

PRENATAL HANDBOOK

Congratulations on becoming pregnant. Pregnancy is a time when many previous habits and behaviors should be modified. However you will hear advice and suggestions from many people many of which are not accurate and needs to be “taken with a grain of salt.” This handbook is written to provide you with a wealth of information that will put many of these old myths to rest and answer many of your basic questions. Please refer to this handbook often as it will save you time and energy. If you have questions that are not answered here, please call our office and we will be happy to answer your specific questions.

PREGNANCY OVERVIEW:

Appointments occur every 4 weeks in the office until 28-32 weeks at which time they occur every two weeks until 36 weeks and then weekly. If you have twins, complications during your pregnancy or other high risk factors, appointments will occur more frequently.

Many people are confused about the determination of their due date and how far pregnant they are. The convention used by Obstetricians dates your pregnancy from the first day of your last menstrual period and assumes that you ovulated two weeks later. 9 months or 40 weeks is calculated from this first date even though we know you are not pregnant yet. The age of your pregnancy is calculated just like the age of a newborn. A child is called one year old after he has completed one year of life. In a similar fashion a woman is 17 weeks pregnant after she has completed 17 weeks of pregnancy and is entering her 18th week.

During early pregnancy blood work will be drawn for many routine lab tests and some elective tests which will be discussed below. Please help us get you to the correct lab if your insurance has a restrictive contract. There are LabCorp and Quest facilities in both the 499 and Aspen buildings.

Ultrasounds are usually performed at your initial visit to help determine the accuracy of your due date and at 20 weeks to review the anatomy of your baby. If you choose to have a first trimester genetic screen for Down Syndrome, an ultrasound will be performed at 12 weeks of pregnancy. Again if you have twins, pregnancy complications, or other high risk factors, more ultrasounds will be performed after 20 weeks of pregnancy.

MEDICATION USE:

At your first visit please tell us all medications that you are using so we can determine if they should be continued or stopped. Please also tell us if you have taken any street drugs, illegal drugs, smoked marijuana, or used excessive alcohol just before or during early pregnancy. Most prescription medications are safe to take during pregnancy, but we ask that you try to avoid them especially during the first 3 months unless necessary and you discuss the medications with us.

The following over the counter medications are safe to use during pregnancy. Again during the first trimester of pregnancy (12 weeks), please use these medications only if needed.

Sudafed (pseudoephedrine), Actifed, Benadryl (diphenhydramine),
Tylenol (acetaminophen)
Tums, Rolaids, Maalox, Mylanta, Tagamet (cimetidine), Prevacid (lansoprazole)
NutraSweet and Splenda are fine any time during pregnancy.
Prenatal vitamins are recommended during pregnancy or extra folic acid if vomiting occurs.

Avoid aspirin, ibuprofen, and naproxen containing products in pregnancy.

For specific conditions and recommendations see below.

SMOKING

No health care provider can say anything positive about cigarette smoking at any time in one's life yet alone when a woman is pregnant. Smoking is associated with numerous health problems for the mother and is associated with fetal and neonatal health problems. If you are still smoking, please discuss with us suggestions for quitting. Experts in our field recommend a decreasing dose of nicotine patches or gum to aid you in quitting.

ALCOHOLIC BEVERAGES

Our professional organization, The American College of Obstetricians and Gynecologists (ACOG), recommends that no alcoholic beverages be used during pregnancy since a safe amount or threshold amount over which problems occur, is not known. Common sense, cultural differences, and a long history of alcohol use during pregnancy suggest that an occasional alcoholic beverage will cause no problems. Most babies with fetal alcohol syndrome were subjected to daily, large amounts of alcohol interacting with poor nutrition.

CAFFEINE

Caffeine use in moderate quantities is fine during pregnancy. We recommend a maximum of 2 cups of coffee per day. 2 12 ounce cans of cola are equivalent to 1 cup of coffee in their caffeine amounts. Large amounts of caffeine during the first trimester of pregnancy are associated with an increased rate of miscarriage but this is an association not causation.

WEIGHT GAIN

Most experts recommend a 20- 35 pound weight gain during pregnancy but this is highly variable. Women who are underweight before pregnancy need to gain more than women who are overweight prior to pregnancy. Significantly overweight women may gain no weight during pregnancy which is fine as long as they are not dieting and consuming about 2,000 calories per day. For the average woman, consuming a regular container of yogurt per day in addition to her normal intake will meet her pregnancy requirements.

GENETIC TESTING

At your first visit we will determine if you have any high risk factors for a genetic abnormality. Please tell us if you or your partner have a family history of any inherited or recurring medical problems. If a high risk factor is identified, we may recommend specific tests or that you see a geneticist for further counseling.

The following optional, genetic screening tests are available to all pregnant women regardless of age or pre-existing high risk factors. A major consideration in choosing whether to have an optional, screening test is whether the results would change your decision to continue your pregnancy or not. Any invasive test such as an amniocentesis or chorionic villus biopsy involves a very small (0.1%-1%) but real risk of miscarriage. The benefits and information obtained must always be weighed against the risks or complications.

Down Syndrome is a condition consisting of mental retardation, heart defects, and various other birth defects associated with advancing maternal age. Since the vast majority of women having children are younger than 35, the number of Down Syndrome children born to women under 35 is greater than those born to women over 35. Currently Down Syndrome screening is available to all women and many experts feel that it should be the initial testing performed as opposed to amniocentesis or chorionic villus biopsy. First trimester Down Syndrome screening is performed around 12 weeks of pregnancy and consists of an ultrasound and two blood tests obtained with a finger stick. This ultrasound is either performed in our office or at a perinatologist's office and the results return in 2-3 business days. 95% of the time the test returns as normal showing a low risk of Down Syndrome and no further action is necessary. Since this is a screening test, it can never say with 100% certainty

that your baby doesn't have Down Syndrome, just that the probability is extremely low. 5% of the time the test will return showing an increased risk of Down Syndrome, but the vast majority of these babies on further testing will not have Down Syndrome. In order for the screening test to pick up the 80-85% of pregnancies with a Down Syndrome baby, it has to falsely identify 5% of pregnancies as being high risk.

Another option for Down Syndrome screening is to have a multi-screen blood test drawn at 16 weeks of pregnancy. This test yields the same results in that it identifies 85% of pregnancies that have a Down Syndrome baby with a false positive rate of 5%, only four weeks later than the first trimester screen. Today most insurance companies will cover a Down Syndrome screening test.

Cystic Fibrosis is a recessive, genetic abnormality that must be carried by both parents and can be passed on to their child. Approximately 1/25 people carry the recessive gene and the occurrence of children with cystic fibrosis is approximately 1/2000. Cystic Fibrosis affects people in many different ways but primarily involves pulmonary and digestive problems. Years ago many people with Cystic Fibrosis died in their teens or twenties, however today people are living much longer due to advances in medicine. Cystic Fibrosis screening involves a blood test drawn from the mother to see if she is a carrier for any of the multiple Cystic Fibrosis gene abnormalities. If she is a carrier then blood will be drawn from the father.

Other genetic screening tests can be performed in specific populations of patients. Jewish women can undergo screening for Tay-Sachs Disease and Black women can be screened for Sickle Cell Anemia. Women with a family history of other genetic diseases can often be screened prior to or during pregnancy for the carrier state.

EXERCISE

Most all exercise is fine during pregnancy. As pregnancy progresses lower impact activities such as biking, swimming, stairmasters, and treadmills will put less stress on your knees and hips. The old adage of keeping your heart rate less than 140 is outdated. Most trainers use a perceived level of exertion and recommend that you keep it at 7 or less on a 1-10 scale. Most importantly drink large amounts of water before, during, and after you exercise. Contact sports, scuba diving, and water skiing should be avoided in pregnancy. Saunas and steam rooms are not recommended during pregnancy. Hot tubs can be used for 5 minute intervals if kept at 102 degrees or less and your head remains uncovered to dissipate excess heat.

TRAVEL

The physical act of traveling is fine any time during your pregnancy. Walk and exercise your legs for 5-10 minutes every 2 hours to minimize your risk of blood clots in your legs. There is no problem with flying during pregnancy. Your chance for delivery increases as you get closer to your due date. Therefore if you travel late in pregnancy you run the risk of going into labor or rupturing your membranes and delivering in another location. 34 weeks is a good cutoff to stop traveling unless absolutely necessary. Always ask for a copy of your prenatal records if you travel during the second half of pregnancy. Like an umbrella, if you have them, you will not need to use them.

PREGNANCY PROBLEMS

Please call us if you experience any of the following problems:

Bright red, vaginal bleeding.

Fever at or above 102 degrees.

Rhythmic uterine contractions (rhythmic backache, menstrual cramps) that occur every 15-20 minutes that do not go away when you rest and drink 32 ounces of water.

Headaches lasting longer than 6 hours and do not go away with Tylenol in the second half of pregnancy.

Decreased movements of the baby that do not respond to the Fetal Movement Test.

FETAL MOVEMENT TEST

After 20 weeks most pregnant women will feel their babies move on a daily basis. Babies have sleep/wake cycles and therefore will have times during the day when they are very active and other times where they are quiet. If you are in a quiet area and sitting or lying on your side, you will more likely feel the baby move than if you are busy and preoccupied. If you have not felt the baby move all day or you feel like the baby is much less active perform the following evaluation. Eat dinner or a snack and lie down in a quiet room on your side with one hand on your uterus. We want the baby to move 10 times in the next hour. Most babies will move 10 times in 10 or 15 minutes and once your baby moves 10 times you can stop counting as your baby has passed the test. If the baby does not move 10 times in 1 hour then please call and we will tell you what to do.

NAUSEA AND VOMITING DURING PREGNANCY

Most women experience some nausea and vomiting during pregnancy especially during the first 12 weeks. Some women have a severe case of this problem (hyperemesis) and literally can keep minimal food or fluids down and will lose weight during pregnancy. Some common treatments for hyperemesis include: Vitamin B6 100 mg twice a day, Emetrol liquid, ginger root, wrist bands, acupuncture. If these treatments do not work we will prescribe medications such as Phenergan or Zofran to use which are safe to take during pregnancy. If you are extremely dehydrated or losing weight, you will need to be admitted to the hospital for intravenous fluids and nutrition.

LABOR AND DELIVERY >36 WEEKS

From 36 weeks and beyond we will deliver you if you go into active labor or break your bag of water. Prior to that time we would weigh the risks versus benefits of continuing your pregnancy. We recommend that all first time parents take a labor and delivery class at the hospital or through a private organization. These classes will explain many of the experiences that will occur during labor and delivery and answer many of your questions. They will also remove the fear of the unknown which will lessen anxiety and often decrease the pain of labor and delivery.

We recommend that you call us whenever:

You rupture your bag of water or start leaking clear fluid from your vagina.
Have regular, painful uterine contractions with a frequency of 5 minutes, lasting 1 minute, and going on for 1 hour. The Lamaze rule of 5-1-1.
Bleeding heavier than a menstrual period
Decreased fetal movement.

Once you are in the hospital, the nurses will intermittently monitor the baby with an electronic fetal monitor which is analogous to taking an adult's blood pressure and pulse. If you are in active or early labor, please do not eat any solid food as this could cause lung problems. Walking promotes active labor and helps with pain management. If your baby is healthy on the monitor, we encourage you to walk as much as possible.

If you desire pain relief as your contractions become closer, longer, and stronger we recommend an epidural which can provide long-term pain relief and it can be adjusted to provide more or less potency. An epidural is a very safe form of anesthesia and in my opinion does not increase the rate of Cesarean deliveries if labor is managed appropriately. Once an active labor epidural is placed, you will not be able to walk and you will need a catheter placed in your bladder. An intravenous line with fluids is also necessary in all patients who have epidurals.

CESAREAN OPERATIVE DELIVERY

Today 20-30% of all deliveries are performed via the Cesarean surgery. Cesarean delivery is major abdominal surgery and is performed for a lack of progress in labor, lack of reassuring signs for the baby, abnormal position of the baby, and as a repeat procedure. Today Cesarean surgery is extremely safe but like all surgeries is associated with complications such as bleeding, infection, and damage to internal structures. The ultimate goal of everybody involved with your care is a healthy baby and a healthy mother. If at any point you have any questions about what is happening or why we are doing something, please ask me or the nurses taking care of you in the hospital

AFTER DELIVERY POSTPARTUM CARE

Postpartum stays in the hospital last 1-2 days for vaginal deliveries and 2-4 days for Cesarean deliveries. The nurses will provide an abundance of information and educational materials for you during your stay. Please also see our Postpartum Instruction Sheet which is a separate link adjacent to the handbook. There are also classes in the hospital after delivery as well as before delivery that go over newborn care. Raising a newborn and child is perhaps one of the hardest things you will ever do, but also one of the most rewarding and miraculous things you can do. Nature and common sense provide us all with the skills to perform this task well, and you can also seek advice from books, family members, and your Pediatrician or Family Physician.

We want to see you back in the office 6 weeks after delivery for the equivalent of an annual exam where we will evaluate your healing and discuss birth control with you. We look forward to seeing you at this visit and discussing with you how your new journey is progressing. If before that time you experience increasing pain, fever, or bleeding heavier than a menstrual period please call us.

CONTRACEPTION

There are numerous options for reversible birth control regardless of whether you are or are not breast feeding. Progesterone-only-pills (POPs) exist which are 95% effective in preventing pregnancy. They must be taken every single day and they do not have a spacer or placebo week. IUDs received a bad reputation 30 years ago but this was from one specific brand of IUD. Saying all IUDs are bad is like saying all cars are bad because you drove a pinto years ago. IUDs are safe, 99% effective, and easily reversible. 2 brands of IUDs we use are called Mirena and Paraguard and both have web sites. Barrier methods can also be used for contraception. Please call us at any time if you have questions.