

WHAT TO EXPECT DURING YOUR PRENATAL CARE

1ST OB VISIT

- Schedule your first visit with your provider as soon as you find out you are pregnant.
- Expect your appointment to last approximately 1 hour.
- During your first visit we will review your Medical/Health History and obtain initial pregnancy labs. If you have any pre-existing health conditions, we may need to do additional testing.
- Annual Pap Smears will be obtained when due (at any gestation).
- We will discuss the prenatal course and educate you regarding normal expectations and recommendations in pregnancy.
- You will receive a pregnancy information packet, prenatal vitamin samples, as well as educational reading materials.
- During this visit we will discuss recommendations regarding the need for early pregnancy Ultrasound and First Trimester Genetic Testing.

Call us at any time during pregnancy if you have any of the following:

- Bleeding
- Severe pain
- Fever (more than 100.4 F)
- Painful urination
- Vomiting that lasts more than 24 hours
- Severe headache that is not relieved by Tylenol
- Blurry vision or flashing lights in front of your eyes
- Leaking fluid from vagina
- Contractions that do not stop if you are less than 36 weeks pregnant, after you've rested and drank fluids
- Decreased fetal movement
- You are scared or worried that something "isn't right"

FOLLOW UP OB VISITS

- Routine follow-up OB visits occur every 4 weeks after your first visit until you reach 28 weeks of gestation.
- From 28 to 36 weeks gestation you visits will be every 2 weeks and after 36 weeks will be every week.
- If you go beyond 40 weeks, or your due date, we will see you twice weekly to monitor your baby's well-being.
- Medical and obstetrical complications may require closer surveillance. There may be times we determine to see you more frequently. In such instances, we will discuss that with you individually and establish the frequency of visits.
- During your OB visits we will be listening to your baby's heartbeat starting at 10 weeks, measuring your abdomen to assess for adequate fetal growth, and checking your blood pressure, weight, and urine.
- Prenatal visits will be about 20 minutes in duration and we welcome any questions at this time. In consideration of other patients, we ask that you come to all of your scheduled appointments on time.
- We strongly recommend the Influenza vaccine to all pregnant patients during the flu season and the Tdap (tetanus, diphtheria and pertusis) vaccine after your 27th week of gestation.

1st TRIMESTER

- First 12 weeks of gestation
- OB visits every 4 weeks, unless otherwise specified by provider
- Nausea and vomiting most commonly occurs during this trimester. To improve these symptoms try eating small frequent meals, avoiding dairy products, citrus, warm meals, red meats and fried greasy food. Saltine crackers, ginger snaps and ginger ale improve these symptoms as well.
- Early Ultrasound is recommended to determine accurate due date, especially if you are uncertain of your last period, your periods are irregular or have had any bleeding after you last period.
- First Trimester Genetic Testing is offered between 11-14 weeks gestation. It is an optional, noninvasive evaluation that combines an Ultrasound and blood work to screen for risks of Trisomy 21 (Down's Syndrome) and Trisomy 18. It is offered to women of all ages, but

- strongly recommended to women over the age of 35, as they are at an increased risk.
- If you experience any vaginal bleeding or abdominal cramping during this trimester, please call our office.

2nd TRIMESTER

- Begins at 12 weeks gestation, lasting until 27 weeks
- OB visits will occur every 4 weeks, unless otherwise specified by provider
- 2nd trimester Screening is offered between 15-21 weeks gestation. It is an optional blood test, screening for Down Syndrome and Open Neural Tube Defect. It is a noninvasive test and there is no risk to the baby from this test.
- The Tdap vaccine is recommended after 27 weeks gestation.
- A diabetes screening test is performed between 24-28 weeks gestation, or earlier if you have a history of gestational diabetes or a strong family history of insulin dependent diabetes. It requires you to drink a flavored drink that is high in sugar and have your blood drawn one hour later. An elevated blood sugar level will indicate the need for further testing.
- We will talk to you about Cord Blood Collection. Cord blood is blood remaining between the umbilical cord and the placenta and can be collected after the baby's birth, once the cord has been clamped and cut. It poses absolutely no risks to the mother or the baby. It contains stem cells that can be used to treat close to 80 diseases. It can be stored for future personal use or can be donated.

3rd TRIMESTER

- Begins at 28 weeks gestation
- OB Visits now change to every 2 weeks until 36 weeks, or as specified by your provider.
- If your blood type is Rh (-) and your partner's blood type is Rh (+) at 28 weeks you will be given Rhogam. Rhogam "blocks" the formation of antibodies, and prevents breakdown of the fetal red blood cells. If you have Rh(-) blood type, this medicine can be given at any point during pregnancy, after amniocentesis, at 28 weeks gestation and also following the birth of an Rh (+) baby.

- Fetal Movement counts are encouraged to self-assess fetal well-being. If you notice a decrease in fetal movement we recommend you lay down and really pay attention to the baby's movement. Please make sure you have eaten and are drinking fluids. If fetal movement does not improve, call our office.
- Between 35-37 weeks gestation we will do a GBBS (Group B Beta Strep) test. It is a prophylactic, noninvasive vaginal culture testing for presence of GBBS bacteria to determine whether or not antibiotics will be needed during labor. Presence of this bacteria does not indicate an infection, but its presence increases the risk of pneumonia (lung infection), septicemia (blood infection), or meningitis (infection of the lining of the brain and spinal cord) in the newborn, if not treated with antibiotics during labor.
- During this trimester we will also repeat labs to check your hemoglobin/hematocrit level in preparation for delivery.
- We will discuss labor pain management options during this trimester. You are welcome to ask any questions you may have regarding your options.
- Selecting your Pediatrician. We can offer you our recommendations if desired.
- At 40 weeks gestation, your due date, if still pregnant we will see you in the office to discuss further management. At this visit we will check your baby's wellbeing by performing a Non Stress Test and an Ultrasound to make sure the fluid around the baby is normal.

LABOR AND DELIVERY

- If you believe you are in labor, please call our office and one of the providers will talk to you and give you options. If you believe you are experiencing an emergency, go straight to the ER.
- When arriving in the hospital bring your photo id, insurance card, and your support person with you.
- Following the birth of your baby, the provider will stay until it is determined both you and your baby are doing fine.
- Your newborn will be examined and followed by his/or Pediatrician. The Pediatrician will be the one to discharge your baby home.
- Vaginal delivery patients are allowed a 2 day hospital stay, while cesarean deliveries are allotted 2-4 days in the hospital.

- During your hospital stay one of the providers will see and check on you daily. If any issues arise, the nursing staff will be in contact with your provider to discuss your further care.
- The day of your discharge, one of the providers will see you in the hospital and provide you with discharge instructions, as well as instructions as to when to follow up at the office.