

Pregnancy Guide



green valley  ob/gyn

Baby's First Photo

Date: _____

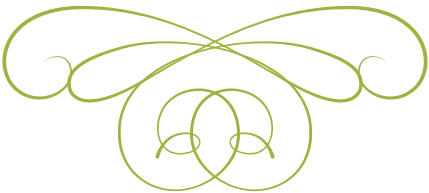
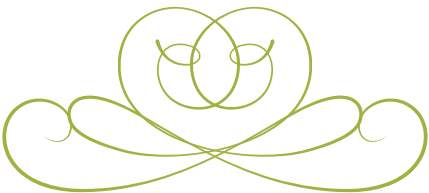


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Congratulations!!

The entire staff is looking forward to guiding you through a healthy pregnancy. Please read the following for important and helpful information.

Prenatal Visits

Generally, we will see you every four weeks for the first 28 weeks of your pregnancy, you will transition to every 2-3 week visits in your early 3rd trimester and as you approach the end of your pregnancy at 35-36 weeks, you will be seen in the office every week. We will discuss standard prenatal labs as well as optional genetic testing and perform ultrasounds as indicated. Additional blood work can we expected in your 2nd trimester. Monitoring of your blood pressure, weight gain and your baby's growth will be done at each visit. Typically, you will see the same doctor for the first 20 weeks of your pregnancy, and will meet the remaining doctors as you rotate through subsequent visits.

Problems

Our office hours are 8am to 5pm Monday through Friday. The after-hours switchboard will begin at 4:45pm daily. Whenever possible please call us with any concerns or questions during business hours. Calling early in the day will allow any questions that need physician consultation or problems requiring an office visit to be addressed prior to office closure. In the event of an urgent issue that arises after business hours please call 336-378-1110 and our answering machine will direct you to the on-call physician. In the event of an emergency, if you are unable to reach the on-call physician you can call Women's & Children's Center directly at 336-832-6883. Sign up for our patient portal to receive your results electronically. You can also submit non-urgent questions on the portal.

Please visit American College of Obstetricians and Gynecologists for Frequently asked questions:

<https://www.acog.org/womens-health>

Labor

Typically labor pains last from 30-60 seconds, occur regularly at least every 5 minutes and will get stronger and closer together as labor progresses. Rupture of membranes, where amniotic fluid begins to leak, can occur with contractions, or sometimes prior to the onset of labor. If you have continued leaking, a gush of watery fluid, or signs of labor, and it is after office hours, you may proceed directly to Women's & Children's Center for evaluation. It is unnecessary to call your physician first as the hospital will alert the on-call physician. If the office is open, you may call and see if an office visit is recommended prior to proceeding to the hospital.

Preterm Labor

If you are less than 37 weeks pregnant and are having more than four contractions per hour, you may be experiencing Preterm Labor. Signs and symptoms of preterm labor can include a change in vaginal discharge (watery, bloody or increased amount), increased pelvic pressure, cramping or constant backache, and regular frequent painful contractions. You may want to rest, hydrate with water and empty your bladder. If contractions persist, become more frequent or get stronger, call the office. Preterm labor resulting in preterm birth is concerning because babies born too early can be at risk of serious health problems. Babies born before 34 weeks are at the highest risk of health complications, but even babies born between 34 and 37 weeks can have increased risk.

Classes

We encourage all expectant mothers to participate in a variety of prenatal classes offered by Women's & Children's Center. Please visit the website www.conehealthybaby.com/todo for more information. You should sign-up for classes and pick a pediatrician during your 2nd trimester.

We are all looking forward to participating in your obstetric care and it is important to each of us that this is a positive journey for you and your family. Please feel free to share any concerns with us at any time.

Michelle Horvath, MD

Kendra Ross, MD

Sidney Callahan, DO

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Michelle Marinone, MD



Pregnancy Timeline

First Trimester	
6-8 weeks	First prenatal visit
	History and Physical Exam
	Ultrasound
	Routine prenatal labs and pap smear
10-13 weeks	Genetic screening if desired
Second Trimester	
15-20 weeks	Neural tube defect screening
18-22 weeks	Anatomy ultrasound
24-28 weeks	Gestational diabetes screening
Third Trimester	
36 weeks	Group B Strep screening

Optional Genetic and Carrier Screening

Genetic screening includes several testing options to determine if your pregnancy is at a higher than expected risk of a chromosome abnormality. These include the First Trimester Screen, Quad Screen or Cell-Free DNA testing. You can discuss with your physician which would be the right test for you. These tests pose no threat to the fetus. If a screening test comes back abnormal, or showing an increased risk, we may recommend a referral to a genetic counselor or to a high-risk pregnancy doctor to discuss additional testing and management options.

Genetic diagnostic testing can confirm screening test results or be done as initial testing in high-risk patients. This form of testing can be associated with pregnancy complications including miscarriage. You may choose to discuss this further with a genetic counselor or your physician. These options include chorionic villus sampling (CVS) and amniocentesis.

Carrier screening will test you and/or your partner to see if you carry a gene mutation that can be passed on to your baby. It requires a blood, saliva or tissue sample from the inside of your cheek. This can be done before or during pregnancy. Options include testing based on ethnicity, if your ethnic group is known to be at higher risk, expanded carrier screening to test for a variety of disorders at once, or isolated screening for one or several specific disorders like Cystic Fibrosis, Spinal Muscular Atrophy, Fragile X.

Please see the chart on the next page for a summary of options.

PRENATAL GENETIC TESTING CHART

Related FAQs:

- Prenatal Genetic Screening Tests: www.acog.org/Patients/FAQs/Prenatal-Genetic-Screening-Tests
- Prenatal Genetic Diagnostic Tests: www.acog.org/Patients/FAQs/Prenatal-Genetic-Diagnostic-Tests

These tests can tell you the chances that your unborn baby will have certain genetic disorders.

Screening Tests

First-trimester screening

- Timing: 10–13 weeks
- Blood test plus NT ultrasound exam
- Screens for Down syndrome and trisomy 18

Second-trimester screening ("quad screen")

- Timing: 15–22 weeks
- Blood test
- Screens for Down syndrome, trisomy 13, trisomy 18, and NTDs

Standard ultrasound exam

- Timing: 18–22 weeks
- Screens for some physical defects

Integrated screening and sequential screening

- Timing: 10–22 weeks
- Combines first-trimester and second-trimester screening test results in various ways
- Screens for Down syndrome, trisomy 13, trisomy 18, and NTDs

Cell-free DNA screening

- Timing: 10 weeks and beyond
- Blood test
- Screens for Down syndrome, trisomy 18, and, in some labs, trisomy 13
- The test is more accurate for women at high risk or who have had a positive screening test result

Carrier testing

- Timing: Can be done at any time but is ideally performed before pregnancy
- Tests use blood or tissue sample (tissue from inside the cheek)
- Detects whether you, your partner, or both carry a gene for certain genetic disorders

These tests can tell you whether your baby actually has certain genetic disorders.

Diagnostic Tests

CVS

- Timing: 10–13 weeks
- Tests fetal cells in a sample of chorionic villi
- Detects Down syndrome, trisomy 13, trisomy 18, and inherited disorders for which you request testing but not NTDs

Amniocentesis

- Timing: 15–20 weeks
- Tests fetal cells in a sample of amniotic fluid
- Detects Down syndrome, trisomy 13, trisomy 18, inherited disorders for which you request testing, and certain types of NTDs

Weeks 1–4

Weeks 5–8

Weeks 9–12

Weeks 13–16

Weeks 17–20

Weeks 21–24

Weeks 25–28

Weeks of Pregnancy

Prepregnancy

First Trimester

Second Trimester

PFS1010: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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Abbreviations: CVS, chorionic villus sampling; NT, nuchal translucency; NTD, neural tube defect

Note: Check your local and state laws regarding the timing and availability of prenatal genetic testing.



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS
409 12th Street SW, PO Box 96920
Washington, DC 20090-6920
www.acog.org

Optimal Weight Gain in Pregnancy

Singleton Pregnancy

Body Mass Index	Weight Gain Goal	Recommended rate of weight gain in 2nd and 3rd trimesters
Under weight <18.5	28-40 lbs.	1.0 lb. per week
Normal weight 18.5-24.9	25-35 lbs.	1.0 lb. per week
Over weight 25.0-29.9	15-25 lbs.	0.6 lb. per week
Obese >30	11-20 lbs.	0.5 lb. per week

Twin Pregnancy

Body Mass Index	Weight Gain Goal	Recommended rate of weight gain in 2nd and 3rd trimesters
Under weight <18.5	Limited data	
Normal weight 18.5-24.9	37-54 lbs.	1.0 lb. per week
Over weight 25.0-29.9	31-50 lbs.	0.6 lb. per week
Obese >30	25-42 lbs.	0.5 lb. per week

Diet and Exercise Recommendations

Overweight and obese mothers are at increased risk of gestational diabetes, high blood pressure, preeclampsia, preterm birth, and cesarean delivery. Babies of overweight and obese mothers are also at greater risk of certain health problems such as birth defects, macrosomia, and childhood obesity. To lessen these effects, control weight gain by eating a healthy diet and getting daily exercise, see our tips below.

Regular exercise in pregnancy can reduce back pain, ease constipation, lower your risk of gestational diabetes, preeclampsia and cesarean delivery and improve your overall general health through better cardiovascular fitness. It will help limit weight gain and improve vitality. Pregnant women should get a minimum of 30 minutes of medium intensity exercise 5 days per week. An example would be a brisk walk where your heart rate is raised and you sweat, but you can still carry on a conversation with your walking buddy. Swimming, stationary biking, prenatal yoga and elliptical machines are all great options. Make sure to drink plenty of water before, during and after your workout.

Exercise should be avoided in certain pregnancy conditions. Talk to your doctor about exercises to avoid and any restrictions that may apply to you.

The food you consume becomes the building blocks for your baby, therefore the highest quality with dense nutritional content is best! Avoid empty calories such as sugary drinks (sodas, juices, sweet tea) which will lead weight gain, but provide no nutritional content. Also, avoid fast foods and processed foods as much as possible. Home cooking with plenty of whole grains, lean proteins including beans, peas, nuts and seeds, a rainbow of vegetables and fruits, will give you the best opportunity to control the type and quality of food for you and your baby.

Food Considerations

Fish

Certain types of fish are high in mercury which is bad for your baby. Avoid tuna, shark, tilefish, swordfish and king mackerel while pregnant or breastfeeding. Avoid raw or undercooked seafood.

Listeria

Listeria is bacteria that can cause life threatening infections and is especially dangerous for your baby. Most infections come from eating contaminated food. After contact with animals, animal food, bedding, tanks or animal feces be sure to wash your hands. Avoid the following foods:

- Unpasteurized milk or cheese
- Soft spreadable cheeses unless the label states it is pasteurized
- Feta, Brie, Camembert, “blue vein cheese”, Panela, queso blanco, queso fresco or homemade cheese
- Uncooked hot dogs, deli meat or uncooked poultry or meat
- Refrigerated pate or meat spreads
- Unwashed sprouts, lettuce, fruits or vegetables
- Refrigerated smoked seafood

Toxoplasmosis

Toxoplasma is a tiny parasite that is harmful to babies of infected mothers. It is found in contaminated foods, cat feces or soil. Do not change cat litter, and be sure to carefully wash your hands after coming in contact with a cat. Cats that have always been indoors and are not in contact with outdoor cats are less likely to have Toxoplasmosis.

- Do not eat raw/undercooked meat. Internal temperature should reach 160°F
- Do not drink untreated water
- Do not touch your eyes, nose, mouth when handling raw meat
- Use a separate cutting board for meat
- Wash all cutting boards with warm soapy water after use
- Wash all fruits and vegetable before eating
- Use work gloves when gardening

Medications for Common Ailments

ALL medications should be used with caution in pregnancy, especially in the first trimester. No medication is considered 100% safe. Below is a list of medications that are generally considered low risk in pregnancy when used in small amounts for limited durations. Generic equivalents are ok to use. Any prescribed medications for medical problems should be discussed with your physician. ***YOUR PROVIDER MAY PRESCRIBE LOW DOSE ASPIRIN FOR CERTAIN MEDICAL CONDITIONS, ASIDE FROM THIS, PLEASE DO NOT USE MEDICATION CONTAINING ASPIRIN OR IBUPROFEN WITHOUT CALLING THE OFFICE FIRST.***

Cough & Cold	Nausea & Vomiting
<ul style="list-style-type: none"> • Ocean Mist saline nasal spray • Warm salt water gargle • Robitussin • Mucinex • Sudafed (avoid in 1st trimester or if hypertensive) • Chloraseptic spray • Tylenol • Vicks VapoRub 	<ul style="list-style-type: none"> • Vitamin B6 25mg 2-3x daily +/- Unisom • Powdered Ginger 1000mg or approximately ½ tsp. per day (max 4000mg per day) • Fresh Ginger (1tsp grated per day) • Ginger tea (4 cups per day) • Emetrol
Headache and Backache	Yeast Infection
<ul style="list-style-type: none"> • Tylenol • Chiropractics • Prenatal massage 	<ul style="list-style-type: none"> • Monistat • Mycelex • Gyne-Lotrimin
Indigestion	Skin Irritation
<ul style="list-style-type: none"> • Tums • Pepcid • Tagamet • Gas-X • Prilosec (if above methods do not help) 	<ul style="list-style-type: none"> • Benadryl Cream • Caladyl Lotion • Hydrocortisone 1% cream • Aveeno Oatmeal Bath
Constipation	Seasonal Allergies
<ul style="list-style-type: none"> • Metamucil • Colace • Miralax • Dulcolax 	<ul style="list-style-type: none"> • Chlor-Trimeton • Benadryl • Claritin • Rhinocort • Zyrtec
Diarrhea	Hemorrhoids
<ul style="list-style-type: none"> • Immodium 	<ul style="list-style-type: none"> • Anusol/Anusol HC • Preparation H

Vaccinations

Flu

Flu shots are a safe way to protect you and your baby, and are essential for all pregnant women. The flu shot has been given to millions of pregnant women over the years and has not been shown to cause harm to women or their babies. Pregnancy is a risky time to get the flu. Pregnant women are more likely to be hospitalized or even die from the flu. The flu can cause premature delivery and a high fever from the flu can be harmful to your baby. Flu shots are the best protection for pregnant women, and even protect the baby after birth up to 6 months of age. You can get the flu shot at any time of your pregnancy.

Pertussis

Pertussis (Whooping Cough) is a dangerous infection. Babies that get pertussis have a 50% chance of being hospitalized and 1-2% die. Tragically, 10-20 babies are dying every year in the US from this preventable infection. It is highly recommended mothers get vaccinated against pertussis between 27-36 weeks of pregnancy. The Tdap vaccine should be given with every pregnancy regardless of the timing of the last vaccine. This will not only protect you, but you will pass on protective antibodies to your baby. These antibodies will protect your baby in its early months of life, when it is most susceptible. There is no evidence giving Tdap causes any adverse effect specific to pregnancy. We recommend all family members that will be in contact with your infant follow up with their primary care doctor to ensure they are up to date with their pertussis vaccination.

Covid

The American College of Obstetricians and Gynecologists (ACOG) recommends that all eligible persons, including pregnant and breastfeeding individuals, receive a COVID-19 vaccine or vaccine series. People who are pregnant or recently pregnant are more likely to get severely ill with COVID-19 compared with people who are not pregnant. Getting a COVID-19 vaccine can help protect you from severe illness from COVID-19.

COVID-19 vaccines may be administered simultaneously with other vaccines. This includes vaccines routinely administered during pregnancy, such as influenza and Tdap. ACOG recommends that pregnant and recently pregnant people up to 6 weeks postpartum, including pregnant and recently pregnant health care workers, receive a booster dose of COVID-19 vaccine following the completion of their initial COVID-19 vaccine or vaccine series.

Evidence about the safety and effectiveness of COVID-19 vaccination during pregnancy has been growing. These data suggest that the benefits of receiving a COVID-19 vaccine outweigh any known or potential risks of vaccination during pregnancy. There is currently no evidence that any vaccines, including COVID-19 vaccines, cause fertility problems in women or men. See www.cdc.gov for specific timely updates regarding covid vaccination.

Travel Guidelines

There are no restrictions on travel until 36 weeks of pregnancy. At that time, no distant traveling should occur. Any car trips over 90 minutes should have a 15 minute break for walking every 90 minutes. In complicated pregnancies, discuss any travel plans with your doctor.

See www.cdc.gov for travel recommendations.

Breastfeeding Your Baby

Exclusive Breastfeeding is recommended for the first 6 months of a baby's life and continued up to age 1 as new foods are introduced. It can be continued beyond age 1 for as long as you choose. Breastfeeding offers many benefits to you and your baby. Your baby will receive optimal nutrition through breast milk and it is easier to digest than formula. Breast milk also contains antibodies that will protect your baby from illnesses such as ear infections, respiratory and gastrointestinal infections and allergies. Breastfed babies also have a lower risk of SIDS –sudden infant death syndrome.

For mom, breastfeeding will help the uterus to return to its normal size more quickly, may decrease the amount of bleeding you have after delivery, may help with weight loss and can reduce your risk of breast and ovarian cancer long-term. Women's Hospital has a team of lactation consultants who can assist you with getting started. Out patient services are also available for further support after you are discharged from the hospital.

Area Pediatricians

ABC Pediatrics of Greensboro

1002 N. Church Street Suite 1
Greensboro, NC
336-235-3060
www.abcpedsgso.com

Carolina Pediatrics of the Triad

2707 Henry Street
Greensboro, NC
336-574-4280
www.cptriad.com

Wake Forest Baptist Health - Greensboro

802 Green Valley Road #210
Greensboro, NC
336-510-5510
[www.wakehealth.edu/Locations/
Clinics/p/Pediatrics-Greensboro](http://www.wakehealth.edu/Locations/Clinics/p/Pediatrics-Greensboro)

Wake Forest Baptist Health Premier - High Point

4515 Premier Drive Suite 203
High Point, NC
336-802-2200
[www.wakehealth.edu/Locations/
Clinics/p/Pediatrics-Premier](http://www.wakehealth.edu/Locations/Clinics/p/Pediatrics-Premier)

Eagle Pediatrics

5500 W Friendly Ave Suite 200
Greensboro, NC 27410
336-373-1996
www.eaglemds.com

Greensboro Pediatricians

510 N. Elam Avenue Suite 202
Greensboro NC
336-299-3183
www.greensboropediatricians.com

Immanuel Family Practice

2515 Oak Crest Avenue
Greensboro, NC
336-856-9996

Northwest Pediatrics

4529 Jessup Grove Road
Greensboro, NC
336-605-0190
www.northwestpeds.com

Pediatrics at Wendover Triad Adult and Pediatric Medicine

1046 E. Wendover Ave
Greensboro, NC
336-272-1050
www.tapmedicine.com

Piedmont Pediatrics

710 Green Valley Road Suite 209
Greensboro, NC
336-272-9447
www.piedmontpediatricsgso.org

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Notes

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