



802 Green Valley Rd
Suite 300
Greensboro, NC 27408
336-273-3661

Congratulations!

**Thank you for trusting Physicians for Women
with your pregnancy.**

Your due date: ____/____/____

**James Tomblin, MD
David Lowe, MD
Michelle Grewal, MD
Megan Morris, DO
Elise Leger, MD
Austin Glasser, MD
Jane Chen, MD**

WHAT TO EXPECT WHEN YOU'RE EXPECTING...FROM PHYSICIANS FOR WOMEN

You have asked to receive your prenatal care at Physicians for Women of Greensboro. For you to be able to make an informed decision about your care, you should be aware of what is offered routinely to all pregnant women at this office. This handout describes the care that will be provided throughout your pregnancy and the possible benefits and risks to you and your baby. Please read this form carefully and **ask questions** if any part of it is not clear. By participating in prenatal care, you will become more informed about your pregnancy and become more aware of things you should and should not do while pregnant.

General information about the routine prenatal services

- Your visits will rotate between all obstetrical doctors at the practice.
- You will deliver at The Women's & Children's Center / Cone Hospital by one of the OB doctors.
- Today, you will have a visit with our OB nurse. At this visit, you will:
 - Review details of your medical, family and social histories
 - Receive additional information about office policies and testing later in pregnancy
 - Discuss genetic testing in pregnancy
 - Discuss proper care for you and your baby during pregnancy including nutrition, medications, etc.
 - You will have routine lab work and urine culture performed today
- At your first visit with your doctor, you will normally have:
 - Weight, height, blood pressure and urine checked
 - Review your medical and family histories along with blood work drawn with OB nurse
 - Check fetal heart rate
 - Physical examination with pap if needed, Gonorrhea and Chlamydia testing
- On your other return visits, you may have:
 - Review of any changes in your medical, family or social history
 - Update any changes to medications either prescribed by our office or another healthcare provider
 - Urine sample tests and other blood tests, if needed
 - Weight and blood pressure checked
 - Evaluations of you and your baby
 - Visits are normally every 4 weeks from onset of care until about 28 weeks; every 2 weeks from about 28 weeks until about 36 weeks; and weekly from about 36 weeks until delivery.

What to do if you have a problem

If you are having a medical emergency, please call 911

Physicians for Women has a Nurse/Physician available 24 hours a day/7 days a week.

- During normal office hours, call the office at 336-273-3661 for all medical issues. The receptionist will take a message and a clinical staff member will return your call.
- For urgent medical issues AFTER HOURS, you can:
 - Message the On-Call Provider through ondoncall.physiciansforwomen.com. This is the most efficient method. The nurse will call you back at the number provided.
 - Call the main number at 336-273-3661 option 6. You will be connected to the answering service to leave a message for the On-call nurse to call you back at the number provided.
- Please call the office during normal business hours for appointments, routine questions and prescription refills. These concerns are NOT addressed after normal business hours.
- You are welcome to use the secure patient portal for general inquiries, appts, refills, etc. Please do NOT use for urgent issues after hours as this box is not monitored after normal business hours.

Patients seen at Women's & Children's Center / Cone Hospital will be initially treated by the hospital staff. If the hospital staff deems it medically necessary to admit you during pregnancy, then our physician will be contacted to manage your care from that point forward.

Vaccinations

Influenza / Flu

Regardless of your due date, every patient will be exposed to the flu. The American College of Obstetricians and Gynecologist (ACOG) and the CDC recommends that pregnant and breastfeeding women get the flu vaccine. Our office will offer the Flu vaccine during flu season. It is best for pregnant women to get the flu vaccine early in the flu season which is October through May.

Tdap / Tetanus, Diphtheria and Pertussis

The American College of Obstetricians and Gynecologist (ACOG) recommends that all pregnant women receive the Tdap vaccination. We will offer you the Tdap vaccination between 25-27.6 weeks gestation. Tdap is safe in pregnancy and important vaccine to receive to ensure that each newborn receives the highest possible protection against pertussis at birth.

COVID-19

ACOG strongly recommends that pregnant individuals be vaccinated against COVID-19. Vaccination may occur in any trimester, and emphasis should be on vaccine receipt as soon as possible to maximize maternal and fetal health. COVID-19 vaccines may be administered simultaneously with other vaccines.

RSV / Respiratory Syncytial Virus

ACOG recommends the Pfizer RSV vaccine if you are between 32 to 36 weeks pregnant during RSV season which is September to January. Currently, the Pfizer vaccine is the only FDA approved RSV vaccine in pregnancy. The vaccine creates antibodies that you pass to your fetus. This means the baby will have some antibodies to protect them from RSV for the first 6 months after birth. You can receive the RSV vaccine at the same time as other vaccines recommended during pregnancy.

Routine Prenatal Laboratory studies

Blood Type (ABO/Rh)	Some maternal blood types are associated with risks to the baby.
Blood Antibody Screen	Identifies whether the mother has been previously exposed to a blood type different from her own. The presence of certain antibodies might put the baby at risk of low blood counts (anemia in the fetus or baby).
Screening for Hemoglobinopathy	Identifies women who have inherited less common hemoglobin from their own parents. Examples are sickle cell disease, sickle cell trait and thalassemia. These more unusual hemoglobins may be inherited by the baby. When unusual hemoglobin is identified in the mother, we may recommend testing the father of the baby. Women with unusual hemoglobin may be more prone to anemia and/or bladder infections.
Complete Blood Count	Testing for anemia.
Rubella Immunity	Rubella infections during pregnancy may harm the baby. If a woman is not immune to rubella, then we recommend vaccination post-partum.
Varicella Immunity (Pt specific)	Varicella infections (chicken pox or shingles) during pregnancy may harm the baby or may cause a severe form of pneumonia in the pregnant mother. If a woman is not immune to varicella, then we recommend vaccination post-partum.

Urinalysis and Urine Culture, especially for GBS (Group B Strep)	Untreated bladder infection (also called cystitis or UTI) in pregnant mothers can lead to kidney infection (pyelonephritis), pneumonia, severe infection in the fetus, premature delivery and other bad outcomes. Screening for and treating bladder infections helps to prevent these complications. Screening for GBS in the urine and treatment of GBS with antibiotics during labor helps to prevent neonatal infection.
Hepatitis B Surface Antigen Hepatitis C Antibody	Children of chronic carriers of Hepatitis B virus should have special immunizations at birth to prevent Hepatitis B infection in the newborn child. Identifies women who either have an active HCV infection (acute or chronic) or who has had a past infection that has resolve.
Syphilis Test (RPR or VDRL)	Identifies women who currently have or who have had syphilis in the past. Treatment of current infection prevents the baby from becoming infected.
HIV Test	Identifies women with HIV virus infection. If HIV virus is present in the mother, treatment is started – both to keep the mother healthier and to prevent the baby from becoming infected.
Carrier Screening (Horizon 14) Recommended but optional	Carrier screening is a blood test that determines your chance of passing on an inherited genetic condition to your child. Many genetic conditions benefit from early medical care and treatment. Carrier screening allows for early diagnosis and can help you make informed decisions about your child's health.
14 conditions included in the Horizon 14 panel United Healthcare only covers the 4 bold conditions	Alpha-thalassemia, Beta-hemoglobinopathies (Sickle cell disease), Canavan disease, Cystic fibrosis (CF) , Duchenne/Becker muscular dystrophy (DMD) , Familial dysautonomia, Fragile X syndrome , Galactosemia, Gaucher disease, Medium chain acyl-coA dehydrogenase deficiency, Polycystic kidney disease, Smith-Lemli-Opitz syndrome, Spinal muscular atrophy , & Tay-Sachs disease.
Toxoplasmosis (Pt specific)	Toxoplasmosis is a disease that results from infection with the Toxoplasma gondii parasite, one of the world's most common parasites. Infection can occur by eating undercooked contaminated meat, exposure from infected cat feces both indoors and outside and can be transmitted from mother-to-child during pregnancy.

Medical Services to be offered during Prenatal Care

1st trimester Genetic Test NIPT – Non-Invasive Pregnancy Testing	9-12 weeks	All patients are offered 1 st trimester genetic screening. NIPT is a blood drawn to screen for common genetic conditions that are caused by extra or missing chromosomes in the baby's DNA: Trisomy 13, 18 & 21, certain sex chromosome abnormalities and Triploidy.
Maternal Serum Screening (AFP)	15-22.6 weeks	Blood is drawn to measure Alpha-fetoprotein levels that might suggest a neural tube defect such as Spina Bifida or Anencephaly. Other testing may be added by the physician as medically indicated.
Screening Anatomy Ultrasound	19-22 weeks	A screening ultrasound is performed to evaluate specific parts of your baby's body in detail, such as brain, heart, and the other organs.
Syphilis Test (RPR or VDRL)	25-27.6 weeks	Identifies women who currently have or who have had syphilis in the past. Treatment of current infection prevents the baby from becoming infected.

Diabetes Screen (Glucola)	25-27.6 weeks	Patient drinks glucose liquid and has blood drawn 1 hour after completion to check for the development of gestational diabetes.
Complete Blood Count	25-27.6 weeks	Anemia can develop as pregnancy develops. Additional testing is recommended for anemia.
Repeat ABO/Rh & Blood Antibody Screen	25-27.6 weeks	Repeat test in women who are Rh negative. It guides us in the use of Rh immune globulin to prevent problems with the baby in this and future pregnancies.
Rhogam	After 28 weeks	Patients who are RH negative will receive a Rhogam injection. Rhogam is an injectable drug given to women with Rh-negative blood during pregnancy. The main purpose of RhIg is to prevent problems in case baby has Rh-positive blood.
Tdap	25-27.6 weeks	Tetanus, Diphtheria, Pertussis. The CDC recommends that women get Tdap during each pregnancy regardless of when they last had the shot.
HIV Test	25-27.6 weeks	Identifies mothers who had infection too early to detect at their first visit or who have become infected since being tested.
Group B Strep	36-37 weeks	Identifies women who are carriers of the Group B Strep bacteria. These women are treated with antibiotics during labor to help reduce the risk of peri-natal infection. This is not repeated if Group B was positive from Urine Culture.
Gonorrhea and Chlamydia (Women 25 and younger)	36-37 weeks	Identifies mothers who had infection too early to detect at their first visit or who have become infected since being tested.

*** All other ultrasounds are based upon Medical Necessity and must be ordered by a physician.**

Non-Stress Test (NST) Often a physician will order a non-stress test (NST) to be performed in the office or at the hospital. This test is used to monitor the baby's heart rate to see how it responds to the baby's movements.

When will I feel the baby move?

Women commonly begin to feel the baby moving around 20 weeks. During this earlier period, it is common for you to be able to feel the baby move one day and not again for a couple of days. If you are ever concerned that your baby is not moving, please do not hesitate to contact the office.

Should I take prenatal classes?

We recommend that all women and their partners prepare for childbirth. Classes are a wonderful way to meet other expectant parents, and to gain an understanding of what is to come. Cone Hospital offers classes that we recommend. You need to contact the hospital directly for a schedule.

Can I travel during pregnancy?

Travel is usually safe during pregnancy. There is an increased risk of developing blood clots during pregnancy; therefore, we recommend that you walk around at least once an hour during your travels. Many airlines require a note from the provider stating that it is safe to travel if you are visibly pregnant. Long travel after 32 weeks gestation, should be discussed with a provider.

Can I use Insect Repellant during pregnancy?

Topical insect repellants (including DEET) can be used in pregnancy and should be used in areas with high risk for insect-borne illnesses.

Can I exercise during pregnancy?

We encourage physical activity during pregnancy. This will help prepare your body for any changes that will occur. Once you reach about 20 weeks of gestation, exercise may be more difficult. In addition, you may notice changes in your balance because of the shifting distribution of weight. You should not participate in any contact sports during pregnancy and be extra careful to avoid falls.

Can I use a hot tub during pregnancy?

Heat may be harmful to your baby. We recommend that you avoid hot tubs, saunas, steam rooms or public pools that are not treated with chlorine during pregnancy.

Can I dye my hair in pregnancy?

According to the American College of Obstetricians and Gynecologist, coloring your hair while pregnant is highly unlikely to be toxic to your fetus. To reduce risk, you may wish to postpone your next color appointment until you are in the second trimester.

Can I have a dental procedure while pregnant?

Preventive dental cleaning and annual dental exams are safe during pregnancy. Please make sure to tell you dental provider you are pregnant. If x-rays are needed, they will need to shield you and the baby appropriately. For any procedures or urgent/emergent needs, the dental provider may want to administer local anesthetic, antibiotics and/or pain medication. If you or your dental provider have questions, please reach out to our office for guidance.

What is round ligament pain?

A woman's body makes hormones during pregnancy to make ligaments loose and stretchy. This helps the body adjust to the growing baby. As a baby grows in the womb, it stretches the uterus and the round ligaments. This stretching can cause spasms in the round ligaments, leading to the pain. Round ligament pain can be sharp, jabbing &/or cramping pain and is likely to first be noticed in the second trimester.

Can I have intercourse while pregnant?

Sexual intercourse is perfectly fine during pregnancy unless otherwise directed by a physician.

Is it normal to have some spotting/bleeding after a cervical check?

It can be normal to experience light bleeding/spotting after a cervical check, vaginal ultrasound or sexual intercourse.

What medications are considered acceptable in pregnancy?

Medication Name	1 st Trimester 0-13 Weeks	2 nd Trimester 14-28 Weeks	3 rd Trimester 29-40 Weeks
ANTACIDS/REFLUX/UPSET STOMACH			
<i>Plain Maalox, Mylanta, Tums, Rolaids</i>	Yes	Yes	Yes
<i>Pepto-Bismol (bismuth subsalicylate)</i>	No	No	No
<i>Pepcid (famotidine)</i>	Yes	Yes	Yes
<i>Zantac (famotidine)</i>	Yes	Yes	Yes
<i>Tagamet (cimetidine)</i>	Yes	Yes	Yes
<i>Nexium (lansoprazole)</i>	Yes	Yes	Yes
<i>Prevacid (pantoprazole)</i>	Yes	Yes	Yes
<i>Prilosec (omeprazole)</i>	Yes	Yes	Yes

ANTI-DIARRHEALS			
<i>Imodium capsules (loperamide)</i>	Yes	Yes	Yes
<i>Kaopectate (bismuth subsalicylate)</i>	No	No	No
ANTIEMETICS			
<i>Doxylamine (Unisome sleep tabs)</i>	Yes	Yes	Yes
ANTIFUNGALS			
<i>Gyne-lotrimin 3 or 7-day (clotrimazole)</i>	Yes	Yes	Yes
<i>Monistat 1-day (miconazole, tioconazole)</i>	Yes	Yes	Yes
<i>Monistat 3 or 7-day (miconazole)</i>	Yes	Yes	Yes
ANTIHISTAMINES/DECONGESTANTS/ COUGH /COLD			
<i>Allegra (fexofenadine)</i>	Yes	Yes	Yes
<i>Afrin nasal spray (oxymetazoline)</i>	Limited use	Limited use	Limited use
<i>Benadryl (diphenhydramine)</i>	Yes	Yes	Yes
<i>Chlor-trimeton (chlorpheniramine)</i>	Yes	Yes	Yes
<i>Clarinet, Alavert (loratadine)</i>	Yes	Yes	Yes
<i>Cough Drops</i>	Yes	Yes	Yes
<i>Mucinex (guaifenesin)</i>	Yes	Yes	Yes
<i>Phenylephrine</i>	Limited use	Limited use	Limited use
<i>Robitussin Cough, Delsym (dextromethorphan)</i>	Yes	Yes	Yes
<i>Robitussin CF cough & cold (dextromethorphan + guaifenesin + phenylephrine)</i>	Limited use	Limited use	Limited use
<i>Robitussin DM (dextromethorphan + guaifenesin)</i>	Yes	Yes	Yes
<i>Sudafed (pseudophedrine)</i>	No	Yes	Yes
<i>Tylenol Cold and flu</i>	Yes	Yes	Yes
<i>Zicam</i>	Yes	Yes	Yes
<i>Zyrtec (certirizine)</i>	Yes	Yes	Yes
LAXATIVES/STOOL SOFTENERS			
<i>Citrucel (methylcellulose powder)</i>	Yes	Yes	Yes
<i>Colace (docusate sodium)</i>	Yes	Yes	Yes
<i>Dulcolax Tablets (bisacodyl)</i>	Yes	Yes	Yes
<i>Milk of Magnesia</i>	Yes	Yes	Yes
<i>Miralax (PEG)</i>	Yes	Yes	Yes
<i>Senokot (senna)</i>	Yes	Yes	Yes
PAIN/FEVER			
<i>Aleve (naproxen sodium)</i>	No	No	No
<i>Aspirin (81 mg)</i>	If Prescribed by Doctor	If Prescribed by Doctor	If Prescribed by Doctor
<i>Motrin, Advil (ibuprofen)</i>	No	No	No
<i>Tylenol (acetaminophen)</i>	Yes	Yes	Yes
TOPICAL CREAMS/OINTMENTS			
<i>Benadryl, hydrocortisone, caladryl</i>	Yes	Yes	Yes
<i>Retin A</i>	No	No	No

What to do with common pregnancy symptoms:

Pain or headache:

Tylenol (acetaminophen) as directed.

Please call the office if headaches is not controlled or are associated with vision changes.

Cold, Runny nose:

Vaporizer at bedside

Vicks VapoRub

Nasal irrigation: Use a hypertonic or hypotonic nasal spray

Cepastat lozenges or throat sprays

Persistent sore throats should be seen by Primary Care Provider or Urgent Care

Antihistamines:

Chlor-trimetron (chlorpheniramine)

Sudafed (pseudoephedrine)

Navahistine

Tylenol cold and sinus

Claritin (loratadine)

Zyrtec

Mucinex D

Carpal Tunnel

Recommend using wrist splint bought over the counter and limiting repetitive motions / activities.

Cough:

Mucinex (guaifenesin)

Delsym or plain Robitussin Cough (dextromethorphan)

Any over the counter cough/throat lozenge

Sinus Tenderness:

Vaporizer/Vicks VapoRub

Antihistamines as above

Saline nasal spray/irrigation

Warm packs to eyes and sinuses

Heartburn/ Gastroesophageal Reflux Disease (GERD):

Maalox

Pepcid (famotidine) or Zyrtec (ranitidine)

Pepto Bismol: Do not use during pregnancy

Try small meals, avoid carbonation as well as heavy greasy foods

Nausea and vomiting (N/V):

Strategies

Avoid odors and triggers

Avoid spicy and fatty foods

Eat bland, dry high protein foods

Eat small frequent meals (3-6 per day) with fluids in between meals

Avoid an empty stomach

Keep a few crackers, a hand full of dry cereal, popcorn, or plain toast crackers at bedside; eat before rising

Get up slowly and avoid sudden movements

Eat a light snack which includes both carbohydrates and protein before going to bed.

Starting at night, you can use 1 (one) Unisom tablet with 1 (one) 50mg of vitamin B6. If the N/V continues, may use 2 (two) Unisom with 1 (one) 50mg of vitamin B6 at nighttime. Finally, if N/V is not controlled, you may add a morning dose of 1 (one) Unisom and 1 (one) 50mg of vitamin B6. If it continues, gets worse, you are unable to keep anything down or feel dehydrated, you can call the office for a prescription.

Alternative therapies

Ginger products
Peppermint Startlight candies
Lemon Drops
Elastic wristband (acupuncture point)

Antihistamines available without a script for treatment of morning sickness

Doxylamine (Unisom, sleep Aid) 10 mg daily or 12.5 mg up to three times per day
Dramamine (Dimenhydrinate) 50mg 4 times per day
Antivert (meclizine) 2 mg 3 times per day
Benadryl (diphenhydramine) 25 mg 3 times per day

Diarrhea:

You may follow these instructions if symptoms are acute and no alert signs such as fever, bloody diarrhea or weight loss have occurred.

Clear liquids/bland diet until symptoms resolve
Imodium AD

Constipation:

Water consumption should be at least 8-10 glasses of water per day
High fiber diet
Fiber laxatives such as Metamucil, Citrucel, Fibercon
Milk of Magnesia
Magnesium Citrate - 120 to 240ml orally
Colace 100 mg, take up to three times throughout the day
Glycerine suppositories
Miralax

Hemorrhoids:

Increase fluids
Increase fiber through diet or supplementation as above for constipation
Avoid straining with defecation and avoid prolonged times on toilet
Use sitz bath to soothe
Try topical therapies- will not cure, but may decrease symptoms, for example; Tucks, Preparation H, Hydrocortisone and epi-foam

Foods to avoid when you're pregnant

When you're expecting, what you eat and drink influences your child's health in addition to your own. Whole and lightly processed foods, such as whole grains, lean meats, fruits and vegetables, legumes, and low-fat dairy should form the basis of your pregnancy diet. Below are some items that you may want to avoid while you're pregnant. As with everything, moderation is key. Pregnancy should be an enjoyable time and you shouldn't beat yourself up about dietary issues. There are very few things that are positively known to harm your developing baby. If you choose to occasionally break some of the rules below, know that it is unlikely to cause any major problems. If you have any specific questions, be sure to bring it up with your doctor at your next visit.

It is recommended to drink 120 ounces of water daily during pregnancy.

Raw or Undercooked Food of Animal Origin

Undercooked animal foods -- such as rare meats, raw oysters, clams, unpasteurized eggs, raw cookie or cake dough and homemade eggnog, may contain an array of bacteria, viruses, and parasites. This is rare but does happen and can affect the pregnancy. To reduce your risk of foodborne illness, test the doneness of meat, poultry and fish with a food thermometer, cook eggs until they are no longer runny and follow baking instructions. Don't eat raw dough.

If you choose to eat undercooked food during pregnancy such as sushi, be sure to do so in moderation and only from sources where you trust their cleanliness practices.

Hot Dogs, Luncheon Meats and unpasteurized Dairy Foods

These Foods are prone to *Listeria Monocytogenes*, a bacterium that causes listeriosis, which may result in miscarriage, stillbirth or other serious health problems. Besides Hot dogs and luncheon meats (which includes deli ham or turkey, bologna, and salami) other processed meats and seafood that may contain listeria include refrigerated pates or meats spreads and refrigerated smoked seafood (such as salmon, trout, white fish, cod, tuna or mackerel). These items may be labeled as “nova-style”, “Lox”, “kippered”, “Smoked” or “jerky”.

Refrigerated smoked seafood is safe when it's part of a cooked dish, like casseroles. Luncheon meats and frankfurters are OK to eat if you reheat them until they are steaming hot.

Unpasteurized dairy foods are also prone to listeria. Avoid raw milk and dairy products made from unpasteurized milk, such as Brie, feta, Camambert, Roquefort, blue-veined, queso blanco, queso fresco and queso panela.

All fruits and vegetables should be washed prior to consumption.

Certain Seafood and Fish

Large Fish -- Such as swordfish, shark, tilefish, and king mackerel -- have higher concentrations of mercury, compared to other fish. Mercury is a byproduct of coal-burning plants that interferes with the normal development of a growing child's brain and nervous system.

According to the FDA, pregnant and nursing women may eat up to 12 ounces weekly of seafood low in mercury including salmon (farmed and wild), shrimp, canned light tuna, pollock, sardines, tilapia, and catfish. Because albacore (white) tuna has more mercury than canned light tuna, the FDA recommends that pregnant women limit albacore tuna to no more than 6 ounces a week and include it in the 12-ounce weekly limit.

Raw Vegetable Sprouts

The FDA advised everyone, regardless of pregnancy not to eat raw sprouts -- including alfalfa, clover, radish and mung bean sprouts. Bacteria can get into sprout seeds and are nearly impossible to wash out. The FDA recommends that pregnant women request that raw sprouts not be added to your food. Thoroughly cooked sprouts are fine to eat during pregnancy.

Drinks to limit or avoid

Alcohol (Beer, wine or spirits) robs developing cells of oxygen and nutrients, preventing normal fetal development. The effects of alcohol exposure in the womb on intellectual abilities and physical growth are permanent. According to the CDC and the March of Dimes, there is no level of alcohol consumption that's known to be safe at any time during pregnancy. That said, alcohol consumed prior to knowing you are pregnant or an occasional sip of wine, especially later in pregnancy, is not likely to harm your growing baby.

Unpasteurized juices, such as cider purchased from roadside stands, at farms or in stores. These products are prone to germs, including E-coli. Check the label to be sure juice is pasteurized.

Lead is linked to low birth weight, preterm delivery, and development delays in children. If you have an older home with pipes made of lead it can leach into your tap water and home filtration systems may not prevent it from reaching you. If you're in doubt about your tap water, have it tested. Bottled water isn't necessarily purer; it's often repurposed municipal water.

Caffeine from coffee, tea, soft drinks, energy beverages and other sources may increase the risk of miscarriage, reduced birth weight and stillbirth, but the research is conflicting. The March of Dimes recommends limiting caffeine consumption to 200 milligrams a day. That's about the amount found in 12 ounces of coffee. Again, moderation is key.

Herbal Teas and supplements

Herbal teas are caffeine-free, but their safety is unclear when you're expecting. There are no reliable human studies on the safety of herbal preparations, including supplements such as Echinacea and St. John's Wort, during pregnancy. The FDA does not routinely monitor the quality of dietary supplements.

Herbs that contain stimulants or caffeine-containing supplements, especially those that are intended to promote weight loss should be avoided. These include guarana, kola nut, Betal (piper betle), Citrum aurantium, yohimbe, theobromine (cocoa extract), Garcinai cambogia. Other botanicals to avoid while pregnant include goldenseal, Cascara Sagrade, black walnut, wormwood, tansy, pennyroyal, senna, saw palmetto and pao d'arco.

Women who are pregnant or who could become pregnant, should not take 10,000 or more IU per day of vitamin A because of the risk of birth defects.

The bottom line: talk to your doctor about any herbal supplements or vitamins before taking them during pregnancy.

Bisphenol A (BPA)

BPA is an industrial chemical used to make many hard plastics and the lines of many canned foods. It's an endocrine disrupter that could disturb normal fetal development. The FDA is studying BPA and has not recommended that pregnant women avoid BPA. But in January 2010, the FDA stated that "recent studies provide reason for some concern about the potential effects of BPA on the brain, behavior and prostate gland of fetuses, infants and children". Most of those tests have been done on animals and the FDA says there are "substantial uncertainties" about BPA's effect on human health. The plastics industry has maintained that low levels of BPA exposure are safe. If you choose to avoid BPA while pregnant, a wide range of BPA-free plastics and glass containers are available.

Food that may cause food allergy

Previously, there was some concern that if you or your baby's father had certain food allergies, exposure during pregnancy could increase the risk of allergies in your baby. This has since been proved incorrect. The American Academy of Pediatrics has updated their recommendation to remove any advice to avoid any particular foods. Talk to your pediatrician about when to introduce new foods to your baby as he/she grows to avoid allergies.

Excess calories

You're eating for two now, but you don't need twice the calories. Gaining too much weight threatens your health and may increase the risk of your child being overweight in the future.

In the second trimester add ~ 350 calories a day to your pre-pregnancy calorie needs and 450 calories a day more in the third trimester. But if you're very overweight at conception, or if your physical activity level drops, you may need fewer calories during pregnancy. Still, pregnancy is not a time to try to lose weight. If you are unsure, ask your doctor what calorie level is right for you.

There is room for treats like ice cream, chips and cookies during pregnancy, but it is important to eat these in moderation and focus the majority of your diet on foods high in nutrients that maximize your baby's development.

If you want more information about dietary guidelines and recommendations in pregnancy, check out the following resources:

1. **Expect the best: your Guide to Healthy eating before, during and after pregnancy.** By Elizabeth M.Ward, American dietetic association.
2. **What to expect: eating well when you're expecting.** By Heidi Markoff, Sharon Mazell
3. **Eating for pregnancy: The essential Nutrition Guide and cookbook for Today's Mothers-to-be.** By Catherine Jones, Rose Ann Hudson.

Sleeping Positions

Sleeping on your stomach during pregnancy

If your favorite position is tummy-down, that's okay — until your baby bump makes it uncomfortable or impossible, at which point you'll have to switch positions.

Sleeping on your back during pregnancy

Some experts recommend pregnant women avoid sleeping on their backs during the second and third trimesters. The back sleep position rests the entire weight of the growing uterus and baby on your back, your intestines and your vena cava, the main vein that carries blood back to the heart from your lower body. This pressure may aggravate backaches and hemorrhoids and make digestion less efficient, interfere with circulation, and possibly cause hypotension (low blood pressure), which can make you dizzy. Do not worry if you wake up and find that you've rolled onto your back overnight.

Sleeping on your left or right-side during pregnancy

During the second and third trimesters, sleeping on either side is considered by some experts to be ideal for you and your baby-to-be. This position allows for maximum blood flow and nutrients to the placenta (which means less pressure on the vena cava) and enhances kidney function, which means better elimination of waste products and less swelling in your feet, ankles, and hands.

Tips on comfortable pregnancy sleeping positions

Not used to lying on your side? Or always been a side-sleeper — but can't seem to get any rest now that you're expecting? Here are a few tips to tackle pregnancy sleep problems and get yourself comfy sleeping in the side position:

Use lots of pillows. Try crossing one leg over the other and putting one pillow between them and another pillow behind your back — or any other combination that helps you sleep.

Get a special pillow. For extra support, try using a wedge-shaped pillow or a 5-foot full-body pregnancy pillow.

Prop yourself up. If pillows don't help, try sleeping in a semi-upright position in a recliner (if you have one) instead of the bed.

Keep in mind, it's normal to feel uncomfortable for a few nights or even a few weeks. Your body will most likely adjust to a new position given time.

Medical Concerns During Pregnancy

During pregnancy, there are some situations which may need urgent attention. Should you experience any of the problems or symptoms below, please contact the office:

1. **Vaginal bleeding** not already discussed with your physician or bleeding has gotten worse.
2. **Urinary complaints** such as pain or difficulty with urination. Frequent urination is expected and is not a concern unless associated with pain.
3. **Severe nausea and/or vomiting.** Mild nausea and some vomiting may be common does not present a problem unless you experience weight loss, dehydration and/or an inability to keep anything in your stomach, including liquids.
4. **Fever** of 101° or greater not controlled with Tylenol.

5. **Regular uterine contractions** before 36 weeks gestation.
6. **Decrease Fetal Movement** – Your baby likely has its own pattern of movement throughout the day. If you notice a decrease in fetal movement after 28 weeks, lie undistracted on your left side and pay close attention to the movements. If you do not feel at least 5 (five) kicks within the first hour, try drinking something cold and eating a snack. If after the second hour you are not feeling 6 (six) to 10 (ten) movements, please call the office.

If you are within 4 weeks of your due date to full-term, you should be aware of the signs of labor and have a plan of action. Having a plan ahead of time will make your labor go more smoothly. You should consider the route to the hospital and how long it will take you, transportation, childcare arrangements, and work arrangements. Labor rarely occurs on your due date. The symptoms of labor vary among women and among different pregnancies. Vaginal discharge or loss of your mucous plug does not necessarily indicate true labor. Many changes occur as you approach labor, though true labor may be hours or even days away. It is not necessary to call the office if this occurs, but make sure to inform the nurse/physician at your next visit.

Braxton Hicks Contractions are a tightening in your abdomen that comes and goes. They do not get closer together, don't increase in how long they last and don't grow stronger over time. They can feel like menstrual cramps and be uncomfortable. These irregular uterine contractions are perfectly normal and might begin in your second or third trimester.

False vs True Labor

The timing of contractions is the biggest component for recognizing the difference between true and false labor.

Tips for how to tell the difference:

False Labor:

- Contractions don't come regularly, and they don't get closer together
- They stop with walking or resting or with change of position
- They are usually weak and don't get stronger or start strong and get weaker
- Usually, the pain is only felt in the front

True Labor:

- Contractions come and get closer together over time, lasting 30-70 seconds each
- They continue regardless of movement or resting
- They progressively get stronger
- Usually they start in the back and move to the front

The 5-1-1 Rule for true labor: The contractions come every 5 (five) minutes, lasting 1 (one) minute each for at least 1 (one) hour!

Cervical Exams

Starting at 36 weeks, cervical exams are performed weekly to assess cervical dilation (How open is the cervix?), cervical effacement (How much has the cervix shortened?), fetal station (How far down is the baby's head in the pelvis?) and fetal presentation (Is the baby head down?).

What to Expect from the Hospital & Delivery Process

Most patients who do write their birth plans have similar ideas such as:

- I prefer not to be induced.
- I would like as natural a childbirth as possible.
- I prefer no Pitocin, but if I need Pitocin, I would like the provider to explain why that intervention is needed.
- If I want pain medications, I will ask for them.
- I would like to be able to move around as much as possible.
- I would like intermittent monitoring.
- I would like to eat.
- I would like to push in different positions besides just on my back.
- I do not want an episiotomy.
- I want my baby skin-to-skin right away.
- I want delayed cord clamping.

This list covers about 95% of all birthing plans. In a perfect world, patients would arrive in active labor, require no Pitocin for induction, have clear amniotic fluid, and would quickly progress to delivery with no signs of distress on fetal monitoring. Unfortunately, this is not always the case. Laboring and the delivery plan change sometimes in hours and sometimes in minutes. Coming into the birthing experience, we will work together for the best outcome for mom and for baby but there are things that we are unable to accommodate due to generally accepted standards of care and hospital regulations.

Benefits of Labor Induction:

For some pregnancies, having the baby is safer for you and your baby than continuing the pregnancy. Your provider may need to induce your labor if you have not started labor on your own or if you have problems that present a risk to you and/or your baby.

Reasons for Labor Inductions:

Below is a list of the most common reasons for labor induction but there may be other medical reasons not listed:

- Post dates pregnancy (more than 40 weeks)
- Medical problems that may harm the baby or mother
- High blood pressure during pregnancy
- Bag of water has broken
- Elective induction may be appropriate after 39 weeks

Pitocin

Oxytocin (Pitocin) is a medication used to induce and augment labor. This is a medicine that causes the uterus to contract. Pitocin flows into your bloodstream through an intravenous (IV) tube in your arm. A pump hooked up to the IV tube controls the amount that you are given. Pitocin is also given with active management to help the uterus contract after birth and prevent excess bleeding postpartum.

Fetal Monitoring

Fetal monitoring is needed to evaluate your baby and will be used as indicated. Once admitted to Labor & Delivery at Cone Hospital, you must be monitored.

Eating

Because we are always thinking about what could happen, once the induction process starts, eating and drinking may be limited or not allowed in case a cesarean section delivery is needed.

IV Line Placement

Physicians for Women will have IV access on all laboring patients. Having IV access in place will assist with fluids, antibiotics, Pitocin, pain medications if any of these items are needed. It is very important for the safety of mom and baby. You can still move around the room with an IV in place.

Episiotomy

Routine episiotomies are no longer recommended. The procedure is only performed when medically necessary.

Skin to Skin

Skin to skin contact has lots of wonderful benefits both for mom and the baby. This will only be delayed if there is a medical concern about your baby and medical stabilization is required.

Cord Clamping

Cone Hospital encourages delayed cord clamping unless medical intervention is needed for the baby.

Pain Management

Pain relief can often help you better cope with labor and delivery. The medications used to relieve pain during labor and delivery have no long-term effects on the baby or the baby's later development. This includes an epidural or/and IV pain medications. The physician or nurse will have a discussion with you prior to administering pain medications.

Delivery

Different delivery routes may become necessary if you do not have a routine, vaginal delivery. Unless it is an emergency situation, the physicians will discuss with you the use of a vacuum, forceps or need for a cesarean delivery.

PATIENT ACKNOWLEDGEMENT

I, _____ acknowledge receiving the What to Expect When You're Expecting...From Physicians for Women handout. This handout reviews obstetrically related services a patient receives at Physicians for Women, frequently asked obstetrical questions, over the counter medications, nutrition, potential obstetrical issues, and labor.

It also reviews What to Expect at the Hospital and the Delivery Process. I acknowledge that I will be asked to adhere to the policies of Physicians for Women.

I have had an opportunity to review the handout in the office or will take it home to review in its entirety. If any of my questions were not answered today or as questions arise during my pregnancy, I know that I can ask any question(s) during my obstetrical appointments throughout my pregnancy.

Print Patient Name

Today's Date

Patient Signature

Witness Signature

Today's Date