



Congratulations on your pregnancy

The Board-Certified Obstetrician/Gynecologists at University Health are here to help you have a healthy pregnancy.

In this informational packet, you will find answers to common questions and resources for more information.

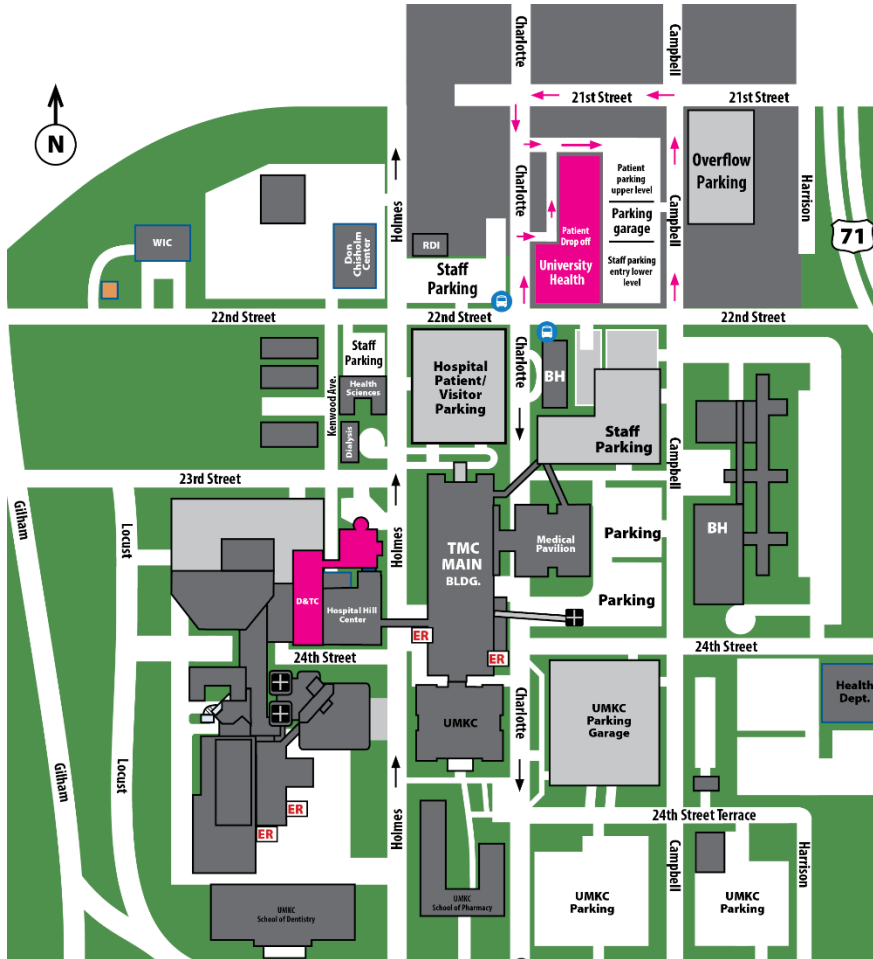
We encourage you to carefully review all of the information we've provided for you. Please bring any questions/concerns to your doctor, as this packet does not replace your doctor's advice.

We are located on the **first floor** at the new **University Health** 2101 Charlotte St, Kansas City, MO 64108.

Monday-Friday, 8 am - 4:30 pm, you may reach us at **816-404-7820**.

For emergencies, please call 911 or go to your nearest emergency room.

We primarily deliver at **Truman Medical Center Hospital Hill** located across the street from



physicians will assist in your care under the direct supervision of one of our board-certified obstetrician/gynecologist.

The guideline we use for scheduling prenatal visits is every four weeks for the first 28 weeks of pregnancy, every two to three weeks from 28 through 36 weeks, and weekly until delivery. Additional visits may be scheduled if needed. Appointments are made Monday-Friday, 8 am to 4pm. We suggest you make your appointments at least a month in advance. We ask that if you are unable to keep an appointment or may be late, please call to cancel/reschedule.

If we need to reschedule your appointment due to an unexpected medical emergency, you will be contacted as soon as possible.

Childbirth Education

We believe that the more you learn about what is happening during pregnancy, birth and the months after delivery, the healthier you will be. Truman Medical Center offers a variety of classes. We urge you to take classes between weeks 28 and 34, including breastfeeding classes. To register for childbirth classes call **816-404-2846** or **816-404-4124**. Lactation services can be reached at 816-404-0474.

Staying Healthy During Pregnancy

Nutrition

During your pregnancy, it is important to eat a healthy and well-balanced diet. Folic acid helps prevent birth defects of the brain and spinal cord when taken very early in pregnancy. It is recommended that you take a multivitamin with 400 micrograms of folic acid every day before and during early pregnancy. In general, only an extra 300 calories are required each day during pregnancy. Remember, this does not mean you are “eating for two;” nor is it a time to diet! Avoid undercooked meat & sushi. Large and predatory fish, such as swordfish, shark and king mackerel should be avoided completely. Please visit the FDA website for up-to-date fish information. Hot dogs and lunch/deli meat should be limited to one serving per week, due to the nitrites/nitrates they contain. Ideally, these meats should be heated prior to eating to prevent exposure to Listeria (a bacteria that could cause complications in the pregnancy, if exposed). Limit your caffeine consumption to less than 200 mg per day (1 soda, tea or ½ cup regular coffee). Avoid *non-pasteurized* cheese, milk, juice and eggs.

Exercise

Exercising regularly can help you feel better and prepare you and your body for birth and regain your pre-pregnancy body more quickly. Before you begin exercising, it is important that you discuss your plan with your doctor. Be sure to keep your heart rate under 140 beats per minute and avoid overheating, especially in your first trimester. Some recommended exercises include swimming, walking, bicycling and prenatal yoga. If you were a runner or weight-lifter prior to your pregnancy, you may be able to continue, but you should speak with your doctor about your routine.

Weight

Remember, each pregnancy weight gain is different. You will usually gain about 1 pound per month during the first trimester, and then about 1 pound per week during the second and third trimesters. Normal pregnancy weight gain is 25-35 pounds but recommendations depend on your pre-pregnancy height & weight (your BMI).

BMI	Weight Gain
Less than 18.5	28 - 40
18.5-24.9	25 - 35
25.0-29.9	15 - 25
30 or more	11 - 20

Alcohol

Fetal Alcohol Syndrome (FAS) is known as the #1 cause of preventable mental retardation. It is 100 percent preventable and incurable. Please **DO NOT** drink during your pregnancy or use any illicit drugs such as amphetamines, cocaine, marijuana, or hallucinogenic drugs.

Smoking

Smoking while pregnant increases the incidence of low birth weight babies, placental abruption, miscarriage, and pre-term labor. Smoking, as well as second-hand smoke, also increases your baby's risk for future ear infections, frequent colds and SIDS (sudden infant death syndrome). Please **DO NOT** smoke during your pregnancy or around your newborn. Please talk to your doctor about concerns.

Vaccines

Did you know that a mother's immunity is passed along to her baby during pregnancy? This will protect the baby from some diseases during the first few months of life until the baby can get vaccinated. Also, it is important to protect you from severe illness during pregnancy. It is safe, and very important, for a pregnant woman to receive the inactivated **flu vaccine**. A pregnant woman who gets the flu is at risk for serious complications and hospitalization. Women should get the tetanus, diphtheria and acellular pertussis vaccine (**Tdap**) during each pregnancy. Ideally, this vaccine should be given between 27-36 weeks of pregnancy. Both vaccines are well-studied and not only safe but highly recommended by the CDC and by ACOG. It is also safe for a woman to receive routine vaccines right after giving birth, even while she is breastfeeding. Close household contacts (such as the father) should also receive these vaccines at their regular health care provider's office or health department.

Other

While pregnant, do not change cat litter boxes due to the risk of catching Toxoplasmosis, which can cause birth defects. Also be careful to garden wearing gardening gloves and to wash hands regularly.

Laboratory Testing During Pregnancy

As part of good prenatal care, the American College of Obstetricians/Gynecologists (ACOG) and our staff recommends certain tests to detect infections and other conditions in pregnancy. At each appointment, you can expect to leave a urine sample and have your weight and blood pressure recorded.

At your first OB visit the following tests will be ordered:

- CBC – This test will check for anemia and other factors.
- Blood Type and Rh – A pregnant woman who is Rh negative may need to receive a blood product called anti-D Immune Globulin (RhoGAM). This prevents the breakdown of your baby's red blood cells, a serious condition which causes hemolytic disease (Additional

information in Appendix).

- Antibody Screen – This test will check for red blood cell antibodies.
- Syphilis – A sexually transmitted disease which can cause birth defects. It can be treated in pregnancy.
- Hepatitis B – If the mother has this viral infection of the liver there is an increased chance that without treatment the baby will be infected. The baby can be treated at birth to prevent infection in most cases.
- Rubella (German measles) – An infection that can lead to severe birth defects. If a woman is not immune, a vaccine can be given to her *after* the baby is born.
- Pap Smear – A screening test for cervical cancer. This will be performed if you are otherwise due.
- Chlamydia/Gonorrhea Screening – Cultures that can detect sexually transmitted diseases that can potentially be harmful to you and your baby if not treated.
- Urinalysis – A screening test for urinary tract infection.
- HIV – A blood test screening for HIV/AIDS. You can have HIV for years and not have any symptoms.
- If you have HIV, even without symptoms, there is a 1 in 4 chance you could pass it to your baby. There is treatment available during pregnancy that can reduce the risk of transmission of HIV to the baby.

At your 28-Week Visit:

- Glucose Screen – To check for diabetes in pregnancy.
- Blood Count – To recheck for anemia.
- Antibody Screen – If you are RH negative, administration of RhoGAM

At your 35-37 Week Visit:

- Group B Strep Culture – Group B Streptococcus (GBS) is a bacteria that may be present in approximately 15-40% of women. The most common sites affected are the rectum, vagina and urinary tract. While GBS is not harmful to the pregnant woman, it may cause serious infections in newborn infants. The current recommendation by the CDC for detection and treatment of GBS is to screen all pregnant women at approximately 35-37 weeks gestation. This test is performed by obtaining a culture (swab) in the office. If you are positive for GBS, you will receive IV antibiotics in labor. If you are negative, no intervention is required.

Ultrasounds

Ultrasounds are done when medically indicated (to assist in determining your due date, to check on the growth of the baby, to assess bleeding, to survey the baby and placenta, etc.). We only order ultrasounds for medical reasons. Ultrasounds are performed in the Prenatal Diagnostic Center on the sixth floor of Truman Medical Center Hospital Hill, which is managed by our colleagues, the Maternal-Fetal Medicine Specialists.

Prenatal Genetic Screening

Many pregnant women are unaware that about 3 out of every 100 babies are born with some type of birth defect. Examples of these include genetic problems such as Down Syndrome, or non-genetic problems such as a cleft lip, an extra finger, or spina bifida. *Some of these can be diagnosed during pregnancy, while others cannot.* Genetic screening is done for a particular condition in individuals, groups or populations without family history of the condition.

Prenatal genetic testing refers to tests done during pregnancy to screen for or to diagnose a birth defect. The goal of these tests is to provide information so you and your family can make an informed choice about your pregnancy, and to assist the doctor with providing the best possible care. Sometimes a family history of genetic birth defects will increase your risk, so please be sure to discuss this with your doctor.

The American College of Obstetrics and Gynecology (ACOG) recommends that **all mothers** be offered screening tests for genetic defects. Please note, **no test** is 100 percent accurate.

At your first visit of your pregnancy your doctor will order the tests you choose to have, these screenings:

- Tell you the CHANCE that your baby has a particular birth defect
- Lead to the detection of about 80-90 percent of babies with the birth defect for which they are being tested (this means that 10-20 percent of babies with that particular birth defect will be missed by the test)
- Sometimes show that your baby is at high-risk for a birth defect even if your baby is fine
- Do not cause miscarriages

Maternal Serum Screening for Birth Defects—Optional Tests

- First Trimester Screen – A blood test coupled with ultrasound, which shows if you are at increased risk of having a baby with Down Syndrome or Trisomy 18 (chromosomal disorders). It requires a sample of your blood and a special ultrasound measurement performed at 11-14 weeks of pregnancy. There is no risk to the fetus with this test.
- AFP or Quad Screen – A blood test collected from the mother done at 15-18 weeks of pregnancy to detect increased risk of having a baby with certain birth defects, such as an open neural tube defect (spina bifida) or Down syndrome. There is no risk to the fetus with this test.
- Non-Invasive Perinatal Testing – NIPT is currently offered to mothers 35 years old and above as well as mothers with previous pregnancies with abnormal chromosomes. If you do not fit the above, you may still have this test done, but it may not be covered by your insurance and can be costly. This is a maternal blood test performed after 10 weeks gestation that detects fetal DNA in the mother's blood stream. This can produce results for trisomy 21, trisomy 18,

trisomy 13 and the sex chromosomes. While this testing is highly accurate, it does have a small risk of false positives and false negatives. If this blood test comes back abnormal, additional testing, such as amniocentesis or CVS, will be recommended to confirm the results. There is no risk to the fetus with this test.

Information about Screening Tests

If screening results are abnormal, additional testing, for example an ultrasound or amniocentesis, may be offered. No test is 100 percent accurate and not every abnormal result of a screening test means your baby has a birth defect. Sometimes there is no reason for an abnormal screening test. Not every normal result of a screening test means your baby does not have a birth defect.

It is up to you whether to be tested. Some women find having the screening test reassuring and other women would rather not have the information. The results of the tests can help some women make decisions about their options.

- Amniocentesis – A test for chromosomal abnormalities, such as Down Syndrome, can be performed between 16-18 weeks of pregnancy. A sample of amniotic fluid (the fluid surrounding the fetus) is drawn through a needle, which is inserted through the abdomen into the uterus. Ultrasound is used to guide the needle. This test requires a referral to a Maternal-Fetal Medicine Specialist. Since there is a small risk of miscarriage associated with an amniocentesis, you should discuss the test and its benefits with your doctor.
- CVS – Chorionic villus sampling (CVS) is also used to test for chromosomal abnormalities and can be performed as early as 10 weeks into pregnancy. The sample is typically collected by inserting a long, thin needle through the belly or vagina and into the placenta. Ultrasound is used to guide the catheter or needle into the correct spot for collecting the sample. The early diagnosis is an advantage to the test, whereas a diagnosis made by amniocentesis is not available until the second trimester. However, there is a slight increased risk of complications with CVS. As with amniocentesis, a referral to a Maternal-Fetal Medicine Specialist is required. Since there is a small risk of miscarriage associated with this test, you should discuss it and its benefits with your doctor.
- CF Carrier Screening – A screening test for Cystic Fibrosis. Cystic fibrosis (CF) is a disease inherited from both parents where thick mucus is secreted in the lungs, leading to frequent pneumonia. The disease can also cause problems with digestion and absorption of nutrients and decreases the lifespan to just over 30 years. In order for a baby to have CF, he needs to inherit a CF gene from both Mom and Dad. There are many different genes that can cause CF, but a blood test is available for the more common ones. If Mom is a carrier of a CF gene, Dad should then be tested. If both Mom and Dad carry the same CF gene, the baby has a 25% chance of having the disease. If this happens, we recommend that you see a Maternal-Fetal Medicine Specialist for further discussion. *Your chance of carrying a CF gene depends on your background:* Caucasian (white) or Ashkenazi Jew: 1 in 29 chance; Hispanic: 1 in 46 chance; African American: 1 in 62 chance; Asian American: 1 in 90 chance. There is no risk to the fetus with this test.

Traveling During Pregnancy

Assuming there are no complicating factors in your pregnancy, airplane travel is generally permissible up to about 34 weeks gestation for domestic travel but may be earlier for international travel. Pregnant women are more likely to develop blood clots in their legs and lungs, so wearing support hose for long flights and performing leg and ankle exercises are recommended. These recommendations may prevent blood clots from forming in your legs due to prolonged inactivity. Regardless of your mode of travel, we recommend getting up frequently (every two hours) to move around and stretch your legs to improve circulation. A specific doctor's note for air travel is generally not required, however, please note airlines may refuse boarding regardless of gestational age or a doctor's note.

Kick Counts

Fetal movement counting (also called "kick counts") is a test that you can do at home to monitor your baby's movements. This is most effective if you are greater than 28 weeks along. One method for kick counting is to lie on your side and note how long it takes the baby to make 10 movements. If it takes fewer than 2 hours, the result is "reassuring" (which means that for now, it does not appear that there are problems). Once you have felt 10 movements, you can stop counting and maintain a general awareness. This test is repeated daily. Please contact our office if you notice a significant change in what is normal for your baby or if you feel less than 10 movements in a day. Another way to monitor movement is to lie on your side for one hour after a meal and note how long it takes the baby to make four movements. Four movements in that one hour after a meal is reassuring.

Maternity Leave

If you are currently working, now is the time to start making decisions about maternity leave. Generally, six weeks off of work is recommended after an uncomplicated vaginal delivery and six to eight weeks after an uncomplicated cesarean delivery. Your FMLA may allow 12 weeks, but this is not typically medically necessary. You may need to save that extra time for further medical care of the newborn or for future illnesses. For most pregnancies, working up to delivery is considered safe. If your doctor believes you should not work during pregnancy or if modifications to your work are necessary, this will be discussed. Please submit any paperwork you would like to have filled out on your behalf at least two weeks before you need it submitted.

Labor and Emergency Care

If you are in labor or have a pregnancy emergency, go directly to the Labor and Delivery Unit at Truman Medical Center Hospital Hill. One of our staff physicians is in the Labor and Delivery Unit 24-hours-a-day, seven-days-a-week, as are our Resident physicians. If you need directions, call the hospital at (816) 404- 0350.

You should go to the hospital if:

- Your water breaks (even if you don't have contractions)
- You have heavy bleeding like a period
- Your contractions are frequent and intense.

Generally, if you are near your due date, it is recommended to wait at home until you are having contractions five minutes apart for more than one hour. Each contraction should be strong enough that you have difficulty breathing or speaking during the contraction. You are usually admitted to the hospital when you reach "active" labor (cervix dilated to four centimeters and/or your water has broken). Prior to that time, we will evaluate and treat contraction pain, if needed, but you may be sent home until labor is more advanced.

Please call **RIGHT AWAY** if:

- You have a severe headache that doesn't get better after Tylenol and resting quietly.
- After approximately 28 weeks, your baby is not moving as much as usual and you have tried to feel your baby while resting quietly and having a cold, sugary drink &/or meal.
- Your baby is **NOT** due within three weeks and you are having **ANY** signs of labor.
- You have been given special instructions by your doctor to call in certain circumstances.

If you have a problem, question, or concern about your pregnancy which you believe needs **immediate** attention, please call.

Over-The-Counter Medications & Common Pregnancy Concerns

Generally speaking, it is best not to take any medications during pregnancy, especially during the first 12-13 weeks. However, there is no evidence that the medications listed below in the table are harmful and they may be used sparingly. Please follow dosage instructions on the label and call your provider if symptoms persist or you have questions.

It is important to remember that you **MAY NOT USE** Aspirin or Ibuprofen products during pregnancy.

Symptoms	Medication
Colds, Flu & Minor Aches & Pains	Actifed, Sudafed, Tylenol products, Robitussin CF, Robitussin DM, Cepacol, Chloroseptic Lozenges, Benadryl, Tavist-D, Claritin (over the counter) - (Do not take Aspirin or Advil)
Headache or Pain	Regular or Extra-Strength Tylenol
Indigestion & Heartburn	Avoid spicy foods. Eat smaller, more frequent meals. Mylanta, Maalox, Riopan Plus, Rolaids, Tums, Pepcid, Zantac, Prevacid
Constipation	Dialose Plus, Milk of Magnesia, Surfak, Senokot, Metamucil, Fibercon, Colace, Surfak
Diarrhea	Kaopectate, Imodium A-D
Leg Cramps	Exercise leg and calf muscles by stretching three times daily. Increase milk and dairy intake to three or four portions per day. If you cannot take dairy products, take Calcet or Fosfree according to the label.
Stretching Pains of the Uterus	Usually occurs between 12 and 20 weeks of pregnancy. Avoid sudden movements, bending over, heavy lifting, moving quickly in and out of a car, anything that can cause sudden stretching pain on uterine ligaments. Take Tylenol and rest with your feet up.
Nausea	Dramamine, Emetrol, Unisom – ½ tablet per day or Vitamin B6 – 50-100 mg per day. Try eating six small meals throughout the day. If you are unable to keep any food or liquids down, contact your doctor.
Dental	Dental care is encouraged. X-rays may be performed as necessary with proper shields.
Rash	Calamine or Caladryl lotion, Lanacort, Hydrocortisone 1% cream
Allergies	Benadryl, Claritin, Zyrtec
Congestion	Saline nasal spray, Mucinex
Fever	Tylenol
Hemorrhoids	Preparation H, Tucks, Anusol cream or suppositories
Yeast	Monistat

In addition to the information in the table to the left, please be advised:

Cold, Flu & Minor Aches & Pains

If you have high blood pressure, it may be advisable to avoid Sudafed & similar medications, as they may raise your blood pressure.

Fevers

If you have a temperature of 100.4 F or greater, please call the office.

Yeast

The 7 day course of Monistat/Clotrimazole is most effective during pregnancy.

Herbs & Supplements: Please check with your provider prior to use

Pain Control during Labor

There are many options to increase your comfort during your labor & delivery. Throughout labor, you may choose to manage your labor pains with a combination of slow breathing, massage from your partner, soft music for distraction, position change and other techniques. Another option is having pain medication through the IV. This tends to work fairly well in earlier labor and not as well later, but can still be adequate for some women. It can cause some sleepiness and, if given too close to delivery, can affect the baby's breathing right afterwards, so the dose and timing has to be adjusted carefully.

Whether or not you have received IV pain medication, you can opt to have an injection inside the

vagina to numb the outside of your vagina (called a pudendal block). *This will not alter your contraction pain at all, and is typically given just before the baby delivers, if possible.* Finally, many women will choose to get an epidural during their labor. This typically consists of a combination of local anesthetic and pain medication injected into the space around your spinal cord by an Anesthesiologist. This medicine does not go to your baby. While there is no such thing as being “too late” for an epidural, if the labor is progressing very quickly, or you cannot sit still, or it is about time for you to start pushing, there may not be enough time to call the Anesthesiologist or give the medicine enough time to actually work. Many women are still undecided at the time of labor. It is acceptable to wait and see how the labor is progressing before you make up your mind. Keep an open mind as you consider your options.

Breastfeeding

There are many considerations that you and your partner may have during your pregnancy. One of the most important is whether you will feed your baby breast milk or formula. The American Academy of Pediatrics advocates breastfeeding as the optimal form of nutrition for infants. They state, “breastfeeding ensures the best possible health, as well as developmental and psychosocial outcomes for the infant.” Babies who receive breast milk have a lower chance of developing certain medical problems, lower risk of feeding issues and lower risk of SIDS (Sudden Infant Death Syndrome or crib death). However, despite the fact that breastfeeding (whether by nursing or pumping) has so many good qualities and is perfectly natural, it can be very challenging and a source of frustration for many new parents. It is good to educate yourself prior to delivery on the various techniques of breastfeeding. The choice, however, is yours, and you should do what you feel most comfortable with.

If you plan to attempt to breastfeed, midway through your pregnancy, you should check with your insurance provider to see if they cover an electric breast pump.

Birth Control after Delivery

In most cases, sexual activity may be resumed 4-6 weeks after delivery. Before intercourse is resumed, thought should be given to the type of birth control to be used, as it is possible to become pregnant again even before your 6 week check-up or your first period after delivery. Sometimes, a new form of birth control is started before you leave the hospital and can be discussed at that time. Condoms may be used until you discuss birth control further with your doctor. Waiting approximately one year after delivery to get pregnant again is generally best for both Mom & the next baby.

Postpartum Depression

Everyone experiences occasional sadness, but these feelings usually pass within a few days. Depression, on the other hand, interferes with daily life and may last for weeks at a time. Postpartum depression is depression that occurs after having a baby. About 1 out of 10 women experience frequent postpartum depressive symptoms. Some symptoms of postpartum depression are: crying

more often than usual, feelings of anger, withdrawing from loved ones, feeling numb or disconnected from your baby, worrying that you will hurt the baby, feeling guilty about not being a good mom or doubting your ability to care for the baby. Most people, even those with the most severe forms of depression, can get better with treatment. Please contact your provider if you are concerned for postpartum depression.

Resources for More Information

American College of Obstetricians/Gynecologists

<http://www.acog.org/Patients>

American Academy of Pediatrics

<http://www.healthychildren.org/>

Centers for Disease Control– Pregnancy Information:

http://www.cdc.gov/ncbddd/pregnancy_gateway/

- To learn more about preventing the flu: www.cdc.gov/flu.
- Vaccine in Pregnancy: <http://www.cdc.gov/vaccines/adults/rec-vac/pregnant.html>
- General Information: <http://www.cdc.gov/pregnancy/during.html>
- Postpartum Depression: <http://www.cdc.gov/reproductivehealth/depression/index.htm>
- Birth Control Information:
<http://www.cdc.gov/reproductivehealth/unintendedpregnancy/contraception.htm>

Fact Sheet on Birth Control

<http://www.womenshealth.gov/publications/our-publications/fact-sheet/birth-control-methods.html>

LaLeche League (Breastfeeding)

<http://www.llli.org/>

Women's Health

<http://www.womenshealth.gov/pregnancy/index.html>

FDA, Food:

<http://www.fda.gov/Food/FoodborneIllnessContaminants/PeopleAtRisk/ucm081785.htm>

Local Information

Truman Medical Center:

<http://trumed.org/services/birthplace>

University Health:

<http://universityhealthkc.org>