WELCOME

KRISTIN SALTER, MD   EVA LEINART, MD   VALERIE PARKER, MD   ELIZABETH JACKSON, MD

We are glad you have chosen us to provide care for you and your baby during this special time. We are providing this packet to inform you of our office routines and share educational information to ensure a healthy pregnancy.

DOCTOR VISITS
Prenatal visits are important for your health, as well as your baby's health. At each visit you will be weighed, vital signs checked, urine examined, & seen by a doctor. The typical schedule of visits in a healthy pregnancy is:

- From your first visit to 28 weeks you will be seen every 4 weeks
- From 28-36 weeks you will be seen every 2 weeks
- From 36 weeks until delivery you will be seen weekly

ROUTINE TESTING
The following are routine tests performed at your first visit:

- **Complete blood count:** Detects anemia or other blood problems
- **Type & Screen:** Will let us know if you are O, AB, A, or B, and whether you are Rh positive or negative. If you are Rh negative you may receive a medicine called Rhogam at 28 weeks, and possibly after delivery. This medicine prevents your body from making antibodies that could attack your baby's red blood cells.
- **Rubella Immunity:** If you are not immune, you will receive the vaccine post-partum.
- **HIV, Hepatitis B, & Syphilis:** These are viruses that can be passed to your baby in pregnancy.
- **Gonorrhea & Chlamydia:** Sexually transmitted infections that can be harmful to a pregnancy
- **Urine Culture:** Look for bacteria or infection of bladder
- **Urine Drug Screen:** Screen for drugs of abuse, which allows for appropriate care in pregnancy

**These test results take 3-7 days to come back. If anything is abnormal we will call you. If normal, we will discuss at your next visit.*

Other tests during your pregnancy include:

- **Ultrasound:** An ultrasound is usually performed during the first trimester to confirm the dating of the pregnancy. Once your due date is established, it will not change. Additionally, you will be offered another ultrasound at 18-20 weeks to view the baby's organs and check for birth defects. It is important to understand that even a very detailed ultrasound does not detect all birth defects. Other ultrasounds may be recommended if you have certain high-risk conditions. Ultrasounds do not harm your baby.
- **Genetic Screening/Testing:** During your early pregnancy, you will be offered optional tests for screening for chromosomal abnormalities, such as Down syndrome and other genetic disorders. See page 12.
- **1 hr Glucose Challenge:** At 24-28 weeks, you will be screened for gestational diabetes. Your blood sugar will be checked 1 hour after you drink a high sugar mix. If this test is abnormal, additional testing is indicated.
- **Group B Strep:** This test is performed by swabbing the outer vagina and around the anus at 35-37 weeks. It tests for a bacterium commonly found in the genital region that can cause serious infections in newborns. If you test positive, you will be given antibiotics during your labor to decrease the chance of your baby contracting it.
- **HIV:** A HIV test is performed on all pregnant women during the third trimester. HIV can be transmitted to your baby during pregnancy and delivery. If you have HIV, certain medications and interventions can significantly reduce the chance of your baby becoming infected.

OFFICE POLICIES

KRISTIN SALTER, MD EVA LEINART, MD VALERIE PARKER, MD ELIZABETH JACKSON, MD

- **TELEPHONE CALLS**

  Our office receives calls from 8:30am until 4:30pm Monday thru Friday. All calls are initially directed to the nursing staff. If your call needs urgent attention, please tell the phone operator that it is urgent. If your call is not urgent, it will be returned within 1-2 business days.

- **AFTER HOURS CALLS**

  At 4:30pm Monday-Friday and on weekends, the office phones convert to an answering service. This service is for urgent matters only. If you are experiencing an emergency, call 911 or go to the hospital immediately. If your question or situation is not urgent, please call during normal business hours. If you suspect that you are in labor or that your water has broken, **DO NOT** call; just go to Labor and Delivery at St. Thomas Rutherford.

- **PRESCRIPTION REFILLS**

  During Office Hours

  Please give as much notice as possible when calling to request refills. This will allow adequate time for your physician to properly review your medications, and the prescription to be processed without a lapse in your treatment.

  After Hours

  Since your personal physician may not be on call when you call after hours, do not expect routine prescription medicines and potent/controlled medicines to be called in for you. Such issues can best be addressed during office hours by your personal provider who is familiar with your health history. Please understand in these situations we are simply following best practice standards in medicine by doing so. If you have standing prescriptions which you forgot to refill before the weekend or your prescription expired, and you did not see your doctor about refills yet, **your pharmacist will have certain provisions under which they may be able to refill these for limited quantities for you until you can contact your physician's office the first business day following.** Please contact your pharmacist directly in such circumstances. **Please note narcotic medications CANNOT be called in and require a written prescription during office hours.**

- **ON-CALL DOCTOR**

  Our practice shares calls among four partners. Although we can never guarantee that any one particular doctor will be at your delivery, we all strive to deliver excellent patient care.

CONCERNING SYMPTOMS

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Call your provider if you experience any of the following symptoms:

- Bright red vaginal bleeding, either painful or painless
  - You may have spotting after a vaginal exam or intercourse. You **DO NOT NEED** to call for this unless it increases or persists beyond 1-3 days.
- Severe or prolonged cramping
- Intense low back pain
- Burning, pain, or discomfort upon urination
- Severe vomiting with inability to keep down any fluids
- Decreased fetal movement during the latter half of pregnancy
  - You may notice the baby's activity gradually decreases as you get closer to your due date, but you should still feel regular movements
  - If you notice decreased fetal movement, lie down and concentrate on the movement. You should feel 10 movements within 2 hours. If you do not, call your doctor or go to L&D.
- Sudden pain or redness in legs
- Sudden shortness of breath or chest pain
- Fever (Temp > 100.4°)
- Severe or repeated headaches that are not relieved with Tylenol
- Gush or prolonged flow of vaginal fluid that might indicate that your water is broken
- Regular, intense contractions that do not resolve with rest (>6 contractions/hr, if you are less than 36 wks)

MUCUS PLUG

You **DO NOT NEED** to notify your doctor if you pass your mucus plug or have "bloody show" unless you are having regular contractions or suspect your water has broken. This is a normal consequence of early cervical changes that occur as you approach your due date. The mucus plug can range from white to yellow to brown/blood-tinged, and may pass gradually or all at once. By itself, it is **NOT** a sign of labor

LABOR

Labor consists of regular contractions (every 5 mins, lasting 1 min each for greater than 1 hr) that become progressively more intense and frequent. Labor may be accompanied by an increase in vaginal discharge and a small amount of spotting. Braxton-Hicks contractions can be strong, but usually are not regular and resolve over time. Oftentimes, they follow activity or sexual intercourse, and resolve with rest and hydration. If you are unsure if your contractions represent labor or if your contractions persist despite rest, go to L&D.

MEDICATION AND PREGNANCY

KRISTIN SALTER, MD   EVA LEINART, MD   VALERIE PARKER, MD   ELIZABETH JACKSON, MD

Drug use anytime during pregnancy can affect your baby. You should not use any drugs, legal or illegal, unless advised by your doctor. If you take medication for a medical problem, discuss with your doctor whether it should be continued or not. Some herbal supplements can be harmful in pregnancy, so check with your provider before taking them. Do not take yourself off a necessary medication, unless directed by your doctor.

OVER-THE-COUNTER MEDICATIONS FOR PREGNANT PATIENTS

ALLERGIES
Benadryl
Zyrtec
Claritin

ACNE
Salicylic Acid
Topical Erythromycin
Clindamycin

COLD/CONGESTION
Actifed, Sudafed
Tylenol Cold/Sinus
Saline Nasal Spray
Mucinex
Benadryl
Vicks Vapor Rub

COUGH/SORE THROAT
Robitussin/Robitussin DM
Triaminic
Dimetapp
Chloraseptic Spray/Lozenges
Zinc Lozenges
Cough Drops
Salt-Water Gargle

PAIN/FEVER
Tylenol/Tylenol PM

YEAST INFECTION
Monistat
GyneLotrimin
Mycelex

INSOMNIA
Bendryl
Unisom (Doxylamine)

CONSTIPATION
Colace
Dulcolax Suppository
Metamucil/Fibercon
Senakot
Milk of Magnesia
Miralax

GAS PAIN
GasX/Phazyme
Mylicon

TOOTH PAIN
Oragel

DIARRHEA
Imodium
(If bloody or persistent, call office)

NAUSEA
Emetrol
Dramamine
Benadryl
Vitamin B6-
Take 25mg every 6 hrs
Unisom (Doxylamine)-
Take ½ tab every 6 hrs
Ginger Root (250mg 3x/day)

HEARTBURN
Rolaids/Tums
Mylanta/Maalox
Pepcid
Zantac/Priolsec/Nexium
Aciphex

HEMORRHOIDS
Preparation H
Tucks Pads
Anusol HC Cream

**Antibiotics that are safe in pregnancy include Cephalosporins, Erythromycin, Keflex, Macrobid, Penicillins, and Azithromycin. AVOID Ciprofloxacin, Tetracycline, Minocycline, and Levaquin in pregnancy.*

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DRUG ABUSE

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Drugs of abuse are dangerous, not only to you, but also your baby. Using these drugs can have very bad consequences, even if you only try it once. If you desire help with a substance abuse problem, speak with your doctor. There are many treatment programs available. Some commonly abused drugs that should be avoided are:

- **Alcohol:** Can cause miscarriage, poor growth of baby, preterm birth, birth defects, fetal alcohol syndrome (small head, abnormal facial features, heart defect, club feet, short). Exact amount of alcohol that leads to problems is unknown so is best to avoid completely
- **Smoking/Tobacco:** May lead to miscarriage, poor growth of baby, preterm labor, preterm rupture of membranes, placental abruption with severe bleeding, and increased risk of sudden infant death syndrome
- **Cocaine:** Very dangerous, can cause severe bleeding, preterm birth, fetal death, & maternal death (heart attack or stroke). Also associated with behavior and learning problems in children
- **Amphetamines:** Very dangerous, can cause complications similar to cocaine
- **Narcotics/Heroin:** Associated with preterm birth, fetal death, fetal addiction, poor growth of baby, & future behavior & learning problems
  - Methadone and Subutex are prescription drugs often used to help reduce a person's dependence on narcotics, but are not risk-free so talk to your doctor if you are on this medication
- **Marijuana:** Concerns regarding impaired brain development, as well as maternal and fetal exposure to the adverse effects of smoking
- Other drugs of abuse that should be avoided include Glues/Solvents ("huffing"), PCP, Ketamine, LSD, & Ecstasy

We perform universal drug screening on all pregnant patients using a Urine Drug Screen. The purpose of screening is to allow treatment of the woman's substance use, not to punish or prosecute her. This is performed to allow for proper treatment and management during pregnancy in an effort to improve outcomes for mother and baby. Verbal consent will be obtained prior to screening. The results are considered confidential and are not reportable to law enforcement or DCS (Dept. of Children Services).

COMMON PROBLEMS

KRISTIN SALTER, MD EVA LEINART, MD VALERIE PARKER, MD ELIZABETH JACKSON, MD

NAUSEA AND VOMITING

Nausea and vomiting usually occurs during the first 3-4 months of pregnancy, due to hormonal changes. It occurs more often in the morning when your stomach is empty, but can occur anytime. If you suffer from nausea and vomiting:

- Keep crackers at the bedside to eat before getting out of bed in the morning
- Eat 5-6 small meals, instead of 3 large meals.
- Eat bland foods that do not have strong odors.
- Avoid fatty foods and spicy, hot foods.
- Drink plenty of fluid.
- If the smell of food causes nausea, let someone else cook.
- Try ginger (ale, suckers, gum, snaps, extract).
- Try Emetrol, Dramamine, Unisom (Doxylamine), or Vitamin B6.

*If vomiting is severe and you cannot keep any fluids down for an extended period of time, call your provider!

HEARTBURN

During pregnancy, the enlarging uterus compresses the stomach, and hormones slow the bowels and relax the esophagus. When acid rises up the esophagus, it causes a burning sensation. Try the following:

- Eat 5-6 small meals.
- Do not bend over to pick things up—kneel instead.
- Avoid eating or drinking large amounts before going to bed.
- Avoid fatty foods.
- Do not lay flat. Use pillows to elevate your upper body.
- Use antacids such as Tums, Rolaids, Maalox, Mylanta, Tagament, Pepcid

VAGINAL DISCHARGE

White odorless vaginal discharge is normal in pregnancy. Try wearing cotton panties, avoid tight clothing, cleanse outside area with plain water twice a day (no douching!), & use unscented panty liners.

Notify your provider if you have discharge that causes irritation/itching or has a foul odor.

FREQUENT URINATION

Frequent urination occurs early in pregnancy because the enlarging uterus pushes on the bladder. This lessens in the second trimester, and then worsens again in the third trimester when the baby pushes on your bladder. Try emptying your bladder often and don’t hold your urine for a long time—go when you have to go.

If you have burning or pain with urination or are unable to urinate, call your provider.

HEMORRHOIDS

Hemorrhoids often occur or worsen during pregnancy. They typically itch, burn, and sometimes bleed. To decrease hemorrhoids:

- Avoid constipation! Drink lots of water, eat fiber-rich foods, and use stool softeners
- Do not strain with bowel movements
- Rest with a pillow under your hips to assist drainage of hemorrhoids
- Use Tucks, Preparation H, and ice packs

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COMMON PROBLEMS

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LEG CRAMPS

Leg cramps are common during the last months of pregnancy, especially while in bed. To decrease cramps:

- Take a warm bath and stretch legs prior to bedtime
- Take prenatal vitamins and eat foods high in calcium (or take Tums)
- Magnesium
- During cramps, stretch by flexing your foot or place your feet on a hard surface

SWELLING OF FEET & LEGS

Swelling in the feet, ankles, & lower legs is common in pregnancy, especially in the later months. Swelling likely will not go away and stay away, but you can do the following to improve your comfort:

- Wear support stockings when you are going to be on your feet a lot
- Elevate your feet above the level of your heart every 2-3 hours
- Rest on your left side

If you have swelling that is only present in one leg or is accompanied by pain in your calf notify your doctor.

BREAST CHANGES

Breast changes include enlargement, tenderness, & darkening of the nipples. Upper back ache is common from enlargement. During the third trimester, some may notice fluid, called colostrum, leaking from the nipples.

- Wear a supportive bra
- Wear breast pads if you are leaking. Use only warm water to keep nipples clean and allow them to air dry.

BACK PAIN

Back pain is one of the most common problems in pregnancy, and it tends to worsen as the pregnancy progresses. Try these things to decrease back pain:

- Walk with your back straight and try to avoid “waddling”
- Rest your back throughout the day. When standing, put one foot on a box or stool
- Wear low-heeled, rubber-soled shoes
- Place a small pillow at your lower back when sitting or driving
- Sleep on a firm mattress
- Avoid heavy lifting. Bend at the knees instead of the waist when picking things up
- Apply cold, heat, or massage to your back
- Take Tylenol
- Use a pregnancy support belt

SHORTNESS OF BREATH

Many women (60-70%) experience shortness of breath during pregnancy. It usually starts gradually in the first or second trimester. It is due to hormonal changes.

Shortness of breath can be due to serious medical problems such as asthma or blood clots in the lung. Notify your provider if you have sudden onset of shortness of breath, chest pain, cough, coughing up blood, or a history of blood clots or asthma.

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ACTIVITY DURING PREGNANCY

KRISTIN SALTER, MD EVA LEINART, MD VALERIE PARKER, MD ELIZABETH JACKSON, MD

EXERCISE

Exercise during pregnancy is beneficial. It decreases constipation, backaches, bloating, and swelling. Mood, energy level, and sleep quality improve with exercise. Regular exercise, 30 min/day on most days of the week, may also help decrease the pain of labor. Also, women who exercise during pregnancy are more likely to achieve their postpartum weight loss goals.

The following exercises are safe in normal, low-risk pregnancy:

- **Walking:** Start with 5 min/day and work up to 30 mins/day if you do not already have an exercise regimen.
- **Swimming:** The water supports joints and helps avoid injury.
- **Cycling:** During the first trimester it is OK to ride a normal bike. As your belly grows you will become less balanced and should only ride a stationary or recumbent bike.
- **Aerobics:** Low impact and water aerobics are safe in pregnancy. Avoid step aerobics after the first trimester.

Avoid the following exercises during pregnancy:

- Contact sports such as football, basketball, soccer
- Scuba diving
- Hot Yoga
- Any exercise that increases your risk of falling or causes you to become unbalanced, such as skiing, surfing, horseback riding, rock climbing, & skydiving
- Any exercise that requires you to lie on your back

Other guidelines for exercise include:

- Do not exercise in hot, humid weather
- Wear a supportive bra and comfortable clothing
- Stay well hydrated by drinking plenty of water
- Do not exercise to lose weight. Be sure to consume appropriate calories.
- Stop right away if you feel tired, short of breath, or dizzy. If it hurts, stop.

TRAVEL

The best time to travel in pregnancy is between 14-28 weeks. Early in pregnancy, morning sickness can make travel more difficult and, later in pregnancy it's often uncomfortable to sit for long periods of time. Avoid traveling after 36 wks, as labor could occur far from home.

TRAVEL TIPS:

- Always buckle your seatbelt. The lap belt should be placed underneath your belly, at the level of your hip bones.
- While on long trips, be sure to get up and walk around every 1-2 hours. Sitting for long periods of time can increase your risk of blood clots.
- Air travel is safe throughout pregnancy, but most airlines limit travel after 36 wks. Avoid altitudes >7,000 feet in small, unpressurized planes. Sit in an aisle seat so you can easily get up to go to the bathroom and walk around.
- Carry a copy of your medical record with you when traveling a significant distance from home
- Do not travel to Zika-effected areas. Visit cdc.org for most recent information.

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SEXUAL ACTIVITY
Generally, sexual activity during pregnancy is safe. As your pregnancy progresses, sexual intercourse may become uncomfortable. If this occurs, try other positions such as lying on your side. If you have a high-risk condition, you may be advised to refrain from sexual intercourse.

WORK
Healthy pregnant women may work until their delivery, if the job presents hazards no greater than those encountered in daily life. If the job involves physical danger, heavy lifting, or exposure to hazardous materials, then work requirements may need to be modified.

INFECTIOUS DISEASE EXPOSURE
If you are exposed to any infectious diseases including chickenpox, fifth's disease, measles, tuberculosis, or rubella, contact your physician. In certain instances these disease can be harmful in pregnancy.

- **Toxoplasmosis:** This is a parasite that can be transmitted by undercooked meat, contaminated soil, and cat feces. Cook all food thoroughly. If you garden, be sure to wear gloves and wash your hands frequently. If you own a cat, have someone else change the litter box and wash your hands after contact with the cat.
- **Sexually transmitted diseases** (syphilis, hepatitis, gonorrhea, chlamydia, trichomonas, HIV, herpes) can be harmful in pregnancy. Always follow safe sexual practices--know your partners history and have your partner tested, use condoms if your partner might be infected, limit your number of sexual partners. If you suspect that you have been exposed to a sexually transmitted infection, notify your doctor.

OTHER
- Amusement Park Rides: No roller coasters; Follow park recommendations for other attractions
- Hair Perms, Color, and Acrylic Nails- Permitted with good ventilation
- Tanning: No tanning beds allowed; Creams/sprays are fine
- Painting: Permitted with good ventilation; Avoid lead and oil-based paints; Do not climb on ladder
- Hot tubs: Permitted if >12 wks pregnant, and if T<100 degrees Fahrenheit
- Hot Yoga: Avoid during pregnancy. Excessive heat in the first trimester can increase the risk of birth defects. Additionally, dehydration, injury, and fainting are increased in pregnancy.
- Boating: Avoid rough waters when boating
- Cat litter: Do not handle. If unavoidable, use gloves and wash your hands well.
- Do not skydive, scuba dive, use ATVs, bungee jump, or participate any other extreme sports or adventure activities.

NUTRITION

KRISTIN SALTER, MD   EVA LEINART, MD   VALERIE PARKER, MD   ELIZABETH JACKSON, MD

It is best to begin a healthy diet before you become pregnant and continue throughout your pregnancy. For a well-balanced diet you should follow the USDA food pyramid, which suggests:

Food Group	Amount per day	Examples
Grains	6 ounces	Slice of bread, 1 cup cereal, ½ cup rice or pasta (Each equals 1 ounce)
Vegetables	2.5 cups	1 cup vegetable or vegetable juice, 2 cups raw leafy greens (Each equals 1 cup)
Fruit	1.5-2 cups	1 cup of fruit or 100% juice, ½ cup dried fruit (Each equals 1 cup)
Meat & Beans	5-5.5 ounces	2-3 ounces of meat, ½ cup dry beans, 1 egg, 2 Tbsp peanut butter, 1/3 cup nuts (Each equals 1 ounce)
Dairy	3 cups	1 cup milk or yogurt, 1.5 ounces natural cheese, 2 ounces processed cheese (Each equals 1 cup)

- **Calories:** During pregnancy you need an additional 100-300 calories per day. It may be easier to eat snacks and small meals throughout the day rather than three big meals a day.
- **Caffeine:** You may want to avoid or limit your caffeine intake to less 200mg a day (2 cups of coffee). Some studies indicate that excess caffeine may increase the risk of miscarriage
- **Vitamins/Minerals-** Pregnant women need extra iron and folic acid. A prenatal vitamin will provide the appropriate amounts of these two nutrients plus additional vitamins and minerals. Try to start a prenatal vitamin at least 1 month before pregnancy.
- **Herbal Teas:** Avoid these unless your healthcare provider recommends them, as some herbal teas may cause early contractions and increase the risk of preterm labor.

SPECIAL CIRCUMSTANCES

- **Vegetarian Diet:** Plan your meals carefully to assure adequate nutrition, especially protein. You will need to take supplements for iron, vitamin B12, & vitamin D.
- **Lactose Intolerance:** Symptoms often improve during pregnancy, if you still have problems you may need to eat other foods rich in calcium (yogurt, sardines, salmon, spinach, fortified orange juice) or take supplements.
- **Pica:** Strong urge to eat non-food items such as clay, ice, & laundry detergent; This can be harmful; If you have these urges speak with your doctor
- **Fish:** Good sources of protein, omega-3 fatty acids, and other nutrients, but certain kinds of fish can contain high levels of mercury that can be harmful to the developing fetus.
  - Avoid shark, swordfish, king mackerel, & tilefish.
  - Do not eat more than 6 ounces per week of canned tuna, tuna steak, or halibut.
  - It is safe to eat 12 ounces per week of other types of fish and shellfish.
  - If the fish is locally caught, it is safe to eat up to 6 ounces per week

NUTRITION

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FOOD SAFETY

- Do not eat or drink unpasteurized milk or cheeses.
  - Do not eat soft cheeses, such as Brie, Camembert, feta, blue-veined cheeses, queso fresco or blanco, and panela, unless the label states they are pasteurized or made from pasteurized milk
  - Hard cheeses (cheddar, swiss, etc), processed cheese slices, cottage cheese, and cream cheese are safe
- Do not eat raw or undercooked meat, poultry, or shellfish
- Only eat prepared meats (deli meat/hot dogs) after they have been reheated until steaming hot
- Always wash your hands, utensils, countertops, & cutting boards when working with uncooked meat
- Wash all fresh fruits and vegetables before serving them

WEIGHT GAIN

Weight gain is slower initially and begins to increase in the second half of pregnancy. Usually 3-6 lbs are gained in the first trimester, and ½ to 1 lb per week thereafter. By 20 wks, most patients have gained 10 lbs. Total expected weight gain is based on pre-pregnancy weight and is as follows:

Weight Status	Underweight (BMI<18.5)	Normal Weight (BMI 18.5-24.9)	Overweight (BMI 25-29.9)	Obese (BMI 30 or more)	Twins *Normal Weight
Weight Gain	28-40 lbs	25-35 lbs	15-25 lbs	0-20 lbs	37-54 lbs

If you are gaining more weight than recommended:

- Keep eating the recommended servings for all food groups, but make lower fat choices
- Avoid high-fat, high-sugar treats and high-calorie drinks, such as soda or large servings of juice
- Get enough exercise at the level your doctor recommends

For a more individualized approach to meal planning during pregnancy, go to MyPyramid Plan for Moms at ***http://www.mypyramid.gov/mypyramidmoms/pyramidmoms_plan.aspx.***

THINGS TO CONSIDER

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PAIN MANAGEMENT IN LABOR
This is a personal decision that each patient needs to consider carefully. You may choose various methods of pain control or choose not to use any at all. Some pain management options include:

- **Narcotics-** These medicines can be given by IV during early labor only. These medicines do cross the placenta and can affect the baby after delivery if given too close to delivery time. Also, narcotics only provide minimal pain relief.
- **Epidural-** This method provides the most complete pain relief. It alleviates pain while still allowing you to feel touch & pressure sensation. It can be used in vaginal deliveries and C-sections. It is generally safe for mother & baby, with only minimal drug levels crossing over to the baby. It does not cause permanent paralysis or long-term back pain.
- **Pudendal Block-** This is a shot of numbing medicine given during the pushing stage of labor. It numbs the perineum (outer vagina and skin) but does not help contraction pains. It is safe for mother and baby with only minimal risks.
- **Labor Tub-** Several rooms with labor tubs are available. Laboring in a tub of warm water can help manage labor pain in patients who do not have an epidural.

BREAST-FEEDING
Breast-feeding is highly recommended for at least the first 6 months to 1 year of your baby's life. It has many proven benefits.

Benefits for mothers include:

- Saves money
- Convenient- Doesn't need to be prepared and is always available
- Helps promote bonding and releases hormones in your body that promote mothering behavior.
- Reduces bleeding after delivery and returns your uterus to the size it was before pregnancy more quickly
- Burns more calories, which may help lose the weight you gained during pregnancy.
- Delays the return of your menstrual period to help keep iron in your body.
- Reduces the risk of ovarian cancer and breast cancer.
- Keeps bones strong, which helps protect against bone fractures in older age

Benefits for the baby include:

- Easier for your baby to digest
- It has all the nutrients, calories, and fluids your baby needs to be healthy.
- It has growth factors that ensure the best development of your baby's organs.
- Protects your baby from a variety of diseases and infections. A breast-feed baby is less likely to have ear infections, diarrhea, respiratory infections, other bacterial & viral infections, allergies & eczema, obesity, diabetes, sudden infant death syndrome (SIDS), and even some cancers.

PEDIATRICIAN
Consider which pediatrician you would like your baby to see. You can make an appointment to meet the doctor & ask questions before you deliver. If you do not have a pediatrician by the time you deliver, one will be assigned to care for your baby at the hospital.

CIRCUMCISION
Circumcision is an optional procedure. The benefits are not great enough for it to be recommended, but it is available as an elective procedure. While generally safe, there is a low risk of infection, bleeding, & damage to the penis or urethra. Anesthesia is used for circumcisions.

CONTRACEPTION
It is important to consider what type of birth control you would like to use postpartum. It is optimal to wait 12-18 months before becoming pregnant again.

- If you are breast feeding, it is safe to use a mini-pill, DepoProvera, Nexplanon, IUD, or tubal ligation
- If you plan on having another baby within the next few years, consider birth control pills, birth control patch, vaginal ring, or DepoProvera.
- If you plan on having another baby, but waiting a number of years, consider the above or a longer lasting birth control method such as an intrauterine device or a Nexplanon implant.
- If you are certain you don't want anymore children, permanent sterilization is an option, & includes vasectomy, or tubal ligation.

GENETIC SCREENING & TESTING

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CARRIER SCREENING

Blood test done on parents to find out whether a person carries a gene for certain inherited disorders. This can be done before or during pregnancy.

- **Cystic Fibrosis Screening:** This is a genetic disorder that affects the lungs, pancreas, and intestines. It is a recessive disorder, meaning that in order to have the disease two abnormal genes must be present. If only one gene is abnormal then you are a carrier and do not have the disease. It is most commonly found in Caucasians (1 in 29 people are carriers) but can occur in other ethnicities. If both parents are carriers there is a 25% that the baby will be affected. The screening test does not detect 100% of carriers but if the test is negative it reduces the chances significantly.
- **Hemoglobin Electrophoresis:** Test for sickle cell anemia and thalassemia, which are inherited blood disorders
- There are many other genetic disorders for which screening can be performed, depending on family history and ethnicity.

PRENATAL GENETIC SCREENING

Using blood and/or ultrasound, a fetus can be screened for aneuploidy (missing or extra chromosomes), neural tube defects (defects of brain/spine), and some defects of the abdomen, heart, and facial features.

- **First Trimester Screening:** This includes a blood test and an ultrasound that measures the nuchal translucency (thickness of space at back of fetus' neck). It is performed between 11-13 weeks to detect the risk of Down syndrome and trisomy 18. This test is only a screening test & detects about 80-90% of cases. About 5% of tests are false-positive, meaning that the test shows an increased risk but the baby does not have the disease. Abnormal results are also linked to physical defects of the heart, abdominal wall, and skeleton.
- **Second Trimester Screening ("Quad screen"):** This is a blood test that screens for Down syndrome, trisomy 18, trisomy 13, & neural tube defects ("spina bifida"). It is usually performed between 15-20 weeks. It detects about 80% of Down syndrome and 80% of neural tube defects.
- **Combined First- and Second-Trimester Screening:** Results from the first and second trimester tests can be combined in various ways to provide more accurate results than either single test alone. The final results often are not available until the second trimester.
- **Cell-Free DNA Testing:** Cell-free DNA is a small amount of DNA that is released from the placenta into a pregnant woman's bloodstream. This DNA can be screened for Down syndrome, trisomy 13, trisomy 18, and problems with the number of sex chromosomes. Testing can be done >10 wks gestational age and takes about 1-2 weeks to get results.
    - This test works best for women who already have an increased risk of having a baby with a chromosome disorder, such as women 35 yrs old and above.

CHORIONIC VILLUS SAMPLING (CVS) OR AMNIOCENTESIS

Both of these tests involve using a needle to obtain amniotic fluid, which can then be used to check the baby's chromosomes. They are the only tests that can diagnose a chromosomal problem with certainty. A baby with normal chromosomes can still have birth defects or other genetic diseases. Even if you would not want an abortion if the tests are abnormal, the test is still helpful for planning of care.

IMPORTANT: All tests, except for chromosomal analysis via amniocentesis & CVS, are **screening** tests only. This means they assess the risk or probability of a problem. They do not tell you absolutely if the baby has a problem or not.

ZIKA

KRISTIN SALTER, MD EVA LEINART, MD VALERIE PARKER, MD ELIZABETH JACKSON, MD

PREGNANT WOMEN

WHAT WE KNOW

- Zika virus can be passed from a pregnant woman to her fetus.
- Zika infection during pregnancy can cause a birth defect called microcephaly and other severe fetal brain defects.
- Zika primarily spreads through infected mosquitoes. You can also get Zika through sex without a condom with someone infected by Zika, even if that person does not show symptoms of Zika.
- There is no vaccine to prevent or medicine to treat Zika.

HOW TO PROTECT YOURSELF

Do Not Travel to an Area with Risk of Zika

- Pregnant women should not travel to areas with risk of Zika (i.e., with documented or likely Zika virus transmission).
- Pregnant women should consider postponing travel to yellow cautionary areas in the United States. For information on domestic travel, see CDC's guidance.

What to Do If You Live In or Travel to an Area with Risk of Zika

If you live in or must travel to one of these areas, talk to your doctor or other healthcare provider first and strictly follow steps to prevent mosquito bites and practice safe sex.

- **During travel or while living in an area with risk of Zika**
  - Take steps to prevent mosquito bites.
  - Take steps to prevent getting Zika through sex by using condoms from start to finish every time you have sex (oral, vaginal, or anal) or by not having sex during your entire pregnancy.
- **After travel**
  - Talk to a doctor or other healthcare provider after travel to an area with risk of Zika.
  - If you develop a fever with a rash, headache, joint pain, red eyes, or muscle pain talk to your doctor immediately and tell him or her about your travel.
  - Take steps to prevent mosquito bites for 3 weeks after returning.
  - Take steps to prevent passing Zika through sex by using condoms from start to finish every time you have sex (oral, vaginal, or anal) or by not having sex.

PATIENT GUIDELINES

KRISTIN SALTER, MD EVA LEINART, MD VALERIE PARKER, MD ELIZABETH JACKSON, MD

To Whom It May Concern:

Your patient is under our care for her pregnancy. The following guidelines should be followed when treating her:

1. Routine cleaning is advised in pregnancy.

2. Orthodontia should not be initiated in pregnancy, but may be continued and adjusted if already in place.

3. Extractions, root canals, and caps may be performed in pregnancy.

4. X-Rays may be performed if necessary. Use a double shielding technique.

5. Use of local anesthetic without epinephrine is acceptable.

6. Avoid the use of Nitrous Oxide

7. The following antibiotics are safe to use during pregnancy, if the patient is not allergic.
   - Cephalosporins
   - Penicillins, including Augmentin
   - Clindamycin
   - Metronidazole
   - Erythromycin

   Tetracyclines and Quinolones should be avoided

8. For the treatment of pain the following medications are safe, if the patient is not allergic.
   - Acetaminophen
   - Acetaminophen with Codeine
   - Percocet or Lortab

   Ibuprofen should be avoided

We appreciate your assistance in providing quality care to our patients. If you have any additional questions, please contact our office.

Sincerely,

Advanced Women's Care
1840 Medical Center Pkwy, Suite 400
Murfreesboro, TN 37129
(615) 467-4644

ACOG The American College of Obstetricians and Gynecologists

COVID-19 RECOMMENDATIONS

THE US FOOD AND DRUG ADMINISTRATION (FDA) HAS ISSUED EMERGENCY USE AUTHORIZATION FOR THREE VACCINES TO PREVENT COVID-19:

- The two-dose Pfizer vaccine for people 16 years and older
- The two-dose Moderna vaccine for people 18 years and older
- The one-dose Johnson & Johnson vaccine for people 18 years and older (you may also see this vaccine referred to as the “Janssen vaccine”)

Persons who are pregnant and breastfeeding may also choose to be vaccinated. For those receiving the Pfizer and Moderna vaccines, the second dose is given 21 days (Pfizer) and 28 days (Moderna) after the first dose. The Johnson & Johnson vaccine is only one dose.

Anyone can get the COVID vaccines free of charge regardless of immigration status or whether they have insurance. You may be asked for your social security number, but it is NOT required to get vaccinated.

INFORMATION FOR PREGNANT INDIVIDUALS

If you are pregnant or planning to become pregnant and are thinking about getting vaccinated, talk with your health care professional about the vaccines’ risks and benefits. During this conversation, you can decide what is best for you based on your risk of getting COVID-19, your risk of getting severe disease if you become infected with COVID-19, and general discussion about the risks and benefits of getting the vaccine.

To help with your decision, you and your healthcare professional should answer the following key questions:

WHAT ARE THE KNOWN RISKS OF GETTING THE COVID-19 VACCINES DURING PREGNANCY?

Pregnant women were not included in the clinical trials of the vaccine. A few people who received the vaccines in the clinical trials did get pregnant. There have been no reports of any problems with these pregnancies, and they are continuing to be monitored.

The Centers for Disease Control and Prevention (CDC), along with other federal partners, are monitoring people who have been vaccinated for serious side effects. So far, more than 100,000 pregnant people who have been vaccinated have reported to the CDC about how the vaccine has affected them. No safety problems have been reported with the Pfizer and Moderna vaccines, and no unexpected pregnancy or fetal problems have occurred.

A safe vaccine is generally considered one in which the benefits of being vaccinated outweigh the risks. The current vaccines are not live vaccines. There is only a very small chance that they cross the placenta, so it’s unlikely that they even reach the fetus, although we don’t know this for sure. There is no evidence that the vaccines affect future fertility. The only people who should NOT get vaccinated are those who have had a severe allergic reaction to vaccines in the past or any vaccine ingredients. There have been reports of a serious side effect occurring in a small number of people receiving the Johnson & Johnson vaccine. This side effect is very rare. Experts continue to recommend vaccination with any of the vaccines for pregnant women.

Side effects may occur in the first 3 days after getting vaccinated. These include mild to moderate fever, headache, and muscle aches. Side effects may be worse after the second dose of the Pfizer and Moderna vaccines. Experts recommend that pregnant people who’ve gotten the vaccine and develop fever take acetaminophen (Tylenol). This medication is safe to use during pregnancy and does not affect how the vaccine works.

ACOG
The American College of Obstetricians and Gynecologists

COVID-19 RECOMMENDATIONS

WHAT ARE THE BENEFITS OF GETTING THE COVID-19 VACCINE?
The vaccines can help protect you from getting COVID-19. With the two-dose vaccines, you must get both doses for maximum effectiveness. It's not yet known whether vaccination prevents passing the virus to others if you do get COVID-19 or how long protection lasts. At this time, vaccinated people still need to wear masks and practice social distancing.

Another potential benefit is that getting the vaccine while pregnant may help you pass anti-COVID-19 antibodies to your baby. In a recent study of vaccinated moms, antibodies were found in the umbilical cord blood of babies and in the mother's breast milk. This means that both you and your baby are protected against COVID-19.

https://www.youtube.com/watch?v=LxjB1c3gFL0

WHAT ARE THE KNOWN RISKS OF GETTING COVID-19 DURING PREGNANCY?
About 1 to 3 per 1,000 pregnant women with COVID-19 will develop severe disease. Compared with those who aren't pregnant, pregnant people infected by the COVID-19 virus:

- Are 3 times more likely to need ICU care
- Are 2 to 3 times more likely to need advanced life support and a breathing tube
- Have a small increased risk of dying due to COVID-19

They may also be at increased risk of stillbirth and pre-term birth.

WHAT IS MY RISK OF GETTING COVID-19?
Your risk of getting COVID-19 depends on the chance that you will come into contact with another infected person. The risk may be higher if you live in a community where there is a lot of COVID-19 infection or work in healthcare or another high-contact setting.

WHAT IS MY RISK FOR SEVERE COMPLICATIONS IF I GET COVID-19?
Data show that older pregnant women; those with pre-existing health conditions, such as a body mass index higher than 35 kg/m2, diabetes, and heart disorders; and Black or Latinx women have an especially increased risk of severe disease and death from COVID-19.

After you and your healthcare provider discuss the above questions, you can make an informed decision about whether to get vaccinated. If you still have questions about the vaccines or need more information, ask your health care provider or go to the Centers for Disease Control and Prevention's **COVID-19 vaccine webpage.**

INFORMATION FOR BREAST FEEDING / LACTATING INDIVIDUALS
The COVID-19 vaccines are being offered to people who are breast feeding/lactating. Although lactating individuals were not allowed in the clinical trials, experience with other vaccines is reassuring. You don't have to delay or stop breast feeding just because you get vaccinated.

CHOOSING VACCINATION . . . OR NOT
You can choose to get vaccinated at any time during pregnancy. If you choose to get vaccinated, the CDC is committed to monitoring the vaccine's safety for all individuals.

If you choose not to get the vaccine while pregnant, you can get it after you have your baby. Talk to your health care provider about a plan to get the vaccine after pregnancy.

No matter what you decide, it is important that you continue to follow COVID-19 infection prevention steps such as wearing a mask, washing your hands frequently, and maintaining physical distancing of at least 6 feet.

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COVID-19 RECOMMENDATIONS

SMFM: PROVIDER CONSIDERATIONS FOR ENGAGING IN COVID-19 VACCINE COUNSELING WITH PREGNANT AND LACTATING PATIENTS

SMFM strongly recommends that pregnant and lactating people have access to the COVID-19 vaccines and that they engage in a discussion about potential benefits and unknown risks with their healthcare providers regarding receipt of the vaccine. The Centers for Disease Control and Prevention's (CDC) recommended priority groups for vaccine distribution include pregnant people. As vaccine availability increases, vaccination recommendations will expand to include more groups, with the ultimate goal of access to all populations.

PREGNANT PERSONS: WHAT SHOULD BE CONSIDERED WHEN COUNSELING A PREGNANT PERSON REGARDING COVID-19 VACCINATION?

Vaccination is available during pregnancy. Counseling should balance available data on vaccine safety with the lack of data related to fetal risk, the pregnant person's risk for SAR-CoV-2 acquisition, and their individual risk for moderate or severe disease. The level of COVID-19 community transmission should also be considered in counseling for vaccination.

MATERNAL AND OBSTETRICAL RISK OF DISEASE

Recent data indicate that pregnancy is an independent risk factor for COVID-19 disease severity, with an increased risk of ICU admission, mechanical ventilation, extracorporeal membrane oxygenation (ECMO), and death among pregnant patients with symptomatic COVID-19 infection compared with symptomatic nonpregnant patients. Although the absolute risk of severe morbidity and mortality remains low, reports have demonstrated that pregnancy is independently associated with a 3-fold increased risk for ICU admission, a 2.4-fold increased risk for needing ECMO, and a 1.7-fold increased risk of death from COVID-19. People with comorbidities (body mass index higher than 35 kg/m2, diabetes, and heart disorders) and older-aged people also appear to have a particularly elevated risk of adverse maternal outcomes. In addition to pregnancy, other conditions that the CDC has identified as increasing the risk for severe illness from SARS-CoV-2 infection include cancer, chronic kidney disease, chronic obstructive pulmonary disease, heart conditions, immunocompromised state from organ transplant, sickle cell disease, and smoking. People of color, specifically Hispanic or Latinx and Black patients, also continue to be disproportionately affected by severe maternal morbidity and mortality and appear to have a disproportionately higher prevalence of COVID-19 infection and death. These disparities, which are caused by social determinants of health that act as barriers to health and well-being, have become more apparent and exaggerated during this crisis.

Recent data also indicate that there may be an increased rate of pre-term birth and stillbirth among pregnant patients with symptomatic SARS-CoV-2 infection.

VACCINE MECHANISM AND ADMINISTRATION

There are currently three COVID-19 vaccines authorized for use in the United States. Two are mRNA vaccines (Pfizer-BioNTech BNT162b2 and Moderna mRNA 1273 vaccines), and one is an adenoviral-vector vaccine (Janssen [a pharmaceutical company of Johnson & Johnson] Biotech Ad26.COV2.S). None of the currently authorized vaccines contain live virus.

The mRNA vaccines contain mRNA, a genetic material that encodes the SARS-COV-2 spike S protein, the predominant immunomodulatory target associated with adverse effects. They are not live vaccines, and preclinical data suggest rapid degradation (approximately 10 to 20 days) by normal cellular processes. There is no risk for insertional mutagenesis, as the mRNA does not enter the cell's nucleus. In other words, there is no risk of genetic modification to people receiving the vaccine.

Society for Maternal-Fetal Medicine

COVID-19 RECOMMENDATIONS

The Janssen Biotech one-dose vaccine uses an adenovirus to carry the gene for the coronavirus spike S protein, which is produced by the host cell and expressed on the cell membrane, where it is detected by the host immune system to mimic components of the pathogen without causing disease. The same adenovirus vector platform has been used for other clinical vaccines in pregnant people, including Ebola, HIV, and RSV adenoviral vaccine studies, with no adverse pregnancy outcomes.

SMFM recommends following the **CDC guidelines for vaccine administration**. Vaccination should be offered regardless of history of prior symptomatic or asymptomatic SARS-CoV-2 infection. Viral or serologic testing for acute or prior infection, respectively, is not recommended for the purpose of vaccine decision-making.

A pregnancy test prior to vaccination is not recommended. Available data also do not indicate the need to delay attempting pregnancy following vaccination. If a person decides to receive the vaccine, there are no trimester-specific vaccine considerations at this time.

Vaccination should not be given if the recipient is acutely ill.

EFFICACY OF VACCINE

Two of the currently available vaccines are given in two doses to achieve a high level of efficacy. Data indicate that the efficacy is 95.0% (95% CI, 90.3%-97.6%) after the second dose of the Pfizer-BioNTech COVID-19 vaccine and 94.1% (95% CI, 89.3%- 96.8%) after the second dose of the Moderna COVID-19 vaccine. Patients should be counseled about the importance of completing the 2-dose series in order to optimize protection. It takes 1-2 weeks following the second dose to be considered fully vaccinated.

Data indicate that the one-dose vaccine (Janssen Biotech) is 72% (95% CI) effective at preventing moderate to severe disease, 85% effective in preventing severe disease, and 100% effective in preventing COVID-19-related hospitalization and death 28 days after vaccination.

Current information is limited about how well the vaccines work in the general population; how much they may reduce disease, severity, and transmission; and how long protection lasts. For this reason, the CDC recommends that vaccinated persons continue to follow all current guidance to protect themselves and others from infection, including wearing a mask, handwashing, and social distancing, and adhere to quarantine guidance after exposure to COVID-19.

TABLE 1. APPROVED VACCINES

	Age	Dose schedule	Efficacy	Technology
Pfizer-BioNTec	≥16 years	2 doses / 21 days	95% after 2nd dose	mRNA
Moderna	≥18 years	2 doses / 28 days	94.1% after 2nd dose	mRNA
Janssen Biotech	≥18 years	1 dose	72% moderate; 85% severe; 100% COVID related hospitalization and death	Adenovector

ADVANCED WOMEN'S CARE
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FETAL CONSIDERATIONS

Counseling should also include the theoretical risk of harm to the fetus. The risk from mRNA vaccines is thought to be low due to the expected degradation of mRNA in the circulation. The risk from adenovector vaccines is also low; viral DNA carrying the gene encoding the coronavirus spike protein enters the host nucleus to be transcribed but is not integrated into the host's DNA. The Advisory Committee on Immunization Practices (ACIP) reports that preclinical studies have been reassuring. Individual decision-making needs to balance these theoretical risks with the risks associated with delayed vaccination and the possibility of maternal SARS-CoV-2 infection.

In a **recent cohort study**, maternal antibodies to SARS-CoV-2 were found to have crossed the placenta after infection during pregnancy, and cord blood antibody concentrations correlated with maternal antibody concentrations. These findings demonstrate the potential for maternal antibodies to transfer to the fetus and provide neonatal protection. They also suggest the need for further data to determine if SARSCoV- 2 antibodies are protective against newborn infection, the concentration needed to achieve protection, and whether vaccine-elicited antibodies are similar to naturally acquired antibodies.

WHAT SAFETY DATA ARE AVAILABLE ABOUT THE VACCINES AND PREGNANCY?

Despite SMFM's advocacy efforts, pregnant and lactating people have been excluded in the recent vaccine trials; therefore, there are no clinical trial data on the safety of the COVID-19 vaccines in pregnant people. However, multiple trials are underway, and safety data will become available in the coming months. The CDC is also currently enrolling pregnant individuals in a pregnancy registry.

To date, over 30,000 pregnant people have self-reported within the CDC v-safe program, which collects and reports outcomes including miscarriage and stillbirth, pregnancy complications, maternal ICU admission, adverse birth complications, neonatal death, infant hospitalizations, and birth defects. The reactogenicity and adverse events observed among pregnant people in v-safe do not indicate any concerning pregnancy outcomes, pregnancy complications, or neonatal outcomes compared with background data. Reports to the Vaccine Adverse Event Reporting System (VAERS) from pregnant people (73%) include both pregnancy/neonatal-specific and nonpregnancy-specific adverse events (local and systemic reactions). Miscarriage was the most frequently reported pregnancy-specific adverse event reported to VAERS; however, the numbers are within expected background rates. Data from both v-safe and VAERS have not shown any patterns to indicate safety problems with the Pfizer and Moderna COVID vaccines in pregnant people, and no unexpected pregnancy or infant outcomes have been reported. Safety monitoring in pregnant people is ongoing, and the Janssen Biotech vaccine will be included in future vaccine safety surveillance activities.

WHAT ARE THE EXPECTED SIDE EFFECTS, AND ARE THEY HARMFUL?

Post-vaccination signs and symptoms are typically mild to moderate in severity and occur within the first 3 days of vaccination (the day of vaccination and the following two days, with most occurring the day after vaccination) and resolve within 1 to 2 days. More frequent and severe signs and symptoms follow the second dose. Pregnant patients who experience fever following vaccination should be counseled to take acetaminophen.

Allergic reactions, including anaphylaxis, have been reported to be rare (4.7 per million for Pfizer-BioNTech and 2.5 per million for Moderna) following COVID-19 vaccination in nonpregnant individuals. Management of anaphylaxis in pregnant individuals is the same as in nonpregnant individuals. For more information on the management of anaphylaxis after COVID-19 vaccination, **see the CDC website**.

The vaccines may be administered to persons with underlying medical conditions who have no contraindications to vaccination. Persons with HIV infection, other immunocompromising conditions, or who take immunosuppressive medications or therapies might be at increased risk for severe COVID-19. These individuals may still receive the vaccines unless otherwise contraindicated. For more information on vaccination in persons with underlying medical conditions, see the **CDC website**.

LACTATING PERSONS: WHAT SHOULD BE CONSIDERED WHEN COUNSELING LACTATING PERSONS REGARDING COVID- 19 VACCINATION?

Vaccination is recommended for lactating persons. Counseling should balance the lack of data on vaccine safety and a person's individual risk for infection and severe disease. The theoretical risks regarding the safety of vaccinating lactating people do not outweigh the potential benefits of the vaccine.

CDC RESOURCES

Healthcare workers:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/vaccination.html

Safety monitoring:
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html

CDC v-safe:
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html