

# NORTHSIDE/NORTHPOINT OB-GYN

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*Advanced, heartfelt care for all the stages of life*

## **Outline of Obstetrical Care**

6-8 Weeks	First OB visit
7-8 weeks	First ultrasound, prenatal labs
12 weeks	OB visit, Genetic testing for Down Syndrome (optional)
16 weeks	OB visit, Genetic testing for Spina Bifida AFP test (optional)
20 weeks	OB visit, Ultrasound screening for fetal malformations
24 weeks	OB visit
28 weeks	OB visit, Diabetes screen, anemia screen, rhogam if RH negative, Tdap vaccine
30 weeks	OB visit
32 weeks	OB visit
34 weeks	OB visit
36 weeks	OB visit, anemia screen, Group B Strep test
37 weeks	OB visit
38 weeks	OB visit, cervical exam
39 weeks	OB visit, cervical exam
40 weeks	OB visit, cervical exam, delivery planning

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## **Pregnancy Information**

### **First Trimester: 0-12 Weeks**

**Outline of Prenatal Care.** During your first OB visit we will confirm your pregnancy and assign your due date based on your last menstrual period. We will discuss pregnancy expectations and outline your care with our practice. A pelvic exam with pap smear test and cultures will be performed. If any pregnancy risks factors or medical concerns are identified we will discuss plans for management in your pregnancy. Your next office visit will involve an ultrasound evaluation to confirm your pregnancy due date. Blood work will also be drawn at that visit. After that visit we will see you every 4 weeks in the office until your 28<sup>th</sup> week of pregnancy. Please refer to the outline of obstetrical care for a schedule of your prenatal visits.

**Rotation of Obstetrical Patients.** During the early weeks of your pregnancy, your office visits will be scheduled with your primary obstetrician. As your pregnancy progresses, you will rotate your visits among our doctors in order to meet all the physicians in our practice. Hopefully, you'll get to meet with each doctor a couple of times. The on call doctor will manage any phone calls after office hours and the delivery of your baby. Our practice shares call coverage with North Atlanta OB/GYN some nights and weekends.

**Restrictions.** We are not going to have many restrictions for you during your pregnancy. You may work as late into your pregnancy as you like. You may take a tub bath, have dental work done and have intercourse without reservations. In general, you may continue your normal, daily routine. You need to exercise 3-5 days a week for at least 30 minutes throughout your pregnancy. Walking is one of the best exercises for you. However, we would like you to understand that you should avoid any activity that would put you at risk for abdominal trauma. These include rollerblading, snow skiing, horseback riding, etc. When you are in an automobile, we recommend you wear a seatbelt. You may travel up until your 36<sup>th</sup> week. After that point, we would like for you to stay in town to be close to your doctor and the hospital.

**Nutrition/Weight Gain.** During pregnancy we would like you to eat a balanced diet of all the main food groups. This includes meats, fruits and vegetables, breads and cereals, and dairy products. We will prescribe a daily prenatal vitamin to supplement your diet. We recommend that you gain 25-35 pounds during your pregnancy. You will only need to add about 300 calories to your normal diet to accomplish this. If you are above your ideal body weight, it is recommended to limit weight gain to 15-20 pounds.

**Personal Care and Beauty Products.** During your pregnancy, you may color or perm your hair but please tell your stylist you are pregnant. Nail polish and nail polish

remover are also allowed. You may have a massage, if you lie on your side. Do not get in a hot tub or sauna, but you may take a hot bath as long as the water temperature is below 100 degrees.

**Prenatal/Childbirth Classes.** We recommend that you participate in childbirth classes to learn about pregnancy, labor and delivery. Northside Hospital offers these classes, which usually begin at 28 weeks. Our nurse practitioner Garland Andres is a certified lactation consultant and she teaches a breast-feeding class each month.

**Genetic Screening.** Screening is offered for carrier testing for genetic diseases including cystic fibrosis, spinal muscular atrophy and fragile X syndrome for all patients. Other genetic carrier testing is offered depending on family history and ethnicity.

All patients are offered screening for Down syndrome and spina bifida. The non-invasive testing option is called the First Trimester Screen, which involves an ultrasound measurement of the neck thickness of the fetus (or nuchal fold) and blood work at 12 weeks, followed by additional blood work called AFP at 16 weeks. This test is 90-95% accurate and poses no risk to mother or fetus. We also offer fetal DNA testing as early as 10 weeks for Down syndrome screening. This test is also a non-invasive blood test and may predict up to 98-99% of fetuses with Down syndrome. It is usually covered in patients who will be 35 years of age or older at the time of the delivery. If patients are less than 35 they can elect to have this test but it may not be covered by their insurance.

If a woman will be 35 years of age at the time of delivery she can elect to have invasive genetic testing for Down syndrome with either chorionic villus sampling (CVS) or amniocentesis. Amniocentesis is performed at approximately 16 weeks. Using ultrasound guidance, a thin needle is used to withdraw fluid from around the baby. CVS is performed at approximately 10 to 12 weeks and involves sampling tissue from the placenta under ultrasound guidance. The accuracy of these tests is 100% however there is a small risk of miscarriage. Amniocentesis has a lower pregnancy loss risk but the test is performed later in pregnancy. Any patient can consider these invasive tests but the benefits probably do not outweigh the risks unless the mother is age 35 or older, there is a personal or family history of genetic disease, or any previous genetic testing resulted in abnormal findings.

**Laboratory Testing.** Your prenatal blood work will be drawn at approximately your 8<sup>th</sup> week of pregnancy. This includes your blood type, antibody, and anemia screening. We will also be screening for syphilis, hepatitis and HIV.

**Warning Signs.** During the first trimester every woman has an approximately 15% risk of miscarriage. Signs of miscarriage are vaginal bleeding, severe pelvic pain, or passage of tissue. Call us if you experience any of these warning signs.

**Risk Assessment.** Any medical problem or risk factor will be identified for you and discussed along with a plan of management throughout the pregnancy. For many high risk pregnancies our practice will consult with a perinatologist or OB specialist during the pregnancy.

**Toxoplasmosis.** This is a parasitic disease passed through cat feces. Since the ova are aerosolized when the litter box is changed, you should have another family member handle this chore. Handling the cat itself is not a risk factor. Another way to contact this disease is eating raw meat, which you should avoid.

**Fish Consumption.** Trace amounts of methyl mercury are found in nearly all types of fish. Since exposure to high levels of methyl mercury can damage the fetal nervous system, the Federal Drug Administration advises that pregnant women do not eat fish containing high levels of mercury, such as shark, swordfish, king mackerel, or tilefish. It is recommended that you eat 2-3 servings of fish per week. Please refer to the FDA's website for further information at [www.fda.gov](http://www.fda.gov).

**Listeria.** Listeria is a harmful bacteria that can be found in certain refrigerated, ready to eat foods and soil. In general, you can protect yourself from listeriosis by avoiding:

- hot dogs and delicatessen meats unless they have been heated or reheated until steaming hot,
- raw (unpasteurized) milk
- soft cheeses unless they are made from pasteurized milk
- raw or undercooked fish or seafood, such as sushi or sashimi
- refrigerated pates and meat spreads
- refrigerated smoked seafood, unless it has been heated until steaming hot

**Vaccines.** The Division of Public Health of the Georgia Department of Human Resources and the American College of OB/GYN recommends the flu vaccine for all pregnant women, regardless of trimester, during influenza season. The flu vaccine is available at our office. The Centers for Disease Control and prevention now recommends pregnant women receive the Whooping cough vaccine called Tdap during the third trimester in pregnancy. We administer the Tdap vaccine at 28 weeks.

## **Second Trimester 12-28 weeks**

**Warning Signs.** Between 12 and 20 weeks the main warning sign is bleeding. If you experience bleeding, call the office to determine if you need to be evaluated. From 20 to 36 weeks, in addition to bleeding, you should be aware of contractions. Contractions (feeling that the uterus becomes hard and then feels soft again) can be normal during pregnancy. However, if you have eight or more contractions per hour, or less than eight per hour, but they persist for two or three hours, then call the office for evaluation.

**Quickening/Fetal Development.** You will probably begin to feel fetal movement between 16 and 20 weeks.

**Diabetes Screen/Rhogam Injection.** We will screen for gestational diabetes at 28 weeks by giving you a Glucola to drink in a five-minute period. One hour later your blood will be drawn. If your blood type is RH-negative and the baby's father has RH-positive blood, you will also receive a rhogam injection at your 28 week appointment.

**Nutrition and Weight Gain.** These are reviewed on an individual basis. You should eat a well balanced diet including a total of 1500 mg of calcium daily. You should gain approximately one-half to one pound per week maximum during pregnancy. If weight gain is too great or below normal, nutritional consultation might be advised.

**Breast/Bottle Feeding.** We encourage you to breastfeed. There are many benefits to your child throughout his or her life. The greatest benefit of breast-feeding when your child is first born is exposure to antibodies in breast milk which helps them fight infection. Breastfeeding also provides an opportunity for the mother and child to bond and decreases your risk of developing breast cancer. Garland Andres, our nurse practitioner, is a lactation consultant. She teaches a class each month at our office and is available for postpartum consultation. Lactation consultants are also available at Northside Hospital for consultation in the hospital after you deliver and they host prenatal breast-feeding classes.

**Pediatrician Selection.** It is necessary to select a pediatrician prior to delivery. We would like you to begin thinking of your choice now. If you have a list from which your insurance company requires you to choose, bring it with you to your appointment and we will be happy to make a recommendation to you.

**Cord Blood Banking-** At the time of delivery, you will have the unique opportunity to bank or save the umbilical cord blood. The cord blood from the baby's umbilical cord is rich source of stem cells or "master" cells of the body. These are not the controversial embryonic stem cells. The cord blood that is not banked is discarded as medical waste. The stem cells can develop into any cell line in the body. This includes blood, bone, tissues and organs. Stem cells can be used to treat approximately 80 different medical conditions. The stem cells can in essence repair the defective cell line. The stem cells can be used for your child or even other family members. Regenerative medicine is one of the most rapidly growing fields of medicine. We encourage you to look into this topic and decide prior to delivery if cord blood banking is right for you.

**Ultrasounds.** Our office will perform an Ultrasound at 20 weeks to look at your baby's anatomy. We will tell you your baby's sex at that visit if you want to know. We also offer ultrasounds at 16 weeks if you want to know the sex of your baby earlier and we offer 4D ultrasounds at 24-34 weeks for fetal photos at an extra charge.

### **Third Trimester 28-41 weeks**

**Warning Signs** At 28 weeks and beyond, your baby's movements will be more consistent and you can begin fetal kick counts. There are several ways to perform kick counts. We recommend performing kick counts each day at a consistent time when your baby tends to be most active. Your baby should move 10 times within 1-2 hours. If at first your baby is not very active try to change positions or eat a snack. If after 2 hours your baby has not moved 10 times notify our office. The movement counts should only be done once daily and is reassurance of your baby's health. If you feel a contraction, which is where the baby "balls up" and then subsequently the uterus feels soft again, you

should understand that these could be normal. If you have more than eight contractions in an hour, you should call the office for possible evaluation of pre-term labor. Again, please remember to continue to report contraction activity that is greater than eight per hour. Also, report any vaginal bleeding.

**Travel Restrictions** You may travel until you are 36 weeks, but we do want you to stay around town after that. If you do travel, remember to keep your ankles, knees and hips moving while sitting for long periods of time. Get up every two hours and walk for five to ten minutes to increase circulation. Keep well hydrated during travel by drinking water.

**Circumcision** If the baby is a boy, do you want him circumcised? Circumcision is a procedure where the foreskin is removed from the end of the penis. It is performed by one of our doctors usually the day after delivery. This procedure is considered cosmetic and is usually done for cultural reasons. There are some small medical benefits including decreased urinary tract infections and decreased penile cancer, but these conditions are rare.

**Labor and Delivery Routine** After 36 weeks, we no longer need to be concerned about pre-term labor. If you go into labor at this point, we would allow delivery without trying to stop labor. Signs of labor include vaginal bleeding, ruptured membranes, and contractions. If you have regular, progressively strengthening contractions that are approximately five minutes apart for at least 1 hour, you are probably in active labor and should call the office. Also call if you experience any heavy bleeding or if you think your water has broken and we will direct you to Labor and Delivery. Once in Labor and Delivery, we will have a nurse check your cervix, monitor the baby and call us regarding your status. After this assessment, we will make a plan of action. Admission blood work will be drawn and an IV will be started. IV access allows us to keep you from becoming dehydrated, as you will not be eating or drinking during labor. The IV also allows us to have access for drugs or blood products, which may be necessary in an emergency situation.

**Position of Baby** By 36 weeks, the baby's position will be determined to assure the fetus is headfirst. If the baby is breech, we can talk about external cephalic version, which will change the baby's position to vertex (head down).

**Group B streptococcus culture (GBS)** At your 36 week visit a culture will be performed to screen for GBS, a bacteria that many women carry and poses no risk to them. GBS can cause infections in newborns and mothers who carry GBS will receive an antibiotic in labor to reduce risk of transmission to their baby.

**Mucous Plug** Passing the mucous plug is said to happen when the cervix begins to dilate and the normal mucous found in the cervical canal is discharged from the vagina. In books and classes, this event is taught to be extremely important. We have found this to be greatly over emphasized. In fact, losing the mucous plug is not one of the signs that we instruct our patients to watch for. It is not necessary to call the office when it passes. The two most important signs of labor are having your water break or having regular

uterine contractions as frequently as 12 in one hour.

**Electronic Fetal Monitoring** During your stay in Labor and Delivery, we will recommend monitoring the baby continuously to make sure he or she is tolerating labor without stress. Of course, we will also be monitoring you to make sure neither of you develop any problems.

**Anesthesia/Analgesia** Are you planning to use an epidural? Epidural anesthesia can be administered if you are in active labor and you feel your contractions are strong enough to warrant that type of pain relief. Many times in early labor we can give a medication called Fentanyl, a short acting narcotic to take the edge off the pain. Ultimately, the choice is yours. Much has been discussed about the effect of an epidural on labor. We believe that use of epidural anesthesia is of great benefit to the patient as it makes labor more tolerable. We also believe that an epidural does not prolong labor, nor increase the risk for Cesarean section. If you would like to try to attempt birth without anesthesia we will support your decision; but anesthesia may be necessary in certain emergency situations or, if Cesarean section is indicated.

**Cesarean Section Indications** We plan for a vaginal delivery, however, there are several common reasons why you might require a Cesarean delivery: if the baby is breech, if the baby is too large for the birth canal, or if the baby shows signs of not tolerating labor.

**Post Dates** Should you go beyond your due date, induction will be scheduled.

**Postpartum Care** We would like you to be evaluated in the office six weeks after delivery. Prior to that, call us if you have any excessive pain, excessive bleeding, or fever above 101 F. For pain control during this period, we will prescribe 800mg Motrin every 8 hours as needed. Other pain medications may be prescribed especially for patients who have a cesarean section. Please refer to the postpartum section of our website for further information.

**Postpartum Contraception** We will discuss options with you at your post partum visit.