



What to Expect at your Prenatal Visits

First Trimester:

- Nurse Educator (between 8-10 weeks): Past medical, family, and social history intake. Discuss health and nutritional needs in pregnancy. Review genetic testing options. Obtain screening blood work, including blood count, blood type, STD panel, Hemoglobin A1C, and uring culture.
- New OB with provider (11-12 weeks): Physical exam, including pelvic exam (with or without pap smear), cervical cultures (Gonorrhea and Chlamydia) if indicated, and listen to fetal heart tones.

Second Trimester:

- Monthly appointments (12-28 weeks): Weight, blood pressure, listen to fetal heart tones, and measure fundal height to assess for fetal growth.
- Survey Ultrasound (20-22 weeks): This is to evaluate the fetal growth and development. Gender may be revealed at this time.
- Register for Childbirth Education classes, if desired.

Third Trimester:

- Bi-weekly appointments (28-36 weeks): Weight, blood pressure, listen to fetal heart tones, and measure fundal height to assess fetal growth.
- 28 weeks: Screening for gestational diabetes and anemia (blood work). If blood type is negative, we will screen for Rh antibodies and give Rhogam if indicated.
- Take childbirth education and/or breast feeding, if desired.
- Weekly appointments (35-41+ weeks)
- 36 weeks: Ultrasound to check fetal position, amniotic fluid level, estimated fetal weight. Group B Strep Testing (vaginal swab).
- 41+ weeks: Fetal Non-Stress Test, ultrasound to evaluate amniotic fluid level, and cervical exam by provider, discussion of induction.

Patient Education in Pregnancy

Safe Medications

| Symptoms | Safe Medications | |
|--------------------------------|---|---|
| Pain | Tylenol | Tylenol ES |
| Nausea | Vitamin B6 Unisom | Sea Bands Ginger Candy/gum |
| Allergies | Zyrtec Claritin | Benadryl |
| Cough/Cold/Congestion | Sudafed (plain) - 2nd/3rd trimester Robitussin (plain or CF) | Mucinex (2-3 days) Afrin Nasal Spray (3 days only) |
| Toothache/Dental Visit | Orajel | Novacaine (without epinephrine) |
| Lice | RID | |
| Yeast Infection | Monistat (5 or 7 day treatment) | |
| Insomnia | Benadryl | Unisom |
| Heartburn/Indigestion/Bloating | Tums Rolaids Gas-x Pepcid | Prilosec Protonix Tagamet DO NOT USE PEPTO BISMOL |
| Hemorrhoids | Preparation H | Anusol |
| Diarrhea | Imodium | |
| Constipation | Colace Miralax Fibercon | Milk of Magnesia Citrucel Fibercon Metamucil |

Nutrition Guidance

| Nutrition | Guidance |
|-----------------------|--|
| Artificial Sweeteners | USE: Nutrasweet, Stevia, and Splenda in moderation DO NOT USE: Sweet and Low |
| Meat | Needs to be well done; not bloody Heat processed meats until steaming hot |
| Cheese | Needs to be pasteurized; check feta, blue, or brie (check packaging to see if pasteurized) |
| Seafood | - Shellfish (crab, lobster, shrimp) and tilapia, salmon, cod, trout, are fine 2-3x per week - No large fish (king mackerel, tuna, tilefish, or swordfish) - Canned tuna: Light Chunk is okay in moderation; avoid Albacore |
| Caffeine | None is best; daily limit 200mg (1 cup of coffee or 2-3 normal sized glasses of soda or tea) |
| Prenatal Vitamins | - Take them at night if you are experiencing nausea/vomiting - Any brand is okay as long as they are prenatal vitamins - Should have at least 400 mcg of Folic Acid |

Patient Education in Pregnancy

Activities

| Activity | Guidance |
|----------------------|--|
| Exercise | <ul style="list-style-type: none">- You should be able to carry a conversation without gasping for air- Do not start new exercise routines- Avoid exercises that increase your risk of falling- Prenatal focused core exercises are ok - avoid laying flat on your back or activities like crunches, sit-ups, and leg lifts. |
| Lifting | Max of 35-40 pounds |
| Baths | Safe in pregnancy: avoid hot baths or hot tubs |
| Intercourse | <ul style="list-style-type: none">- Safe in pregnancy: unless there is pain, bleed or otherwise directed by provider- Intercourse/physical activity may cause mild cramping- If any vaginal bleeding: call office and pelvic rest from last day of bleeding |
| Travel Precautions | <ul style="list-style-type: none">- No flying after 32 weeks (check with airline directly)- 36 wks-delivery: must stay within 1 hour from hospital- Visit with us before going out of town- Obtain copy of your prenatal record from us before going out of town- Driving long distances: stop every 1-2 hours to walk around (this will decrease risk of blood clots) |
| Pet Care / Home Care | <ul style="list-style-type: none">- Do not change litter boxes (preventing Toxoplasmosis which is a common parasite that can cause sickness/loss)- If gardening, wear gloves and wash hands afterwards (parasites could be present in soil)- Do not assist in birthing sheep, goats, cattle, or touch newly born animals of these due to infectious material |

Constipation in Pregnancy

Constipation in pregnancy is an extremely common occurrence, with at least 1/2 of women complaining of it at some time during their pregnancy; 20% of women suffer from constipation in the third trimester.

This condition is common in pregnancy for several reasons:

- Progesterone is produced in high levels during pregnancy and this hormone slows food passage through your intestines.
- The use of iron supplements (a component of most prenatal vitamins), which prevents anemia, can also aggravate constipation.
- The mechanical forces of a growing uterus, and baby, also put pressure on your bowels.
- The decrease in physical activity due to fatigue and change in body shape, also contributes.

There are several things you can do to help prevent constipation in pregnancy:

- Keep well hydrated by drinking 64-80 oz of water per day.
- Eat a diet high in fiber, including fresh fruits and vegetables, whole grains cereals/breads, and dried fruits (apricots and prunes).
- Increase your physical activity, if you have permission from your provider.
- Make sure to use the restroom when you have the urge and don't hold it and wait.

There are different kinds of treatment on the market and they work in a variety of ways:

- Stool softeners add liquid content to the stool to help soften it.
- Bulk-forming agents absorb water and expand (these are felt to be the safest and most natural laxatives)
- Stimulants, including enemas, provide a chemical irritant to the bowel that increases bowel activity.

During pregnancy, stimulants, including enemas, should only be used after consulting with your provider. They can sometimes trigger labor, as well as cause a harmful shift in your body's blood salts.

If you are less than 20 weeks pregnant, come to the Emergency Room for these pregnancy concerns:

- **Vaginal bleeding** - heavy like a very heavy menstrual cycle
- **Severe abdominal pain** - not related to constipation, or relieved by bath or Tylenol
- **Fever greater than 100.4** - that is not relieved by Tylenol

After 20 weeks pregnant:

- **Painful Contractions**
 - **Before 36 weeks**, contractions that are 5 times in an hour and not relieved by rest and drinking water
 - **After 36 weeks**, contractions that are every 5 minutes, lasting 1 minute and going on for 1 hour. And that you must focus on (i.e., can't walk or talk through them). Try drinking water, eating a small snack, taking a bath or shower, taking a walk or laying down. This may resolve false labor or pre-labor contractions
- **Vaginal Bleeding** - Heavy like a very heavy menstrual cycle
- **Decreased Fetal Movement**
 - **Before 28 weeks** babies move once a day but not every day
 - **After 28 weeks** they should move 10 times during the time of day that your baby is the busiest. If your baby is not moving you can eat something or drink cold water or soda and lay down. If baby does not move within the next hour, come to labor & delivery.
- **Severe or Frequent Headaches** - not relived by magnesium 400 mg or Tylenol, and accompanied with indigestion and elevated blood pressures (above 140/90)
- **Amniotic fluid leaking or "water-breaking"** - usually a large gush of fluid that continues to leak and soak through pads.
- **Fall** - when you have experienced a fall that hits your belly or side of your belly, especially if you have decreased fetal movement, please come to L&D to be evaluated
- **Motor Vehicle Accident** - either fender bender or more serious, you should be evaluated in L&D
- **For any concerns where you need immediate and emergency attention**

Office Hours

Monday - Friday

8:00am - 4:30pm

After hours call **540-438-1314 (Harrisonburg)**, or **540-213-7750 (Fishersville)** and ask to have an on-call physician paged.

Prenatal Genetic Testing

Maternal Screening: The testing only needs to be done once in your lifetime and can be obtained even when you are not pregnant. Maternal screening will tell you if you are a carrier of a genetic disorder. If you are a carrier, you may have a high risk pregnancy. If any of the results are positive, the father of the baby may also need to be screened to see if he is also a carrier. Both parents must be a carrier of the same disorder for any of their children, together, to be affected. Below are descriptions of a few of the conditions.

- **Cystic Fibrosis (CF):** a life-threatening genetic disorder that primarily affects the lungs and digestive system.
- **Fragile X (FXS):** a genetic condition that causes intellectual disability, behavioral/ educational challenges and various physical characteristics. Through FXS occurs in both genders, males are more frequently affected than females and generally with greater severity.
- **Spinal Muscular Atrophy (SMA):** a genetic neuromuscular disease, characterized by muscle atrophy and weakness. The disease generally manifests early in life and is the leading genetic cause of death in infants and toddlers.
- **Tay-Sach disease:** an inherited metabolic disorder in which certain lipids accumulate in the brain, causing spasticity and death in childhood.
- **Fetal screening:** tell you if the baby is at increased risk for the condition stated.

Horizon 4, 14, 27, 106, 274 (Natera): There are multiple options to test for up to 274 genetic conditions. Please talk with your provider about the panel that would best fit your needs.

Panorama (Natera): Uses fragments of placental DNA, from the mother's blood, to determine if the baby is at an increased risk for Down Syndrome (Trisomy 21), Trisomy 18 and Trisomy 13. The test has a >99% detection rate. This test can be performed as early as 12 weeks gestation, up until delivery. Singleton or twin gestation.

AFP Screening: This is a blood test to assess risk for brain and spinal cord defects (neural tube defects). This is drawn 16-22 weeks gestation. It has an 81% detection rate.

Advanced Fetal Diagnostic Testing: There are additional diagnostic tests available at the University of Virginia Health Center, in Charlottesville, VA. If you desire these tests, please let us know, and we can send a referral. These tests may be recommended, if any of the above-mentioned test are positive.

- **CVS (Chorionic villous sampling):** A procedure where a needle is placed through the abdominal wall or cervix to remove cells from the placenta. This test is performed between 10-12 weeks gestation.
- **Amniocentesis:** A needle is used to remove a small amount of amniotic fluid surrounding the fetus. This sample is then sent for DNA testing. This procedure is performed between 15-20 weeks gestation.

We recommend that you verify your insurance coverage, prior to having any testing performed. You can do that by calling **LabCorp (844)799-3243** and **Natera (804)651-2535**. Please note that preauthorization can only be done if there is a risk factor for a genetic disorder. Some Insurance companies do not cover genetic testing, if it is not medically indicated.