common Over-the-Counter (OTC) medications that are safe to take in pregnancy (with the generic and some brand names). This is NOT an inclusive list. Please note no drug can be considered *100%* safe in pregnancy.
- Common OTC medications to **AVOID** unless otherwise directed:
  - ibuprofen (Motrin, Advil)
  - naproxen (Aleve, Naprosyn)
  - aspirin

*Please follow the dosage instructions on the label and call your provide if symptoms persist, worsen or you have questions.

Common Problem	OTC Medication
Aches, Pains, Headache	• Acetaminophen (Tylenol, Tylenol Extra Strength) {do not take more than 4000mg in 24 hours}
Allergies -- Runny nose, sneezing, itching eyes, itchy throat	• Antihistamines--Diphenhydramine (Benadryl), Loratadine (Claritin), Cetirizine (Zyrtec), Fexofenadine (Allegra), etc.
Cold/"Flu"	• Acetaminophen (Tylenol, Tylenol Extra Strength) {do not take more than 4000mg in 24 hours}
Cough/Sore Throat (Cold)	• Dextromethorphan (Robitussin)[cough suppressant] • Guaifenesin (Mucinex)[expectorant] • Cough drops, Throat lozenges
Congestion (Cold)	• Saline nasal sprays/drops
Constipation	• Methylcellulose (Citrucel) • Psyllium (Metamucil) • Inulin (FiberSure/FiberChoice) • Wheat Dextrim (Benefiber) • Magnesium hydroxide (Milk of Magnesia) • Docusate (Colace) • Senna (Senokot) • Polyethylene glycol (MiraLAX)
Cuts/Scrapes	• Bacitracin ointment • Bacitracin/neomycin/polymyxin B (Neosporyn) • Bacitracin/polymyxin B (Polysporin)
Diarrhea	• Loperamide (Imodium)
Fever -- (Temperature >100.4 ºF)	• Acetaminophen (Tylenol, Tylenol Extra Strength) {do not take more than 4000mg in 24 hours}
Gas	• Simethicone (Gas-X, Phazyme)
Heartburn/Reflux	• Calcium Carbonate tablets (Tums, Rolaids, Maalox) • Aluminum hydroxide (Mylanta, Maalox, Gaviscon) • Ranitidine (Zantac), Famotidine (Pepcid) • Omeprazole (Prilosec), Esomeprazole (Nexium), Rabeprazole (Aciphex)

Hemorrhoids	• Wipes, creams, suppositories
	  ◦ phenylephrine/pramoxine/glycerin/petrolatum (Preparation H)
	  ◦ witch hazel (Tucks)
	• Sitz (shallow) baths with Epsom salts

Nausea/Vomiting	• *See Nausea/Vomiting Section above*

Rash	• Antihistamines (see allergies above) • Diphenhydramine (Benadryl) cream • Calamine lotion/cream (Caladryl) • Hydrocortisone cream/ointment (Cortaid) • Oatmeal bath (Aveeno)
Sleep problems	• Doxylamine (Unisom) • Diphenhydramine (Benadryl)
Vaginal yeast infections	• Butoconazole (Gynazole) • Clotrimazole (Gyne-Lotrimin, Mycelex) • Miconazole (Monistat)

How to tell when labor begins

- If you experience:
  - ***Regular*** contractions (occurring every 3-5minutes for at least 1 hour) that are ***painful*** (you cannot carry on a normal conversation)
  - Leaking of fluid (gush or trickle)
  - Heavy vaginal bleeding with or without clots
    - "Bloody show" or mucusy vaginal bleeding is not worrisome, neither is passing your mucus plug
  - Go to Labor and Delivery to be checked for labor
- Your uterus may contract off and on before "true" labor begins. These irregular contractions are called false labor or Braxton Hicks contractions. They are normal but can be painful at times. You might notice them more at the end of the day. (ACOG FAQ004)

How can I tell the difference between true labor and false labor? (ACOG FAQ004)

Differences Between False Labor and True Labor		
Type of Change	***False Labor***	***True Labor***
Timing of contractions	Often are *irregular* and do not get closer together (called Braxton Hicks contractions)	Come at **regular** intervals and, as time goes on, get closer together. Each lasts about 30–70 seconds.
Change with movement	Contractions may stop when you walk or rest, or may even stop with a change of position	Contractions continue, despite movement
Strength of contractions	Usually weak and do not get much stronger (may be strong and then weak)	Increase in strength steadily
Pain of contractions	Usually felt only in the front	Usually starts in the back and moves to the front