

# Pregnancy Quick Reference Guide

Ascension Medical Group  
Seton Women's Health



**Ascension  
Seton**

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# Calendar of obstetrical visits

You will have 8-12 appointments during your pregnancy. You will be scheduled in advance with your physician or our nurse practitioners. At every visit, we will check your weight, your blood pressure, and check your urine for protein and glucose (sugar). We will also listen to the baby's heartbeat at all visits after 11-12 weeks gestation. While each pregnancy is different, here is a basic overview of appointments. Keep in mind that pregnancy complications or high-risk factors may warrant extra visits.

<p><b>6 weeks</b></p>	<p><b>Confirmation of pregnancy visit</b></p> <ul style="list-style-type: none"> <li>• First exam and ultrasound</li> <li>• Initial screening labs</li> <li>• Introduction to genetic screening options</li> </ul>
<p><b>7-11 weeks</b></p>	<p><b>New obstetrical visit</b></p> <p>At this visit, you will meet with a nurse and your doctor. A full personal and family history will be reviewed.</p> <p>Testing may include: urinalysis with culture, blood type and RH factor, hepatitis B, HIV, syphilis, rubella, diabetic screening if applicable, and genetic screening.</p> <p><b>**Note:</b> These may be done at your pregnancy confirmation visit.</p> <p>You will have a physical exam to assess your general health. A Pap smear and vaginal cultures may be obtained.</p> <p>The entire visit may take up to 2 hours to complete.</p>
<p><b>11-15 weeks</b></p>	<p><b>Routine visit</b></p> <ul style="list-style-type: none"> <li>• Genetic counseling with MFM (maternal-fetal medicine specialist) if applicable (12 weeks)</li> <li>• Non-invasive prenatal test (NIPT) and nuchal translucency (NT) ultrasound if desired (12 weeks)</li> </ul>
<p><b>16-18 weeks</b></p>	<p><b>Routine visit</b></p> <p>AFP (alpha-fetoprotein) testing at 16 weeks</p>
<p><b>18-22 weeks</b></p>	<p><b>Routine visit</b></p> <ul style="list-style-type: none"> <li>• Anatomic survey by ultrasound</li> <li>• Register for prenatal classes: childbirth preparation, breastfeeding, baby care</li> <li>• Register for pre-admission to Ascension Seton Medical Center Austin</li> <li>• Start searches for pediatrician, doula, lactation consultant</li> </ul>
<p><b>24-28 weeks</b></p>	<p><b>Routine visits every 2-4 weeks</b></p> <ul style="list-style-type: none"> <li>• Screening labs for gestational diabetes and anemia</li> <li>• Prescription given for breast pump</li> <li>• Antibody screen drawn and Rhophylac injection given if RH negative</li> <li>• Start prenatal classes</li> <li>• Discuss how to do daily kick counts</li> </ul>

<b>28 weeks</b>	<b>Start daily kick counts</b>
<b>28-35 weeks</b>	<b>Routine visits every 2-3 weeks</b> Screening labs for HIV and syphilis (required by Texas law) TDAP vaccine given at 32 weeks
<b>36-40 weeks</b>	<b>Routine weekly visits</b> GBS screening Cervical exams done
<b>Postpartum</b>	<b>3 week telemedicine appointment and full exam 4-6 weeks after birth.</b> Please note, if you delivered by cesarean section, you may be asked to come sooner for an incision check. In addition, if your pregnancy had complications such as high blood pressure, you may be asked to follow up sooner than the routine 3-week visit.

## Our team approach

As much as possible, we will try to have your visit scheduled with your doctor and nurse practitioner. However, due to emergencies, deliveries or vacations, on occasion you may need to see one of the other physicians in our practice.

Our physicians deliver the majority of their own patients, however, they cannot remain on call continuously. Their families would like to see them also! To ensure you will feel comfortable and confident in the physician providing your care, we have carefully built our group with quality physicians who have the highest level of trust in each other.

## Genetic tests - the basics

A small percentage of babies will be born with birth defects. Some of these can be tested before birth, and some cannot. There are a number of tests that doctors can use to screen for increased probability of birth anomalies. Having these tests is optional. You are not required to have these tests, but if you want to, they are available. You can read more about these tests at: [acog.org/Patients/FAQs/Genetic-Disorders](http://acog.org/Patients/FAQs/Genetic-Disorders).

Genetic screening tests are offered to all patients, and genetic counseling may be appropriate if you have a higher probability of certain conditions. Genetic counseling is done through our MFM partners (maternal-fetal medicine specialists). Some indications for genetic counseling include:

- If a screening test suggests there is a likelihood of Down syndrome
- If you will be over 35 at the time of delivery

- If you have a history of two or more miscarriages, a history of stillbirth, a history of a child that was born with a birth defect, or if there is a family history of any of these problems
- If you are concerned that you may have an inherited disorder
- If your ethnic background puts you at increased probability for genetic disorders
- If you feel that your job, lifestyle or medical history may affect the pregnancy (i.e. exposure to radiation, chemical, infection or drugs)
- Couples who are first cousins or close relatives
- Patients who wish to have more detailed information about diagnostic testing
- Genetic counseling is required prior to testing, such as chorionic villus sampling (CVS) or amniocentesis.

Take home messages about genetic screening tests:

- All testing is optional. You are not required to do any testing.
- Screening tests help determine the likelihood of a problem with your pregnancy. Talk with your doctor about any concerns you might have with screening tests and results.

## Genetic carrier tests

Carrier screening tests can be done prior to or during pregnancy. They can also be done on either partner. These tests measure whether or not a parent is a carrier of a disease. Detailed information can be found at [acog.org](http://acog.org).

The most basic of carrier screening tests include screening for carrier status of cystic fibrosis, spinal muscular atrophy, and fragile X.

Cystic fibrosis (CF) is an inherited disease that causes thick secretions throughout the body, often leading to severe health problems, including breathing and digestive problems, frequent hospitalizations, and median life expectancy of 30-40 years with currently available treatments. CF is caused when a person inherits two copies of a defective gene, one from each parent. A parent can be positive for the gene mutation but not have the disease. These parents are “carriers” of the defective gene. If both parents carry the defective gene, the fetus may inherit CF. The gene mutation depends on your ethnic background; however, testing is offered to all patients. Individuals of Caucasian and Jewish descent have a higher probability, approximately 1 in 24, for carrying the gene. Individuals of Hispanic descent have an intermediate probability (1 in 46) and individuals of African American (1 in 65) or Asian (1 in 94) descent have a lower probability.

Spinal muscular atrophy and fragile X syndrome are inherited diseases that can be carried silently by normal individuals, similar to cystic fibrosis. SMA is a muscle-wasting disease that can cause death in infancy or childhood. It is somewhat similar to muscular dystrophy but is actually more common. Carrier screening for both of these diseases is available and will be offered to all patients. The American College of Obstetricians and Gynecologists (ACOG) recommends routine screening in pregnancy for SMA. For women with a family history of intellectual disability or fragile X disorders, or a personal history of ovarian insufficiency, fragile X testing is recommended by ACOG. If you desire testing for these diseases, please discuss with your doctor or nurse. If there is any family history of muscle or nerve disease in childhood, or any families with intellectual disabilities, genetic counseling with a genetic counselor is recommended.

There are a number of other tests for genetic diseases that vary in frequency between different ethnic groups. For example, people of African American or Mediterranean descent have a higher probability of carrying the trait for sickle cell anemia. Those of Jewish descent have a higher probability of carrying the gene mutation for Tay Sachs disease and several other genetic diseases.

Ultimately, carrier screening is optional, and it is your choice. There is no right or wrong choice. You should talk with your doctor before screening to discuss the benefits and limitations of testing.

## Genetic screening tests

Prenatal genetic screening tests include bloodwork and ultrasounds. These tests can screen for aneuploidy (abnormal number of chromosomes), as well as defects of the brain and spine called neural tube defects, and birth defects of the abdomen, heart and facial features. This testing provides an assessment of the likelihood of a chromosomal or genetic disorder. The American College of Obstetricians and Gynecologists (ACOG) recommends that this testing be offered to all pregnant women, regardless of their age or personal history.

### Non-invasive screening tests include:

<p><b>Cell-free DNA (also called NIPT or non-invasive prenatal test)</b></p>	<p>This is a test that can be done as early as 9-10 weeks of pregnancy, although ideal timing is around 12 weeks. It has the highest detection rate and lowest false positive rate of all the aneuploidy screening tests. Using a maternal blood sample, fetal DNA (circulating in maternal blood) can be analyzed for common aneuploidies, such as Trisomy 21 (Down syndrome), Trisomy 18 (Edwards syndrome), and Trisomy 13 (Patau syndrome). It can also analyze the sex chromosomes to detect conditions such as Monosomy X (Turner syndrome), XXY (Klinefelter syndrome), or XXX (Trisomy X). It will also determine the gender of your baby if you wish to know this.</p>
<p><b>Nuchal translucency ultrasound (also called NT scan)</b></p>	<p>The nuchal translucency refers to the fluid-filled space on the back of the fetal neck. An enlarged NT measurement is independently associated with fetal aneuploidy (extra chromosomes) or structural malformations of the heart.</p>
<p><b>Alpha-fetoprotein (AFP) measurement</b></p>	<p>A sample of maternal blood is drawn between 15-21 weeks (most accurate time frame is 16-18 weeks) to screen for neural tube defects such as spina bifida. Unexplained elevations in AFP can be associated with fetal growth restriction and other conditions that may require further evaluation and/or monitoring during pregnancy. This test is recommended for all patients.</p>
<p><b>Anatomy ultrasound</b></p>	<p>All patients are offered a screening anatomy ultrasound, which evaluates for structural abnormalities. This is frequently done in our office, but based on your personal history or any abnormal screening blood tests, your doctor may refer you to an MFM (maternal-fetal medicine) specialist for this scan. Please remember that an ultrasound is a medical test, and in order to do the best job possible, your sonographer needs to concentrate fully on obtaining a complete set of images. While the ultrasound is exciting and to some degree entertaining, please remember that the primary purpose is to ensure the health of the baby and provide you with excellent medical care.</p>

## What if my genetic screening test is positive?

Screening tests determine the probability of a genetic condition. The only way to definitively confirm the diagnosis while you are still pregnant is via a diagnostic test. For these, you will be referred to a

pregnancy specialist (also called maternal-fetal medicine specialist, or MFM) for genetic counseling and for consideration of a diagnostic test.

## Diagnostic tests

### CVS (chorionic villus sampling)

In this procedure, the MFM specialist will use an ultrasound to guide either a needle into your belly or a small tube through the cervix vaginally in order to obtain a tiny piece of placenta, which will be sent to the lab for analysis. This is usually done between 10-13 weeks gestation.

### Amniocentesis

In this procedure, the MFM specialist will use an ultrasound to guide a needle into your belly to draw off a small amount of amniotic fluid (the liquid that surrounds the baby) to send to the lab for analysis. This is done any time after 15 weeks gestation in the likelihood of a chromosomal or genetic disorder.

## Should I have a genetic screening test?

As mentioned previously, the American College of Obstetricians and Gynecologists (ACOG) recommends that testing be offered to all pregnant women, regardless of their age or personal health history. However, these tests are optional, and the decision on whether or not to have them should be a personal one between you and your partner. The following may help to guide your decision making:

### Why might I choose to have a genetic screening test?

- I would like as much information as possible during pregnancy about the health of my developing baby.
- If my baby has a genetic condition such as Down syndrome, I want to know while I am pregnant so that I can learn as much as possible about the condition before the baby is born.
- I have been anxious since I learned that I was pregnant, and a test will help ease my anxiety.
- I want to consider all of my options. I am going to take it one step at a time. If my screening tests determine a high probability that my baby will have a genetic condition, I will decide at that time if I want to have more testing.

### Why might I choose not to have a genetic screening test?

- I have decided that “whatever will be will be,” and I will wait until the baby’s birth to find out if the baby is healthy.
- I know that I never would want to have an invasive diagnostic test, even with only a small chance of miscarriage, so I do not want to have a screening test.
- I want to know with certainty if my baby has a genetic condition such as Down syndrome so I am having a diagnostic test (CVS/amnio) instead of a screening one.

*Insurance coverage for genetic tests varies between insurance carriers and plans. If you choose to proceed with testing, please contact us to determine if these tests are covered, and if they are not, to determine the out-of-pocket cost to you if you still wish to proceed with testing. Our office offers two testing options. Check your coverage when deciding whether or not you wish to have this testing.*

# Other routine testing in pregnancy

## **Prenatal HIV testing**

Prenatal HIV testing was implemented in 1996 with the intent of decreasing the chance of unborn babies becoming affected with HIV. Effective in January of 2010, Texas law requires that we test all pregnant women for HIV. The test must take place during the first prenatal visit. A second test must be conducted in the 3rd trimester, or upon admission for delivery if no record of the 3rd trimester test is available.

## **Diabetes screening**

Between your 24th and 28th week of pregnancy, you will be screened for gestational diabetes with a one-hour glucose tolerance test. In some instances, depending on your history, you may be screened earlier in pregnancy as well. The test consists of drinking a concentrated glucose beverage, and having a blood sample drawn one hour after ingestion of the beverage. You are not to eat or drink anything in the hour between drinking the beverage and having your blood drawn, but it is not necessary to fast before the test. A blood glucose result under 135 mg/dL is considered normal, and no further testing is required. If your blood glucose is 135 mg/dL or above, you will be required to take a 3-hour glucose tolerance test. The 3-hour test consists of going to the lab after fasting starting at midnight the night prior to the test. A fasting blood sample will be drawn, and then you will be given a concentrated glucose beverage to drink. Your blood will be drawn each hour after drinking the beverage for 3 hours. You will have your blood drawn four times in total (fasting and at the 1-, 2-, and 3-hour marks). You will not be allowed to eat or drink during this test. If two or more values are elevated, you have gestational diabetes. You will be referred to a specialist and diabetic educator to teach you how to manage your gestational diabetes.

## **Antibody screen and Rhophylac injection**

Your initial blood tests will include determining your blood type. If you have a negative blood type (Rh negative) and the father of the baby has a positive blood type (Rh positive), the baby may have an Rh positive blood type as well. In this case, there is a small probability of baby's Rh positive cells entering your bloodstream, causing your body to mount an immune reaction to these cells because it sees them as "foreign." If this occurs, it can cause serious issues with future pregnancies. If you are Rh negative, you will be given a shot called Rhophylac at 28 weeks to prevent your body from mounting this immune response. There are certain conditions at which there is a higher probability of bleeding from the baby's system to yours (abdominal trauma, vaginal bleeding, to name a few). If any of these conditions affect your pregnancy, your doctor may require you to have a Rhophylac injection prior to the routine 28-week one. Please call 911 if you have any vaginal bleeding, or have any sort of abdominal trauma during your pregnancy. If after birth, the baby's blood type is confirmed to be Rh positive, you will receive one additional shot while in the hospital postpartum.

## **Group B strep screening**

Group B strep (or GBS) is a bacteria that is commonly found in the colon and, in many women, the vagina. About 1 in 4 women "carry" this bacteria in the vagina. This is not the same as having an infection. Carriers are not sick and do not need treatment. There is nothing you can personally do to avoid carrying GBS. If you are one of the 1 in 4 women who carry GBS, there is a probability of passing it on to your newborn. GBS in a newborn can cause pneumonia, meningitis, or a life-threatening blood infection. Because it is so common for women to carry GBS, all pregnant women are screened with a recto-vaginal swab around 36-37 weeks of pregnancy. If you test positive for GBS, you will receive antibiotics while you are in labor. This greatly reduces the chance that your newborn will develop one of the serious infections mentioned above.

*Our nursing staff will contact you with laboratory results that are abnormal and need attention. Normal results will be discussed at your next visit or sent to you on the patient portal.*



# How to address common pregnancy symptoms

Our bodies go through many changes during pregnancy. Some of our usual remedies for aches, pains and other issues that arise may not be the safest options to use during pregnancy. Following is a list of common symptoms experienced during pregnancy, and how you can treat them safely.

## Nausea or “morning sickness”

This is one of the most common pregnancy complaints, especially during the first 12 weeks, but can continue well beyond that, and is not limited only to mornings. The cause of this nausea is the pregnancy hormone HCG (human chorionic gonadotropin), which is released by the placenta. This hormone level is highest in the first trimester, and begins to drop and level off for the remainder of the pregnancy.

Here are some things you can try:

- Take small bites and eat slowly.
- Eat frequent, light meals throughout the day. An “empty stomach” can worsen symptoms.
- Do not lie down immediately after eating.
- Avoid or minimize caffeine.
- Be mindful of triggers and avoid things that can aggravate the stomach and worsen nausea, such as fried or greasy foods, highly seasoned foods, sweets and caffeine.
- Increase your intake of foods high in vitamin C, such as fresh fruits, vegetables and juices.
- Also increase your intake of foods rich in vitamin B6, such as chickpeas, tuna, salmon, organ meats, chicken breast and fortified cereals, or 25 milligrams of vitamin B6 per day. You may increase this to three times per day as needed.
- Try bland foods, such as dry toast or crackers, first thing in the morning.
- Light exercise, like walking, after eating may help digestion.
- If you do have vomiting, try to stay hydrated by increasing clear liquids, such as water, Gatorade, ginger ale, lemon-lime soda, broth or gelatin. If you are unable to tolerate liquids for more than 12-24 hours, please contact the office.
- Try toast, Popsicles, bananas, rice, applesauce or plain baked potatoes when you are starting to feel better.
- Peppermint and ginger tea may help reduce nausea. Use ginger tea only occasionally.

## Heartburn/Indigestion

These are also some of the most common pregnancy symptoms. During pregnancy, your body secretes a hormone called relaxin. This hormone relaxes the esophageal sphincter (the circular muscle that normally functions to keep harsh stomach acids from “refluxing” back into the esophagus). This harsh stomach acid irritates the esophagus, giving the characteristic “burning” feeling of heartburn/indigestion.

If you are experiencing these symptoms, here are some things you can try:

- Take small bites, eat slowly, and chew food completely.
- Avoid greasy and highly seasoned foods.
- Increase your vitamin B intake.
- Do not mix fats and sweets in the same meal.
- Use safe over-the-counter antacid medications (see the safe medication table in the following pages).

## Constipation

This occurs as a result of elevated hormone levels that relax the intestines and slow digestion.

- Drink an 8-ounce glass of water at least 6-8 times daily.
- Maintain a diet high in fiber.
- Exercise daily.
- Do not use artificial laxatives, which may inhibit the absorption of nutrients.
- Stool softeners, such as those listed in the safe medication table on the following pages, may help with symptoms.

## Headaches

These can be triggered by the hormonal changes of pregnancy, most commonly during the first 18 weeks. Stress, tension and sinus pressure can also exacerbate symptoms.

Here are some things to try to both prevent and treat headaches:

- Eat regular small meals.
- Get plenty of rest.
- Avoid crowded and noisy places.
- Avoid poorly ventilated or smoke-filled rooms.
- Acetaminophen can be taken for headaches according to the package directions. If this, along with rest, does not resolve your headache, please notify the office or doctor on call.

## Diarrhea

This is a common pregnancy symptom related to the hormonal changes that occur. This may be a combination of increasing your water intake, increasing your intake of healthy foods, or exercising more regularly. However, diarrhea that persists for more than a couple of days, even if it is mild, warrants a call to your doctor.

If symptoms are short-lived and mild, here are some things you can try:

- Avoid dairy, caffeine, raw fruits and vegetables when experiencing symptoms.

- Drink lots of clear liquids.
- Try the BRAT diet (bananas, rice, applesauce, toast).
- See the safe medication list on the following pages for safe OTC remedies.

## Fatigue or insomnia

Fatigue is an early sign of pregnancy, which most women do experience. It is also very common in later pregnancy, affecting more than half of all pregnant women. Fatigue can sometimes be caused by a medical condition called anemia, which is a low red blood cell count. A developing baby uses some of the mother's iron stores, and if these stores are not replaced by adequate iron intake, anemia will result. Iron-rich foods include green leafy vegetables, lean meats and seafood, beans, nuts, fortified grain products and molasses. Your doctor may recommend an iron supplement as well if your levels are not rising with dietary changes alone.

Here are some things you can do to help combat fatigue:

- Increase dietary calcium and B vitamin intake.
- Exercise regularly – for at least 20-30 minutes most days of the week.
- Take relaxation breaks as needed.
- Take warm baths.
- Get a massage.
- Drink a warm non-caffeinated beverage.

Keep in mind that these symptoms are due to hormonal changes, and are very common during the first trimester.

## Leg or joint pain

Normal pregnancy is accompanied by weight gain and a change in our center of gravity. In addition, our pregnant bodies produce a hormone called relaxin which causes more laxity in our ligaments. This combination of changes can put extra stress and strain on our joints.

Here are some ways you can combat the aches and pains that may occur in pregnancy:

- Wear low-heeled shoes with good arch support.
- Rest and elevate your feet at the end of the day.
- Exercise and stretch regularly.
- Maintain good posture – prenatal yoga may help in the practice of this.
- Increase your intake of foods rich in calcium, potassium, and B vitamins. Check out the NIH's vitamin fact sheets at [ods.od.nih.gov/factsheets/list-VitaminsMinerals/](https://ods.od.nih.gov/factsheets/list-VitaminsMinerals/) for examples of foods high in these nutrients!
- Use a heating pad on a low-to-moderate setting. Never sleep with a heating pad.

## Swelling in your feet, ankles, and hands

This is common during pregnancy and is caused by the increased blood volume that occurs in pregnancy. Swelling is caused when the body isn't able to transport the extra volume without displacing fluid in the dependent areas of the body, such as feet and ankles.

Here are some ways to prevent and treat swelling:

- Elevate your feet slightly while you are sitting and lie on your side as much as possible when resting.
- Lying on your left side allows for unrestricted return of blood from your limbs to the heart through the vena cava, a major vein on the right side of your body.
- Avoid added salt in your diet. Be aware of foods high in sodium and avoid them.
- Wear full-length compression stockings.

## Vaginal burning, irritation and discharge

Changes in consistency and amount of vaginal discharge are common in pregnancy. If discharge is accompanied by a bad odor, pain, or itching, it may be a sign of a vaginal infection and you should notify the office.

Some basics of good vaginal hygiene to prevent these symptoms are:

- Wear cotton underwear or no underwear. Avoid underwear made of synthetic fabrics.
- Avoid tight-fitting clothes.
- Avoid scented products such as detergents or soaps.
- Avoid baby wipes, douches, feminine sprays or powders. Use a fragrance-free mild soap and rinse with plain water.
- Washing using your hands. Washcloths and loofahs left in damp showers or tubs can harbor bacteria that can affect your vaginal pH.

## Varicose veins

Varicose veins are dilated, tortuous veins. The increased blood volume and intravascular pressure of pregnancy can exacerbate existing varicose veins, or cause development of varicose veins in someone without a prior history of them. They usually occur on the legs, but can also occur on the vulva.

If you suffer from varicose veins in pregnancy, here are some steps you can take:

- Increase intake of foods rich in vitamins E and C (see the NIH vitamin fact sheet at [ods.od.nih.gov/factsheets/list-VitaminsMinerals/#I](https://ods.od.nih.gov/factsheets/list-VitaminsMinerals/#I) for a list of foods rich in these vitamins).
- Elevate your feet slightly while sitting.
- Do not cross your legs at the knee.
- Wear compression stockings or support hose that go all the way to the waist.
- Walk daily.
- If you notice asymmetric swelling, severe pain, or redness, notify the office immediately.

## Herpes outbreaks

Genital herpes is a sexually transmitted infection that is caused by the herpes simplex virus. It is estimated that about 1 in 5 people are infected with one of the strains of this virus, but many people don't have symptoms and do not recognize they are infected. Symptoms with outbreaks can vary; first outbreaks are usually the most severe. Symptoms associated with the beginning of an outbreak include flu-like symptoms, swollen lymph nodes in the groin, fever, headache, tingling/burning to the vagina, vulva or anus, and difficulty urinating.

To help with discomfort:

- Sitz baths or sitting in a warm tub may help.
- Acetaminophen may be helpful for pain.
- If you have pain while urinating, urinating in the sitz bath, or at the end of a warm bath may help with the pain.
- Antiviral medication may help reduce the severity and length of the outbreak. If you are having symptoms, please contact the office to see if this is appropriate for you.
- An active HSV outbreak near the time of delivery can cause life-threatening complications for a newborn. If you have HSV, your doctor will discuss suppressive therapy with you starting at 36 weeks to reduce the probability of outbreak near delivery.

## Changes in sexuality

Pregnancy can precipitate an increase in desire for closeness and physical contact, while at the same time causing a decrease in libido (sex drive). This is normal during pregnancy, but can also be confusing and upsetting. If you are experiencing these changes, discuss and express your feelings and needs to both your partner and your doctor.

## Mood changes

Changes in mood, such as anxiety and depression, may result from the hormonal changes of pregnancy.

To manage mood changes:

- Don't be afraid to voice your concerns and talk things out.
- Do things that you enjoy. Get out of the house. Focus on self-care.
- If you have severe symptoms and are unable to eat, sleep, or participate in daily activities, please notify the office immediately.
- The Pregnancy and Postpartum Health Alliance ([pphatx.org](http://pphatx.org)) has a number of resources for pregnant and breastfeeding women in the Austin area.

## Medications during pregnancy

Every medication has potential risks and benefits. It is important to let your doctor know ALL prescription and non-prescription medications that you are taking. This includes vitamin and mineral supplements, herbal supplements, or “natural supplements” as these may or may not be safe in pregnancy, or could potentially interact with other medications.

**DO NOT** discontinue any prescription medications you take for significant medical problems unless you have first spoken with the prescribing physician and your obstetrician. This includes medications for mental health conditions. Abruptly discontinuing mental health medications may cause dangerous withdrawal symptoms. We are happy to work with your prescribing physician (psychiatrist or PCP) to determine the safest most effective regimen for you during your pregnancy.

### Safe over-the-counter medications in pregnancy

Following are some common symptoms and ailments that may occur in pregnancy, and over-the-counter medications that can be used to address them. For these medications, follow the package directions and do not exceed the recommended dose. If symptoms are mild, try to minimize over-the-counter medication use in the first trimester. If symptoms are severe, it is OK to try any of these medications in the first trimester. Try to limit use to the minimum number of days or doses to control severe symptoms.

<b>Allergies or runny nose</b>	Benadryl (diphenhydramine) Claritin (loratidine) Zyrtec (cetirizine) Tavist (clemastine) Chlor-trimeton (chlorpheniramine) Rhinocort nasal spray (budesonide) Flonase nasal spray (fluticasone)
<b>Cough</b>	Robitussin DM (dextromethorphan) Delsym (dextromethorphan) Mucinex (guaifenesin)
<b>Congestion</b>	Sudafed (pseudoephedrine) - After 12 weeks and limit to 48-72-hour use Saline nasal spray
<b>Constipation</b>	Fiber: Metamucil, Fibercon Stool softener: Colace (docusate sodium) Laxatives: Miralax, Milk of Magnesia
<b>Diarrhea</b>	Immodium (loperamide)
<b>Gas/flatus</b>	Mylanta Gas-X (simethicone)
<b>Headache</b>	Tylenol (acetaminophen)

<b>Heartburn/indigestion</b>	Tums Maalox Mylanta Pepcid Cimetidine <b><i>Avoid Alka-Seltzer or Pepto Bismol</i></b>
<b>Herpes outbreaks</b>	Domeboro soaks or sitz baths Discuss a prescription medication with your doctor
<b>Insomnia</b>	Unisom (doxylamine) Benadryl (diphenhydramine)
<b>Nausea</b>	Emetrol Vitamin B6 (take 25 milligrams three times per day) Unisom (doxylamine) 25 milligrams at bedtime Sea bands (acupressure wrist bands) <b><i>Avoid Alka-Seltzer or Pepto Bismol</i></b>
<b>Sore throat</b>	Cepacol lozenges, salt-water gargles
<b>Skin irritation/itching</b>	Calamine lotion or caladryl Corticaine, Lanacort or hydrocortisone 1% (all topical) Neosporin

**DO NOT USE ASPIRIN, IBUPROFEN (MOTRIN/ADVIL), NAPROXEN (ALEVE), ALKA-SELTZER OR PEPTO-BISMOL IN PREGNANCY UNLESS PRESCRIBED BY YOUR PHYSICIAN. Do not take any form of accutane (oral acne medication). Avoid any megadose vitamins, especially those containing high doses of vitamin A.**

## Basic pregnancy tips

### General health and wellness:

- Drink an 8-ounce glass of water 6-8 times daily.
- Exercise for 30 minutes most days of the week. Even walking is a great option!
- Get plenty of rest.
- Maintain a well-balanced diet low in saturated fat, and rich in fruits and vegetables. Avoid added salt.
- Get your flu vaccine (safe during pregnancy!). We offer these to our pregnant patients in our office during flu season (generally September/October through April/May).
- No amount of alcohol, cigarette smoking, vaping, marijuana or other recreational drug use is known to be safe during pregnancy.

### Self-care guidelines:

- Hair coloring or perms are safe at any time.
- Getting a manicure, pedicure, or acrylic nails is safe at any time. Just make sure the area is well-ventilated.
- Spray tans and tanning beds are NOT recommended.
- Teeth bleaching (including white-strips) is not recommended.
- Topical retinoids and isotretinoin are NOT SAFE for use in pregnancy. However, topical skin care products containing benzoyl peroxide, azelaic acid, salicylic acid and glycolic acid are safe to use during pregnancy.
- Urgent dental work is safe at any time. See the page later in this booklet regarding dental care in pregnancy.

### Temperature precautions:

- Avoid heating your body to temperatures of 100.4 F or higher. This includes saunas, hot tubs and whirlpool baths. Avoid immersion in hot baths for prolonged periods of time at high temperatures.
- Avoid overheating in the hot Texas sun.
- Treat any fevers with acetaminophen.

### Environmental precautions:

- Toxoplasmosis: To avoid toxoplasmosis in pregnancy, do not garden without gloves, change cat litter boxes, change bird cages, or eat raw meat or eggs.
- Compact fluorescent light bulbs: These contain small amounts of mercury. If a bulb breaks, leave the area and close the door to the room. Have someone dispose of the broken bulb. See detailed instructions on proper clean-up procedures at [epa.gov/cfl/cflcleanup.html](http://epa.gov/cfl/cflcleanup.html).
- Paints: Use only water-soluble or latex paints. Use only in a well-ventilated area (open windows and doors and use fans to ventilate). Avoid contact with solvents or oil-based paints.

### Infectious disease precautions:

- Report any contacts with infectious diseases, such as fifth disease, rubella or chickenpox (if you have not had it before or have not had the vaccination). If you or your partner have traveled to an area with Zika virus immediately before or during your pregnancy, discuss this with your provider. Travel to these areas is not recommended during pregnancy. Refer to the CDC website: [cdc.gov/zika/pregnancy/index.html](http://cdc.gov/zika/pregnancy/index.html)

If you are exposed to a potentially hazardous substance, please call Texas Teratogen Information Service at 1-800-733-4727 or Texas Teratogen Information on Pregnancy Services at 1-855-884-7248. These services are available 24 hours per day.



# Pregnancy nutrition basics

The basic goals of good nutrition in pregnancy should be:

- Maintaining a healthy pregnancy weight gain.
- Eating a wide variety of whole, unprocessed foods.
- Being mindful of food safety concerns.
- Supplementing vitamins and minerals appropriately.

## Macronutrients

The growth of your baby depends on you having adequate protein intake. For women who are not pregnant, the general recommendation is for 1.1g/kg/day. Meeting your protein requirement is easy when you eat a variety of foods. Good plant-based sources of protein include beans, lentils, quinoa, tofu, tempeh, whole grains and vegetables. Animal-based sources of protein include meat, poultry, seafood and eggs.

Carbohydrates rich in fiber are our brain and muscles' main source of fuel. During pregnancy, our carbohydrate requirements increase to 175 g/day (from 130 g/day when not pregnant). Focusing on making the majority of your carbohydrate intake whole, unprocessed, fiber-rich foods may help with constipation that sometimes accompanies pregnancy.

Dietary fat is another source of energy for our bodies. These are critical for a baby's growth and development as well. Try to limit saturated fats and focus on healthy unsaturated fats. Animal sources include fish and shellfish, while plant sources include flaxseed, walnut, seeds and avocado.

## How many calories should I eat each day?

There is a common misconception that during pregnancy you are "eating for two." This is not the case! During the first trimester with a singleton (not twin or other multiple) pregnancy, you usually do not need extra calories. During the second trimester, you need about 340 extra calories. In the third trimester, about 450 calories. These extra calories may be satisfied by the addition of a simple snack. This could be something such as a whole banana with 2 tablespoons peanut butter; one carton of yogurt with 1/3 cup granola; 1/2 cup trail mix; a medium chai latte with soy milk; or a whole wheat pita with 1/2 cup hummus.

## Micronutrients in pregnancy (vitamins and minerals)

Vitamins and minerals play an important role in the health of you and your developing baby. Even with the healthiest diets, you may be deficient in some of these micronutrients as they can be broken down in the harvest, processing and preparation of whole foods. Take one serving of a prenatal vitamin per day. Do not take more than your prenatal vitamin or more than the recommended daily value of any particular micronutrient unless advised by your doctor. See the table following for micronutrients important in pregnancy, the recommended daily values, and foods that are rich in these micronutrients.

Nutrient (Daily recommended amount)	Why you need it, and why your baby needs it!	How to get it in your diet
<b>Calcium (1,000 mg)</b>	Building strong bones and teeth	Plant-based: dark green leafy vegetables, beans, figs, sunflower seeds, tahini, fortified plant milks Animal sources: milk, cheese, yogurt, sardines

<b>Iron (27 mg)</b>	Helps red blood cells deliver oxygen to your baby	Plant-based: dark green vegetables, beans, dried fruits, blackstrap molasses, nuts and seeds, fortified breads, prune juice Animal sources: lean red meat, poultry, fish
<b>Iodine (220 mcg)</b>	Healthy brain development	Plant-based: iodized salt, some breads Animal sources: dairy products, seafood, meat
<b>Choline (450 mg)</b>	Development of baby's brain and spinal cord	Plant-based: soybeans, shiitake mushrooms, red potatoes, wheat germ, kidney beans, quinoa Animal sources: milk, beef, liver, eggs
<b>Vitamin A (770 mcg)</b>	Healthy skin, eyesight, bone growth	Plant-based: sweet potato, spinach, pumpkin, carrots, cantaloupe, red peppers, mango Animal sources: beef liver, dairy, herring, eggs
<b>Vitamin C (80 mg)</b>	Healthy gums, teeth and bones	Plant-based: red pepper, orange, kiwi, green pepper, broccoli, strawberries, Brussels sprouts, tomatoes
<b>Vitamin D (600 IUs)</b>	Bones and teeth, healthy eyesight	Plant-based: sunlight, white mushrooms, fortified plant milks, fortified cereals Animal sources: fatty fish (salmon, sardines)
<b>Vitamin B6 (1.9 mg)</b>	Formation of red blood cells Helps body use protein, fats and carbohydrates	Plant-based: chickpeas, fortified cereals, potatoes, bananas, bulgur, winter squash Animal sources: beef liver, pork, ham
<b>Vitamin B12 (2.6 mcg)</b>	Maintains nervous system Helps form red blood cells	Plant-based: supplement is important Animal sources: meat, fish, poultry, milk
<b>Folic Acid (600 mcg)</b>	General growth and development of fetus and placenta	Plant-based: fortified cereals, enriched bread and pasta, peanuts, dark green leafy vegetables, orange juice and beans Animal sources: beef liver, Dungeness crab *You should also take a prenatal vitamin with 400 micrograms of folic acid

## Weight gain in pregnancy

Maintaining a healthy weight gain will reduce the probability of pregnancy complications, such as high blood pressure, preterm birth, and gestational diabetes. The appropriate weight gain is based on your starting pre-pregnancy weight and body mass index (BMI). You can calculate your starting body mass index at [nhlbi.nih.gov/health/educational/lose\\_wt/BMI/bmi-m.htm](http://nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi-m.htm).

The prospect of double-digit weight gain can be rather daunting. Remember that what you eat during pregnancy is supplying important nutrients to both you and your baby. Gaining an appropriate amount of weight ensures that you and your baby stay healthy, both now and in the future! Only about a fifth of weight gain is stored fat, and this starts decreasing when the baby is born.

The following table reviews appropriate weight gain for each BMI category.

Body Mass Index (BMI) prior to pregnancy	Rate of weight gain in second and third trimesters (pounds/week)	Recommended total weight gain (pounds) with a single fetus	Recommended total weight gain (pounds) with twins
Less than 18.5 (underweight)	1.0 to 1.3	28 to 40	Not known
18.5-24.9 (normal weight)	0.8 to 1.0	25 to 35	37 to 54
25.0-29.9 (overweight)	0.5 to 0.7	15 to 25	31 to 50
30.0 and above (obese)	0.4 to 0.6	11 to 20	25 to 42

## Food safety in pregnancy

Immune system changes in pregnancy place women, their developing babies, and their newborns at risk of food-borne illness. Some of these food-borne illnesses (such as listeria or toxoplasma) can affect a fetus even if the mother does not feel ill. Because of these concerns, there are certain basic precautions you should take.

### Listeria monocytogenes

This is a bacterium which, unlike many others, can thrive at refrigerator temperatures. It may or may not cause you any symptoms. It can increase your probability of miscarriage, premature labor, having a low birth weight infant, or infant death.

Avoid the following to minimize your chance of contracting listeriosis:

- Cold hot dogs or luncheon meats: You should only eat hot dogs or luncheon meats (including deli meats, such as turkey, ham, salami and bologna) if they have been heated until steaming (165F).
- Soft cheeses or cheeses made from unpasteurized milk (often labeled as “raw cheeses”). These may include feta, brie, camembert, Roquefort, blue cheese, goat’s milk cheese, queso fresco, queso blanco, queso panela or cojita. These should be avoided unless they are cooked thoroughly.
- Hard cheeses, such as cheddar, Swiss, provolone, Monterrey jack, as well as cream and cottage cheeses are safe.
- Pates or meat spreads. Canned and shelf-stable versions may be eaten safely.

- Refrigerated smoked seafood unless it has been cooked (i.e., in a casserole). You may see these labeled as nova-style, lox, kippered or smoked. Canned and shelf-stable versions may be eaten safely.
- Raw oysters.
- Tuna sushi. (Other sushi from a reputable source is OK.)
- Unpasteurized juices, milk, or foods made from them. Pasteurized versions are the safest option.
- Unwashed fruits and vegetables. Make sure to wash all fruits and vegetables thoroughly before eating.

## Toxoplasma Gondii

This is a parasite found in raw and undercooked meat; unwashed fruits and vegetables; dust; contaminated water, and cat-litter boxes. About half of toxoplasma infections in the United States are acquired from food. Toxoplasmosis may cause babies to develop hearing loss, blindness, intellectual disability, or brain/eye problems later in life.

To minimize your probability of contracting toxoplasmosis, keep these guidelines in mind:

- Clean and separate: Wash your hands with soap and warm water after touching soil, sand, raw meat or unwashed vegetables. Wash all cutting boards and knives thoroughly with soap and warm water after each use. If possible, to avoid cross-contamination, have dedicated cutting boards for meat preparation and dedicated cutting boards for fruits and vegetables. Keep raw meats separate from other foods in your grocery cart, refrigerator and while preparing/handling. Thoroughly wash all fruits and vegetables and peel them before eating.
- Cook meat thoroughly: Do not sample until meat is cooked, check internal temperature with a food thermometer, and be mindful of recommended safe internal temperature recommendations. Some brief recommendations for internal temperatures:
  - 145F: beef, pork, veal and lamb steaks, roasts and chops with a 3-minute rest time; fish
  - 160F: egg dishes, ground beef, pork and lamb
  - 165F: whole, ground, or pieces of turkey, chicken or duck

## Advice on mercury in seafood (FDA and EPA)

Fish and shellfish contain high-quality protein and other essential nutrients, are low in saturated fat, and contain omega-3 fatty acids. A well-balanced diet that includes a variety of fish and shellfish can contribute to heart health and children's proper growth and development. However, some fish and shellfish contain higher levels of mercury that may harm an unborn baby or young child's developing nervous system. The risks from mercury in fish and shellfish depend on the amount of fish and shellfish eaten and the levels of mercury in the fish and shellfish. By following these recommendations for selecting and eating fish or shellfish, women will receive the benefits of eating them and be confident that they have reduced their exposure to the harmful effects of mercury.

The FDA has recommended that shark, swordfish, king mackerel, marlin, orange roughy, big eye tuna and tilefish should not be eaten by pregnant women, nursing mothers, women planning for pregnancy, and young children because they contain high levels of mercury.

DO eat up to 12 ounces (2 average meals) a week of a variety of fish and shellfish that are lower in mercury. Some of the best choices include: cod, catfish, haddock, lobster, shrimp, sole, tilapia, trout, salmon, pollock and canned light tuna. Another commonly eaten fish, albacore "white" tuna, has more

mercury than canned light tuna. So, when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of albacore tuna per week.

Check local advisories about the safety of fish caught by family and friends in your local lakes, rivers and coastal areas. If no advice is available, eat only 6 ounces (one average meal) per week of fish you catch from local waters, but don't consume any other fish during that week.

## Tea in pregnancy

Safe teas for pregnancy include: raspberry leaf (at full term), black or green tea, ginger (occasional use only), peppermint leaf, rooibos, lemon balm and citrus teas (avoid lemongrass).

Avoid these teas during pregnancy: chamomile, hibiscus, ma huang, cohosh, dong quai, lemongrass, ephedra, ginseng, licorice root, penny royal, St. John's wort and yarrow.

## Caffeine in pregnancy

If possible, caffeine should be minimized, but definitely limited to no more than 1 to 2 servings per day (<200 mg). Following are estimated caffeine values. Please check the nutritional information for specific products to obtain an accurate caffeine amount.

- Brewed coffee (8 ounces) 120 mg-180 mg
- Brewed black tea (8 ounces) 20 mg-70 mg
- Green tea (8 ounces) 25 mg-45 mg
- Caffeinated soda 25 mg-50mg
- Chocolate chips (1 cup) 100 mg
- Starbucks brewed coffee (16 ounces) 250-300 mg
- Starbucks latte (16 ounces) 150-200 mg

## Exercise in pregnancy

Exercise is great for your overall health and fitness. But it is also an important part of a healthy pregnancy! It helps to maintain a healthy weight gain during pregnancy, may help improve some of the normal "aches and pains" of pregnancy, helps with constipation, and may decrease your risk of certain pregnancy complications such as gestational diabetes, preeclampsia, and cesarean section. It may also help improve your mood, increase your energy, and improve your sleep.

### Who can exercise?

Regular physical activity during pregnancy is recommended. In general, you should aim for 150 minutes of moderate intensity activity per week. That averages to about 30 minutes of exercise 5 days per week, but you can break it down to whatever is right for your schedule. Even if you are new to exercising, you can start out small by going for a short 5-10 minute walk daily and slowly adding more time as you feel comfortable. If you were active before pregnancy, in general it is OK to keep doing your usual workouts. Just double-check with your doctor first.

### Are there times exercise should be avoided?

If your pregnancy is complicated by certain conditions, your doctor may advise against exercise in pregnancy. Some of these include: certain heart and lung conditions, cervical insufficiency or cerclage, multiple gestation, placenta previa after 26 weeks, severe anemia, preeclampsia or preterm labor. If you are unsure if any of these apply to you, always ask your doctor.

### What are some exercises that are safe in pregnancy?

Some safe workouts include walking, swimming, stationary biking, yoga (not hot yoga or Bikram yoga), and pilates. Experienced runners and exercisers may continue their normal exercise routines throughout pregnancy if their pregnancies are uncomplicated.

### Are there specific exercises that should be avoided?

The recommendations regarding specific exercises that are not safe include:

- Contact sports/sports where you can get hit in the abdomen (hockey, boxing, etc)
- Skydiving
- Scuba diving
- Activities that pose a high fall risk including mountain biking, snow or water skiing
- “Hot” yoga or pilates
- Activities at over 6,000 feet, if you do not normally live at that altitude

### Should exercises be modified in any way?

The important thing to keep in mind is that our bodies change significantly during pregnancy. If you keep these things in mind, it is easy to exercise safely. As discussed earlier, our joints become more lax during pregnancy. To adapt, avoid any jerky motions during exercise. As we progress during pregnancy, our center of gravity also changes, so your balance may not be what it was prior to pregnancy. Avoid positions where you feel unstable. Keep hydrated throughout and do not let your core temperature exceed 100.4 F.

#### **WARNING SIGNS**

*Stop exercising and notify your doctor immediately if you experience vaginal bleeding, fluid leaking from the vagina, dizziness, headache, chest pain, shortness of breath prior to exertion, calf pain/swelling, uterine contractions or decreased fetal movement.*

## Travel in pregnancy

Traveling in pregnancy is generally very safe and requires that a few precautions be observed. The best time to travel in pregnancy is from 14 to 28 weeks. After 34 weeks, please check with your provider. After 36 weeks you should not travel more than one hour from home by car as the probability of labor and delivery increases dramatically as you get closer to your due date.

### Travel basics

- Schedule a prenatal visit prior to departure.

- If you are traveling far from home, keep a copy of your records with you. Your doctor can give you your most up-to-date prenatal record to have on hand in case of any need to seek urgent medical care while you are traveling.
- If you are traveling a long distance and planning an extended stay, you may wish to get a recommendation for an OB in that area in case an emergency arises.
- Do not make plans that cannot be changed.
- During travel, be sure to stay hydrated, move about frequently and wear comfortable shoes, support stockings, and loose, comfortable clothing.
- Eat a balanced healthy diet with plenty of fiber to help avoid constipation.
- Drink plenty of fluids and carry water with you.
- You may wish to carry non-perishable snacks with you in case food is not immediately available.
- Do not take any over-the-counter or prescription medication unless outlined in this manual or approved by your physician.
- Get plenty of sleep, rest often, and try not to do too much!

## Land travel

Short trips are easily managed by traveling in a car; however, you should not plan to drive more than 5 or 6 hours per day. Seat belts are a must and should be worn as designed. This includes both the lap and shoulder belt. The lap belt should be worn below your belly and across your hips. The shoulder belt should be placed across the chest and between the breasts. It should never be worn under the arms. You should also plan to stop every 2 hours to walk, stretch and empty your bladder. Buses and trains are also safe and the same precautions apply. Keep in mind that bumpy rides are OK; be careful while navigating the more narrow aisles when the transport is in motion.

## Air travel

Traveling by plane is safe in a commercial and/or pressurized cabin. After 34 weeks, check with your airline to see if you need special permission or paperwork from your physician to purchase a ticket for air travel. You should try to book an aisle seat when purchasing your ticket. Metal detectors at airport security will not harm your baby. When you fly, you should increase your fluid intake, empty your bladder as often as necessary and, when allowed, walk about on the plane. This is important for maintaining good circulation, especially to your lower extremities. Be sure to use pillows and blankets as needed for positioning and comfort while in your seat. Use seat belts when in your seat and remember to place them under your belly and across your hips.

## Sea travel

Traveling for the first time by sea during pregnancy may not be the best idea, especially in early pregnancy. This is due to the possibility of complicating the normal nausea of early pregnancy with seasickness. Be sure that any medications given are safe during pregnancy. You may wish to try a sea band, which is worn about the wrist and uses acupressure to help prevent nausea. Cruise lines have very strict restrictions on travel during pregnancy; be sure you are aware of these restrictions before purchasing tickets, as they may not be refundable. Most cruise lines will not allow any woman on board if she is in her 24th week of pregnancy or beyond.

## Foreign travel

Travel out of the country during pregnancy may require quite a bit of additional planning. If immunizations are required, you must be sure that they are safe in pregnancy. You should plan to carry a copy of your records with you in case medical care is needed while you are out of the country. Be sure to abide by any travelers' precautions specific to the country you are visiting. These would include recommendations on food, water, fruits, vegetables, meats and fish. \*\*The Zika virus is endemic in many parts of the world. Travel is not recommended to these areas. Please refer to the CDC's current information regarding Zika: [cdc.gov/zika/pregnancy/index.html](https://www.cdc.gov/zika/pregnancy/index.html).

## Vaccines in pregnancy

### Influenza vaccine

The seasonal influenza (flu) vaccine is recommended for all pregnant women each year and can be safely administered in any trimester.

### TDAP (tetanus, diphtheria, acellular pertussis)

The majority of morbidity and mortality as a result of pertussis (whooping cough) occurs in infants 3 months old and younger. Infants do not get their vaccinations for pertussis until they are about 2 months old. This leaves a window of time where they are susceptible to infection with whooping cough, which is usually asymptotically transmitted by family or caregivers. Because of this, the Advisory Committee on Immunization Practices (ACIP) recommends that a TDAP vaccine be given during each pregnancy, regardless of the timing of the patient's last TDAP. The TDAP vaccine should be administered ideally between 27-36 weeks of pregnancy (if not indicated sooner for other issues such as wounds or whooping cough outbreaks in the community). The vaccine is also recommended for any family members who will have close contact with the newborn. For family members, the vaccine is recommended every 3 years. This is to protect the newborn from whooping cough.

These vaccines are available to our patients through our office at Women Partners in Health, and partners and family members can obtain these vaccines through local pharmacies or their primary care physicians (PCP).

### COVID Vaccine

## Dental care in pregnancy

There are many normal changes that the gums go through during the course of a normal pregnancy. However, recent studies have indicated that gum disease may contribute to premature births. Many dental professionals are now recommending more frequent cleaning and gum evaluation during pregnancy to distinguish these normal changes from more serious problems. If you have any questions about dental care, please contact your dentist for further information. We are happy to consult with your dentist should any advanced procedures, like extractions or root canals, need to be performed during pregnancy.



It is much more dangerous to ignore dental problems than it is to have them taken care of during pregnancy.

Prevention, diagnosis, and treatment of oral conditions, including dental X-rays (with shielding of the abdomen and thyroid) and local anesthesia (lidocaine with or without epinephrine), are safe during pregnancy. Conditions that require immediate treatment, such as extractions, root canals and restoration (amalgam or composite) of untreated caries may be managed at any time during pregnancy. Delaying treatment may result in more complex problems. If your dental professional requires a letter clearing you for dental treatments, we are happy to provide one.

## **Birth plans**

Birth plans have become commonplace among expectant parents, and you may have questions about exactly what a birth plan is and whether it is optional or required. Simply stated, a birth plan is a list of preferences that the parents have regarding the management of the labor and delivery process. It makes sense to think through what your preferences are and share those with your doctor, but a written document is not required. If you choose to prepare one, it should be brief (about one page long).

### **What should I expect after arrival at the hospital for possible labor?**

Your nurse will greet you, gather information about your past history and current complaints, obtain vital signs, place you on a fetal heart rate monitor, examine your cervix if appropriate, and then notify your doctor.

### **Is continuous fetal monitoring required?**

In many cases when the mother and baby have no medical problems, intermittent monitoring is acceptable. This is very individualized, and the situation can change as labor progresses. Examples of conditions requiring continuous monitoring are maternal high blood pressure, and history of previous cesarean section, induction of labor, and after having an epidural.

### **Is an IV required?**

We would like all laboring patients to have an IV. Often this can just be a catheter inserted in the vein and taped to the arm. This permits a more rapid response to emergency situations.

### **What about the ambience of the delivery suite?**

This aspect is entirely under your control. You choose lighting and you are encouraged to bring your own music if desired.

### **How involved can my partner be?**

We encourage active participation with you, but that is your decision as a couple. In most instances, your partner can cut the umbilical cord if they wish after delivery.

### **What about pain management?**

Options for pain management will be covered in childbirth classes and at office visits. This will be reviewed again when you arrive at the hospital for delivery. We will be supportive of the choices you make in this regard.

### **Will I be able to move around in labor?**

In most cases, if there is no epidural in place, mom can move around freely.

### **How long will I be allowed to push and what positions are OK?**

If there is no epidural in place, staff will assist mom in trying various positions until she discovers what works best for her. As long as there is normal progress of the baby through the birth canal, and there is good evidence of the baby's well-being, a mom may continue to push. For a first-time mom this process can take from 1 to 3 hours. Going beyond this time frame, even with a normal fetal heart rate pattern, may create complications.

### **Is episiotomy routine?**

Episiotomy is not routinely performed, and in most cases is not necessary. Decision about whether or not one is needed is not made until moments before the baby is born, and consent will always be obtained prior to performing it.

### **What can be done to avoid a cesarean section?**

We recognize that most women prefer to avoid a cesarean birth if possible. Some of the reasons that a C-section might be recommended include breech presentation of the baby, signs that the baby isn't tolerating the labor well, and signs that the baby won't fit through the birth canal. Before labor, if the baby is found to be breech, it may be possible to attempt to turn the baby. If there are signs that the baby isn't tolerating the labor well, the mother may be given IV fluids and oxygen to alleviate the situation. If dilation of the mother's cervix stops or is very slow, often the labor can be stimulated by breaking her bag of water and/or administering a medication such as Pitocin. Thus, the most common situations leading to an unscheduled C-section are prolonged labor and pushing leading to maternal exhaustion and concerns about baby's well-being during labor.

### **What will happen if I go past my due date and labor hasn't started?**

You and your doctor will discuss an individualized plan for you. In general, induction of labor is considered at approximately one week past the due date if it appears that your body is ready.

### **Will my baby be able to stay with me after birth?**

In the vast majority of cases, the baby will stay with you at all times. There are some unforeseen conditions that can develop that necessitate other arrangements. You will be fully informed if this occurs.

### **What newborn procedures are required?**

In most cases, your baby will be given immediately to you, depending on your preferences. Often the partner or labor coach cuts the cord. Once there has been an appropriate amount of time to get acquainted with your newborn, the nurse will take the baby to the nursery to measure and weigh him or her, apply antibiotic ointment to the eyes and administer vitamin K. Your partner can accompany the baby to the nursery if they desire. If there are any procedures that you plan to refuse, please discuss them ahead of time with your pediatrician.

# Looking forward

Following is information to help you make plans for your pregnancy and delivery:

## Hospital pre-registration

Pre-registering simplifies admission when you arrive at the hospital for delivery. About halfway through the pregnancy, you will be given your pre-registration forms. This includes an addressed, postage-paid envelope, to make it easy to send back to the hospital. You should aim to have this sent back by 28 weeks of pregnancy. If you need to contact the hospital directly, the number is 512-324-1000.

## Pediatricians

You should have a pediatrician selected by the 36th week of your pregnancy. If you need help with where to start looking for a pediatrician, your doctor can provide you with a list of local pediatricians who are highly recommended by our practice. While your baby is still in the hospital after birth, Ascension Seton's neonatology group "Pediatrix" will take care of them, and send all hospital information to the pediatrician you have selected upon your discharge. You will make a follow-up appointment with your selected pediatrician shortly after discharge from the hospital. You will be instructed during the discharge process when this appointment should be.

## Circumcision

Circumcision is the removal of the foreskin, or ring of tissue, that surrounds the head (glans) of the penis. If you are planning circumcision for your child, it will be performed by the pediatrician on the day of discharge from the hospital. The purpose of the foreskin is to protect the glans against urine, feces, and other types of irritation. The foreskin may also serve a sexual function by protecting the sensitivity of the glans.

The decision to circumcise is a complex and personal one, requiring thought regarding cultural, religious, medical and personal preferences. The prevalence of circumcision as a routine practice varies greatly around the world. In 2012, the American Academy of Pediatrics revised its statement on circumcision, clarifying that "the preventative health benefits of elective circumcision of male newborns outweighs the risk of the procedure. Benefits include significant reduction in the risk of urinary tract infections in the first year of life, and subsequently, in the likelihood of heterosexual acquisition of HIV and the transmission of other sexually transmitted infections." The AAP, however, does not recommend routine circumcision of all newborns but encourages parents to decide if circumcision is the right decision for their newborn.

Complications from circumcision are rare. Complications include bleeding, infection, scarring, or need for further corrective surgeries. It may also cause some pain which can be reduced by use of a local anesthetic. Complications are least common when performed by a well-trained professional in a medical setting.

Keep in mind that circumcision is an elective procedure and may not be covered by your health insurance. This may result in out-of-pocket costs to you. Contact your insurance to find out if this is a covered service (CPT code 54150).

# How to reach us

## Patient Portal

Our preferred method of communication for non-urgent matters is through the Patient Portal. The Patient Portal provides a confidential, secure platform to communicate regarding test results, appointments, and even to ask simple, non-urgent clinical questions of our staff. While the patient portal is our preferred communication platform, there are important things you need to know to enhance your experience using the portal:

To sign up, provide your email address to our staff. We will send a Patient Portal invitation to you via email. This is the only way to register as a new portal user. If you are having technical difficulties with your registration, password resets, and more; the Patient Portal has a very helpful live chat feature for those who need technical support. The technical live chat feature is located at the bottom of your login screen and is a large, orange button. It is available from 8 a.m.-8 p.m. daily. Following your visit(s), you will receive frequent emails through the portal indicating that your medical history or labs have been updated. This sometimes causes patients to be alarmed or nervous as the email's notifications can be frequent, vague and open-ended. Please make a mental note now to not be alarmed or bothered by these emails. They are generated each time our clinical staff opens your electronic chart, which we will do several times following your visit as results are received, reviewed, and a care plan is generated. If our clinicians are concerned or we receive abnormal test results, we will ALWAYS call you!

It is important to update your demographic information when you are in the Patient Portal. Name, address, and all related demographic changes need to be updated at the office and also on the patient portal. If you do not update this information in the Patient Portal, it sometimes communicates with our in-office records and will update our records with your outdated information (even after you've updated it in the office).

## Warning signs and concerning symptoms

It is extremely important to notify the office or the on-call physician immediately for any of the following symptoms:

- Temperature of 100.5 F or above
- Vaginal bleeding
- Leaking or gush of fluid from the vagina, rupture of the “bag of water”
- Irritating or persistent abdominal pain and/or firmness of the abdomen
- Sudden and severe swelling of hands, feet, ankles, or face
- Urgency, difficulty, pain or burning when urinating, or inability to urinate
- Persistent vomiting or diarrhea, or inability to tolerate any fluid intake for 24 hours
- Sudden or continuous headaches not relieved by acetaminophen or rest
- Blurred vision or other visual disturbances
- Sudden or persistent upper abdominal pain, epigastric pain
- Fainting

- A decrease or drastic change in the usual movement of your baby
- Upper respiratory illness lasting more than 5-7 days
- Productive cough with green or foul-smelling sputum
- Inability to tolerate liquids for more than 12 hours due to nausea, vomiting and/or diarrhea
- Persistent ear pain

*If you have been in a serious fall, motor vehicle accident, or any trauma to your abdomen, call immediately and prepare to go to the emergency room to be evaluated.*

## Paperwork and forms

### Forms completion

We request that you give our staff at least 7 business days to complete any form related to your pregnancy. Please have your portion of the form already completed. When dropping off, faxing, or e-mailing your forms to the office, please include detailed information regarding where you would like it sent once completed. Please also give us a phone number where we can contact you if we have any questions. There is a fee for this service.

### Disability

The great majority of expectant mothers can continue to work until late in pregnancy without any problem. Sometimes, however, the physical changes that occur in pregnancy, or the demands of a woman's job can create workplace difficulties. When medically appropriate, we will recommend that a pregnant patient be placed on disability leave from her job. We will do everything we can to reduce or eliminate pregnancy-related difficulties that you may be having at work. This includes contacting your employer, when appropriate, to recommend helpful adjustments or alterations to your duties. Please complete your part of any disability paperwork and leave with our nursing staff. Allow approximately 7 business days for completion of your paperwork. Again, please tell us of any work-related concerns you may have.

## Facts about the cost of prenatal care and delivery

The following information should help to answer the most frequently asked questions regarding the cost of prenatal care and delivery.

### What should I expect for costs with my prenatal care and delivery?

Each pregnant patient is charged for the OB GLOBAL PACKAGE. This OB GLOBAL PACKAGE includes routine/non-complicated prenatal visits, delivery and one postpartum visit. (Multiple births and complicated pregnancies may require extra visits. This will result in additional charges.)

Items included in the global maternity package:

- **Antepartum visits:** The antepartum period begins AFTER the initial visit for pregnancy. Your antepartum visits are any visits that you have associated with the pregnancy. When you schedule these visits, they will be referred to as a “return OB visit.” The number of visits will vary from patient to patient.
- **Delivery:** This is the actual admission to the hospital for your delivery. The global maternity package includes the delivery and any visits the doctor provides while you are in the hospital for 24 hours prior to your delivery and 48 hours after your delivery (96 hours after delivery for a cesarean section). Any admissions to the hospital more than 24 hours prior to your delivery are not included in the global maternity package. The hospital bills you separately for your room and any other charges associated with the delivery. Any questions regarding your hospital bills should be directed to the hospital.
- **Postpartum:** This is the last visit related to your pregnancy. It is usually scheduled for 4 to 6 weeks after delivery. We strongly recommend that you call to schedule your postpartum appointment at discharge from the hospital to ensure timely scheduling. If you deliver by C-section, you will be seen in the office for an incision check 2 weeks postpartum and again at 4-6 weeks after delivery.

### What is NOT included in the OB GLOBAL FEE but may be covered by my insurance?

- The first visit related to the pregnancy
- Ultrasounds
- Biophysical profiles
- Genetic testing
- Fetal non-stress tests
- Cord blood collection (physician fee)
- Newborn circumcision
- Laboratory tests
- Medications
- ER visits\*\*
- Hospital fees\*\* Ascension Seton Medical Center
- Patients who have a cesarean section may incur additional billing by an independent surgical assistant

During your pregnancy, there may be times when you need to see your doctor for problems or concerns that are not directly related to the pregnancy. These visits are not included in the global maternity package and will be billed as an office visit to your insurance carrier. Any copay required by your insurance carrier for that visit is separate from the global responsibility for your pregnancy. Examples of visits not related to your pregnancy include urinary tract infection, ear infection, insect bite, sinusitis, etc.

\*\*If you are seen in the hospital after hours and/or on the weekends for reasons other than delivery: **YOU** are required to contact your insurance company for pre-authorization and **YOU** may be responsible for charges that are NOT pre-authorized!

## If you file my insurance, what should I expect my “out of pocket” portion to be?

An OB deposit may be required depending on your insurance coverage. This deposit is your coinsurance and deductible. It is YOUR responsibility to pay this by your second pregnancy appointment. If after 8 weeks from your delivery a payment has not been received from your insurance company, you may be responsible for the remaining balance. You should call your insurance company regarding any unpaid balance.

## What should I do if I do not have any insurance for this pregnancy and have to SELF PAY?

You will want to speak with our billing department to discuss payment and payment plan options. All OB FEES will be due in full by your second pregnancy appointment. Self-pay OB patients need to contact our billing office before the second prenatal appointment.

## What would happen if I move or transfer to another obstetrician during my pregnancy?

You will only be charged for the individual office visits and copays for each visit that you have incurred up until your date of transfer.

Our billing office will contact your insurance company (as a courtesy) and obtain an estimate of your maternity coverage. This is not a guarantee of benefits and YOU are ultimately responsible to know YOUR OB Benefits and insurance requirements!

\*Be sure to let us know if you change your insurance coverage at any point in the pregnancy!\*

# Typical pregnancy labs and procedures/CPT codes

## 8 weeks

Blood type and RH	<b>86900, 86901</b>
HIV I and II	<b>86703</b>
Pap smear	<b>88175</b>
Urine culture	<b>87086</b>
Antibody screen	<b>86850</b>
CBC	<b>85025</b>
Rubella	<b>86762</b>
Hepatitis B	<b>86706</b>

RPR	<b>86592</b>
Creatinine	<b>82565</b>
TSH	<b>84443</b>
Chlamydia	<b>87491</b>
Gonorrhea	<b>87591</b>

### 11-13 weeks

Nuchal translucency ultrasound <i>**See 'Genetic Screening' section for information regarding coverage for carrier and aneuploidy screening**</i>	<b>76813</b>
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### 16 weeks

AFP (alpha-fetoprotein)	<b>82105</b>
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### 24-28 weeks

1-hr gestational diabetes screen (if 1-hour screen is abnormal)	<b>82950</b> <b>82951</b>
CBC 85025 indirect Coombs (if Rh negative)	<b>86850</b>
Rhophylac injection (if Rh negative)	<b>J2790, 93672</b>

### 32 weeks

CBC	<b>85025</b>
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### 28-36 weeks

HIV I and II RPR	<b>86703</b> <b>86592</b>
Group B strep culture (GBS)	<b>87081</b>

### Miscellaneous

Non-stress test (NST)	<b>59025</b>
Fetal biophysical profile (BPP)	<b>76819</b>



BPP and NST together	<b>76818</b>
Circumcision	<b>54150</b>

*Fees will be billed by the lab.*

*\*Most commonly used diagnoses codes for tests listed above are: Z33.1, Z34.80, Z34.90  
Based on your specific health and history, diagnosis codes may vary<sup>36</sup>*