



Welcome Packet

Please register for our patient portal located on our website at:

www.mscwomenshealth.com

Congratulations!!

Many patients find it helpful to know the details about the routine obstetrical care we provide. Your needs may be different, and the routine may be altered to fit your individual situation. If you have questions about any of our recommendations, please feel free to discuss them with any of our practitioners. We urge you to contact our office at any time.

LABORATORY TESTS

The obstetrical panel will be drawn at your first prenatal visit at our office - called the New OB panel. This will include a test for anemia, measles immunity, your blood type, VDRL, GC, CH, Hepatitis B, thyroid function and toxoplasmosis screening. A test for the antibody to AIDS or HIV is recommended. A sample of urine will be obtained at the first visit to test for infection.

The alpha fetoprotein (AFP) blood test is drawn between 16 and 20 weeks and is part of our recommended care. This test evaluates a fetus's risk for spina bifida. Not all patients elect to have this test.

Diabetes screening and a test for anemia are collected between 24 and 28 weeks. Also, if you are RH negative, expect to have an antibody screen and a Rhogam injection.

At 36 weeks, a cervical culture sample for Group B streptococcus will be collected. If you are found to carry these bacteria, you will receive antibiotics during labor.

SPECIAL TESTING

First trimester screening for genetic defects is an *optional* screening intended to identify potential genetic abnormalities without invasive measures. This technique is helpful to all women regardless of age, or those who are undecided about more invasive testing such as chorionic villus sampling (CVS) or amniocentesis.

Using this method, blood is drawn from the mother by a finger stick and tested for the beta subunit of human chorionic gonadotropin and pregnancy associated plasma protein-A (PAPP-A). An ultrasound of the fetal nuchal fold (an area at the back of the fetal neck), at 12 weeks of gestational age provides a detection rate for Down's syndrome, Trisomy 13 and Trisomy 18 of 91%. The nuchal fold thickness may also indicate a higher risk for major heart defects in the fetus. A positive test allows a woman to decide



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if a CVS or amniocentesis is appropriate. A negative test indicates that the unidentified risk of having a child with Down's syndrome, Trisomy 13 or Trisomy 18 is reduced. While this is not a diagnostic test, it does represent an improvement over screening tests previously offered. The first trimester screen has a false positive rate of 2% and does not test for Spina Bifida or other genetically linked chromosomal abnormalities. The AFP test is still recommended.

There are numerous tests available today that screen for genetic disease. We present to you the tests that are most applicable to our population. If you have other tests that you would like us to evaluate with you, we will be happy to do so, especially if your family history is positive for genetic health risks. In addition, after age 35 years many people feel at increased risk and desire additional testing.

Chorionic villus sampling or Amniocentesis will be offered if you are more than 35 years of age, have an abnormal first trimester or second trimester quadruple screen, or a family history of certain genetic diseases. If you are less than 35 years of age and interested in undergoing genetic testing, please discuss this with a practitioner.

APPROXIMATE APPOINTMENT SCHEDULE

(These visits may be altered slightly depending on holidays and schedules.)

8 weeks: Dating Ultrasound / MD visit

You will have an appointment with our ultrasound unit and a provider. Typically, an ultrasound by transvaginal route is performed. The ultrasound confirms the number of fetuses, properly dates your delivery, and the health of your pregnancy.

10 weeks: First Trimester Test Blood Work

If you have elected to have first trimester screening, you will have blood obtained through a finger stick (performed to screen for trisomy 13, 18 and 21).

12 weeks: Ultrasound and Doctor Visit

You will have an appointment with our ultrasonographer and one of our obstetricians. The ultrasound will only be performed if you wish screening using the first trimester screen. During the ultrasound the nuchal translucency will be measured. This, in combination with the blood work obtained at 10 weeks, will indicate a risk factor either greater than, less than or equal to your risk of having a baby affected by trisomy 13, 18, or 21. You will be counseled by one of our obstetricians regarding the interpretation of this test and the trajectory of your care.

Subsequent Visits:

Measurements for weight, blood pressure, fetal heart tones and uterine growth will be assessed at each visit. Urine samples are collected at each visit to monitor for protein and glucose, but do not assess for infection. If you have symptoms of a urinary tract infection, please tell your practitioner.

2955 Triverton Pike Drive * Madison, Wisconsin 53711

608-227-7007 * 608-227-7027 [f]

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MONTHLY OB VISITS:

16 weeks: Monthly OB Visit /AFP

Along with your normal ob appointment, blood work will be drawn for the AFP test which determines if your baby has an increased risk for an open neural tube defect, or spina bifida.

20 weeks: Monthly OB Visit / Anatomic Survey Ultrasound

The purpose of this anatomic survey ultrasound performed at this visit is to examine the specific anatomy of your baby. The location of the placenta and your cervical length are checked, and your provider will review the results of the ultrasound with you. This is also the time when you may be able to find out the gender!

24 weeks: Monthly OB Visit

Routine visits with one of our obstetricians consist of obtaining a urine sample, measuring your blood pressure, and checking fetal heart tones.

28 weeks: Monthly OB Visit/Gestational Diabetic Screening

During this monthly visit you will be tested for gestational diabetes. If you are RH negative, expect to have an antibody screen and Rhogam injection.

We recommend you select a pediatrician and contact his or her office to inform them of your decision. Please arrange for childbirth classes. There are many classes available in the community relating to breastfeeding, childcare, infant CPR and other topics if you are interested. If you will be returning to work after your child is born, now is the time to think about arranging for childcare.

It is also time to complete your disability paperwork if you need to file documentation with your employer. Please contact our medical records department for assistance.

BEGIN BI-WEEKLY VISITS:

Weeks 30, 32, 34 are routine appointments.

36 weeks: Bi-Weekly OB Visit/Lab Test

We will perform a cervical culture for Group B streptococcus. This is a bacteria carried NORMALLY by up to 30% of women. This presence of this bacterium is not necessarily an infection, but can cause infections in babies as they are delivered. If you are found to carry these bacteria, you will receive antibiotics during labor. In preparation for delivery, please review our 'Signs of Labor' information found on our website.



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BEGIN WEEKLY VISITS:

Weeks 37, 38, 39, 40 are routine appointments.

PHYSICIAN CALL SCHEDULE

Who will deliver your baby? Our group assigns one provider to “call” on a rotating basis. The on-call physician is responsible for all deliveries and emergencies during his or her 24-hour shift.

EMERGENCIES: 608-227-7007

The on-call physician is responsible for all true emergencies and deliveries. After normal business hours, your call will be transferred to our answering service. Call for any serious accidents or illnesses or for any of the symptoms noted below. We do ask that you contact our on call doctor if you believe you may be in labor or that your water has broken.

An obstetrical triage nurse is also available to answer your questions 24 hours per day and can be reached at: **Meriter Birthing Center / (608) 417-6228.**

Symptoms to prompt a phone call:

- Possible labor – symptoms of contractions every 5 minutes lasting 1 minute for 1 hour [5-1-1]
- Bleeding from the vagina at any time during pregnancy. Many times this is not threatening, but always warrants investigation
- Severe or continuous nausea or vomiting lasting 24 hours or more
- Severe headaches, blurring of vision, or spots/flashes of light before your eyes
- Extreme swelling of feet hands or face
- Fever greater than 101 degrees Fahrenheit
- Pain or burning during urination
- Sharp, continuous or worsening abdominal pain
- Sudden gush of fluid from the vagina after the first trimester
- Premature contractions after the first trimester (greater than four per hour)
- Lack of adequate fetal movement after 30 weeks gestation (less than eight fetal movements in a two hour period after lying down and having something to eat or drink)



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Pregnancy Dos and Don'ts

Prenatal Vitamins

- Pregnant women should consume the following each day through diet or supplements:
 - Folic acid 400-800 micrograms (until the end of the first trimester)
 - Iron 30 mg
 - Vitamin D 600 international units
 - Calcium 1,00 mg
- Prenatal vitamins are unlikely to be harmful. Therefore, they may be used to ensure adequate consumption of several vitamins and minerals in pregnancy. However, their necessity for all pregnant women is uncertain, especially for women with well-balanced diets.
- There is no known ideal formulation for a prenatal vitamin.

Nutrition and Weight Gain

- Pregnant women should eat a healthy, well-balanced diet and typically should increase their caloric intake by a small amount (200-400 calories/day).
- Women with higher pre-pregnancy BMIs should not gain the same amount of weight as women with normal or low BMIs.

Alcohol

- Although current data suggest that occasional consumption of small amounts of alcohol during pregnancy does not appear to be harmful to the fetus, the exact threshold between safe and unsafe is unknown. Therefore, alcohol should be avoided in pregnancy.

Artificial Sweeteners

- Artificial sweeteners can be used in pregnancy.
- Data regarding saccharin are conflicting. Low (typical) consumption is likely safe.

Caffeine

- Low-to-moderate caffeine intake in pregnancy does not appear to be associated with any adverse outcomes.
- Pregnant women may have caffeine but should probably limit it to less than 300 mg/day (a typical 8-ounce cup of brewed coffee has approximately 130 mg of caffeine. An 8-ounce cup of tea or 12-ounce soda has approximately 50 mg of caffeine), but exact amounts vary based on the specific beverage or food.



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Fish Consumption

- Pregnant women should try to consume two to three servings per week of fish with a high DHA and low mercury content.
- For women who do not achieve this, it is unknown whether DHA and n-3 PUFA supplementation are beneficial, but they are unlikely to be harmful.

Raw and Undercooked Fish

- In line with current recommendations, pregnant women should generally avoid undercooked fish. However, sushi that was prepared in a clean and reputable establishment is unlikely to pose a risk to the pregnancy.

Other Foods to Avoid

- Pregnant women should avoid raw and undercooked meat.
- Pregnant women should wash vegetable and fruit before eating them.
- Pregnant women should avoid unpasteurized dairy products.
- Unheated deli meats could also potentially increase the risk of Listeria, but the risk in recent years is uncertain.
- Pregnant women should avoid foods that are being recalled for possible Listeria contamination.

Smoking, Nicotine, and Vaping

- Women should not smoke cigarettes or marijuana during pregnancy. Smoking anything can increase the risk of fetal growth restriction, decreased amniotic fluid and still birth. If unable to quit entirely, women should reduce use as much as possible.
- Nicotine replacement (with patches or gum) is appropriate as part of a smoking cessation strategy.

Marijuana

- Smoking marijuana has similar risks as smoking cigarettes and should be avoided. THC use is not currently known to be associated with any adverse outcomes in pregnancy. THC use in teenagers has been shown to increase the risk of mood disorders such as depression, anxiety and bipolar disorders later in life. Data regarding long-term fetal neurodevelopmental outcomes are lacking; therefore, marijuana use is not recommended in pregnancy.

Exercise and Bedrest

- Pregnant women should be encouraged to exercise regularly.
- There is no known benefit to activity restriction or bedrest for pregnant women.



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Avoiding Injury

- Pregnant women should wear lap and shoulder seatbelts while in a motor vehicle and should not disable their airbags.

Oral Health

- Oral health and dental procedures are encouraged and can continue as scheduled during pregnancy.

Hot Tubs and Swimming

- Although data are limited, pregnant women should probably avoid hot tub use in the first trimester.
- Swimming pool use should not be discouraged in pregnancy.

Insect Repellants

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

Hair Dyes

- Although data are limited, because systemic absorption is minimal, hair dye is presumed to be safe in pregnancy.

Travel

- Airline and auto travel are safe in pregnancy. Frequent stretching or walking is recommended to reduce the risk of blood clot formation.
- Pregnant women should be familiar with the infection exposures and available medical care for each specific destination.
- There is no exact gestational age at which women must stop travel. Each pregnant woman must balance the benefit of the trip with the potential of a complication at her destination.

Sexual Intercourse

- Pregnant women without bleeding, placenta previa at greater than 20 weeks of gestation, or ruptured membranes should not have restrictions regarding sexual intercourse.

Sleeping Position

- It is currently unknown whether, and at what gestational age, pregnant women should be advised to sleep on their side.



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Infectious Illness

Avoid contact with individuals suffering from a contagious illness. Concerns arise from toxoplasmosis, chickenpox and viral illness during pregnancy. Avoid raw or undercooked meats, cat litter boxes and individuals who are ill. It is important to contact our office if you are unsure regarding any contacts you may have during your pregnancy.

Our goal is to provide you the best in prenatal care. Please talk with us at any visit for any questions.

Thank you for allowing Physicians for Women and staff to partner with you on your healthcare!

Congratulations!