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## Practice Information:

### Welcome to Los Olivos Women's Medical Group

We are pleased that you have chosen our office for your obstetric care. In establishing a successful patient-physician relationship, our philosophy is to treat our patients with courtesy and maintain excellent communications. We are partners in your care and we will work together with you to make your pregnancy a wonderful and memorable experience.

Please acquaint yourself with the profiles of the providers within our group so that you will better know all of us. With 8 physicians that practice obstetrics within the group, our practice is dedicated to providing you with the highest quality of women's health care. As specialists in the health care of women, all of our physicians are members of the American College of Obstetricians and Gynecologists. All of the physicians are board certified Fellows of the American College of Obstetrics and Gynecology.

Our approach toward your care is to educate you about your individual health care needs, and we encourage you to actively participate in your health care management. To help us reach our goal of providing you with the best experience possible, we have put together this information booklet. Please feel free to bring questions to scheduled appointments or to contact the office if other questions or concerns should arise.

#### The following are the Los Olivos Women's Medical Group physicians:

**Dr. Elizabeth Adie:** College - Michigan State University, B.S. with honors; Medical School - Wayne State University School of Medicine, with honors; Residency - University of Texas at Houston

**Dr. Kristine Borrison:** College - Santa Clara University; Medical School - Medical College of Pennsylvania; Residency - Kaiser Permanente, Santa Clara

**Dr. Tamara Brown:** College - Williams College; Medical School - University of California, San Diego; Residency - Kaiser Permanente, Santa Clara

**Dr. Mary Imig:** College - University of Nebraska, B.S.; Medical School - Howard University College of Medicine; Residency - University of California, Los Angeles

**Dr. Karen Kunzel:** College - University of California, Santa Barbara, B.A. with honors, M.A.; Medical School - University of Southern California; Residency - University of Southern California

**Dr. Charlene Reimnitz:** College - Stanford University, B.S. with honors; M.S; Medical School - Case Western Reserve University; Residency - University of California, Los Angeles

**Dr. Gordon Rosenberg:** College - Stanford University; Medical School - Mount Sinai School of Medicine; Residency - Winthrop-University Hospital, State University of New York

**Dr. Martin Silverman:** College - Brown University; Medical School - University of South Florida College of Medicine; Residency - University of California, Los Angeles

## Frequently called phone extensions:

The Los Olivos daytime number **(408) 356-0431**. Please request the appropriate extension to move through the voice mail. You may also dial many of the extensions directly. If it is an emergency, you may push "0" and speak with the Los Olivos operator. Voice mail messages may be left after hours and will be returned on the next business day.

The after hours emergency number is: **(408) 554-2872**. Please call if you are in labor or have an emergency that cannot wait until normal business hours. If the power to the office is out due to extremely severe storms, the phones will not work. Please call the exchange at the after hours number to get through to a physician.

<u>Receptionist for:</u> <u>356-0431 ext. xxx or direct dial 358-4xxx</u>	<u>Medical assistants for:</u> <u>356-0431 ext. xxx</u>
847 Elizabeth M. Adie, MD	247 Elizabeth M. Adie, MD
847 Kristine A. Borrison, MD	223 Kristine A. Borrison, MD
833 Tamara J. Brown, MD	254 Tamara J. Brown, MD
830 Mary L. Imig, MD	228 Mary L. Imig, MD
834 Karen E. Kunzel, MD	249 Karen E. Kunzel, MD
838 Charlene E. Reimnitz, MD	239 Charlene E. Reimnitz, MD
832 Gordon S. Rosenberg, MD	277 Gordon S. Rosenberg, MD
834 Martin S. Silverman, MD	250 Martin S. Silverman, MD

Email appointments: [appointments@lowmg.com](mailto:appointments@lowmg.com)

**Please have your pharmacy FAX all prescription refill requests to the Los Olivos FAX: 356-8569**

### Frequently called Los Olivos numbers:

Financial counseling, Cesarean section scheduling: Celeste - 358-4835 or [celestec@lowmg.com](mailto:celestec@lowmg.com)

Birthing classes: ext. 209 or [CBEclass@lowmg.com](mailto:CBEclass@lowmg.com)

Anesthesia billing: 354-2114      Vaccination Clinic: 356-9500

### Frequently called business office numbers: (billing and insurance questions)

Business office phone: 356-0431      Business office FAX: 358-1602

E-mail: [businessoffice@lowmg.com](mailto:businessoffice@lowmg.com)

### Frequently called Good Samaritan Hospital numbers:

Tours/classes/lactationcounseling/pain relief class: 559-BABY

Main number: 559-2011; [www.goodsamsj.org](http://www.goodsamsj.org)

Labor and Delivery: 559-2327

Admission form: [www.goodsamsj.org/RegInfo.asp](http://www.goodsamsj.org/RegInfo.asp)      Admissions FAX: (408) 559-2691

Health library: Planetree (408) 358-5667; [www.planetreesanjose.org/](http://www.planetreesanjose.org/)

Perinatology: Genetic testing, Consultation, Sweet Success Diabetes Program

Obstetrix Medical Group: (408) 371-7111      Address: 900 E. Hamilton Ave, Suite 220, Campbell, CA

[www.Obstetrix.com/sanjose](http://www.Obstetrix.com/sanjose)

Stanford University Perinatology Group: (650) 725-7030

Laboratory: locations and phone numbers on the back of the request forms.

Quest lab: (800) 288-8008 #2 [www.questdiagnostics.com](http://www.questdiagnostics.com)

Hunter lab: (at Los Olivos) (408) 406-0600

# General Information

## **Appointments:**

Schedule appointments while checking out after your office visit or by calling our office. If you have been advised about the need for an ultrasound or non-stress test, please tell the receptionist so that this can also be scheduled.

Visits are scheduled as follows for an uncomplicated pregnancy:

- **First appointment between 8 and 12 weeks, then**
- **Every 4 weeks until 32 – 34 weeks, then**
- **Every 2 weeks until 36 weeks, and then**
- **Every week until delivery**

Additional appointments should be scheduled as needed.

Our physicians are dedicated to their patients. Your obstetrician/gynecologist may be called out of the office to deliver a baby or tend to an emergency when you are in for a visit. We ask for your understanding and patience. We would be happy to offer to re-schedule your appointment or you may wait for your physician to return.

## **Ultrasounds:**

Routine ultrasounds are performed in Suite 5 at Los Olivos. It is common for the physicians to order a screening ultrasound between 16 and 20 weeks. Ultrasounds check for placental and fetal abnormalities but cannot detect all problems. They do not evaluate fetal genetic abnormalities. We cannot videotape the ultrasound for you. You may bring a camera and videotape directly from the screen. You will be given pictures from the ultrasound. If you are scheduled for an ultrasound, your family is welcome to attend. When family members attend routine visits or your ultrasound appointment, we ask that you arrive in one car or use street parking for additional cars. If you will be over the age of 35 at delivery, or if you are high risk, your doctor may refer you to Obstetrix for a Level II ultrasound.

## **Laboratory testing:**

Most patients are required by their insurance to have blood work at the Quest facilities or Hunter Lab. If your insurance requests that you go to a different lab, please inform your physician. It is your responsibility to determine which lab is covered by your insurance. The policy at Los Olivos is to call patients with abnormal results only. Usually, no news is good news. If you would like to hear that your results are normal, please leave a voice mail message with your doctor's nurse. In order to locate your chart more readily, please spell your first and last name, indicate which doctor you see, and your date of birth. Please leave a phone number or cell phone number where you can be reached and the best time for us to contact you. Results will not be left on an answering machine or with anyone other than you without your permission.

## **Communication:**

Feel free to ask questions or discuss concerns at scheduled appointments. We welcome and encourage you to call the office if you have any medical problems or additional questions. Please make non-emergency calls during office hours when your records are available. Nurses will convey information to and from your physician during the day. If you wish to speak with a physician, your call will be returned at the end of the day, if possible. Please always have your pharmacy phone number available.

**After hours:**

For urgent concerns that cannot wait until regular office hours (no medication refills or routine questions, please), you may contact a Los Olivos physician by calling the answering service at (408) 554-2872. When you call, describe your problem and the physician on call will return your call as quickly as possible. Please limit your calls to true emergencies. Unblock your telephone if necessary. Have your pharmacy number available and please make sure that they are open. Physicians on call are sometimes in surgery or delivering a patient and may not call back immediately. If you need to go to labor and delivery or the emergency room and your call has not been returned, please do so.

**Office hours:**

Our office is open Monday through Friday from 8 am to 5 pm. We are located at 15151 National Avenue in Los Gatos next to the Los Gatos Surgical Center, which is on the corner of Carlton Avenue and National Avenue.

**Childbirth Education:**

Sign up for birthing classes early in your pregnancy. You may not be able to take it at the time of your choice if you wait until the third trimester to register.

Los Olivos offers birthing classes at the office. Register at 356-0431, extension 209, on our website [www.lowmg.com](http://www.lowmg.com) or at [CBEclass@lowmg.com](mailto:CBEclass@lowmg.com). The Los Olivos class is designed to help both new and experienced parents prepare for childbirth. With adequate knowledge and preparation, expectant parents are encouraged to take an active role towards a healthy and fulfilling pregnancy and childbirth. Classes are presented by experienced registered nurses, certified in childbirth education, who are committed to providing the most current pertinent and practical birth information.

Good Samaritan Hospital offers birthing classes, breast-feeding classes, infant CPR and sibling classes. Register by calling 559-BABY.

**Good Samaritan Hospital Tours:**

Tours of Good Samaritan birthing and the mother-baby suites are included with the birthing classes or can be arranged separately by calling 559-BABY.

**Anesthesia Information:**

GSH offers a free informational monthly meeting to discuss pain control options during labor and delivery. The discussion is lead by an anesthesiologist (pain relief MD) and covers topics including epidurals and narcotics. The meeting is the first Tuesday of every month at 7pm in the Good Samaritan Hospital auditorium. Call 559-BABY for more information. Anesthesiologists are available full time on Labor and Delivery for your safety. This service is provided by physicians in Group Anesthesia Services. More information about the group is available at [www.groupanesthesia.com](http://www.groupanesthesia.com).

**Hospital registration:**

Los Olivos Women's Medical Group delivers at the Solano Suites Labor and Delivery unit at Good Samaritan Hospital. You will be provided with a hospital registration form during the third trimester of your pregnancy. After you complete the form, you can leave it with your obstetrician, send or FAX (559-2691) it to Good Samaritan Hospital admissions dept. or leave it at the admissions desk when you go on your hospital tour. You may also download the form on the Los Olivos website or at:

<http://goodsamsj.org/CPM/OBAdmissionForm.pdf>. The hospital website is [www.goodsamsj.org](http://www.goodsamsj.org).

**Website:**

Los Olivos has a web site at [www.lowmg.com](http://www.lowmg.com) to better facilitate information. The entire content of this booklet is on the website. Please feel free to browse among the various links for other information about the group or women's health care issues.

**Billing:**

- Our fee for a normal vaginal delivery without complications (“global fee”) includes all routine pregnancy related office visits, vaginal delivery and your post-partum visit. The fee does not include any laboratory, ultrasounds or non-stress testing. These are additional services that are billed to your insurance carrier.
- If you require a cesarean section, the surgeon and assistant surgeon have additional fees. Unfortunately, complications during a pregnancy or in delivery can occur. Any charges incurred are not included in the fee for a normal vaginal delivery.
- If you have any questions, please call our billing staff at (408) 358-4835.
- Office visits for non-pregnancy related issues such as colds or urinary tract infections are typically not covered by your “global” fee and may be charged separately.

**Insurance:**

- We will make every effort to work with you and your insurance company. Please contact your insurance carrier to determine your benefit level so that you will have a better idea of your personal financial responsibility. Unfortunately, many people are surprised to find that their insurance carrier's reimbursement levels have not kept up with the rising cost of providing medical care.
- Please keep in mind that we have no control over hospital charges and that you will receive separate bills from the hospital, laboratory and anesthesiologist.
- Pre-certification is simply a statement that the insurance carrier has been notified and believes that the admission is medically necessary. It is NOT a guarantee of benefits.
- Our office is happy to coordinate the pre-certification of your maternity care. Please call the financial counselor at (408) 358-4835.

**Financial Agreement:**

- After your first obstetrical appointment, we request that you visit with our financial counselor to determine an estimate of your out-of-pocket expenses for an uncomplicated vaginal delivery. The counselor will contact the insurance company to determine your level of benefits.
- We ask that you pay your portion of the estimate, including the deductible, by the 26<sup>th</sup> week of your pregnancy.
- If you have any questions regarding the financial arrangement, please call the financial counselor at (408) 358-4835.

**Cesarean Section Scheduling:**

- Cesarean sections are typically scheduled in the week prior to your due date to avoid going into labor.
- High risk pregnancies may be scheduled earlier if necessary.
- Once you and your physician agree on a date, please contact the scheduler so that the time can be arranged. Her phone is (408) 358-4835.

## **Pregnancy Information:**

### **First Trimester (1-12 weeks)**

#### **What to expect at the first visit:**

- Please complete the genetics questionnaire and the prenatal record for Good Samaritan Hospital prior to your appointment and bring them with you. You can obtain these two forms on the website or ask them to be sent to you when you schedule your first appointment. The forms ask about your prior history and family history.
- A due date will be determined as well as an estimate of how many weeks pregnant you are to date. It is helpful if you know the first day of your last menstrual period (LMP) or when you ovulated. By tradition, the pregnancy starts week 1 at the beginning of your LMP and starts week 3 when you ovulate and become pregnant. A “9 month” pregnancy lasts 40 weeks.
- During the appointment, the paperwork you have completed will be reviewed. A history and physical exam will be performed including a pap smear if you have not had a recent examination.
- Certain genetic diseases can be diagnosed early in pregnancy. These include cystic fibrosis, muscular dystrophy, Tay-Sachs and sickle cell disease. If you or the father of the baby is of Jewish descent, you may be screened for carrying Tay-Sachs or Gaucher’s disease. If you are of African-American descent, you may be screened for carrying sickle cell disease.
- Nuchal screening will be discussed. (See page 31). This test is an optional screening test for Down’s syndrome and is available to all age groups. It is scheduled with a perinatologist between 11-14 weeks of pregnancy.
- We recommend that you take prenatal vitamins or folic acid (.4 mg to 1.0 mg) daily during at least the first trimester. If you have a preference, please let the nurse know and a prescription can be written. Most non-prescription (OTC or over-the-counter) vitamins have similar formulations and may be less expensive than the prescription vitamins.
- You will have an opportunity to meet with the financial counselor during this visit. She will call your insurance company with you to determine your level of benefits and complete a financial agreement.
- Please feel free to ask any questions during any of your visits. We recommend that you write them down so that you do not forget any of your concerns and all of your questions can be answered. Between appointments, you may call during office hours and leave non-urgent questions on the voice mail. Your calls will be returned.

#### **What to expect at your second visit:**

- Please sign up for birthing classes early in your pregnancy. You may not be able to take it at the time of your choice if you wait until the third trimester to register. Register at Los Olivos (extension 209), CBEclass@lowmg.com, or at Good Samaritan Hospital (559-BABY). Good Samaritan hospital also offers classes on breast-feeding, infant CPR and sibling classes if you are interested.
- Please read the information about the nuchal screen, AFP test and the genetic amniocentesis (if you are over 35). You will be asked at your second visit if you would like any of these procedures. If you elect to do the nuchal screen, you should schedule this with a perinatology group between 11 and 14 weeks of pregnancy.
- During your second and subsequent visits, you will be asked to give a urine specimen, which is tested for protein (seen in pregnancy-induced hypertension) and glucose (screening for gestational diabetes). Your weight and blood pressure will be recorded. We will listen for fetal heart tones and answer questions. As your pregnancy progresses, the uterine or fundal height will be checked and other tests may be ordered.

# First Trimester (1-12 weeks)

## What is happening to me?

You may be experiencing:

- Missed period
- Fatigue/Sleepiness/No energy
- Heartburn/Indigestion
- Food aversions/Cravings
- Emotional ambivalence/Anxiety
- Headaches
- Nausea and/or vomiting
- Breast tenderness and enlargement
- Frequent urination

\*For helpful suggestions, please refer to the section "Common Discomforts of Pregnancy" pg.48

## What is happening to my baby?

1st month (0-4 weeks):

- The fertilized egg grows rapidly
- The placenta begins to develop
- The heart and lungs begin to develop
- By the end of this month, your baby is  $\frac{1}{4}$  inch long (smaller than a grain of rice)

2nd month (5-9 weeks):

- Your baby's major organs and facial features begin to develop
- Fingers, toes, ears and eyes are forming
- Bones are starting to replace cartilage
- By the end of this month, your baby is about one inch long
- The heart begins to beat

3rd month (10-13 weeks):

- Your baby's sexual organs develop by the end of this month
- Your baby can also open and close its fists and mouth
- As this month ends, your baby is about four inches long and weighs over one ounce
- Warning signs: Please call our office immediately if you experience bleeding, significant cramping, or trauma or injury to your abdomen.

## Second Trimester (12-28 weeks)

### Between 16-20 weeks:

- Your physician may request an ultrasound to check the baby for size, gestational age, placement of the placenta, position of the baby and number of fetuses. The ultrasound creates an image of the fetus from sound waves. Our sonographer in Suite 5 does most ultrasounds. It is your decision to find out the gender of your baby. If you wish to know, please let the ultrasound technologist know. Unfortunately, there is no guarantee of the fetal sex based on the ultrasound alone (a genetic amniocentesis would be necessary).
- Your physician will measure your fundal height (the top of your uterus) every visit after 20 weeks to ensure that your uterus is growing appropriately. The top of the uterus is at the umbilicus at 20 weeks. Usually, the fundal height is close (plus or minus 2 centimeters) to your gestational age in weeks.

### Between 24-28 weeks:

- We recommend a one-hour glucola test to check for gestational diabetes. Gestational diabetes occurs when your placenta makes a hormone that causes your body to become resistant to your own natural insulin. When this occurs, the level of glucose or sugar in your blood stream becomes elevated which can cause problems for the fetus. Your blood is drawn one hour after you drink a sugary solution called Glucola. There is no need to fast for the test. If your blood sugar level is normal, no further testing is needed. If the sugar level is elevated, a full three-hour glucose tolerance test is necessary.
- If your one-hour test shows that you need to take the 3-hour test, we ask that you make an appointment at the lab for the test. A laboratory slip will be left at the front desk or an order will be faxed to the laboratory of your choice. Once you have made the appointment, you may be asked to follow a special diet for the 3 days prior to the glucose tolerance test. You may have nothing to eat or drink other than water for the 12 hours before your appointment.
- If you have gestational diabetes as determined by the test, you will be referred to a special program that helps you with your diet so that your sugar levels remain normal throughout the remainder of your pregnancy.
- Your blood count is repeated to check for anemia. It is very common to be anemic in the third trimester and need to take iron supplements (page 44).
- If your blood type is Rh negative and your partner has Rh-positive blood type or is unknown, you receive a shot of Rhogam at 28 weeks to protect your baby. If this applies to you, it will be discussed in more detail with you.
- If you decide to do cord blood banking, a collection kit is available at Los Olivos.
- The Tdap vaccine is recommended for all adults in contact with newborns and toddlers under the age of one to prevent transmission of pertussis, also known as “whooping cough.” If you have not already received this vaccine, you may receive it during the second or third trimester of pregnancy. The Tdap is given in the Vaccination Clinic in Suite 2 in the Los Olivos building (phone 356-9500) with a doctor’s prescription.
- Choose your pediatrician.
- Register for Good Samaritan Hospital. You can do this during the hospital tour, by returning the form to your doctor or by faxing a copy to hospital admissions at (408) 559-2675. Keep a copy with your hospital bag.

## Second Trimester (13-28 weeks)

### What is happening to me?

You may be experiencing:

- A linea nigra (a dark line running down your abdomen) forms
- At 18-20 weeks, you will usually begin to feel "Quickening" or fetal movements
- Nasal congestion/Nose bleeds
- Bleeding gums
- Increased appetite
- Mild swelling of hands and feet
- Lower abdominal aches/Backaches
- Constipation
- Leg cramps

\*For helpful suggestions, please refer to the section "Common Discomforts of Pregnancy" page 48

### What is happening to my baby?

4th month (14-18 weeks):

- Your baby's heartbeat may now be audible with the use of a doppler (ultrasound)
- Eyelids, eyebrows, eyelashes, nails and hair are formed
- Your baby is developing reflexes, such as sucking and swallowing
- Tooth buds appear
- The fingers and toes are well-defined
- By the end of this month your baby is about 6 inches long

5th month (19-23 weeks):

- A soft, downy "lanugo" (fine hair) covers your baby's body
- Hair begins to grow on its head
- A protective vernix (cheese-like) coating covers the fetus
- Your baby now weighs about one pound and measures nearly 10 inches long

6th month (24-28 weeks):

- Your baby's essential organs are formed
- He/She weighs 1-2 pounds and is about 12 inches long
- The eyes begin to open, fingerprints form
- Your baby grows quickly from now until birth
- The organs are developing further
- The skin is wrinkled and covered with fine hair
- The fetus moves, kicks, sleeps and wakes
- The fetus can swallow and hear
- The urinary system is working

## Third Trimester (28 weeks – term)

### After 28 weeks:

- A fetal kick count form is included to be used if your physician requests this of you.
- Take a tour of the hospital, Good Samaritan, and turn in the registration form. You can also FAX the registration form to the hospital admissions department (559-2691) or turn it in to your nurse at Los Olivos. Please keep a copy of the completed form.
- Choose a pediatrician. Our community is fortunate to have excellent pediatricians. Ask your friends or your physician for recommendations. The pediatrician is the person with whom to discuss nursing, formula, and circumcision. If you wish to interview pediatricians, this should be done early in the third trimester. A list of some of the community pediatricians is included.
- Make sure that Los Olivos and the hospital both have your correct insurance information. If you have any financial obligations to Los Olivos, these should be finalized by 28 weeks of your pregnancy.

### Examinations:

- Your physician may check your cervix for dilation and/or softening during the last month of your pregnancy. A vaginal culture for beta-streptococcus is usually taken.
- You will be monitored for pre-eclampsia (Toxemia or pregnancy-induced-hypertension PIH) during the third trimester. Signs of pre-eclampsia include: increased blood pressure, right upper quadrant abdominal pain, protein in your urine, severe headaches, significant swelling of your hands, feet or face.

### Signs of labor:

- Contractions – during the last weeks of pregnancy, you may experience uterine contractions. These Braxton-Hicks contractions serve as warm-up exercises for the uterine muscle. Labor contractions are different. They are more regular in timing and stronger in intensity, frequency and duration. Labor contractions do not go away when you lie down or rest.
- Rupture of membranes – Either a gush of fluid or a slow leaking of fluid may occur when the amniotic sack ruptures. This occurs before labor begins about 15% of the time. The fluid is usually clear and odorless.
- Bloody show – A small amount of bleeding is commonly seen after an exam in the office or just prior to the onset of labor. This may or may not contain the mucous plug. Unfortunately, neither the passage of blood nor the mucous plug will predict when labor will begin. It is not necessary to call the doctor if you have bloody show or lose your mucous plug.

### Birth plans:

Most patients attend prenatal classes. After you complete your classes, ask your nurse or doctor about any questions that arise. The philosophy of the physicians at Los Olivos is one of non-intervention in low risk pregnancies. Pain medications and anesthesia are usually available if requested. A written birth plan is not necessary. Please see “At the hospital” on page 14.

# Third Trimester (29-40 weeks)

## What is happening to me?

You may be experiencing:

- Abdominal pains/Braxton-Hicks contractions
- Shortness of breath
- Stronger fetal activity/larger movements
- Difficulty sleeping
- Swelling of hands, feet
- Itchy abdomen
- Frequent urination
- Colostrum/leaking breasts
- Increasing back and leg aches
- Hemorrhoids
- Increased vaginal discharge
- Navel sticking out
- Cervix changes

## What is happening to my baby?

7th month (29-32 weeks):

- This is a period of extreme growth and maturation for your baby
- By the end of this month fat begins to deposit on your baby
- Your baby can suck its thumb, hiccup, cry, and can taste sweet or sour
- He/She can respond to stimuli (pain, light and sound)
- The placental functions begin to diminish
- The volume of amniotic fluid lessens
- Your baby is about 14 inches long
- 

8th month (32-36 weeks):

- Your baby is starting to see and hear as the brain matures
- Excluding the lungs, most systems are well-developed
- By the end of this month, your baby is about 18 inches long and weighs about 5 pounds

9th month (37-40 weeks):

- The lungs are maturing this month
- The baby adds about ½ pound growth per week
- Your baby may weigh nearly 7 pounds and be about 18-20 inches
- He/She kicks and stretches as it gets bigger and there is less room
- Fine body hair disappears
- Bones harden, but bones of the head are soft and flexible for delivery
- The fetus settles into a position for birth
- Full term: approximately 20 inches long and six to nine pounds.

# Labor Instructions

## **When to call the office:**

**Pre-term labor:** Pre-term labor occurs at less than 37 weeks. Many patients have occasional irregular contractions, also known as Braxton-Hicks that may be painful. If you have more than 5 contractions in an hour, stop all activities, drink extra fluids and stay in bed. If you continue to have more than 5 contractions in an hour, call your obstetrician.

**Full-term labor:** Your baby is considered mature after 37 weeks. It is normal to have bloody show and mucus during early labor and after office visits if your cervix has been checked. This is due to the cervix softening or stretching.

**Call Your Doctor:** When in doubt, call. The guidelines offered here are guidelines, not rules. Please call if you have any one of the following.

- When contractions are 5 minutes apart, from the start of one contraction to the start of the next, and when contractions are 45 seconds to one minute in length, and have been so for 1 to 1 1/2 hours. If you can talk through the contraction, it is probably too early to call.
- If your water breaks.
- If you have heavy bleeding.
- If your baby is not moving normally.
- If the baby is known to be other than head down (breech or transverse) and labor begins or the water breaks.
- If you are scheduled for a cesarean section and labor begins.
- If this is not your first labor and your cervix is dilated when checked in the office, call when you know you are truly in labor. It will be much faster for your second delivery.

If this is your first baby, and your pregnancy has been uncomplicated, you may want to stay home as long as possible. When labor begins, try to rest. Start timing contractions when they become very painful. You may try walking, taking a warm bath, or watching a movie to keep yourself distracted until it is time to call your doctor.

If you have had a prior vaginal delivery, your labor may be more rapid than your first experience. Call when your contractions are regular or painful. If you have had very rapid labors or are dilated prior to labor, your doctor may tell you to call at a time earlier than suggested above.

## **When calling the office:**

During the day, you may call the office (356-0431). Press "0" for the operator. If you are calling after hours, call the exchange (554-2872). They will contact the doctor on call for Los Olivos. When the doctor calls you back, please communicate anything unusual about your pregnancy such as diabetes, history of herpes, positive beta-strep culture, high blood pressure, breech presentation or previous Cesarean section. If the doctor on call is delivering a baby or is in surgery, there may be a slight delay in returning your call. If you feel the delay is too long, please contact the exchange a second time. Call labor and delivery directly at Good Samaritan Hospital (559-2327), or go directly to labor and delivery if there is still no return call.

## **What should I bring to the hospital?**

You may wish to bring your pillow, slippers, camera, music, nightgown or pajama, nursing bras, robe, toilet articles, baby outfit and infant car safety seat.

# At Good Samaritan Hospital

Orders are called to the hospital after the doctor speaks with you. These orders include recommendations for walking, using the shower or Jacuzzi, diet, monitoring and pain medications or epidural. The nurses at the hospital will evaluate your labor and communicate with the doctors throughout your labor. Your baby will be monitored when you first arrive, and later in labor when you are no longer able to walk. Shaves, enemas, intravenous fluids, internal monitoring, and episiotomies are not performed routinely. Intervention is kept to a minimum. Our goal is to keep you and the baby healthy and to provide a positive experience.

When you are admitted to the hospital, you will be assigned a room and a nurse. Your nurse may start an IV to give you fluids and/or medication. She will monitor your blood pressure, contractions, fetal heart rate, and urine. Your cervix will be checked every so often to assess progress in dilation, effacement and fetal head positioning.

Electronic fetal monitoring uses electronic equipment to measure the fetus' heart rate and uterine contractions. These instruments are attached to your abdomen and held in place by elastic belts.

You will be positioned on your side, either sitting up or laying down. Because your gastrointestinal system is slowing down, you will be offered ice chips or clear liquids instead of food. Unless you are high-risk, you may take walks around the unit.

## **Pain relief options:**

Natural: No narcotics or other pain medications in labor. Relaxation, breathing techniques and meditation are used.

Medications:

- Epidural - a regional anesthesia that blocks pain below the waist. With this option you may still push and take part in the delivery of your baby without feeling the pain of contractions.
- Intravenous narcotics - pain medications that are given through your IV. Demerol and Fentanyl are the most commonly used narcotics.
- Spinal – usually used for a cesarean section if an epidural is not already in place

## **Am I really in labor?**

Labor begins with uterine contractions and the opening of the cervix. The uterus tightens and relaxes at regular intervals, causing the abdomen to feel hard, then soft. These contractions make the cervix thin out (efface) and open as wide as possible (dilate). On average, labor lasts 12-20 hours. Second and subsequent labors are much faster.

## **False Labor: (Braxton-Hicks)**

These contractions often are irregular and do not become closer together. They may stop when you walk, rest, or change position. Often felt low in the abdomen, these contractions are usually weak and do not become stronger in intensity.

## **True Labor:**

Regular contractions that occur closer together as time goes on and continue despite movement or rest. They increase in strength and severity with time. Contractions are usually felt in the lower back and radiate to the front of your abdomen.

Labor begins when the cervix starts to dilate and ends when the baby is born. Labor is divided into several phases. The latent phase of labor ends when the cervix is 4 centimeters dilated. Latent phase is of variable duration and can last many hours. In a low-risk pregnancy, it is best to stay at home during this phase. The active phase of labor is usually progresses rapidly at about one centimeter/hour in first labors and much more rapidly with subsequent labors.

Blood-tinged mucous (called bloody "show") is caused by cervical mucus which passes out of the vagina as the cervix dilates. It does not mean that labor will start soon, only that the cervix is beginning to soften and dilate in preparation for labor.

The second stage of labor begins when the cervix is dilated and it is time to push the baby out. Once the cervix is fully dilated, you will often feel extreme pelvic pressure. You need to push the baby out by bearing down during each contraction until the baby is born. This stage may last for 1-3 hours and ends with the birth of the baby. Rest between contractions so as not to exhaust yourself. Once your baby's head is delivered, the airways are cleared by suction and the umbilical cord placement is assessed. The body is delivered and usually placed on the mother's abdomen. The cord is clamped and is usually cut by a family member in a low risk pregnancy. After delivery, you are inspected for vaginal tears.

The third stage of delivery is the delivery of the placenta. After the baby is born, the uterus will continue to contract and the placenta will be delivered. This stage usually lasts only a few minutes, and minimal pushing is needed. Pitocin is generally given to help the uterus contract and control bleeding.

### **Labor Induction:**

Labor can be initiated by your physician for medical reasons or electively. Induction can be initiated with a cervical ripening agent (prostaglandins or cervidil), by breaking the amniotic sac or with pitocin. If your doctor recommends induction, the indication and the process will be discussed in detail. Generally an induction is "scheduled" on labor and delivery for a specific day and time. Orders are faxed to the hospital by your physician. You are asked to call labor and delivery (559-2327) one hour prior to the induction time. If the unit is busy at the time you are scheduled, you may be asked to come at a later time by the labor and delivery nurses.

Reasons for induction include: Post-dates (usually one week past your due date), a history of complications in labor, premature rupture of membrane (water breaking early), high-risk pregnancy (diabetes, hypertension, and twins), macrosomia (big baby) or elective (usually after 39 weeks).

### **Vaginal Delivery:**

Most deliveries are spontaneous without intervention. If your doctor finds it necessary to intervene, the indication and the method will be explained to you. Most interventions are used to prevent a worse outcome. Forceps and the vacuum are used to prevent a cesarean section; an episiotomy is used to prevent lacerations. The following are brief explanations:

- Episiotomy: A small incision on the perineum used to open the vagina and allow delivery of the head. It is used to prevent lacerations and tears into the rectum, clitoris and vagina. Most physicians will only cut an episiotomy if necessary. Mineral oil and massage are often used during the second stage of labor to stretch the vagina and allow a small tear or episiotomy. Local or epidural anesthesia is given prior to the episiotomy so it is not felt.
- Forceps: These instruments look like large spoons. They are inserted in the vagina and gently placed on baby's head to facilitate delivery.

- Vacuum: A soft plastic cup that is placed on the baby's head. Suction is used to hold the cup in place so that the infant can be delivered during a contraction with the mother pushing. It is frequently used when the baby's head is not in the correct position for a vaginal delivery. It would not be used unless it was considered both safe and necessary.

### **Cesarean Delivery:**

Reasons for a cesarean section include an abnormal position of the fetus (breech), a medical complication of the pregnancy (pre-eclampsia, active herpes, heart disease), a previous cesarean section, a large baby, a fetal heart rate abnormality signaling distress or a baby that is "stuck" (Cephalo-pelvic disproportion or CPD). Cesarean sections are either scheduled (planned or elective) or unplanned (emergency or after laboring). If a C-Section is required, the reason will be discussed with you in detail. Your partner may stay with you throughout the procedure.

If you have been laboring and have an epidural already, this will be used for your delivery. If you do not have an epidural, a spinal is the usual anesthetic. This will be discussed with you by your anesthesiologist. Once you are comfortable with your anesthetic, your lower abdomen is shaved, a urinary catheter is placed in your bladder and your abdomen is washed with sterile soap. Drapes are placed to maintain a sterile environment. Your physician will start the procedure after you are ready and comfortable.

After delivery, the baby will be examined by the pediatric nurse and a neonatologist in a room next to the operating room. Amniotic fluid is suctioned from the baby's mouth and nose and the baby will be returned to you in the operating room. Your partner can stay with the baby during the brief time that the baby is out of the operating room. You will be in the recovery room with the baby and your spouse until your anesthesia wears off. This is usually about two hours. Your baby is usually weighed in the recovery room after your surgery. The baby remains with you during the entire hospitalization unless you ask the nurses to watch him/her in the nursery.

You will have an IV in your arm and catheter in your bladder for the first 12 – 24 hours. Once you are tolerating liquids, the IV can be discontinued. The nurses will ask you to stand during the first day and then start walking soon after. You may eat regular food as soon as you are hungry. The hospital has a "room service" menu that you may order from 7 am to 7 pm. We encourage you to start oral pain medication as early as possible. Ibuprofen is also given to increase the effectiveness of the narcotic (Vicodin or Darvocet) and also to decrease the uterine cramping after delivery.

If you are scheduled for a planned cesarean section, you should arrive at the hospital two hours prior to your surgery time. You may bypass the admitting desk and go directly to Labor & Delivery. If you arrive at the hospital before 6 am, you must enter through the emergency room. It is not necessary to stop in the ER. If you have not pre-registered, please do so at least one day prior to your surgery. You may obtain a pre-registration form in admitting, from your physician or on the Good Samaritan Hospital website: [www.goodsamsj.org/reginfo.asp](http://www.goodsamsj.org/reginfo.asp).

For a scheduled C/S, do NOT have anything to eat or drink after midnight the night before surgery or 8 hours prior to surgery (including water). You will meet the anesthesiologist the morning of surgery. A spinal is normally given for a scheduled cesarean section. If you have questions regarding insurance billing by the anesthesiologist, please contact Group Anesthesia Services at 354-2114 or visit their website at [www.groupanesthesia.com](http://www.groupanesthesia.com).

# Postpartum Instructions

Congratulations on the arrival of your child. The following instructions are compiled to help you in the next few weeks at home. If specific problems arise, please call our office for further advice.

## **Appointments:**

Be prepared to discuss birth control options at your post-partum appointment.

Cesarean section: schedule an appointment 2-3 weeks after surgery.

Vaginal delivery: schedule an appointment 6 weeks after delivery, unless otherwise instructed by physician.

## **Activity:**

Rest as much as possible. During your first weeks at home, restrict your activities to caring for the baby. You will heal faster and be at less risk for depression. Take frequent naps. Limit your visitors. You may begin light exercise when you feel like it. Do not push yourself. Walking is better for you than running or lifting weights the first six weeks after birth. After six weeks, you may slowly build back up to your normal exercise routine.

If you had a cesarean section, walking up and down stairs will not harm you. You probably should not carry anything heavier than the baby for the first week or two. Use common sense – if it hurts, don't continue with that activity.

Intercourse is permissible after the vaginal discharge and bleeding stop, usually at three to four weeks. If you have had vaginal stitches, you should wait six weeks. Condoms should be used with a water-soluble lubricant such as K-Y jelly or Astroglide.

You may drive when you feel comfortable and have stopped taking pain medications. Wait two weeks or more if you have had a cesarean section. Sitz baths, showers, and baths are safe after vaginal delivery. Do not use a Jacuzzi until the vaginal discharge stops or bathe after a C-section until the incision is healed (usually 5-7 days).

## **Vaginal Delivery:**

After delivery, you will experience bleeding and a discharge for 4-6 weeks. It may last longer. The discharge is called lochia. It may be any color, and often has an odor. This continues until the uterus has healed. If you had a vaginal tear or episiotomy, your vaginal area may be swollen or sore. Urination may cause external stinging and should resolve after several days. Taking sitz baths or a warm tub bath 2-3 times a day will help with the discomfort and promote healing. You may use Tucks on stitches or hemorrhoids for comfort. These may be purchased without a prescription. The stitches will dissolve by themselves, and do not need to be removed. Do not worry if you see a stitch or knot fall off.

## **Cesarean Section:**

Cesarean section incisions have many layers that heal at the same time. There are strong stitches below the skin. Steri-strips should be removed one week after C-section, if they have not already fallen off. If you have "glue" on your incision, it should come off within one week of your surgery. If the glue or steri-strips do not come off on their own, please remove it (them) prior to your post-op appointment. It is not necessary to cover your incision while showering. Use a blow dryer to keep the incision dry if your skin folds over the incision. Your incision may ooze slightly as the skin heals. If your incision opens, has a large amount of discharge or bleeding, or if it becomes red or painful call the office for an appointment.

**Diet, Bowel and Bladder Care:**

You may return to your regular diet at home. Drink more water than usual and eat lots of fresh fruits and vegetables.

If you are breast-feeding and took prenatal vitamins during your pregnancy, continue them for the duration of breast-feeding. Increase your diet by 500 calories, and drink 8-10 glasses of water each day.

After delivery, you may become constipated. Fiber supplements and stool softeners (Colace) may be purchased without a prescription. Citrucel, Metamucil, and Fibercon are all equally effective. Drinking water is very important for the stool softeners or fiber supplements to work. If you become constipated, with no bowel movement for a few days, you may use a laxative such as Ducolax or Senakot. If still no bowel movement, a Fleets enema may be effective.

To prevent a bladder infection, drink plenty of water, and urinate frequently. If you develop burning or pain with urination, call the office.

**Medications:**

You may also continue to use the same medications used during your pregnancy. If you have any questions about medication, call your doctor.

**Pain Medications:****Non-Prescription:**

- NSAID: (non-steroidal anti-inflammatory drug) such as Ibuprofen or Naprosyn. These are non-prescription pain relievers that reduce cramping, bleeding and discomfort. The usual dose of Ibuprofen (Advil, Nuprin, Motrin) is 600 mg every 6 hours, not to exceed 2400 mg in 24 hours and Naprosyn (Aleve) is 220 mg, 2 initially, then 1 every 6-8 hours, not to exceed 1100 mg in 24 hours.
- Tylenol is also useful for pain relief.

**Prescription:**

If you had a cesarean section, your physician will prescribe a narcotic like Vicodin, Darvocet or Tylenol #3. Narcotics should not harm the infant, but may cause drowsiness, fatigue, nausea and constipation in the mother. Ibuprofen and Naprosyn can make the narcotic work better so that you need less of it. Use both according to your physician's recommendation. Stop using the narcotic before you stop the anti-inflammatory medication.

**Post-partum Hormonal Changes:**

It is common after delivery to experience hot flashes, night sweats, mood swings and vaginal dryness similar to what women experience in early menopause. Your estrogen level drops with delivery and is reduced until you finish nursing and your regular menses resumes. If the symptoms are troublesome, you can discuss estrogen replacement with your physician. A small dose of oral or transdermal (patch) estrogen will reduce the systemic symptoms. If vaginal dryness is the only symptom, vaginal estrogen cream can be prescribed.

**Post-partum Depression:**

After delivery, your body will undergo many changes. The demands of a new baby, and not enough sleep may lead to feelings of depression. For most women, these feelings may only last 4-7 days. Resting, maintaining a good diet, and planning time for you away from baby are important. If depression persists longer, or seems more severe, ask for help. Good Samaritan Hospital has an excellent support group (559-2508). Please schedule an appointment with your doctor.

# Breast Care and Breastfeeding

If you are breast-feeding your milk should come in within 3-5 days. Breast-feeding on demand will help reduce engorgement and increase the milk supply. Use warm water, without soap, to keep your breasts clean. Soap may dry and crack your nipples. If your nipples crack, expose them to air for 15 minutes after breast-feeding. Lanolin ointment may be applied after this. Most babies eat about eight times each day. Try to nurse your baby for at least 15 minutes on one breast and for about 10 minutes on the other breast. It is normal to have more bleeding and/or cramping when breastfeeding. This is a hormonal response to the breast stimulation.

If you have difficulty nursing, contact Women's and Children's services at GSH (559-2229), Nursing Mother's Council (272-1448), Nursing Mother's Resource (377-5350), or Mother's Milk Bank (998-4550). Pump rentals may also be arranged for at the above numbers. Breast milk can be stored in a sterile container in the refrigerator for up to 72 hours or in a standard freezer for 1-2 weeks.

### **Mastitis (breast infection):**

You may be developing mastitis if you have a high fever associated with a painful, red breast. Other signs of a breast infection include increased pulse rate, chills, malaise, headaches and an area on the breast that is red, tender and hard. Treatment involves antibiotics, rest, frequent breastfeeding or pumping, and analgesics for pain and fever. Please call if you suspect mastitis.

### **If you are not nursing the baby:**

Wear a tight fitting bra to reduce engorgement. Cold compresses may help, and you may use Tylenol for the discomfort. There is no medication approved by the Food and Drug Administration to prevent engorgement.

### **Medication use while nursing:**

Safety of commonly used medications while nursing can be accessed at:  
<http://health.ucsd.edu/pharmacy/resources/breastfeeding.htm> or contact your pediatrician.

### **Other Breastfeeding Resources**

Women's Health (CDC) : [www.cdc.gov/women](http://www.cdc.gov/women)

La Leche League at (800) LA LECHE or [www.llusa.org](http://www.llusa.org) or [www.lalecheleague.com](http://www.lalecheleague.com).

Nursing Mothers Counsel at (415) 599-3669 or [www.nursingmothers.org](http://www.nursingmothers.org)

Lactation Institute and Breastfeeding Clinic (818) 995-1913

Mead Johnson Nutritionals (800) BABY123. Request Delivery and Beyond (Publication LF63) and Breastfeeding: The Best Start for Your Baby (Publication LF808). You can obtain a copy from your physician.

# Common Postpartum Discomforts

## **Bleeding:**

You may stop bleeding and then restart bright red bleeding several times during the first six weeks after delivery. Called "lochia," bleeding and discharge can occur in 3 stages. The first stage is red, lasting for about 3 days. The second is watery-pink, lasting for 1-3 weeks, and the third is yellowish-white, lasting another 3-6 weeks. Change sanitary pads frequently. Passing clots is also common during the postpartum period. Clots can be bright red, dark red, small or large and are frequently associated with severe cramping. Ibuprofen helps with the pain. Call for excessive bleeding, soaking one pad per hour with bright red blood or continuing to pass large clots.

## **Cesarean Incision:**

Your scar may pucker and be tender for 2-3 months as it heals. It is common to feel numbness up to the umbilicus for 6 months. The edges of the incision may be more swollen than the center because of knots used to close the layers located at the sides of the incision. It is normal for the pain to be asymmetrical. The top of the incision frequently hangs over the lower edge during the healing process until the lymphatic system begins to function normally. Call the office if the incision becomes red, more inflamed or more tender, or begins to leak fluid. Please remove steri-strips or glue from the incision one week after delivery. It is easiest to remove after a shower or bath.

## **Constipation:**

Constipation is caused by hormonal changes, dehydration, breast feeding and inactivity. Try increasing the fiber in your diet, drinking more water, and using stool softeners.

## **Cramping:**

These are due to the uterus contracting as it returns to normal size. These may be increased with breastfeeding. We recommend changing your position often, emptying your bladder often, using a heating pad, and/or taking ibuprofen to help with the pain.

## **Emotional Changes:**

It is normal to feel overwhelmed, exhausted and sleep deprived. The lifestyle changes, exhaustion, and fluctuating hormones frequently cause anxiety and feelings of helplessness. Ask for help when you need it. Please schedule an appointment if you feel that you may be developing post-partum depression.

## **Episiotomy:**

Use ice packs the first 1-2 days. Taking a warm bath, using a sitz bath, a spray bottle, or a rubber ring may also help. As you heal, you may notice the stitches beginning to pull and itch. The swelling also decreases so the stitches begin to loosen. Sutures used in repairing an episiotomy are absorbed by the body over the next 6 weeks.

## **Hair Loss:**

Thinning hair is normal post-partum, with the most noticeable change 5-6 months after delivery.

## **Hemorrhoids:**

Try Preparation H, Anusol creams, dry heat, and a spray bottle.

## **Hot Flashes:**

Hot flashes occur frequently when nursing. The body treats nursing like menopause with all the same symptoms due to lack of estrogen. Hot flashes, depression, and vaginal dryness all increase during breast feeding. Starting a combination oral contraceptive pill will help the symptoms.

**Leg Swelling:**

It is normal for your legs to swell after the delivery. There are large fluid shifts after delivery. This usually resolves by your 6 week post-partum check.

**Sex:**

You may attempt intercourse 3-4 weeks after a C-section or vaginal delivery without an episiotomy. If you had a vaginal delivery with an episiotomy, wait until after your post-partum visit. You may need to use lubrication (we recommend Astroglide or KY Jelly), especially if you are breastfeeding.

**Swollen Breasts:**

If you are not breastfeeding, try using ice packs, wearing a tight-fitting bra 24 hours/day and avoiding stimulation of the breasts.

**Urinary Leakage:**

Urinary stress incontinence is caused by decreased perineal muscle tone. Do Kegel exercises to reverse the process. Using estrogen vaginally (prescription) can also help restore the tissue if dryness is an issue.

**Vaginal dryness:**

Vaginal dryness is caused by breast feeding. Lubrication may help the symptoms. It can be treated with prescription estrogen products that are placed vaginally.

**Symptoms to report immediately:**

- Excessive bleeding, soaking a pad in one hour with bright red blood, or passing large clots.
- Chills or fever over 100.4 degrees.
- Severe pain.
- Persistent headache, changes in vision, rapid swelling of face, feet, hands or overall body.
- Increased pain, redness, swelling odor or discharge from episiotomy site or cesarean incision.
- Depression lasting more than 2-4 weeks.
- Breast infection - fever in association with red, painful breast.
- Bladder infection - frequency, urgency, or pain with urination.

# Prenatal Laboratory Testing

## First Trimester

**Routine blood tests** - Hepatitis B, HIV, RPR (state mandated syphilis test), Rubella (German measles), Blood type and antibody screen, CBC (Complete blood count for anemia), TSH (hypothyroidism), and Urinalysis.

**Additional optional tests** - Toxoplasmosis, Cystic fibrosis testing, Tay-Sachs, Fragile X, Gaucher's disease screening, Sickle cell, Varicella (Chicken pox), Hemoglobin electrophoresis.

## Second Trimester

**Nuchal translucency screen and laboratory testing (11-14 weeks gestation)** – This is an optional non-invasive assessment of the baby's risk for Down's syndrome. The test includes both an ultrasound and "finger stick" blood work that you can complete prior to your ultrasound appointment. Please schedule the Nuchal screen ultrasound at Obstetrix Medical Group (408) 371-7111. Please see page 31.

**AFP (15-20 weeks gestation)** – Two different AFP tests are available. If you did the nuchal screening test and are under 35, you will be asked to take the AFP only test to check for neural tube defects. If you did not do the nuchal screening test and are not planning to have an amniocentesis, you will be offered the expanded AFP blood test. Please read the booklet given to you at your first visit to learn more about the different tests. You will be asked to sign a consent stating your desire to take or decline the test. More information is located on page 26.

### **Genetic counseling, Level II ultrasound and Genetic Amniocentesis (15-20 weeks gestation) -**

If you will be over 35 at delivery or have a history of a genetic problem we recommend genetic counseling and a Level II ultrasound. Risks and benefits of an amniocentesis will be discussed with the genetic counselor prior to the ultrasound. More information is located on page 33. These tests are usually done at Obstetrix medical group.

**Ultrasound** - If your physician recommends an ultrasound, these are usually performed between 18-20 weeks of your pregnancy. You need to schedule this with your physician's receptionist.

**Glucola (between 24-28 weeks) and CBC** - You will be asked to take the one-hour glucola test between 24 and 28 weeks of your pregnancy to screen for gestational diabetes. As a screening test, it is used to determine which patients are at risk for gestational diabetes and need the 3-hour glucose tolerance test. See page 23.

**Rhogam** - If you are Rh negative, your partner's blood type becomes important. If he is Rh positive, you will need Rhogam to prevent Rh incompatibility. Rhogam is administered as an injection after amniocentesis, at 28 weeks of your pregnancy and after delivery if the baby is Rh positive.

## Third Trimester

**Group B Strep culture (36 weeks)** – This is a vaginal and perineal culture that tests for a bacteria that the baby does not normally have immunity to and may cause an infant infection.

**Ultrasound** – Your physician may recommend additional ultrasounds to check for fetal growth, fluid and position. It is very difficult to see anatomy in the third trimester.

## **Gestational Diabetes Testing:**

### **One-hour glucola test**

You will be asked to take the one-hour glucola test between 24 and 28 weeks of your pregnancy. It is a screening test for gestational diabetes. As a screening test, it is used to determine which patients are at risk for gestational diabetes and need the 3-hour glucose tolerance test. It is not necessary to fast for the one hour test.

### **Three-hour glucose test diet**

If your one-hour test shows that you need to take the 3-hour test (a level of 130 or above), schedule an appointment at Quest lab or Hunter lab for a 3-hour glucola test. Once you have made the appointment, you may be asked to follow a special diet for the 3 days prior to the test. After following the diet, you may have nothing to eat or drink other than water for the 12 hours before your testing.

The special diet is a 150 gram carbohydrate diet. You will need to eat at least this many carbohydrate foods for 3 days prior to taking the glucose tolerance test. You may add extra carbohydrate foods if necessary. The \* indicates carbohydrate containing foods. You may make substitutions but you may not omit carbohydrates. If the meals are too large, you may use part of each meal allotment for snacks. You must schedule the test at the laboratory prior to starting the diet and taking the test.

#### **BREAKFAST**

- \* 2 slices of toast or 1 1/2 cups of cereal or 1 English muffin
- \* 1 cup of low fat milk or nonfat milk
- 2 eggs or 2 oz. cheese or 2/3 cup cottage cheese
- 2 teaspoons margarine or butter
- 1/2 cup fruit

#### **LUNCH**

- \* 2 slices bread or 1 cup rice or 1 cup pasta
- 3 oz. of meat, fish, poultry, or cheese
- \* raw vegetables/salad
- 1 or 2 teaspoons mayonnaise, margarine, or salad dressing
- 1 piece fresh fruit
- \* 8 oz. of low fat or nonfat milk

#### **DINNER**

- 4 oz. cooked meat, fish, or poultry
- \* 1 medium potato or 1 cup rice or 1 cup pasta or 2 slices bread
- \* cooked vegetables
- \* green salad with 1 tablespoon of dressing
- 1 teaspoon butter or margarine
- \* 8 oz. of low fat or nonfat milk

For anyone who cannot drink milk, you may substitute one of the following foods:  
8 oz. plain yogurt or 4 to 6 crackers

Fast for 12 hours before your appointment. You may have water only.

# Gestational Diabetes

If you do not pass the three-hour glucola test, it means that you have gestational diabetes. If you are diagnosed with gestational diabetes, you will be referred to Sweet Success at Obstetrix Medical Group. The phone number is (408) 371-7111. At Sweet Success, you will meet with a dietician to learn about changing your diet during pregnancy. A nurse will teach you how to check your blood sugar. Most women are able to control their blood sugar through diet and exercise. A food pyramid and a preliminary diet for gestational diabetes are available on the Los Olivos website. For some, however, medication may be necessary.

## **What is gestational diabetes?**

Approximately 5 percent of expectant mothers develop gestational diabetes. During pregnancy, the placenta can produce a hormone that makes the mother resistant to her own insulin. This results in an elevated glucose level. Glucose is a small molecule that passes through the placenta and caused the baby to increase its insulin production. This results in complications for the pregnancy as well as the infant. Neonatal (baby) complications from an elevated blood sugar may include macrosomia (big baby). Macrosomia may lead to a shoulder dystocia (shoulders get stuck resulting in neurologic damage to the baby) with a vaginal delivery or a cesarean section.

After delivery, the baby is producing too much insulin and may develop hypoglycemia which can cause seizures. The baby is also at increased risk for jaundice and polycythemia (high red blood cell count). The baby's glucose is tested at delivery with a heel stick blood test. If the sugar level is low, the baby may need to be given a sugar water bottle or even an IV glucose solution.

Some studies have found a link between severe gestational diabetes and an increased risk for stillbirth in the last two months of pregnancy. And finally, having gestational diabetes makes you about twice as likely to develop pre-eclampsia as other pregnant women

## **What factors would put me at risk for gestational diabetes?**

According to the American Diabetes Association, you're considered at high risk for this condition (and should be screened early) if:

- You're obese (your body mass index is over 30).
- You have a history of gestational diabetes (you've had the condition in a previous pregnancy).
- You have a strong family history of diabetes.

Some practitioners will also screen you early if:

- You're found to have sugar in your urine (your urine is tested at each prenatal visit).
- You've previously given birth to a big baby (some use 8 pounds, 13 ounces as the cut off; others use 9 pounds, 14 ounces).
- You've had an unexplained stillbirth.
- You've had a baby with a birth defect.
- You have high blood pressure.

## **Will my baby be monitored during my pregnancy to avoid complications?**

You should begin Kick Counts after 28 weeks of pregnancy. Most physicians will perform nonstress tests during the later part of your pregnancy. You will also have an ultrasound to determine a size estimate and make sure the placenta is not overly mature.

## **When will I deliver?**

If your diabetes is under good control, most physicians will try to deliver the baby by its due date. If you are unable to stay under good control, you may need to deliver earlier. Nonstress testing will help determine the delivery time.

**How is gestational diabetes managed?**

It depends on how serious your condition is. You'll need to keep diligent track of your glucose levels, using a home glucose meter or strips. Eating a well-planned diet can help you keep well-controlled glucose levels.. The American Diabetes Association recommends getting nutritional counseling from a registered dietician who will help you develop specific meal and snack plans based on your height, weight, and activity level.

Studies show that moderate exercise also helps improve your body's ability to process glucose, keeping blood sugar levels in check. Many women with gestational diabetes benefit from 30 minutes of aerobic activity, such as walking or swimming, each day. Exercise is not advisable for everyone, though, so ask your physician what level of physical activity would be beneficial for you.

If you are not able to control your blood sugar well enough with diet and exercise alone, your provider will prescribe insulin shots for you to give yourself as well. About 15 percent of women with gestational diabetes need insulin. The concern for your baby is the high sugar, not the insulin. You may also be a candidate for oral medications (glyburide or metformin) instead of insulin for gestational diabetes. Once enrolled in Sweet Success, you will be asked to monitor your diet. A sample diet can be downloaded. Please keep a record of your blood sugars. If your blood sugar is too low, hypoglycemia can occur.

**For more information on diabetes, contact:**

Obstetrix Medical Group Sweet Success Program at [www.obstetrix.com/sanjose/body.cfm?id=29](http://www.obstetrix.com/sanjose/body.cfm?id=29)

American Diabetes Association at [www.diabetes.org/home.jsp](http://www.diabetes.org/home.jsp)

CDC Pregnancy Diabetes Information at [www.cdc.gov/ncbddd/bd/diabetespregnancyfaqs.htm](http://www.cdc.gov/ncbddd/bd/diabetespregnancyfaqs.htm)

# Genetic Testing:

## Expanded AFP Test (Quad Marker Test)

### What is the expanded AFP?

The expanded AFP test is a screening test for pregnant women during the second trimester (between 15 and 20 weeks) of pregnancy who did not do a nuchal screening test. The test will help detect pregnancies at an increased risk for Down syndrome, Trisomy 18, and neural tube defects or abdominal wall defects. Occasionally, the test may also detect other chromosome abnormalities. This is not a diagnostic test; it simply indicates further testing may be advised. You will be asked to sign a consent stating your desire to take the test.

### What does the screening test measure?

This test measures four biochemical substances produced by fetal and placental tissues: AFP (alpha-fetoprotein), hCG (human chorionic gonadotropin), and uE3 (unconjugated estriol) and INH (dimeric inhibin-A).

### What is Down syndrome?

Down syndrome is a chromosome abnormality that causes mental retardation and certain types of birth defects. It is due to an extra copy of chromosome 21, so that three copies (trisomy) versus the normal two copies of this particular chromosome are present. Down syndrome affects approximately one in every 800 newborns. The chance of having a pregnancy affected with Down syndrome increases with increased maternal age. Women age 35 years and older are more likely to have a child affected with Down syndrome.

### What is Trisomy 18?

Trisomy 18 is a fatal chromosome abnormality that causes multiple birth defects and profound mental retardation. Few Trisomy 18 infants survive into childhood. Trisomy 18 results when the fetus has three, instead of the normal two, copies of chromosome 18. Like Down syndrome, the chance of an increased risk for fetal abnormality is determined by the test and then genetic counseling, ultrasound examination, and when needed, amniocentesis will aid in the diagnosis. Having a pregnancy affected with Trisomy 18 increases with increased maternal age.

### What is a neural tube defect?

A neural tube defect, such as spina bifida or anencephaly, results from a failure of complete closure of the neural tube during early fetal development. Spina bifida is an opening on the spine that exposes nerve tissue and can lead to paralysis and mental retardation. Anencephaly is an incomplete development of the brain that usually results in death.

### What if the test result shows an increased risk?

A positive screening test result does not mean an abnormality is present in the fetus. Often, incorrect dating of fetal age is the reason for a positive result and invasive testing may not be necessary. However, when an increased risk for fetal abnormality is determined, genetic counseling, ultrasound examination, and when needed, amniocentesis will aid in the diagnosis. If this testing is necessary, your physician will contact you and ask you to schedule an appointment with Obstetrix Medical Group (371-7111).

### What does a negative test mean?

A negative result indicates the risk that the fetus has Down syndrome or Trisomy 18 is not greater than that of a 35-year-old woman, and the risk for neural tube defects is not increased compared to that of the general population. However, a negative result does not completely exclude the possibility that the fetus may have these abnormalities or other congenital abnormalities. The test detects approximately 75% of Down syndrome and trisomy 18 pregnancies, 80% of spina bifida, and 95% of anencephaly.

**How accurate is the test?**

The test is not completely accurate. A baby may have a birth defect even though AFP levels are normal. A baby may be quite normal even though AFP levels are abnormal. For every 1,000 women tested, about 50 have an abnormal test result. Of these 50, only one or two with high AFP levels are carrying babies with a problem.

**Who should have this test?**

All pregnant women should be offered AFP screening. If you are 35 and are having an amniocentesis, the blood test is not necessary as the amniotic fluid will be checked. If you did a nuchal screening test and are under 35, you should take the AFP only test which checks for spina bifida, not the expanded AFP test (which again looks for chemical evidence of Down syndrome but is less accurate than the nuchal translucency test)

**What are the benefits to taking the test?**

Most often, the test provides reassurance that your baby probably does not have a serious defect. Abnormal results can help you and your doctor manage your pregnancy more effectively. For example, if the test detects twins, your doctor can start providing the special prenatal care you need for a multiple pregnancy. When a brain or spinal defect is diagnosed, you and your partner can decide whether you want to continue the pregnancy. If you decide to continue the pregnancy, your doctor will be able to plan your delivery and optimize the outcome of the pregnancy for you and your baby.

## **Cystic Fibrosis**

**What is cystic fibrosis?**

Cystic fibrosis (CF) is one of the most common genetic disorders in the Caucasian population, affecting approximately 1 in 3,000 people. The most common problems are chronic lung infection and poor absorption of food due to the accumulation of thick mucus in the lungs and pancreas of patients with CF. While much progress has been made in the understanding and treatment of the disease, there is no cure. At the present time, the median life expectancy is about 30 years.

**What causes cystic fibrosis?**

CF is caused by mutations in the CFTR gene. CF is an autosomal recessive disorder. For an individual to be affected with CF, he or she must inherit one copy of the mutated CF gene from each parent. Individuals having one copy of the mutated gene and one copy of the normal gene are known as carriers. Carriers do not have any symptoms of the disorder. The CF carrier frequency differs among different ethnic groups. The frequency is approximately 1 in 25-30 in individuals of Northern European or Ashkenazi Jewish ancestry, 1 in 50 in Hispanics, 1 in 65 in African Americans and 1 in 50 in Asians. When both parents are carriers for a mutation, there is a 1 in 4 chance that each pregnancy will be affected with CF.

**How can cystic fibrosis be detected?**

A DNA laboratory test for the mutations causing CF is available. This is a blood test. Results are usually ready within a week. The test can be performed on blood specimens to detect carriers or affected individuals. It can also be performed on prenatal amniotic fluid specimens to detect affected fetuses. Since there are over 900 different mutations within the CF gene, this test cannot detect all the mutations. The detection rate varies among different ethnic groups, with 97% for Ashkenazi Jews, 90% for Caucasians, 68% for Hispanics, 45% for African Americans and 30% for Asians.

**Who should be tested for cystic fibrosis?**

CF carrier testing should be considered for individuals with a family history of CF, spouses of CF carriers and pregnant couples who are of Northern European or Ashkenazi Jewish ancestry. Prenatal diagnosis is

recommended when both parents have been found to be carriers, there is a family history of CF and one parent is found to be a carrier, a previous child has been diagnosed with CF or certain ultrasound abnormalities are seen in the fetus.

### **What if the test does not show a CF mutation?**

If your test does not show a mutation in the CFTR gene, the chance that you are a CF carrier is low. That chance will depend on your ethnic background and family history. However, no CF test can find all the mutations of the CFTR gene.

### **What if the test shows a CF mutation?**

If your test shows a mutation in the CFTR gene, then you are a CF carrier. The test has 99% accuracy. Being a CF carrier will not affect your own health. If your test is positive, your partner should then be tested. Special counseling and testing should be considered if both you and your partner are carriers of CF mutation.

## **Ashkenazi Jewish Genetic Screening**

### **What is an Ashkenazi Jewish Disease?**

Ashkenazi is the term used to describe Jewish individuals who have ancestors from Eastern Europe. Roughly 90% of the six million Jewish individuals in the United States are of Ashkenazi descent. Similar to most ethnic populations, the Ashkenazi Jewish population has a higher prevalence of certain genetic disorders. Individuals of Jewish descent should be screened for Tay-Sachs disease, Canavan disease and Gaucher's disease.

### **What is Tay-Sachs disease?**

Tay-Sachs disease is a fatal genetic disorder that occurs more frequently in the Ashkenazi (Eastern European) Jewish population. Approximately 1 in 27 Ashkenazi Jewish individuals are carriers of this disease. A baby with Tay-Sachs disease appears normal at birth, but after six months of age, the child progressively develops mental retardation followed by paralysis, blindness, and seizures. Death usually occurs by the age of five. Tay-Sachs disease is caused by a deficiency of an enzyme called Hex-A. As a result of this deficiency, there is an accumulation of certain substances, which damage the nervous system.

### **What is Canavan Disease?**

Canavan disease is a progressive disorder in which the brain and nervous system degenerate. Symptoms of Canavan disease include brain damage, mental retardation, feeding difficulties, blindness, and a large head. There is no treatment, and death usually occurs in the first decade of life.

### **What is Gaucher's Disease?**

Gaucher's Disease is an inborn error of metabolism that results from a specific malfunction in one of the body's individual chemical processes. Although there are at least 34 mutations known to cause Gaucher's Disease, there are 4 genetic mutations which account for 95% of the Gaucher Disease in the Ashkenazi Jewish population. The carrier rate is 1 in 14 Jewish people of Eastern European ancestry and 1 in 100 of the general population.

### **How are these diseases inherited?**

All three diseases are inherited in an autosomal recessive pattern. For an individual to be affected, he/she must inherit one copy of the abnormal (mutated) gene from each parent. Individuals having one copy of the particular disease-causing gene and one copy of the normal gene are known as carriers. Carriers usually do not have any symptoms of the disorder. If both parents carry the same mutated gene, their child has a 25% chance of having the disease. If only one parent carries the disease gene, their child is not

at risk for having that disease but has a 50% chance of being a carrier. If both parents are carriers, the couple should undergo prenatal genetic counseling.

### **How do I get tested?**

A simple blood test can be performed from either parent to determine if he/she is a carrier of these diseases. If both parents are carriers, then prenatal testing can be performed to determine whether or not the fetus is affected.

## **Sickle Cell Anemia**

### **What is sickle cell anemia?**

Sickle cell anemia is an inherited disorder that affects hemoglobin, a protein that enables red blood cells to carry oxygen to all parts of the body. The disorder produces abnormal hemoglobin, which causes the red blood cells to become crescent or sickle shaped. Normal red blood cells are round and move through blood vessels in the body to deliver oxygen. Sickle red blood cells become hard, sticky and have difficulty passing through the small blood vessels. When these hard, pointed red cells go through capillaries, they clog the flow and break apart. This causes pain, damage and anemia.

### **What is sickle cell trait?**

Sickle cell trait is a person who carries one sickle hemoglobin producing gene inherited from their parents and one normal hemoglobin gene. Normal hemoglobin is called type A. Sickle hemoglobin, called sickle cell trait, is the presence of hemoglobin AS on the hemoglobin electrophoresis. This will NOT cause sickle cell disease.

### **How do you get sickle cell anemia or trait?**

You inherit the abnormal hemoglobin from your parents, who may be carriers with sickle cell trait or parents with sickle cell disease. You can not catch it. You are born with the sickle cell hemoglobin and it is present for life. If you inherit only one sickle gene, you have sickle cell trait. If you inherit two sickle cell genes you have sickle cell disease.

### **How common is sickle cell anemia?**

It is most common in people whose ancestors come from sub-Saharan Africa, Spanish-speaking regions of Central and South America, Saudi Arabia, India and the Mediterranean. The disease occurs in approximately 1 in every 500 African-American births and 1 in every 1,200 Hispanic-American births. One in 12 African Americans carries the sickle cell trait.

### **How can I be tested?**

A simple blood test called the hemoglobin electrophoresis can be requested by your doctor. If you are found to have sickle cell trait, your partner should also be tested to determine if the baby is at risk for sickle cell disease.

## **Fragile X Syndrome**

### **What is Fragile X Syndrome?**

It is the most common form of inherited mental retardation and accounts for approximately 40% of cases with X-linked mental retardation. It is recommended that any person with unexplained mental retardation, developmental delay or autism be tested. The American College of Medical Genetics also recommended carrier testing on the basis of a family history of unexplained mental retardation. It is not currently recommended to test all women who are pregnant. For more information see:

<http://www.fragilex.org/>, or

[http://www.cdc.gov/genomics/hugenet/factsheets/FS\\_FragileX.htm](http://www.cdc.gov/genomics/hugenet/factsheets/FS_FragileX.htm).

# **Group B Streptococcus (GBS) Colonization in Pregnancy**

## **What is Group B strep?**

Beta strep is a bacteria that may colonize (live in the vagina without causing symptoms) in approximately 15-40% of women. The most common sites are the rectum, vagina and urinary tract. GBS is not a pathogen and does not harm the pregnant woman. Group B strep colonization is not a sexually transmitted disease (STD). For most women there are no symptoms of carrying group B strep bacteria. The bacteria may come and go. If you have a positive culture for group B strep in the vagina or urine, you should be treated during labor. If present when the baby delivers, GBS may cause serious infections in a newborn infant.

## **How do I find out if I am a group B strep carrier during pregnancy?**

The Center for Disease Control (CDC) recommends that all pregnant women planning a vaginal delivery be tested for group B strep in the third trimester. A culture is usually obtained between 35-37 weeks. Please ask to know your GBS status prior to delivery. Patients undergoing elective cesarean section with intact membranes do not need antibiotics prior to delivery.

## **What if I don't know whether or not I am group B strep positive when my labor starts?**

Pregnant women who do not know whether or not they are GBS positive when labor starts should be given antibiotics if they have: labor starting at less than 37 weeks (preterm labor); prolonged membrane rupture (water breaking more than 18 hours before labor starts); or an elevated temperature during labor. If no antibiotics are administered, a colonized mother has a 1/200 chance of delivering a baby with GBS disease.

## **What happens if I test positive for group B strep?**

If your test comes back positive, you have a history of group B strep in your urine or vagina or have had a previous baby infected with GBS, you should get antibiotics when you begin labor or your water breaks. The antibiotics are given through an intravenous line (IV). The antibiotics help during labor only — they can't be taken before labor because the bacteria can grow back quickly.

## **How common is group B strep disease in newborns?**

Group B strep is the most common cause of sepsis (blood infection) and meningitis (infection of the fluid and lining around the brain) in newborns. GBS occurred in about .5% of deliveries prior to the routine cultures done now. It is a cause of newborn pneumonia and is more common than other, more well-known, newborn problems such as rubella, congenital syphilis, and spina bifida. In the year 2001, there were about 1,700 babies in the U.S. less than one week old who got early-onset group B strep disease. More detailed information about GBS disease rates can be found at [www.cdc.gov/abcs](http://www.cdc.gov/abcs).

## **How is group B strep disease diagnosed and treated in babies?**

If a mother received antibiotics for group B strep during labor, the baby will be observed to see if he or she should get extra testing or treatment. See the newborn management section of the CDC's revised prevention guidelines to learn more. If the doctors suspect that a baby has group B strep infection, they will take a sample of the baby's sterile body fluids, such as blood or spinal fluid. GBS disease is diagnosed when the bacteria are grown from cultures of those fluids. Cultures take a few days to grow. Group B strep infections in both newborns and adults are usually treated with antibiotics (e.g., penicillin or ampicillin) given through a vein (IV).

# Nuchal Translucency Screening

## **What is the Nuchal Translucency Screening Test?**

This screening test uses ultrasound to measure the clear (“translucent”) space in the tissue at the back of your developing baby’s neck. This measurement can help your practitioner give you an assessment of your baby’s risk for Down Syndrome (DS) and other chromosomal abnormalities. Babies with abnormalities tend to have more fluid accumulated at the back of their necks during the first trimester, causing this clear space to be larger. While it will not give a definite diagnosis as compared to more invasive tests like CVS and amniocentesis, it can help you decide whether you want to undergo more diagnostic testing. And, unlike invasive diagnostic tests, it is painless and involves no risk to you or your baby.

## **How is the screening done?**

An ultrasound must be done between 11 and 14 weeks of pregnancy by a physician certified to perform the test. An ultrasound confirms the date of the pregnancy and measures the nuchal thickness. The measurements are used along with the maternal age to calculate the baby’s chances of having a chromosomal abnormality, based on statistical probability. In addition to the ultrasound, two blood tests improve the risk assessment increasing the accuracy of the risk assessment. The blood tests measure two proteins: free B-HCG (the free beta subunit of human chorionic gonadotropin) and PAPP-A (pregnancy-associated plasma protein-A). The blood samples are collected from your finger stick.

## **What do the results mean?**

You’ll be given your results in the form of a ratio that expresses your baby’s chances for having a chromosomal problem (based on your age, the baby’s age, and the nuchal fold measurement). For example, if you’re going to be 35 when you deliver, your baby’s average risk for a chromosomal abnormality is 1 in 178. (This risk gets higher as you get older.) If your baby’s nuchal fold measurement is found to be average for his age, your baby’s risk stays the same: 1 in 178. If it’s thicker than the average, your baby’s risk goes up, and your baby is considered at a higher risk for an abnormality. If the nuchal fold is thinner than the average, the baby’s risk goes down.

This test does not directly test for chromosomal problems; it just gives better indication of your baby’s statistical risk of having a problem. A normal result (sometimes called “screen negative”) is not a guarantee that your baby is normal, but it suggests that a chromosomal problem is unlikely. Nor does an abnormal result (sometimes called “screen positive”) mean that the baby has a chromosomal problem—just that he has an increased risk of one. (Even so, most “screen positive” babies still end up being normal.)

Based on your risk, you then will have to decide if the results indicate a high enough risk that you want to have more testing for a definitive diagnosis - that is, to see if your baby really does have a chromosomal defect. Individual parents-to-be have different feelings on what is an “acceptable” risk for them. Generally, we offer an invasive test if the risk of Down syndrome is 1 in 300 or worse. Tests that can diagnose a chromosomal defect include chorionic villus sampling (CVS) and amniocentesis.

## **What does it mean that this test is “91% accurate?”**

You may have read that the results of this test are 91% accurate in detecting your risk of having a baby with Down Syndrome. That means that if you’re carrying a baby with Down Syndrome, there’s an 91% chance that the test will pick that up and give you a “screen positive” result that indicates further testing is recommended. It also means there’s a 9% chance that the test will miss the Down Syndrome and give you a “screen negative” result and diagnostic testing won’t be recommended. This does NOT mean that a “screen positive” baby has an 91% chance of having DS. It just means that 91% of babies

who have DS will have screening results that are suspicious enough to recommend diagnostic testing. And 9% of babies who have DS will be shown to be at normal risk—that is, the results will be falsely reassuring.

This screening test also has up to a 5% false positive rate. (A “false positive” result is when a test suggests there may be a problem when, in fact, there is no problem.) In this case, a 5% false positive rate means that 5% of all the babies with normal chromosomes who are tested will be “screen positive”—meaning that the test will show them to be at an increased risk even though they’re normal. Based on this “false positive” result, their mothers may opt for invasive diagnostic testing that they otherwise might not have done.

### **What are the advantages to nuchal fold and Ultra-screen blood tests?**

The advantage to these screening tests is that they can give you a better estimate of your baby’s risk for chromosomal problems at an early date without subjecting you to the small risk of miscarriage from a more invasive diagnostic test like CVS. If the risk is low, you can find out as soon as possible and may be relieved. If the risk is high you can decide whether to have CVS (done between 10 and 12 weeks), or amniocentesis, which can tell you for sure whether your baby has a problem while you are still in your first trimester or second trimester. The nuchal fold test is non-invasive and carries no more risk than an ordinary ultrasound. And even if you forgo diagnostic testing, you can get more information about your baby’s health and development by following up with a routine second trimester ultrasound at 18 to 20 weeks that looks for “soft markers” of chromosome disorders, such as short limbs, a bright dot in the heart, a bright bowel, cysts in a portion of the baby’s brain, and certain problems in the kidneys.

### **What’s the downside of these screening tests?**

Like any screening test, they are not diagnostic—that is, they cannot tell you definitively if your baby has normal chromosomes. In some cases they will cause additional intervention and, in other cases they will be incorrectly reassuring. The nuchal fold test does not detect neural tube defects, such as spina bifida and other anomalies that may be indicated by the multiple marker test (done at 15 to 18 weeks), but the second trimester ultrasound done at 18 to 20 weeks should be able to detect these problems at least as well as the multiple marker test and with less false positives.

### **What is the cost of the various components of these tests, and what if my insurance does not pay?**

Because this procedure is separate and additional from your global obstetric services, it may not be a covered benefit. Call your insurance carrier to determine your benefits. The current procedure code for most pregnancies is 76813 or (76814 for twins). The diagnosis code is 655.83.

### **How do I schedule the nuchal translucency screening test?**

You must call a perinatology office (high-risk obstetrician) to schedule an appointment for genetic counseling and testing. Please check with your insurance carrier to determine whether a physician or facility is contracted and how it is covered. Locally, we recommend the Obstetrix Medical Group at (408) 371-7111, or Stanford perinatology department at (650) 725-7030.

### **How can I find out more information about the test?**

An educational video can be viewed under first trimester screening at [www.Obstetrix.com/sanjose](http://www.Obstetrix.com/sanjose). Click on the first trimester screening tabs.

### **Do I need to do an AFP test?**

If you are over 35 and will have a Level II ultrasound, you do not need the AFP test. If you are under 35 and had a nuchal screening test or did a CVS, we recommend the AFP only test.

# Chromosomal Testing:

## Risk Table for Chromosomal Abnormalities by Maternal Age

Maternal Age (yrs)	Risk of Trisomy 21 by Age:		Risk for Any Chromosomal Abnormality:
	At 12 weeks	At birth	At birth
20	1 in 1070	1 in 1480	1 in 525
25	1 in 950	1 in 1340	1 in 475
30	1 in 630	1 in 940	1 in 384
32	1 in 460	1 in 700	1 in 322
34	1 in 310	1 in 456	1 in 243
35	1 in 250	1 in 353	1 in 178
36	1 in 200	1 in 267	1 in 148
38	1 in 120	1 in 148	1 in 104
40	1 in 70	1 in 85	1 in 62
42	1 in 40	1 in 54	1 in 38
44	1 in 20	1 in 39	1 in 23

### Screening for Downs syndrome (Trisomy 21) and other chromosomal abnormalities:

The only way to be certain whether the fetus has Downs syndrome or not is by doing an invasive diagnostic test – an amniocentesis or chorionic villus sampling (CVS). Both tests provide a sample that contains tissue that has the same genetic make-up as the baby which allows the baby's chromosomes to be examined. Because of the increased risk of miscarriage associated with these two tests, they are not generally recommended unless the fetus is at increased risk. Traditionally, this is a mother over 35 years old. Many patients elect to do the nuchal translucency screening test to determine their individual risk of Trisomy 13 and 18. Genetic counseling is recommended for women over 35 and those with a nuchal screen showing 1/1000 chance of having a baby with Trisomy 13 or 18.

## Amniocentesis

### What is an amniocentesis?

An amniocentesis is a procedure where a small amount of amniotic fluid (fluid surrounding the developing baby) is removed from the uterus through a thin needle, using ultrasound guidance. This procedure is typically performed during 16 to 20 weeks of pregnancy. It can be done as early as 12 to 14 weeks and as late as near term. Some women say amniocentesis does not hurt, while others say they feel pressure or a cramp.

### What tests can be performed on amniotic fluid specimen?

Different tests can be done on amniotic fluid; the most common tests are listed below.

- Chromosome analysis to detect chromosome abnormalities such as Down syndrome or Trisomy 18.
- AFP (alpha-fetoprotein) and AChE (acetylcholinesterase) measurements to detect neural tube defects such as spina bifida and anencephaly. In spina bifida there is an opening in the back/spinal cord, usually requiring multiple surgeries, and may be associated with physical disabilities. In anencephaly the brain development is incomplete, usually resulting in death.
- Genetic diseases that can be diagnosed prenatally, including Cystic fibrosis, Fragile X syndrome, Hemophilia, Sickle cell disease, Thalassaemia, Tay-Sachs disease, Canavan disease and Gaucher's disease.

### **Who should consider having an amniocentesis?**

- Women who will be 35 years or older at the time of delivery. The risk of having a child with Down syndrome or other chromosome abnormalities increases with increasing maternal age.
- Women with an abnormal nuchal translucency screening test.
- Either parent can be a carrier of a chromosome rearrangement. Some individuals have chromosome rearrangements, in which some of the genetic materials on a chromosome may be moved from their normal location. These individuals are healthy, but they may have a child with a chromosome imbalance that can be associated with developmental and physical defects.
- Previous child with chromosome abnormality. These couples have an increased risk of having another child with a chromosome abnormality.
- Parents are carriers of a prenatally diagnosable genetic disorder. These couples have an increased risk of having a child with the genetic disorder. If diagnosis for the disorder is available, amniocentesis can be performed for this purpose. Carrier screening is available for a number of disorders. Ask your doctor for more information.
- Women with abnormal ultrasound findings. When ultrasound examination shows abnormalities, amniocentesis for diagnostic testing of the amniotic fluid may be recommended.
- Women with abnormal Expanded AFP screening test. This may indicate an increased risk for chromosome abnormalities or neural tube defects.
- Family history of neural tube defects. The risk of having a child with a neural tube defect, such as spina bifida, is increased when a close relative has the disorder.
- Certain seizure medications may increase the risk for neural defects and amniocentesis should be considered.

## **Chorionic Villus Sampling (CVS)**

### **What is a CVS?**

A CVS is performed between 10 and 12 weeks and involves taking a small amount of tissue from the placenta. Although methods can vary, the procedure involves inserting a small tube called a catheter through the cervix into the uterine cavity. It may be performed after an abnormal nuchal thickness to evaluate the chromosomes of the fetus for abnormalities. CVS chromosomal results are available earlier in pregnancy than amniocentesis results. To complete the testing, AFP only and Level II ultrasound are still recommended. This test is performed by a perinatologist.

## **Scheduling Genetic Counseling and Genetic Testing**

### **How do I schedule chromosomal testing?**

You must call a perinatology office (high-risk obstetrician) to schedule and appointment for genetic counseling, nuchal screening, CVS or amniocentesis. If you would like to schedule nuchal thickness testing or CVS, you should call prior to 11 weeks of pregnancy. If you want an amniocentesis this is usually performed with a Level II ultrasound between 16 and 18 weeks of pregnancy. If you elect not to have the amniocentesis, you should still consider genetic counseling and a Level II ultrasound. You may also have the Expanded AFP test performed if you did not do a nuchal screening test and are not planning an amniocentesis. The AFP test does not have the same accuracy as the amniocentesis. If you are undecided about testing, schedule genetic counseling during the first trimester of your pregnancy.

### **Who should I call?**

Please check with your insurance carrier to determine which physician and facility is contracted with your insurance. Locally, we recommend the Obstetrix Medical Group at (408) 371-7111, or Stanford perinatology department at (650) 725-7030.

# Additional Monitoring

## **Kick Counts:**

As your baby grows larger, you may feel less "big" movements. Also, when you are busy during the day, you may not notice your baby moving as much as when you are at rest. Kick counts are a good way to monitor your baby's movements. They involve monitoring movements at the same time each day, for one session per day. This is more effective if you are greater than 28 weeks along. They should be done with an empty bladder about one hour after a meal, while resting on your left side to promote circulation. You can download a kick count form from the Los Olivos website.

## **Fetal Fibronectin:**

The fetal fibronectin assay is used to help identify patients at risk for preterm delivery. The test is useful in ruling out preterm labor in patients between 24 and 34 weeks of pregnancy with regular uterine contractions. The test checks for the presence of a protein that is normally found only in the uterus. If the protein is found in the cervix or vagina, it means there has been a break in the membrane attachment and may warn of preterm labor in the next 7-14 days.

The data indicate that a negative test has a maximal negative predictive value of approximately 96% for not delivering within the next 2 weeks, while a positive test has a 15-20% positive predictive value for preterm delivery. Despite these data, there have been no prospective interventional studies demonstrating a decrease in preterm deliveries or improved perinatal outcomes based on the knowledge of the results of this test. No study has examined the efficacy of FFN on the incidence, morbidity, and mortality of preterm delivery. However, there may be selected cases in which quickly available results may be helpful in assessing the patient's risk of preterm delivery allowing for an impact on clinical decisions.

Although a negative test appears to be useful in ruling out imminent preterm delivery (i.e., within 2 weeks), the clinical implications of a positive result have not been fully evaluated. The test is not used as a screening test for preterm labor.

## **Nonstress Test:**

This test is based on the premise that the heart rate of a normal healthy fetus will temporarily accelerate with movement. This ability to increase heart rate is a good indicator of healthy fetal function. An electronic fetal monitor is attached to the abdomen and a report of your baby's heart rate fluctuations is produced. This test can be performed during the last 10 weeks of pregnancy, once or twice per week. It is usually performed at Los Olivos and takes approximately 30 minutes. You must schedule this with the receptionist.

## **Level II Ultrasound:**

This specialized ultrasound gives a detailed view of the fetus, with special attention to organ development and function. If you are over 35, you should schedule a Level II ultrasound. The phone number for Obstetrix perinatology office is (408) 371-7111. A Level II ultrasound is always performed with an amniocentesis, if you have opted form this procedure.

## **Biophysical Profile:**

This test is a combination of a nonstress test and a sonogram to evaluate fetal movement, fetal tone, fetal breathing and the amount of amniotic fluid in a high-risk pregnancy.

# Fetal Kick Counts

Performing "Kick counts" is a simple method for the pregnant woman to monitor the activity of her fetus during the last three months of pregnancy. The fetus normally has sleep/wake cycles or periods of activity and rest. Usually there are at least four noticeable movements or "kicks" each hour of the day. Such activity is reassuring.

To help monitor your baby for the remainder of this pregnancy you are requested to do the following:

1. Every day at the same, time pay attention to any kick or rolling movements of your baby. If four movements occur within 60 minutes, your baby has "passed the test". The best time to do the test is after a meal.
2. If by one hour you have not been aware of four movements, you may have been too busy with other activities. You should now lie down on your left side and pay close attention to the baby. If you still have not noted four movements in the next 60 minutes, please telephone the office (even on weekends and holidays). You may be requested to come into the office or to go to the hospital for further evaluation.
3. Please keep a written record of these "kick counts" on the form below and bring this record to your prenatal visits. By utilizing this technique of daily monitoring you may help us in assessing your baby's well-being prior to birth.

If you have any questions please do not hesitate to call the office at (408) 356-0431.

FETAL KICK COUNTS								
Date	Hour of Day	Number of Fetal Movements	Date	Hour of Day	Number of Fetal Movements	Date	Hour of Day	Number of Fetal Movements

# Cord Blood Banking

The blood that remains in your baby's umbilical cord after it has been cut is called *cord blood*, and it is rich in stem cells. These valuable cells, which are genetically unique to your baby and family, can only be collected immediately after your baby's birth. With the option to save stem cells, expectant parents have many questions about this one-time opportunity. Following are the most common questions asked about cord blood banking.

## **What are stem cells?**

Stem cells are the body's “master” cells because they give rise to all tissues, organs, and systems in the body. The stem cells' ability to differentiate, or change into other types of cells in the body, is a new discovery that holds tremendous promise for treating and curing some of the most common diseases, such as heart disease, cancers, stroke, and Alzheimer's. Stem cells have already been used to treat nearly 70 diseases, including leukemia, other cancers, and blood disorders.

## **Are cord blood stem cells different than other types of stem cells?**

Yes. Umbilical cord blood stem cells are the youngest, safely available stem cells, and they are the product of another miracle — a live birth. Freezing these cells essentially stops the clock and prevents aging and damage that may occur to the cells later in life. Another source of stem cells, embryonic stem cells, has been at the heart of heated debate. Currently, embryonic stem cells are not being used to treat humans. A third category of stem cells is adult stem cells, such as those found in bone marrow. Adult stem cells serve very specialized roles in treatment and are not as proliferative as those found in cord blood. Adult stem cells also have a lower chance of being a suitable match between family members.

## **What is cord blood being used for?**

Currently, stem cells from umbilical cord blood are showing promise in the treatment of brain injury and juvenile diabetes, and they've already been used in lifesaving treatments for nearly 70 diseases, including leukemia, other cancers, and blood disorders. Every day doctors are working to develop stem cell treatments for new therapies, and they are especially enthusiastic about the potential use of cord blood stem cells in the emerging fields of gene therapy and cellular repair. When you bank your baby's cord blood stem cells, you are saving what may be a key component to future medical treatments and cures.

## **Why do families choose to collect and store their baby's cord blood?**

By saving cord blood, families secure an invaluable medical resource that can protect their family's health. At an increasing rate, expectant parents are choosing to bank cord blood for the security in knowing the health benefits stem cells may someday offer their children, themselves, or other family members.

Recent clinical studies support the unique suitability of cord blood stem cells for a number of developing technologies. Fifteen years ago, doctors didn't think it was possible for the body to repair damaged brain cells. Today, new findings indicate that cord blood stem cells have the potential to induce healing of the brain. In fact, some children with brain damage who have been treated with their own cord blood have shown meaningful improvement from their symptoms.

Any family may benefit from cord blood banking, but some situations make it even more important for families to consider:

- **Family History** – Cord blood banking is a prudent choice if you, your spouse, or partner has any family history of a disease that is treatable with stem cells, such as leukemia, lymphoma, or myeloma. It is important to remember, however, that for many cancers and diseases, the causes are unknown and they occur even when there is no family history of the disease.
- **Ethnic Background or Mixed Ethnicity** – Ethnic minorities and families of mixed ethnicity have greater difficulty finding stem cell donors when needed. Many genetic diseases such as sickle cell anemia and thalassemia are more common in certain ethnic populations. Both of these diseases have been successfully treated with stem cells from cord blood.
- **Newborn Adoption** – Families preparing to adopt a newborn choose cord blood banking because, if ever needed, the cord blood may be the only available genetically related source of stem cells for the adopted baby. In addition, depending upon the terms of the adoption, complete family medical histories are not always available.
- **In Vitro Pregnancies** – Couples using fertility treatments bank cord blood because they face the possibility of not having another opportunity to secure a genetically related sample of cord blood stem cells for their child.

### **What are the odds that my family will need to use the stem cells?**

The odds that your child or a family member will need to use stem cells for currently available treatments during his or her lifetime are estimated at 1 in 200<sup>1</sup>. However, with breakthrough stem cell therapies to treat conditions like juvenile diabetes, nearly all families may someday benefit by saving cord blood.

### **How is the cord blood collected?**

Cord blood collection is a simple, safe, and painless procedure that usually takes less than five minutes and can be performed after vaginal or cesarean births. After your baby has been born and the cord has been clamped and cut, the blood will be drawn from the umbilical cord before it is discarded. After your baby's cord blood has been collected it will then be sent to a laboratory by an express courier for processing and storage.

### **What are my options for saving my baby's cord blood?**

There are two types of banks: family banks (for use by one's own family) and public donor banks (for unrelated or non-family use, i.e. "public"). With private collection, the cord blood is saved for exclusive use by your family — for your child or another member. Public donation is not available everywhere, and there is no guarantee that donated cord blood will be saved. If the cord blood is saved, it is available for use by anyone so it may not be available if your family needs it. If you are interested in donating, contact the Cord Blood Donor Foundation at (650) 635-1452, or visit [www.cordblooddonor.org](http://www.cordblooddonor.org).

### **Does my insurance cover the cost of collection and storage?**

You should check with your insurance carrier. Usually collection and storage are not a covered benefit. Your insurance may reimburse your Ob/Gyn for the professional charges encountered with the collection.

### **How do I find a cord blood collection company?**

Many companies provide this service. A list can be obtained at [www.parentsguidecordblood.com](http://www.parentsguidecordblood.com). When choosing, look for a company with experience and long-term stability. Look for a company that has a strong reputation with Ob/Gyns and has a long history of providing samples for transplant.

(1) Nietfeld JJ, Pasquini MC, Logan BR, Verter F, Horowitz MM.

Lifetime probabilities of hematopoietic stem cell transplantation in the U.S. *Biol Blood Marrow Transplant*. Mar 2008;14(3):316-322.

# General Pregnancy Recommendations

## Hot tubs and Saunas:

Studies have shown that there is an increased incidence of miscarriage if a sauna is used during the first three months of pregnancy. We recommend against using the sauna during the entire pregnancy and not using a hot tub during the first three months of pregnancy. After the first three months of pregnancy, limit the hot tub to 100 degrees temperature. The danger to the fetus appears to be from raising the mother's core body temperature. Warm baths and showers are safe throughout pregnancy.

**Caffeine:** The March of Dimes recommends that women who are pregnant consume no more than 200 mg of caffeine per day. The Organization of Teratology Information Specialists [www.OTISpregnancy.org](http://www.OTISpregnancy.org) states that caffeine has not been shown to cause an increased chance for birth defects. Caffeine crosses the placenta and in large quantities can effect babies in the same way as it does adults.

<b><u>Caffeinated Item:</u></b>	<b><u>Typical Range</u></b>	<b><u>(mg/serving)</u></b>
<b>Coffee</b> (8 fluid ounces)		
Brewed, drip method	85	65-120
Instant	75	60-85
Decaffeinated	3	2-4
Espresso (1 fluid ounce)	40	30-50
<b>Tea</b> (8 fluid ounces)		
Brewed, major US brands	40	20-90
Instant	28	24-31
Iced	25	9-50
<b>Soft drinks</b> (8 fluid ounces)	24	20-40
<b>Cocoa beverages</b> (8 fluid ounces)	6	3-32
<b>Chocolate milk</b> (8 fluid ounces)	5	2-7

## Alcohol:

Fetal Alcohol Syndrome (FAS) is the leading known cause of mental retardation. It is preventable. 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. It also increases your baby's risk for future ear infections, frequent colds and SIDS. Please do not smoke during your pregnancy.

## Dental Work:

Local anesthesia injections are safe. Use a lead apron if X-rays are necessary. Pain medications and most antibiotics are safe (your dentist will prescribe correctly). They commonly use Lidocaine and Ampicillin.

## Vaccinations:

The Tdap (Tetanus, diphtheria and pertussis) vaccine is recommended for all adults in contact with newborns and toddlers under the age of one to prevent transmission of pertussis, also known as "whooping cough". If you have not already received this vaccine, you may receive it during the second or third trimester of pregnancy. The Flu shot is recommended for all women who will be pregnant during the flu season. The vaccine should be thimerosal free. Vaccines are available in the Vaccination Clinic in Suite 2 of the Los Olivos building by appointment (408) 356-9500. A doctor's prescription is required.

# Healthy Eating During Pregnancy

Pregnancy is the most nutritionally demanding time of a woman's life. Your body needs enough nutrients every day to support the growth of your baby. These are the additional requirements needed during pregnancy. The United States Department of Agriculture has updated its website for dietary information. Please access this excellent site at [www.mypyramid.gov](http://www.mypyramid.gov). You will be able to input your individual height and weight and determine the best diet during your pregnancy with MyPyramid Tracker.

## Recommended Daily Allowance (RDA) for Pregnant Women:

### Additional

Calories	+300	Calcium	100 mg/d
Folate	400 mcg	Vitamin D	5 microg/d
Vitamin E	10 IU	Flouride	3 mg/d
Vitamin K	65 mcg		
Vitamin C	70 mg	Carbohydrate	175 g/d
Thiamin	1.5 mg	Total fiber	28 g/d
Riboflavin	1.6 mg	Total fat	Not determined
Niacin	17 mg	Protein	71 g/kg/d
Vitamin B6	2.2 mg		
Vitamin B12	2.2 mcg		
Iron	30 mg	Breastfeeding	+500 calories
Zinc	15 mg		
Selenium	65 mcg		

A pregnant woman needs about 300 calories a day more than she did pre-pregnancy to support the rapid growth of the fetus and her changing body. (Pre-pregnancy needs are about 2,200 calories daily for most active women and teenage girls and about 1,600 calories for sedentary women.)

## Weight Gain During Pregnancy

Weight gain during pregnancy should be gradual with the most weight being gained in the last trimester. According to the American College of Obstetrics and Gynecology (ACOG), you should gain about 2 to 4 pounds during the first three months of pregnancy and then 3 to 4 pounds per month for the rest of your pregnancy.

Total weight gain for women with a normal Body Mass Index (BMI) - the ration of weight to height - should be about 25 to 30 pounds. This will decrease the risk of delivering a low-birth-weight baby. The Institute of Medicine recommends that women who have a low BMI should gain 28 to 40 pounds during pregnancy.

Women who have a high BMI should gain less. Obese women have a greater risk of having babies with neural-tube defects and other malformations. They are twice as likely to need a Cesarean section for delivery. Babies born from obese mothers are more likely to be overweight later in life. Recent information recommends obese women not to put on any weight at all during pregnancy.

# Food Guide Pyramid: Daily Choices for Pregnant Women

Food Group	Recommended Servings	What Counts as a Serving?
Breads, Cereal, Rice, and Pasta Group—especially whole grain and refined (enriched)	6 - 11 servings	1 slice bread ½ hamburger bun or English muffin 3 - 4 small or 2 large crackers ½ cup cooked cereal, pasta, or rice About 2 cup ready-to-eat cereal
Fruit	2 - 4 servings	¾ cup juice 1 medium apple, banana, orange, pear ½ cup chopped, cooked or canned fruit
Vegetable (Eat dark-green, leafy, yellow or orange vegetables, and cooked dry beans and peas often.)	3 - 5 servings	1 cup raw leafy vegetables ½ cup other vegetables—cooked or raw ¾ cup vegetable juice
Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts—preferably lean or low fat	3- 4 servings	2 -3 ounces cooked lean meat, poultry, fish ½ cup cooked, dry beans** or ½ cup tofu counts as 1 ounce lean meat 2 tablespoons peanut butter or ⅓ cup nuts counts as 1 ounce meat
Milk, Yogurt, and Cheese—preferably fat free or low fat	3 - 4 servings*	1 cup milk 1 cup buttermilk 8 ounces yogurt 1½ ounces natural cheese 2 ounces processed cheese 1 cup calcium-fortified soy milk
Fats and Sweets	Use sparingly	Limit fats and sweets
Alcohol	Avoid	Avoid alcoholic beverages altogether
* During pregnancy and lactation, the recommended number of milk group servings is the same for non pregnant women. A soy-based beverage with added calcium is an option for those who prefer a non-dairy source of calcium.		
**Dry beans, peas, and lentils can be counted as servings in either the meat and beans group or the vegetable group. As a vegetable, ½ cup cooked, dry beans counts as 1 serving. As a meat substitute, 1 cup cooked, dry beans counts as 1 serving (2 ounces meat).		
Adapted from Eating for Two, 2002, March of Dimes and the Dietary Guidelines for Americans, Fifth Edition, 2000, U.S. Department of Agriculture and the U.S. Department of Health and Human Services		

Read juice labels. Many drinks that seem to be fruit juices are really drinks that have little or no fruit juice. Since fruit-type drinks are mostly sugar, they do not count as a serving. Remember, fresh fruits and dried fruits have more fiber than fruit juice, so they are better choices.

We recommend [www.mypyramid.gov](http://www.mypyramid.gov) for dietary information.

## Resources for more information:

March of dimes website: [www.ific.org/publications/brochures/pregnancybroch.cfm](http://www.ific.org/publications/brochures/pregnancybroch.cfm)

Body mass index website: [www.nhlbisupport.com/bmi](http://www.nhlbisupport.com/bmi)

University of Pittsburg website: <http://patienteducation.upmc.com/Pdf/NutritionPregnancy.pdf>

Food and Nutrition Service website: [www.fns.usda.gov/fns/](http://www.fns.usda.gov/fns/)

Weight guidelines: [http://198.102.218.57/dietaryguidelines/dga2000/document/aim.htm#weight\\_top](http://198.102.218.57/dietaryguidelines/dga2000/document/aim.htm#weight_top)

Pregnancy and breastfeeding nutrition information reading list:

[www.nal.usda.gov/fnic/pubs/bibs/topics/pregnancy/pregcon.html](http://www.nal.usda.gov/fnic/pubs/bibs/topics/pregnancy/pregcon.html)

National Women's Health Information Center (NWHIC): [www.4woman.gov/pregnancy](http://www.4woman.gov/pregnancy)

# Nutritional Supplements

## **Prenatal Vitamins:**

Prenatal vitamins are fortified with folate and are available over-the-counter (OTC) or by prescription. If you have severe nausea or are unable to take the vitamins, you can purchase 400 mcg of folic acid by itself. There is no data that after the first trimester prenatal vitamins are beneficial.

## **Folic Acid or Folate:**

Folate is a “B” vitamin that may lower the incidence of neural tube defects in your growing baby. Women at average risk of having a baby with a neural tube defect (NTD) need 400 mcg of folate daily. Over the counter prenatal vitamins contain 400 - 800 mcg of folic acid while prescription vitamins contain 1000 mcg. of folate. Foods rich in folic acid include beans, lentils, peanuts, sunflower seeds, walnuts, almonds, orange juice, pineapple, cantaloupe, bananas, avocados, broccoli, asparagus, spinach, dark green lettuce and okra. Many cereals and breads may be fortified with folate. The nutrition label on the foods should list any supplements. Patients with a history of a pregnancy complicated by NTD need higher folate doses.

## **Iron Supplements:**

It is generally recommended that pregnant women should ingest 30 mg of iron per day. A blood count will be drawn during your pregnancy at the first visit and again in the third trimester to determine whether you have an iron deficiency anemia. If you are recommended to take an iron supplement, it can be purchased without a prescription. The different preparations may be ferrous sulfate, ferrous gluconate or ferrous fumarate. Your body will absorb only a small amount each day so any of these preparations is adequate for iron supplementation. Some iron preparations contain vitamin C, which increases iron absorption or a stool softener if you have problems with constipation. If you are taking more than one iron tablet per day, separate the times that you take it. For more information, see page 44.

## **Calcium:**

The recommended daily allowance during pregnancy is 1000 mg daily. Supplements can be purchased without a prescription at your pharmacy. Calcium carbonate gives you the largest percentage of usable calcium and should be taken with meals. Calcium citrate should be taken between meals for best absorption. There is no difference between most generic calcium supplements. TUMS or Viactiv Chews are both excellent methods of supplementation. For more information, see page 43.

## **Herbal supplements:**

We do not recommend any herbal supplements during the pregnancy. Most have not been studied so no safety record is available. If you are taking a supplement, please bring it to your appointment and discuss its use with your physician.

# Calcium Sources

## Dietary Sources of Calcium

Pregnant and lactating women need 1000 mg/day of calcium. Most of the calcium in the body is found in the body's bones and teeth. One percent circulates in the blood to enhance nerve conduction, muscle contraction and blood clotting. If nutritional calcium intake is not adequate, calcium is taken from the bone to maintain blood calcium levels and osteoporosis may occur.

<b>Milk/Mild Products (1 cup)</b>	<b>Ca in mg.</b>	<b>Fish (3 oz)</b>	<b>Ca in mg.</b>
2% fat milk	352	Sardines, canned with bones	372
Skim milk (nonfat)	296	Salmon, canned with bones	167
Whole milk	288	Oysters	81
Plain yogurt	272		
Low-fat yogurt	452	<b>Fruits</b>	
Nonfat yogurt	451	Dried figs (5 medium)	135
Ice Cream	104	Almonds (10 g)	165
<b>Cheese</b>		Fruit juice – orange fortified	300
Ricotta ½ cup	335		
Swiss cheese	262	<b>Vegetables (1/2 cup)</b>	
Cheddar	213	Broccoli	158
American	198	Collard greens	145
Edam	208	Dandelion greens	126
Gruyere	287	Spoon cabbage or bokchoy	126
		Spinach, swiss chard or beet greens (unavailable due to oxylates)	0

Other food sources of calcium are fortified breads and cereals. High fat dairy products should be avoided. Foods are the best source of usable calcium. Recent evidence indicates that calcium from supplements interferes with manganese, iron and thyroid medication absorption. Calcium from foods does not have that detrimental effect. Take calcium supplements under the supervision of your physician or a registered dietitian. If you are unable to obtain all the necessary calcium from foods, a combination of foods and a moderate amount of supplement may be the best therapy.

## Calcium Supplements

Calcium carbonate gives you the largest percentage of usable calcium. Calcium carbonate should be taken with meals or snacks to increase absorption. Calcium absorption is dependent on an adequate level of vitamin D. Supplementation is not usually necessary because vitamin D is added to fortified milk and occurs in fish and eggs. It also occurs naturally in the skin by sunlight exposure 10 minutes/day. If you have a history of kidney stones or if calcium carbonate causes gas or constipation, try calcium citrate. Calcium citrate should be taken between meals for best absorption.

The following gives you a list of the various calcium products and the amount of usable calcium.

### Calcium Carbonate

Generic Hi-Cal	500
Oyster shell calcium	500
Tums	200
Tums extra strength\OS Cal	300
Viaactiv chews	500
Os Cal	500

### Calcium Citrate

Citracal	200
Avoid Dolomite, Oyster shell and Bone Meal as they may contain heavy metals, including lead	

# Iron Sources

<http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202305.html>

## Importance of diet:

For good health, it is important that you eat a balanced and varied diet. If you think that you are not getting enough iron in your diet or you become anemic, you should take an iron supplement. Iron is found in the diet in two forms—heme iron, which is well absorbed, and nonheme iron, which is poorly absorbed. The best dietary source of absorbable (heme) iron is lean red meat. Chicken, turkey, and fish are also sources of iron, but they contain less than red meat. Cereals, beans, and some vegetables contain poorly absorbed (nonheme) iron. Foods rich in vitamin C (e.g., citrus fruits and fresh vegetables), eaten with small amounts of heme iron-containing foods, such as meat, may increase the amount of nonheme iron absorbed from cereals, beans, and other vegetables. Some foods (e.g., milk, eggs, spinach, fiber-containing, coffee, tea) may decrease the amount of nonheme iron absorbed from foods. Additional iron may be added to food from cooking in iron pots.

To prevent deficiency, adult pregnant women should ingest 30 mg iron per day. Breast-feeding women should ingest 15 mg per day. To treat a deficiency, take the amount prescribed by your physician or on the manufacturer's package directions. Iron is best absorbed when taken on an empty stomach, with water or fruit juice about 1 hour before or 2 hours after meals. However, to lessen the possibility of stomach upset, iron may be taken with food or immediately after meals. Do not take iron supplements and antacids or calcium supplements at the same time.

## Iron deficiency anemia:

Iron is a mineral that the body needs to produce red blood cells. When the body does not get enough iron, it cannot produce the number of normal red blood cells needed to keep you in good health. This condition is called iron deficiency (iron shortage) or iron deficiency anemia. Although many people in the U.S. get enough iron from their diet, some must take additional amounts of iron to meet their needs. Lack of iron may lead to unusual tiredness, shortness of breath, a decrease in physical performance, and learning problems in children and adults, and may increase your chance of getting an infection.

## Foods high in iron content:

<b>Proteins:</b>	<b>Grains:</b>	<b>Fruits and vegetables:</b>
BEANS	FORTIFIED CEREALS	APRICOTS, DRY
BEEF, LEAN	DARK BREADS	MOLASSES
CLAMS	HOT CEREAL	POTATOES (WITH SKIN)
EGGS	OATMEAL	RAISINS
FISH	CREAM OF WHEAT	DARK LEAFY GREENS:
LENTILS	RICE (ENRICHED)	SPINACH, CHARD, PARSLEY
LIVER (WURST)	NOODLES (FORTIFIED)	STRAWBERRIES
MEATS		
PEANUT BUTTER		
SOYBEANS		

## Percentage and amount of iron in some commonly used iron compounds:

<b>Preparation</b>	<b>Iron compound (mg) per tablet</b>	<b>Percent (%) of iron</b>	<b>Elemental Iron (mg) per tablet</b>
Ferrous fumarate	200	33	66 *best absorption
Ferrous gluconate	300	12	36
Ferrous sulfate	300	20	60 *least expensive

## Supplements:

Ferrous sulfate is the least expensive iron with the most side effects. Many people complain of constipation while on iron supplementation. Of each 300 mg tablet of ferrous sulfate, only 60 mg of iron is available for absorption. Ferrous gluconate contains only 36 mg of iron so it is less likely to cause stomach upset. The best iron is ferrous fumarate which contains 66 mg of iron per 200 mg tablet with the most bio-available iron for absorption. Ferrous Fumarate is more expensive but is milder in terms of side effects.

# Medication Use in Pregnancy

The following medications may be taken safely during pregnancy. We recommend that you try non-drug treatments first. For example, if you have a headache, try lying down in a quiet, dark room. If you do not get relief, please use the following guidelines. If a prescription is necessary, an Rx will appear next to the medication.

## Cold/Sinuses

Tylenol Cold  
Sudafed/Actifed  
Airborne/Theraflu  
Nasal crom - rx  
Dristan  
Breathe Right Strips  
Entex - rx  
Flonase/Nasonex - rx

## Allergies

Claritin  
Zyrtec - rx  
Tylenol Allergy/Sinus  
Chlor-Trimeton  
Benadryl  
Dimetapp  
Tavist  
Allegra - rx

## Antibiotics - rx

Ampicillin  
Amoxicillin  
Cipro  
Macrobid  
Zithromax  
Keflex  
Clindamycin

## Depression

Prozac - rx  
Zoloft - rx  
Wellbutrin - rx

## Itching

Benedryl  
Atarax - rx  
Aveno

## Cough

Robitussin DM  
Robitussin Plain  
Dextromethorphan  
Vicks Vapo Rub  
Cepacol

## Heartburn

Tagamet  
Zantac  
Pepcid  
Tums/Roloids  
Gas-X  
Pepto-Bismol

## Antivirals - rx

Zovirax  
Acyclovir  
Valtrex

## Constipation/Stool softeners

Fibercon  
Metamucil  
Fiberall  
Benefiber  
Citracil  
Ducolax (laxative)

## Indigestion

Tums/Roloids  
Mylanta  
Maalox

## Diarrhea

Imodium  
Kaopectate

## Headache

Tylenol  
Fioricet - rx

## Nausea/Morning Sickness

Scopolamine patch - rx  
Unisom 1/2 tablet with Vitamin B6  
Phenergan - rx  
Zofran - rx

## Sore Throat

Halls drops  
Chloraseptic Spray  
Cepacol  
Sucrets

## Yeast Infection

Mycelex  
Gyne-Lotrimin  
Monistat  
Femstat  
Terazol - rx  
Diflucan - rx

## Aches/Pain/Fever

Tylenol #3  
Vicodin - rx  
Tylenol

## Hemorrhoids

Preparation H  
Anusol HC  
Tucks  
Hydrocortisone cream  
Analpram - rx

## Insomnia

Ambien - rx  
Tylenol PM  
Benadryl

# Medication Use in Pregnancy

The following medications have been taken during pregnancy and have not been shown to cause birth defects. Even so, we recommend not using any medication unless necessary. If you take a medication routinely for a medical problem and are unsure about the medication, please contact our office prior to discontinuing that medication. Take all medications according to the manufacturers directions listed on the bottle unless otherwise directed by your physician.

Acne medications (topical are allowed)

Antacids (Mylanta, Maalox, Pepcid AC, TUMS, Zantac)

Antibiotics (Keflex, Macroclan, Macrobid, Amoxicillin, Penicillin, Zithromax, Clindamycin, Cipro)

Antihistamines (Allegra, Benedryl, Claritin, Chlor-Trimeton, Dimetapp, Tavist, Zyrtec)

Antinausea medications (Phenergan, Zofran, Scopolamine patch, Ginger)

Antiviral medications (Acyclovir, Valtrex)

Blood pressure medications (Nifedipine, Aldomet, Propanolol)

Cold medications (Airborne, Theraflu)

Cough drops/lozenges/syrups (Cepacol, Herbal cough drops, Robitussin, Vicks)

Decongestants (Actifed, Sudafed, Entex)

Kaopectate

Gas-X

Hemorrhoids (Anusol HC, Preparation H, Tucks, Analpram)

Laxatives (Ducolax)

Pain medications (Codeine, Vicodin)

Nasal sprays (Afrin, Beclovent, Flonase, Nasonex, Neosynephrine, Saline, Ventolin)

Pepto-Bismol

Sleeping medications (Tylenol PM, Ambien)

Stool softeners (Colace, Citracel, Fibercon, Metamucil)

Thyroid medicine (Synthroid, Thyroxine)

Tocolytics to stop labor (Terbutaline)

Tylenol (Extra-strength, Regular)

Vitamins (Vitamin C, Airborne)

Yeast medications (Monistat, Gyne-Lotrimin, Femstat, Terazol, Diflucan)

Medication you should **NEVER** take during pregnancy includes: Acutane, Lithium, Tetracycline, Vibramycin, Valproic Acid, Minocycline. Though Ibuprofen (NSAID – anti-inflammatory drugs) or aspirin may be prescribed by your physician for certain medical conditions during your pregnancy, we recommend against routine use without your doctors advice.

Though a small amount of alcohol may not cause harm, there is no known safe quantity. Therefore, we advise against any alcohol ingestion during pregnancy.

Smoking and using recreational drugs are dangerous to the pregnancy. They can cause growth retardation of the fetus, premature maturation of the placenta, which can cause fetal distress during labor, and abnormal separation of the placenta, which can cause fetal death or maternal hemorrhaging during labor.

Other medications may be safe or have minimal risk but should be discussed with your physician prior to taking the medication. Most fall into the “unknown category”. This means that there is no documentation of its safety during pregnancy.

# Commonly Asked Questions in Pregnancy

**WHAT CAN I TAKE FOR A HEADACHE?** Tylenol is safe to take for a headache, fever or any general discomfort. Follow the recommended dosage on the bottle.

**WHAT CAN I TAKE FOR A COLD?**

Sudafed or Actifed is safe to take for a decongestant. Robitussin is safe to take for a cough. Tylenol is safe to take for fever, aches, and pains. Sore throat lozenges are safe to take for a sore throat. You may use Airborne.

**WHAT DO I DO IF I HAVE BEEN EXPOSED TO CHICKEN POX?**

There is no danger to your baby if you have had the chicken pox. If you are not sure, a blood test can be done to determine if you are immune. If you are not immune, please call your physician.

**WHAT DO I DO IF I HAVE BEEN EXPOSED TO FIFTH'S DISEASE (PARVOVIRUS B19)?**

It is likely that you have had the disease as a child and are therefore immune. If you are not sure, a blood test can be done to determine if you are immune. It is not likely that you will contract the disease with casual contact. Good hand washing and hygiene are important to prevent infection. Please call your physician if you have been exposed. More information is available at [www.cdc.gov/ncidod/dvrd/revb/respiratory/B19&preg.htm](http://www.cdc.gov/ncidod/dvrd/revb/respiratory/B19&preg.htm)

**WHAT SHOULD I DO IF I AM EXPOSED TO HAND, FOOT AND MOUTH DISEASE?**

HFMD is a common illness of infants and children and is characterized by fever, sores in the mouth, and a rash with blisters. It is caused by an enterovirus and does not harm a pregnant mother or the fetus. Good hygienic practices will prevent its spread.

**MAY I FLY IN AN AIRPLANE?**

Please discuss with your doctor if you plan to travel during the third trimester. You should never fly in an airplane after your 35th week of pregnancy. When traveling, it is important to drink plenty of water and to get up and walk about the cabin of the plane every hour. Please check with your insurance company to make sure you are covered outside the San Jose area should an emergency arise. The airport screening will not harm the baby.

**CAN I SLEEP ON MY BACK OR ABDOMEN?**

You may sleep on your back until the third trimester as long as you are comfortable. When your uterus is large enough to compress your major blood vessels causing hypotension (low blood pressure), you will become nauseous and dizzy. Placing a pillow under one hip should prevent these symptoms. You may sleep on either your left or right side. Sleeping on your abdomen does not harm the baby and can be continued as long as comfortable.

**WHAT CAN I DO IF I AM CONSTIPATED?**

Increase oral fluids, dietary fiber (fresh fruits and vegetables), and exercise (walking). You may try Citrucel, Metamucil, or Fibercon. Coffee and herbal teas can also have a laxative effect and alleviate constipation. In an emergency, Ducolax suppositories or Fleet's enema may be used.

**WHEN CAN I EXPECT TO FEEL THE BABY MOVE?**

You can expect to begin to feel the baby move at about 20 to 22 weeks of pregnancy. You may not feel daily regular movements until 28 weeks of pregnancy.

### IS IT NORMAL TO HAVE ACHES AND PAINS IN THE PELVIS?

Early in pregnancy it is normal to feel cramping as the uterus grows and discomfort as the ligaments stretch. During the second trimester, it is normal to feel pains in the pelvis as the uterus grows, your skin stretches, and the baby moves around. During the third trimester, it is common to have a backache and sciatica. Sciatica causes shooting pains down the back of the leg and buttocks. Toward the end of the third trimester, ligaments in the hips and pelvis loosen causing discomfort. The baby may kick nerves on the inside of the uterus causing shooting pains toward your upper abdomen or vagina. Areas of numbness may also occur on your abdomen. If you are concerned about preterm labor, please call your physician.

### IS SPOTTING NORMAL IN THE THIRD TRIMESTER?

It is common to have spotting or bleeding during the last month of pregnancy after vaginal exams or intercourse. This is caused by hormonal changes that cause the cervix to soften. It is also common to have slight bleeding in early labor. Call the office for heavy bleeding (like a period), prolonged bleeding, bleeding associated with pain or decreased fetal movement.

### I HAVE ASTHMA (OR ALLERGIES). CAN I CONTINUE MY REGULAR MEDICATIONS?

Yes. You need to be healthy for the baby to be healthy. Use of inhalers such as Ventolin, Asmacort, Proventil, Advair or Flonase will help to keep the breathing passages open. If you are on an antihistamine, Claritan, Chlor-Trimeton, Benadryl, Dimetapp, Zyrtec and Tavist are the safest antihistamines.

### YOU SAY I AM 20 WEEKS PREGNANT. HOW MANY MONTHS IS THAT?

Obstetricians have standardized timing a pregnancy to 40 weeks so that it is easier to communicate and determine due dates as well as testing. The first day of your last menstrual period is used to calculate your due date. 20 weeks is exactly half way through your pregnancy or about 4 1/2 months along.

### MY DENTIST NEEDS TO TAKE X-RAYS. IS THIS OKAY?

You should continue to care for your teeth in the normal manner. If X-rays are necessary, your dentist will shield the baby. Filling cavities or taking antibiotics if prescribed by your dentist is safe and desirable as pregnancy can increase dental disease. Ampicillin is the most common antibiotic and is safe during pregnancy. Lidocaine can be used as necessary.

### MY FEET ARE SWOLLEN. IS THIS NORMAL?

Mild swelling of the ankles and legs is related to the normal and necessary increase in body fluids during pregnancy. To ease the discomfort, elevate your legs or lie down when you can, wear comfortable shoes, and avoid elastic-top socks or stockings. Drinking at least 8 to 10 eight to ounces glasses of water a day will help to avoid excess water retention. Support hose may also help to ease the discomfort.

### IS IT OKAY TO HAVE MY HAIR COLORED, HIGHLIGHTED, OR PERMED? WHAT ABOUT ARTIFICIAL NAILS? CAN I GET MANICURES OR PEDICURES?

There is no information that any of these procedures will hurt your baby. Please weigh any benefits against any unknown potential risks.

### CAN I USE A TOOTH WHITENER OR SUNLESS TANNING LOTION?

There is no evidence that shows any harm using either of the products.

### WILL IT HURT THE BABY IF I DON'T TAKE MY PRENATAL VITAMINS?

Taking prenatal vitamins with folic acid or folic acid alone during the first trimester may decrease the incidence of neural tube defects like spina bifida. There is no data that after the first trimester prenatal vitamins are essential.

I WOULD LIKE TO TAKE A HOT BATH. IS THIS OKAY?

Studies show that hot saunas during the first trimester may cause miscarriage. There is no evidence that hot baths cause any fetal harm.

I HAVE A SINUS INFECTION. CAN I TAKE ANTIBIOTICS?

Yes. The only antibiotic that you should absolutely not take in pregnancy is tetracycline. Avoid sulfa and quinolone antibiotics in the third trimester.

WILL HIGHER ELEVATIONS AND ALTITUDE BE HARMFUL TO THE BABY?

No, but if you have any difficulty breathing you should return to a lower elevation.

IS IT OKAY TO HAVE SEXUAL INTERCOURSE DURING PREGNANCY?

There is no evidence that sex causes miscarriage or premature labor in low risk pregnancies. You may be sexually active until labor starts unless your physician instructs you otherwise. If your pregnancy is complicated, discuss this with your doctor. Lubricants such as Astroglide or KY jelly are not harmful. A small amount of spotting during the 24 hours after intercourse is common.

WILL STRESS HURT THE BABY?

No.

IT FEELS AS IF MY HEART IS RACING. IS THIS NORMAL?

Yes, it is common to have palpitations. Notify your physician if you have fainting spells.

WHAT CAN I USE TO RELIEVE THE DISCOMFORT OF HEMORRHOIDS?

Use Anusol HC cream or Tucks medicated pads to relieve hemorrhoidal discomfort. Increase the fluids and fiber in your diet to decrease constipation.

CAN I PAINT THE BABY'S ROOM?

It is safe to paint with water based paint while pregnant. Avoid solvents and oil based paints. Keep the room well ventilated.

I HAVE VARICOSE VEINS. IS THERE ANYTHING I CAN DO TO ALLEVIATE THE DISCOMFORT AND PREVENT THEM FROM GETTING WORSE?

Avoid long periods of standing or sitting. When sitting elevate your legs above the level of your hips. Try wearing support panty hose throughout the day. Exercise, such as walking 20 to 30 minutes daily, is also helpful. If you are experiencing uncomfortable vulvar varicosities, wearing maternity exercise or bicycle shorts may help.

IS IT SAFE TO EXERCISE?

Yes. In an uncomplicated pregnancy, we recommend exercise as it makes labor easier, decreases the incidence of pre-term labor as well as cesarean section. If an exercise causes cramping, shortness of breath, or pain, then decrease the intensity or stop exercising and discuss with your doctor. You should be able to carry on a conversation while you exercise. It is not necessary to keep your heart rate below 140. Contact sports such as soccer, ice hockey, skiing, horseback riding, and water skiing are strongly discouraged. Scuba diving is not safe at any time during pregnancy.

WHEN DO I HAVE TO STOP RUNNING OR RIDING MY BIKE?

You can run and ride your bike as long as you are comfortable doing so. Your ligaments will become "looser" after 28 weeks. If you have knee pain, you should discontinue running. Your balance will change during your third trimester which may limit your ability to run or ride. Please use common sense and stop before it becomes a problem.

### I DRANK WINE, BEER, OR ALCOHOL BEFORE KNOWING I WAS PREGNANT. WILL THIS HARM MY BABY?

The baby has different blood circulation very early in pregnancy. A small amount of alcohol before missing a period is very unlikely to hurt the baby. After you know that you are pregnant, you should avoid all alcohol.

### I HAVE A BELLY PIERCING. WHAT DO I DO?

Remove the ring before it starts to stretch. If you want to replace it during the pregnancy, see [www.pregnancypiercing.com](http://www.pregnancypiercing.com).

### I JUST HAD AN ULTRASOUND AND THEY GAVE ME A DIFFERENT DUE DATE. IS MY BABY DUE AT A DIFFERENT TIME?

If the dates are off by greater than 2 weeks, then the due date may be changed. The ultrasound machine does not know when you got pregnant. It is giving an estimate based on the size of the baby. If you have a large baby, it may appear that you are further along in your pregnancy. You know when you became pregnant, not the machine!! It is common to have uterine contractions and visualize fibroids during the ultrasound.

### SHOULD I GET THE FLU SHOT?

In 2004, the recommendations were revised to state that all women who will be pregnant during influenza season should be vaccinated, regardless of their stage of pregnancy. The vaccine should be thimerosal free.

### SHOULD I AVOID EATING FISH WHILE PREGNANT?

The FDA has warned that some fish (shark, swordfish, king mackerel, tuna and tilefish) may contain levels of mercury that could lead to brain damage in the developing fetus and should not be consumed. Currently the FDA suggests not more than 12 ounces each week of fish that are low in mercury. Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, Pollock and catfish. Albacore has more mercury than light canned tuna so the limit for this fish is six ounces. For more information on fish consumption advisories, go to the website: [www.cfsan.fda.gov/~frf/sea-mehg.html](http://www.cfsan.fda.gov/~frf/sea-mehg.html)

### CAN I EAT SUSHI, SOFT CHEESE, DELI MEATS AND HOT DOGS?

Yes. Tips for preventing foodborne illnesses can be found on the FDA website at [www.cfsan.fda.gov/~dms/qa-topfd.html](http://www.cfsan.fda.gov/~dms/qa-topfd.html). Use the same precautions when you are pregnant that you normally use for food preparation and storage. Cooking fish does not decrease the mercury content. Make sure milk products are pasteurized.

### WHAT CAN I DO FOR LEG CRAMPS?

Leg cramps are common during pregnancy, especially in the second and third trimester. The cause is unknown. Stay hydrated and try stretching more. There is some evidence that a magnesium supplement may help. Increasing your calcium or potassium intake does not help. When you get a cramp, straighten your leg, heel first, and gently flex your toes back toward your shins.

### WHAT CHANGES CAN HAPPEN TO MY SKIN IN PREGNANCY?

It is common to have more acne during pregnancy. You may also develop a “mask” of pregnancy and a black line or linea nigra on your abdomen under your umbilicus. These changes are due to the increased hormones your body is producing. Other common changes are development of skin tags and more moles. Most of the changes are reversible after the pregnancy. If you are concerned about abnormal growth of any moles, please see a dermatologist.

# Common Discomforts in Pregnancy

**Abdominal cramping** - The ligaments that support the growing uterus are stretching. It is common to have cramping as the uterus grows. In the second and third trimester, Braxton-Hicks become more common. Rx: Try a heating pad, rest or Tylenol. Call for severe pain, bleeding or regular contractions.

**Allergies** - The hormonal changes can increase nasal sensitivity. Rx -Avoid allergens such as mold, dust and pets. Rx – Antihistamines and nasal sprays are effective for allergies. Claritin is OTC and does not cause drowsiness. A humidifier in the bedroom may help.

**Backache** - The increasing uterus size causes a shift in the center of gravity and posture. Rx – A heating pad, ice or Tylenol may be helpful. Avoid lifting, bending, and high-heeled shoes. Wear a supportive bra. Try stretching, pelvic rocking, or wearing an external abdominal binder. Physical therapy or a massage may also help.

**Bleeding gums** - The high level of estrogen increases gum sensitivity. Rx - Practice good oral hygiene. Use a soft toothbrush & floss regularly. Try warm saline mouthwashes. Increase Vitamin C.

**Braxton-Hicks** - Irregular contractions of the uterus in preparation for labor. Rx - Rest on your left side and drink lots of fluid. Keep your bladder empty. Braxton-Hicks do not usually signify labor is going to start. Call if the contractions become regular and intense and you are less than 34 weeks pregnant.

**Breast pain** - The increased hormone levels cause a thickening of the fat layer & stimulate the developing milk ducts. Rx - Avoid caffeine, and use Vitamin E 800 IU. Wear a supportive bra.

**Carpal Tunnel Syndrome** - Fluid retention causes compression of the ulnar nerve in the wrist resulting in numbness in the hands. Rx - Wear a wrist splint while sleeping. The numbness usually disappears about 6-8 weeks post-partum. Remove rings from your fingers before they become too swollen.

**Chloasma/Linea Nigra Skin Changes** - Estrogen & progesterone hormones have melanocyte stimulating effects which cause the dark line on the abdomen and a facial rash. Rx - Avoid sun exposure and wear sunscreen.

**Constipation** - Progesterone relaxes the smooth muscle, decreasing peristalsis. Can also be caused by iron supplementation. Rx - Drink 8 glasses of water daily. Eat prunes and a high fiber diet. Increase your exercise. Use a stool softener such as Colace or Metamucil.

**Diarrhea** - Caused by hormonal changes affecting peristalsis. Frequently occurs during early labor. Rx Drink liquids to avoid dehydration. Eat rice, bananas and toast. Avoid dairy.

**Difficulty breathing** - The enlarging uterus presses up against your diaphragm. Rx - Avoid restrictive clothing. Use pillows to elevate your back while sleeping.

**Dizziness** - The enlarged uterus compresses the vena cava. Also caused by nausea, vomiting and blood sugar fluctuations. May be caused by standing or sitting in the same position for a long period of time. Rx - Lay on your left side while sleeping. Eat frequent, small meals. Do not get up from sitting too quickly or take very hot showers. Move your legs while standing in place to increase blood circulation. Try slower breathing.

**Fatigue** - Caused by a fall in the metabolic rate, hormone level changes and sleep disturbances. Rx - Take frequent rest periods. Avoid caffeine and exercising before bed. Drink warm milk.

Flatulence - occurs from decreased gastric movement and intestinal pressure. Rx - Avoid gas-forming foods, drinking through a straw, chewing gum or drinking carbonated beverages. Try Mylicon.

Headaches - Caused by stress, increased blood volume, low blood sugar, or hormone level changes. Rx - Rest, drink fluids, try relaxation techniques or massage. Use Tylenol.

Heartburn - Hormonal influence relaxes the cardiac sphincter and decreases gastric motility. Rx - Eat small, frequent meals. Avoid spicy foods. Do not lie down after eating. Try Maalox or MOM. Elevate the head of the bed when sleeping.

Hemorrhoids - Straining during bowel movements causes veins in rectum to become inflamed & swollen. Rx - Eat a high fiber diet, bran, whole grains & fruit. Try frequent sitz baths, sitting on a rubber ring, Preparation H, Tucks, or Anusol HC.

Hip pain - Commonly caused by ligaments becoming “looser” due to hormonal changes.

Insomnia - Caused by anxiety &/or being uncomfortable. Rx - Try a warm bath, relaxation techniques, & a body pillow. Avoid caffeine. Benadryl causes fatigue and is commonly used to help with insomnia.

Itching - Caused by changes in the hormone levels. Rx - Try an Aveeno bath, moisturizing lotion and drink fluids. Use benadryl cream, calamine lotion or hydrocortisone cream. Notify your physician if a severe rash develops.

Leg cramps - The uterus puts pressure on pelvic blood vessels causing decreased circulation to the lower extremity muscles. Rx - Straighten the affected leg & point heel. Try leg elevation several times daily, stretching and a diet high in calcium & magnesium. Try using a heating pad, hot water bottle or a warm bath. Sometimes, deep breathing will help.

Mood swings - Occur from constant fluctuation of hormone levels, fatigue and stress. Rx - Make time for yourself, rest, and exercise. Consider yoga.

Nasal congestion - The hormone changes increase nasal mucosa sensitivity. Rapid breathing increases the dryness in the nasal passages. Rx - Use a humidifier, drink fluids, and try saline nasal sprays.

Nausea/Vomiting - Occurs from changing hormone levels, slowed peristalsis, stretching of the internal organs and the enlarging uterus putting pressure on the stomach. Rx - Avoid spicy, greasy foods. Eat small, frequent meals. Drink tea and liquids between meals. Keep crackers, popcorn, or toast at bedside. Try lemon juice or drops, Vitamin B6 50-100mg with ½ a Unisom tablet. May use OTC acupressure wrist bands.

Nose bleeds - Caused by high estrogen levels which increase nasal sensitivity. Rx - Sit with head tilted forward & pinch your nostrils for 10 - 15 minutes. Avoid overheated, dry air and excessive exertion. Blow your nose gently. Use a humidifier while sleeping. Use Vaseline on the nasal passages or saline nasal spray to keep the nostrils moist. Try a nasal decongestant to shrink the swollen vessels.

Numb spot on the abdomen - Caused by the baby pushing on nerves to the abdomen. It's normal and no treatment is necessary.

Pain with intercourse - Occurs from pelvic & vaginal congestion, uterus enlargement or anxiety. Rx - Try changing positions, adding lubrication, increased foreplay, and more communication.

Pain or numb areas on the upper abdomen - Common in the third trimester. Usually due to baby sitting on nerves.

Round ligament pain - The ligaments that support the enlarging uterus are stretching. Rx - Flex your knees to your abdomen. Try warm baths, a heating pad, exercise, or sleeping with a body pillow.

Stretch marks - The skin stretches to accommodate the enlarging uterus. Rx - Apply lotion with Vitamin E & aloe vera daily. The marks usually fade after delivery.

Swollen hands/feet - The water retention impairs the circulation and increases pressure in the extremities while standing. Rx - Avoid restrictive clothes, long periods of standing, excessive sugar, carbohydrate and fat intake. Elevate legs throughout the day. Wear support hose. Increase your exercise and water intake.

Tender breasts - Wear a support bra. Use Tylenol for discomfort.

Urinary frequency - The heavy weight of the uterus puts pressure on the bladder. Rx - Drink fewer fluids before bed. Wear easily removable clothing.

Urinary tract infection - Due to relaxation of the sphincters in the perineum and slower peristalsis in the urinary system. Rx - Drink more fluids and consider cranberry juice or cranberry tablets. Use Vitamin C tablets. After urination, wipe from front to back. Urinate after intercourse. Call our office if you suspect an infection.

Vaginal discharge - Estrogen causes increased cervical mucous formation. Rx - Wear cotton underwear and pantliners. Call if odor, persistent itch, changes in color or consistency. Avoid pantyhose, girdles, and tight pants. Try an OTC yeast medication if symptomatic of yeast.

Varicosities - May be hereditary. Caused by impaired circulation, pressure of the uterus on the circulatory system, and hormonal effects on veins. Rx - Avoid restrictive clothing, long periods of standing, and crossing legs at the knees. Elevate legs and wear support hose. Take rest periods and walk more.

Yeast infection - Caused by a change in vaginal flora because of hormone fluctuations. Rx - Use good hygiene. Wear cotton underwear. Use a hairdryer vaginally after showering. Try an OTC yeast medication.

# Exercise Guidelines for Pregnancy

(Adapted from Alton, Exercise guidelines for pregnancy and the ACOG Technical Bulletin 267)

## Physiologic Changes that occur during pregnancy include:

- Progesterone, relaxin, estrogen and cortisol soften and stretch the connective tissue resulting in laxity and instability of ligaments and joints, and increasing the risk of musculoskeletal injury
- As the uterus and breasts enlarge, the center of gravity shifts, resulting in balance problems and increasing the risk of falling and of straining the hips and back
- Blood volume expansion and increased resting cardiac output decrease the cardiac reserve during exercise. Increased resting oxygen consumption reduces availability of oxygen during aerobic exercise
- The effects of progesterone on respiratory function combined with the u-ward displacement of the diaphragm by the enlarging uterus lower the threshold for hyperventilation
- Dehydration and hypoglycemia occur more readily
- There have been no reports that hyperthermia associated with exercise is teratogenic

## Exercise Recommendations:

- Regular, aerobic exercise of mild-to-moderate intensity for 30 minutes daily is preferable to intermittent activity or a sudden increase in exercise level
- Intensity should be light enough to allow conversation during exercise (there are no heart rate limitations)
- Exercise should be preceded by an extended warm-up and followed by a cool-down period and stretching.
- Ample fluid intake is important before, during and after exercise
- Carbohydrates (milk, fruit, juice, grains) should be consumed before and after exercise to prevent hypoglycemia.
- Caloric intake should be adequate to support exercise and promote optimal weight gain.

## Exercise precautions:

Avoid vigorous exercise during hot, humid weather or while febrile, avoid use of a sauna, exercising while fatigued or to the point of exhaustion, exercises that strain the lower back, stress ligaments, injure knees, or promote separation of the symphysis pubis, avoid holding the breath or straining, avoid exercising while on the back in the third trimester

## Warning signs to terminate exercise (ACOG Technical Bulletin 267):

Vaginal bleeding, dizziness, headache, chest pain, muscle weakness, calf pain or swelling (r/o blood clot), preterm labor, decreased fetal movement, amniotic fluid leakage

## Exercises considered safe during pregnancy (adapted from Cont OB/Gyn 1995:5:62-90):

Bicycling (stationary balance is difficult to maintain), bowling, dancing, golf, jogging, light weight-training, low-impact aerobics, rowing, running, swimming, tennis, walking, water aerobics

## Exercises not considered safe during pregnancy (adapted from Cont OB/Gyn 1995:5:62-90):

Contact sports, marathon running, diving, downhill skiing, gymnastics, heavy weight-training, high-impact aerobics, horseback riding, ice skating, mountain climbing, racquetball, rollerblading, roller-skating, scuba diving, sky diving, surfing, water skiing

## Contraindications to exercise during pregnancy (adapted from ACOG Technical Bulletin No. 267):

Pregnancy-induced hypertension, severe anemia, cardiac disease, cervical incompetence or cerclage, extreme underweight, hemoglobinopathies, three or more prior miscarriages, intrauterine growth retardation, severe infection, multiple gestation at risk for preterm labor, placenta previa, polyhydramnios, preterm labor, renal disease, preterm rupture of membranes, uncontrolled seizure disorder, uncontrolled diabetes, persistent second or third trimester bleeding, poorly controlled hypertension, poorly controlled hyperthyroidism.

# Exercises for Pregnancy and Childbirth

(Adapted from the Women's Health Talk; Ross Pediatrics)

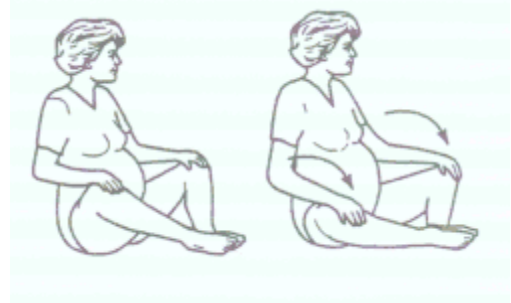
## Knee Press

The knee press strengthens and stretches your inner thighs and stretches your lower back. It also improves your circulation.

### How To Do The Knee Press

Sit on the floor and pull your feet together with the soles touching. Bring your feet as near to your body as you can with comfort.

Keep your back straight. Press your knees slowly and gently to the floor. Hold your knees in this position and count to three.



### When To Practice

Practice the knee press several times a day. This can be done sitting on the floor with good back support while you are watching TV. Slowly work up to doing this exercise for 2 to 3 repetitions, 2 to 3 times a day.

## Abdominal Strengthening Exercises

Abdominal exercises will strengthen and stretch your abdominal (stomach) muscles and improve your circulation. Exercises done while lying on your back should only be done as long as you are comfortable. When lying on your back causes dizziness or nausea, stop doing the exercise or place a pillow under your hip to tilt your uterus off the vena cava.

### How To Do Abdominal Strengthening Exercises

#### Leg Raises

Lie on your back with your feet flat on the floor. Press the small of your back into the floor. Bring one knee as close as you can to your chest. Raise your leg in the air.

Bend your knee and return your foot to the floor. Do the same exercise with your other leg.

#### Knee Reach

Breathe out as you come up and breathe in as you return to a starting position with this exercise.

Lie on your back with your feet flat on the floor.

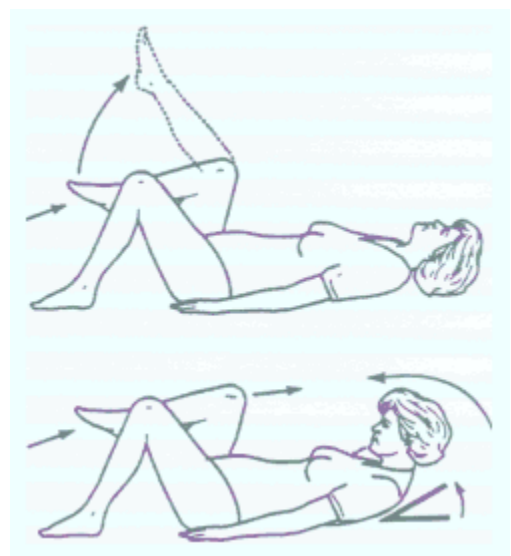
Lift your head and shoulders as you move one knee toward your nose. Bring your knee as close as you can to your nose.

Keep your neck in a relaxed position, as if you have an orange tucked under your chin. Do not jut your neck forward.

Do the same exercise with your other leg.

### When To Practice

Repeat both exercises 5 to 10 times each day.



## The Pelvic Rock

Pelvic rock exercises will strengthen your abdominal muscles and help relieve backaches.

### How To Do The Pelvic Rock

There are three ways to do this exercise. You will use a new position for each exercise.

Each time you do this exercise, tighten your abdominal muscles. Tuck your buttocks under so the small of your back is pushed back as far as possible. If this causes any back discomfort, discontinue the exercise.

#### Position 1

Lie on your back with your feet flat on the floor. Tighten your lower abdominal muscles and your buttocks so the small of your back is pressed onto the floor. Repeat this exercise slowly and evenly. Breathe out as you press down and in as you relax.

#### Position 2

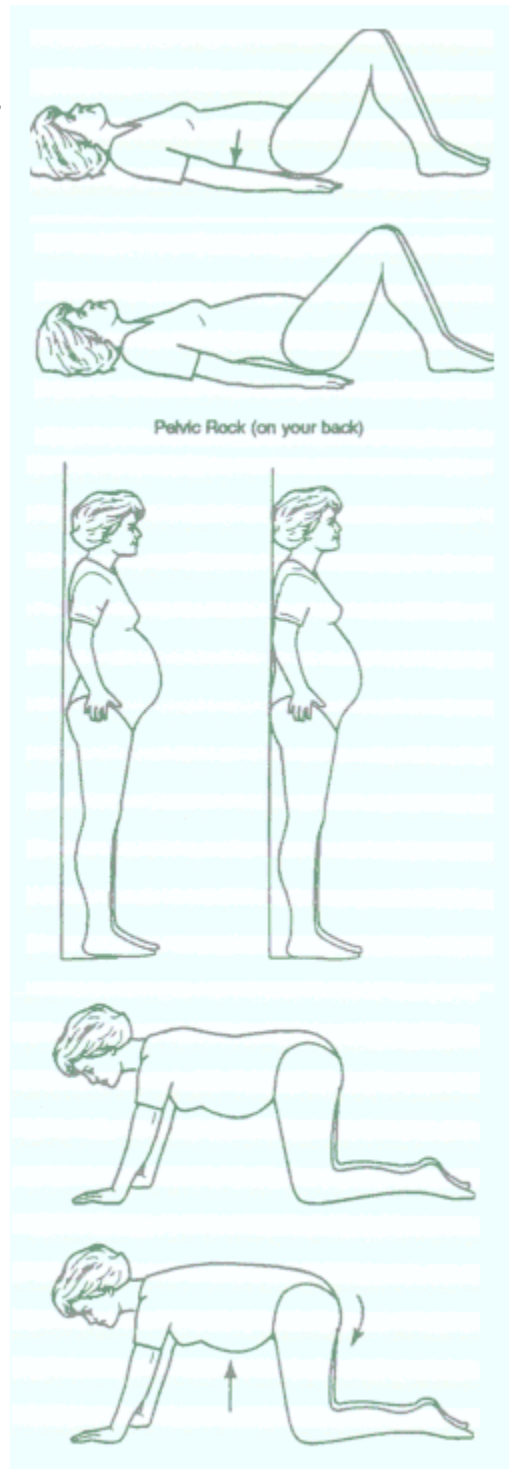
This exercise can safely be done throughout pregnancy. Stand with your back against a wall. Tighten your abdominal muscles and tuck in your buttocks so the small of your back is flat against the wall. Put your hands on your hips to feel your hips rock back toward the wall. Breathe out as you press against the wall and in as you relax.

#### Position 3

Get on your hands and knees and keep your arms straight. Tighten your abdominal muscles and tuck your buttocks under. Your back will hunch up a little. Then relax your muscles. Do this exercise slowly and evenly. Breathe out as you tuck and in as you relax.

#### When To Practice

Do each of these positions for 2 to 3 repetitions, 2 times a day during your pregnancy. Stop doing position 1 when you become uncomfortable.



# Kegel Pelvic Floor Strengthening Program

## What are Kegel Contractions?

Kegel pelvic floor muscle exercises help women improve stress incontinence or the involuntary loss of urine with sudden increases in their abdominal pressure (i.e. sneezing, coughing, running, or exercising). The Kegel exercise is an isometric program designed to strengthen the internal pelvic muscle called the pubococcygeus muscle (the "P.C." muscle). This muscle forms the floor of the pelvis and surrounds the urethra, vagina, and anus, thereby, providing support for all the pelvic organs. It is the muscle used to stop urination, to prevent a bowel movement, or to tighten the vagina during intercourse.

The P.C. muscle contains two types of muscle fibers called "slow-twitch" muscle fibers (70%) and "fast-twitch" muscle fibers (30%). Both muscle fiber types should be exercised so as to improve the muscle's resting tone (slow-twitch) and its rapid reflex contraction (fast-twitch) during episodes of sudden increases in intra-abdominal pressure (i.e., a cough or sneeze). The muscle can be felt by placing your fingers one to two inches inside your vagina, tightening your PC muscle, and feeling the squeeze.

Incorporate the one minute series of contractions as a regular part of your normal voiding routine for the rest of your life. You will significantly improve the strength of your pelvic floor muscles and improve your bladder control and vaginal tightness. During a sudden cough or sneeze, the pelvic floor muscles will contract reflexly, thereby stabilizing the position of the bladder neck and decreasing the accidental loss of urine. Additionally, when you feel an urge to urinate and you contract your PC muscle, there is an immediate reflex stimulation sent to the bladder to relax and thereby suppress the inconvenient sense of urinary urgency. The stronger your PC muscle, the greater the stimulation for relief of the urge sensation.

## How Do You Identify the P.C. Muscle?

Sit on the toilet and begin urinating. When your bladder is nearly empty, attempt to stop the flow of urine WITHOUT contracting your abdominal, buttocks, or inner thigh muscles. This will help you identify the correct muscle. (Contraction of the P.C. muscle is performed by "drawing in" the vaginal muscles and tightening the bladder and anal sphincters as if to stop urination or defecation.) When you can successfully start and stop urinating or feel the vaginal muscle contract, you are using your P.C. muscle. If you do not succeed initially, keep trying until you have identified the correct muscle, and then do the following exercises as described below.

**Performing Kegel exercises:** Every time you go to the bathroom (after you finish urinating, but before you stand up) remain sitting on the toilet for one minute and perform either of the following muscle exercises (perform on alternating days):

**Slow-Twitch Exercise** (perform on odd numbered days): Squeeze your P.C. muscle. Hold the muscle tight for a slow count of three to ten seconds, relax, and repeat again for a total of five to ten contractions. (Remember, do not tighten your thigh, abdominal, or buttocks muscles; tighten only your P.C. muscle).

**Fast-Twitch Exercise** (perform on even numbered days): Quickly contract and relax your P.C. muscle ("quick flicks") 20 to 50 times, relax for five seconds, and repeat again for a total of two to four sets. You may only be able to start out with a total of 40 "quick flicks"; however, over a period of a few weeks you will be able to increase the number up to a total of 200.

After 6 - 8 weeks you will begin to notice a definite improvement. Don't quit. Remember, this is part of your voiding routine.

This should now be a regular every time you go to the bathroom, forever. It is like any isometric exercise. If you don't exercise this muscle regularly, it will become weak again and your symptoms will return. Many patients with urinary stress incontinence have cured their symptoms completely with these exercises.

## Pediatricians at Good Samaritan Hospital

Please let your obstetrician know which pediatrician you have chosen for your baby. The pediatrician is the physician who will discuss baby care with you and take care of your child. If you wish to have your son circumcised, the pediatrician performs this.

Keith Ahmann, MD  
Joseph Cirone, MD  
Julie Kim, MD  
Andrew Lan, MD  
Michelle Loftus, MD  
Jeffrey Min, MD  
Kim Pitts, MD  
Pam Silverman, MD  
David Trager, MD

RAMBLC Pediatrics  
14880 Los Gatos Blvd.  
Los Gatos, CA 95032  
371-7777  
[www.ramblc.com](http://www.ramblc.com)

Donald Stemmler, MD  
Laura Stemmler, MD  
Katherine Rose, MD  
Parvez Ahmed, MD

Alta Vista Pediatrics  
2577 Samaritan Dr. #840  
San Jose, CA 95124  
358-2755

David Safir, MD  
Joseph Gali, MD

2577 Samaritan Dr. #720  
San Jose, CA 95124  
356-5105

John C. Whitney, MD  
Rita Zorian, MD

777 Knowles Dr. #3  
Los Gatos, CA 95030  
379-6750

Lewis Osofsky, MD  
Atul Khanna, MD  
Arti Jain, MD

777 Knowles Dr. #2  
Los Gatos, CA 95030  
378-6171

Bryan Drucker, MD  
Jerina Kapoor, MD  
Jenny Griswold, MD

2577 Samaritan Drive #830  
San Jose, CA 95124  
356-1319

Peter Contini, MD  
Nadereh Varamini, MD

6475 Camden Ave. #107  
San Jose, CA 95124  
268-4900

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# Pregnancy Disability Questions and Answers

<http://www.edd.ca.gov/direp/diind.htm>

## **How do I apply for disability?**

You need to check with your Human Resources Department to determine if you are eligible for private short-term disability insurance or State Disability Insurance. If you are eligible for State Disability Insurance then you can order the forms from the EDD office at (408) 277-9581 or visit their website at [www.edd.ca.gov/direp/diind.htm](http://www.edd.ca.gov/direp/diind.htm). You can also download the forms on the Los Olivos website. Please complete the entire patient portion of the form before bringing it to Los Olivos. The form will then be completed and mailed directly to the Employment Development Department. If you are eligible for Private Short-Term Disability then you will need to get the forms from your Human Resources Department. Please complete the entire patient portion of the forms before bringing it to Los Olivos. The form will then be completed and faxed or mailed to the insurance company.

## **When do I begin my maternity leave?**

The State of California allows maternity leave to begin 4 weeks prior to your Estimated Due Date for State Disability. Most private insurance companies allow 2 weeks prior to your due date. You may continue to work up until your due date if you are healthy and have no medical reason for stopping work.

## **I feel sore and tired all the time. Can I stop working?**

Fatigue, low back pain, nausea and swelling are common symptoms of pregnancy. Although annoying or uncomfortable, these symptoms are not considered disabling conditions for most occupations. In order to be eligible for disability, your physician must confirm you are disabled from doing your customary work due to a complication of pregnancy.

## **Can I save the 4 weeks prior to my due date until after the baby is born?**

No, you cannot add the four weeks prior to delivery disability to the post-partum disability period.

## **When does my disability end?**

The state allows 6 weeks after a vaginal delivery and 8 weeks for a Cesarean Section. If you have a complication, you may qualify for an extended disability.

## **When and where should I bring my forms once I complete the patient section?**

The State Disability Office will not accept the forms until you have stopped working, so please do not bring them to the office until one week prior to your disability date. Private Insurance companies may want the forms earlier. Please return the form when you have decided on your last day of work. Bring a stamped, addressed envelope with the completed form and leave it with your physician's nurse.

## **What is the difference between maternity leave and family leave?**

Maternity leave is usually a period of paid time off work allowed by your employer for pregnancy. Family leave is unpaid leave that is offered by companies with at least 50 employees. Check with your HR department to determine if you qualify for this type of leave. The US Family and Medical Leave Act website at <http://www.dol.gov/esa/whd/fmla/>.

## **How much does disability pay?**

For State Disability you can visit their website which has the calculation method based on your quarterly pay periods. You will need to check with your HR department for the percentage that Private Insurance companies pay for short-term disability.

# **Paid Family Leave Frequently Asked Questions**

<http://www.edd.ca.gov/direp/pflfaq1.asp>

## **What is Paid Family Leave?**

Paid Family Leave is unemployment compensation disability insurance paid to workers who suffer a wage loss when they take time off work to care for a seriously ill family member or bond with a new child.

## **How long may a person receive Paid Family Leave insurance benefits?**

Workers may receive up to six (6) weeks of benefits that may be paid over a 12-month period. Employees covered by State Disability Insurance (SDI) will also be covered by Paid Family Leave insurance. If a Voluntary Plan Insurer provides your company's disability insurance coverage, then it must also provide Paid Family Leave insurance coverage.

## **What is the relationship of Paid Family Leave Insurance to State Disability Insurance?**

Paid Family Leave Insurance is a component of the State Disability Insurance (SDI) program. The SDI benefit portion compensates workers who suffer a wage loss when they can't work because of their own illness or injury. The Paid Family Leave benefit compensates workers who suffer a wage loss due to the need to provide care for a seriously ill family member or to bond with a new child.

## **Are payroll deductions mandatory? Who pays?**

Yes, beginning January 1, 2004, employers are required to deduct the Paid Family Leave contributions from the wages of employees who are covered by the SDI program. The Paid Family Leave insurance program is fully funded by employees' contributions, similar to the SDI program.

## **When does the Paid Family Leave insurance program begin?**

Benefits will be payable for Paid Family Leave insurance claims commencing on or after July 1, 2004.

## **I am scheduled to have my baby at the end of March 2004, and plan to take six weeks of maternity leave from my job. Will I be able to take an additional six weeks of Paid Family Leave to bond with my baby after July 1, 2004, when Paid Family Leave benefits begin?**

Yes. You can file a claim for Paid Family Leave insurance benefits to bond with your baby on or after July 1, 2004, provided the period you are claiming is within one year of the birth of your baby. Up to six weeks of benefits may be payable if you are otherwise eligible.

## **What is the relationship between Paid Family Leave insurance and employee leave laws?**

The FMLA and CFRA are federal and state leave laws, respectively, that allow workers to take up to 12 work weeks of unpaid leave from their jobs in a 12-month period to care for themselves or family members who are ill, or children who are unable to take care of themselves. Paid Family Leave insurance does not change either law in any way and is completely separate from them. It merely provides up to six (6) weeks of paid benefits to workers who suffer a wage loss when they take time off work to care for others. For more information about FMLA, visit the Department of Labor's Web site at [www.dol.gov/dolfaq/go-search-dol-faqs.asp](http://www.dol.gov/dolfaq/go-search-dol-faqs.asp). For more information about CFRA contact the California Department of Fair Employment and Housing at 1-800-884-1684 or visit them on the Web at <http://www.dfeh.ca.gov/>.

**Are employees required to take leave under the federal FMLA and the CFRA at the same time they are receiving Paid Family Leave insurance benefits?**

Yes, if your company is subject to the provisions of FMLA and CFRA. For additional information about the CFRA, visit the State Department of Fair Employment and Housing's Web site at <http://www.dfeh.ca.gov/>.

**Is a Paid Family Leave claimant's job protected?**

The Paid Family Leave program does not protect anyone's job. It simply provides partial wage replacement when a person cannot work due to the need to care for a child, parent, spouse, or registered domestic partner, or to bond with a new child. Some persons may have their job protected under other laws, such as the FMLA or the CFRA.

**How do I submit a claim for Paid Family Leave insurance benefits?**

Women who are receiving State Disability Insurance benefits for their pregnancy and delivery “disability” will automatically receive a special claim form for Paid Family Leave benefits for bonding with their new child. If you do not receive the special claim form, or you want one for the baby’s father, you may request one by calling (877) 238-4273. The Claim For Paid Family Leave Benefits (DE2501F) will not be made available online. When benefits are requested due to a need to provide care for a seriously ill family member, a medical certificate that supports the claim of a serious health condition warranting care is required. The DE 2501F contains a medical certificate that must be completed in the instance noted above. Benefits to bond with a new minor child are limited to the first year after birth, adoption, or foster care placement of a child and a medical certificate is not required.

# Contraceptive Options

More comprehensive information is available on the Los Olivos website.

- **Withdrawal Method** - removal of the penis from the vagina prior to ejaculation. Success rate is about 72%.
- **Rhythm** - determining probable fertile period during a menstrual cycle, using body temperatures and graphs, and avoiding intercourse during these fertile times. Success rate is about 70%.
- **Vaginal Spermicide** - foams, suppositories, tablets, or jellies inserted into the vagina before intercourse. Success rate is about 79-95%.
- **Condom** - a rubber sheath worn over the penis during genital contact. It acts as a barrier to transmission of semen and/or organisms that may cause sexually-transmitted diseases (non-latex condoms do not act as a barrier for HIV). Success rate is about 88-98%.
- **Diaphragm** - a vaginal barrier method used in combination with spermicidal cream or jelly. Success rate is about 82-94%.
- **IUD (intrauterine device)** - a small device placed in the uterus that doesn't allow the fertilized egg to implant in the uterine wall. Success rate is about 98%. Two IUD's are available. The Mirena IUD lasts 5 years and the Paragard lasts 10 years. Both IUDs are as effective as the birth control pill or tubal ligation. See [www.mirena-us.com](http://www.mirena-us.com) or [www.Paragard.com](http://www.Paragard.com).
- **Implanon** - a small, thin, implantable progesterone contraceptive that is effective for up to three years.
- **Minipill** - progesterone only oral contraceptive - Used frequently while nursing because it does not decrease the quantity of breast milk.
- **Oral contraceptive pill (OCP)** – A cyclic pill of both estrogen and progestin. It suppresses ovulation, diminishes growth of the endometrium, and increases the thickness of mucus around the cervix, preventing the passage of sperm through the cervix. Success rate is 98-99.5%.
- **Depo Provera (Contraceptive Injection)** - a hormonal injection that stops ovulation and prevents sperm from entering the uterus. It is given every 12 weeks (3 months) and starts working within 24 hours after injection. Success rate is 99.5%.
- **Nuvaring** – a vaginal ring that secretes both estrogen and progesterone locally into the uterus and vagina to prevent ovulation and implantation. It is as effective as the OCP.
- **OrthoEvra (Contraceptive patch)** – a weekly combination patch of estrogen and progesterone that works like the OCP.
- **Vasectomy (Male)** - an incision is made over the vas deferens on each side of the scrotum. The ducts are cut and tied. The procedure is usually performed by an Urologist in his office under local anesthesia. A sperm count is necessary after the procedure to confirm its success.
- **Tubal Ligation (Female)** – a surgical procedure to sever the fallopian tubes. This procedure can be performed at the time of cesarean section, the time of delivery or later as an outpatient surgery. An anesthetic is required for the surgery.