



Congratulations on Your Pregnancy !
From all of us at Suburban Women's Healthcare

Thank you for choosing Suburban Women's Healthcare to provide your prenatal care. We look forward to sharing a positive experience with you during your pregnancy and delivery. We know that pregnancy is a time where you may have many questions and we welcome all of your questions at any time. We hope this information will help answer questions that are frequently asked.

We are primarily affiliated with Millard Fillmore Suburban Hospital. Any pre-term pregnancies (before 34 weeks) require delivery at Women & Children's Hospital or Sisters Hospital.

Our practice includes four obstetricians and two nurse practitioners. Your office visits during your pregnancy are scheduled on a rotating basis between all of the providers. This will allow you to get to know and become comfortable with all of us. As our call schedule rotates, the doctor on call will attend your delivery. The physicians in our group are Loriann Fraas, M.D., Elizabeth Allen, M.D., Millicent Trevett, M.D. and Nina Strollo, M.D. All of the physicians at Suburban Women's Healthcare are board certified in Obstetrics and Gynecology. Marijane Cotroneo, W.H.N.P. and Carolyn Lee, W.H.N.P. are nurse practitioners. They help us to accommodate convenient appointment times during your pregnancy. Although, a nurse practitioner does not perform deliveries, she is well versed in all aspects of prenatal care.

Sonograms are done at our office or at a Perinatologist's office. We recommend you keep several appointments made in advance so that you can get the times most convenient for you and to meet all of the providers. The times available generally range from 7³⁰ am to 2³⁰ pm.

Your first office visit is scheduled when you are 9-10 weeks pregnant. If you are having any problems such as bleeding or difficulty keeping food or fluids down, please let us know so that an earlier visit may be arranged if necessary. Visits are scheduled every 4 weeks until 28 weeks, then every 2-3 weeks until the 36th week, and then every week until delivery. The average pregnancy will have 12-14 office visits.

QUESTIONS

Our nursing staff is available 8:30am till 3:30pm to answer your phone questions. As all of the providers have full schedules seeing patients during the day, any questions that you have will initially be directed to a nurse. The nurses who work in our office have many years of obstetrical experience and will be able to answer most of your questions. If there is anything they are not sure of they will consult with a physician. Please try to confine non-emergency calls to office hours: 8³⁰am-3³⁰pm Monday through Friday.

There is **always** a nurse and/or a physician available to answer any question, or help you with any problem. After office hours your call will be automatically transferred to our answering service, and the provider on call will respond to your call. If you do not receive a call back in 30 minutes, please call the service again, as we always try to respond promptly.

A pregnant woman is frequently the target of unsolicited advice from family, friends and total strangers. Some of your most valuable tips might be obtained this way. Unfortunately, some very non-constructive or inaccurate information may be shared with you as well. It is a good idea to keep a written list of questions and bring this to your office visits.

PRENATAL VISITS

Important to bring to your first visit

- Up to date insurance card
 - First day of your last menstrual period
 - Names of any current medications and doses
 - Old medical records if you are a new patient to our practice
- We can give you a form to obtain this information

Every Visit

Blood pressure, weight and a urine sample are checked every visit. The urine sample is checked for protein and glucose (sugar). You are given a container every visit, which is to be used to obtain a "first morning" urine sample. A urine sample obtained prior to eating anything is the most accurate sample for us to test. We listen to the baby's heartbeat starting at 10 weeks and uterine measurements are taken starting at 24 weeks.

Your partner is welcome to attend any prenatal visit. You may bring your children to your visits, especially to hear the baby's heartbeat or to view an ultrasound

Initial Sonogram Visit

This visit is scheduled at 9-10 weeks and verifies a healthy pregnancy and confirms your dating is accurate. At this visit you are given paper work pertaining to your health history to complete.

Initial Clinical Visit (10-12 weeks)

- ◆ A complete medical history, physical exam and pelvic exam are done.
- ◆ A Pap smear is obtained unless one was done recently. A Pap smear is a screening test for cervical cancer.
- ◆ Cultures are obtained to detect infections, which can affect the pregnancy. These infections include Group B strep, bacterial vaginosis, trichomoniasis, chlamydia and gonorrhea. Some of these infections can be sexually transmitted; however, some of these bacteria are normally present in the vagina and cause concern only during pregnancy.
- ◆ Several blood tests are ordered at the time of your first visit. A blood type and screen determines your blood type and Rh status and detects any irregular antibodies in your blood. A CBC (complete blood count) and electrolyte panel checks for anemia (low red blood cell count), and looks for any underlying medical problems with your liver or kidneys. Previous exposure to Hepatitis and Syphilis are screened for. Rubella and Varicella titers are checked to make sure that childhood vaccinations are providing adequate immunity.
- ◆ Cystic Fibrosis carrier status is recommended as it is the most common life-threatening genetically carried disease.
As some insurance carriers do not cover this test please check with your insurance prior to obtaining this blood work.
- ◆ HIV testing is obtained in all pregnant women, as there are treatments available to decrease the transmission from mother to newborn. NY State law requires HIV status to be documented in all pregnant women.
- ◆ The results of all of these tests will be reviewed with you at the time of your next visit. If any test comes back abnormal and requires immediate follow up or treatment you are notified by telephone.

11-13 ½ weeks

Nuchal translucency sonogram may be obtained during this time. This primarily screens for Downs syndrome. A blood test is obtained at the same time and is combined with the sonogram data to provide you the risk of Downs syndrome as well as Trisomy 18 & 13. The nuchal translucency test is an optional screening test. Because it is only a screening test, if the result were to return abnormal a genetic amniocentesis would be recommended.

17-20 weeks

An ultrasound (sonogram) is performed to evaluate the major organs and anatomy of the fetus. Sonograms are performed at our office or at a Perinatologist's office. For most pregnancies this is the last sonogram performed. Although a sonogram cannot guarantee a normal baby, the major organ systems are screened for any significant abnormalities.

24 weeks

Preterm labor is when contractions strong enough to cause ***cervical change*** occur prior to 37 weeks gestation. If this is your second pregnancy or greater it is common to have braxton hicks contractions at this time. Braxton Hicks contractions should feel like a tightening sensation. They should not be painful. Any regular painful contractions (6 or more in an hour) you should notify us right away.

Preterm labor can easily be confused with some common complaints in pregnancy. Menstrual like cramps, low backache and vaginal spotting can all be signs of preterm labor. If you have any of these symptoms please notify us.

When you are less than 34 weeks pregnant, you may be sent to Sister's or Children's Hospital for evaluation. This is done because if your baby requires delivery, then you would be where the baby would receive the most appropriate care.

Birthing Classes

If this is your first baby, or it's been a little while since your last pregnancy, it would be a good idea to take a childbirth education class. Around 24 weeks inquire about class start times, as it is ideal to start a weekly class at 30-32 weeks. Most women opt to take the class that is offered at Millard Fillmore Suburban Hospital. The class at the hospital includes a tour of the labor and delivery suites. There are three options for childbirth classes at the hospital. One is a weekly class for six weeks and the other is a compact one day class for the "busy couple". There is also an on-line birth class offered. There are several other classes available including breastfeeding, infant and pediatric CPR and sibling classes. Call 568-3628 to register for any class. If you reach voice mail please leave a message and someone will return your call.

26-28 weeks

Gestational diabetes screening is done at this time. A sweet drink is taken and one hour later a sample of blood is drawn. Some women have difficulty controlling their glucose levels only when they are pregnant. Elevated glucose levels can cause problems with growth and development of the fetus. Don't fast, however, avoid sweets the day of the test. If you are Rh negative, a type and screen is drawn and you are given Rh immunoglobulin shot (Rhogam). Visits change to every 2-3 weeks now.

Hospital Pre-registration

The hospital prefers you pre-register prior to arriving to the hospital in labor. It is best to complete this form on-line go to **BuffaloBaby.org** and click on the registration form.

Pediatrician

You will need to select a physician to care for your baby. We can give you a list of excellent pediatricians in the area. Prior to delivery, call the pediatrician you have chosen and make sure they are taking new patients and they accept your insurance.

36-37 weeks

Start weekly visits and internal pelvic exam to check fetal position and cervical change.

41 weeks (If you go past your due date)

All pregnancies are allowed to proceed a week past the "due date" unless there is a complication or problem with the pregnancy which would require delivery. Induction of labor is scheduled at 41 weeks.

DIET & WEIGHT GAIN

Your baby's growth and development depends on your good dietary habits. Prenatal vitamins are recommended to take daily as a dietary supplement and should not replace a balanced diet. If you are having problems with your vitamins such as nausea or constipation please let us know.

Weight gain recommended during pregnancy varies slightly depending on your starting weight and height. For an average height and weight woman the recommended weight gain during pregnancy is 25-35 lbs. Underweight woman may gain 35-40 lbs. and overweight woman should try to limit weight gain to 10-20 lbs.

The weight distribution in an average pregnancy is as follows:

Baby	7 ¹ / ₂ lbs	
Placenta	1 ¹ / ₂ lbs	
Increased fluid volume	3 lbs	
Increased blood volume	4 lbs	<i>this totals up to 26-33 lbs</i>
Weight of uterus	2 lbs	
Breast tissue	1-2 lbs	
Amniotic fluid	2 lbs	
Maternal stores of nutrients	5-10 lbs	

On the average, 3 to 6 lbs. are gained in the first trimester and then $\frac{1}{2}$ – 1 lb /week in the last two trimesters of pregnancy. The consumption of some important nutrients should be increased during pregnancy. Folic acid is important for the development of a normal nervous system and 400ug should be supplemented daily. Increased amounts of calcium, phosphorous, magnesium and iron are also recommended. Your total calorie intake should increase about 300kcal/ day. Fats, oils and sweets should be used sparingly.

The food pyramid for pregnancy:

	<u>Servings</u>
Milk	4
Protein	3-4
animal	2-3
legumes	1-2
Fruits & Vegetables	5-9
Complex Carbohydrates	6-10
whole grains	4

Things to limit or avoid during pregnancy

Alcohol should be avoided during pregnancy. During pregnancy alcohol readily crosses the placenta to the unborn fetus. The growing fetus may be affected by excessive alcohol use in pregnancy resulting in a condition called “Fetal Alcohol Syndrome”. This syndrome includes physical and mental handicaps. Although it is unlikely that an occasional alcoholic beverage would cause any problems, it is unknown what amount of alcohol is “safe”. Therefore, avoiding alcohol during pregnancy seems the best course to follow.

Caffeine is a stimulant. No adverse effects have been demonstrated in pregnant woman who consume caffeine on a regular basis. It is reasonable to use caffeine sparingly during pregnancy until more information is available.

Eggs can be eaten if prepared properly. Salmonella, a form of food poisoning, can be contracted from eggs and can be harmful to mother and baby. Avoid salad dressings, such as Caesar’s, hollandaise sauce, eggnog or any foods made with raw or under cooked eggs. Salmonella is destroyed through cooking. Boil eggs 7 minutes, poach 5 minutes or fry 3 minutes on each side (no sunny side up eggs).

Pasteurized products decrease your risk of food poisoning. As long as soft cheeses and juices (like apple cider) are pasteurized, they are safe to consume.

Toxoplasmosis is a disease caused by a protozoan found in our environment. If a woman becomes infected during pregnancy it can cause problems in the developing baby. Some simple precautions can reduce your risk of exposure. Avoid raw or undercooked meat. Avoid cat litter and wash your hands well after handling your pets.

Aspartame or “Nutrasweet” is not a natural substance. No adverse effect has been shown in normal pregnancies. Still it is recommended that the use of aspartame be limited during pregnancy.

Smoking is harmful to a baby’s growth and development. Cigarettes have a direct effect on the growth of the baby. Women who smoke have a higher chance of a miscarriage, preterm delivery and low birthweight baby. This is a great time for you to quit smoking! If you can’t quit, cutting down the number of cigarettes you smoke each day can make a difference. Nicotine patches are okay to use during pregnancy if they will help you quit smoking.

EXERCISE

In the absence of complications, pregnant women can continue their exercise routines. Because of the physiologic changes associated with pregnancy some modifications may be made in your current routine. Please review with us any specific concerns you have about your exercise plan during pregnancy. The following are some general guidelines.

- During pregnancy it is fine to continue an already established exercise regimen at a mild to moderate intensity level.
- Regular exercise (at least 3 times a week) is preferable to intermittent exercise.
- In the first trimester avoid getting overheated by drinking plenty of fluids and wearing breathable clothing.
- Avoid exercise in the supine (lying flat on your back) position after the first trimester.
- Exercise to the point of fatigue not exhaustion.
- Non-weight bearing exercises such as cycling or swimming minimize the risk of injury and are easier to continue throughout pregnancy.
- Gyms will generally allow you to freeze your membership if you are not able to use them while pregnant. We can provide you a note to facilitate this.

SEX

In case you dozed off, we wanted this heading to get your attention. You may continue to have sexual relations with your partner until labor begins, unless we advise you otherwise. A small amount of spotting or pinkish discharge is common to note after intercourse, and is no need for alarm. Cramping or irregular contractions are also common following sexual intercourse. If you have bright red bleeding or leakage of fluid, please call the office immediately. Most couples experience some changes in their sexual patterns or drive during pregnancy. Therefore, mutual understanding and communication is important to continue the physical part of your relationship while pregnant.

WORK

Most women can continue their work schedule throughout pregnancy. If your job involves any exposure to chemicals, please get a list from your employer of any chemicals you may come in contact with. If you feel that your job is too strenuous please review your job requirements with us. Disability routinely starts 2 weeks prior to your due date unless there are any medical complications that require modified activity sooner. Disability papers are obtained from your employer. There is a section you must fill out and then we complete them. Beth Higgins handles all of the disability paper work. Any questions about your disability papers may be directed to her.

TRAVEL

You do not need to chain yourself to your house while you are pregnant. Traveling is fine throughout pregnancy, although the last month it is recommended that you stay closer to home. If you are traveling out of town, get a copy of your prenatal record to take with you so you are prepared in case of an emergency.

Automobile travel is fine during pregnancy, however, it is recommended that you plan on stopping every 2 hours to stretch, walk and empty your bladder! It is **always** recommended to wear a seatbelt when you are pregnant. Wearing a seatbelt greatly reduces your chance of serious injury or death in an automobile accident. The belt should be positioned across your upper thighs and underneath your belly. The shoulder part should be positioned between your breasts above your belly.

Commercial air travel is fine; however, some airlines require a note from your doctor during the last trimester. Again, stretching your legs every 2 hours is recommended.

PROBLEMS & SOLUTIONS

The following section addresses many common problems that occur during pregnancy along with solutions that we recommend.

<i>Problem</i>	<i>Suggested Treatment</i>
Nausea / Vomiting	Eat small frequent bland meals. Try crackers, toast, cheerios. Keeping small amounts of food in your stomach: avoid being too empty or full. Take solids and liquids at different times. Try vitamin B ₆ 25-50mg twice a day. There are prescription medications that we can recommend if the problem is severe. Call the office if you are not able to keep clear fluids down for a period of 24 hours or longer.
Indigestion / Heartburn	Frequent small meals. Avoid lying down for 2 hours after Eating. Take as directed on package: <i>Tums</i> (good for extra calcium too), <i>Mylanta</i> or <i>Maalox</i> . If none of these are effective <i>Pepcid</i> (over the counter) is appropriate to take.
Constipation	Drink lots of liquids, especially water. Increase the fiber in your diet such as fresh fruit and vegetables, whole grains, dried prunes and raisins. If dietary measures are not successful use stool softeners, <i>Colace</i> . If it has been more than 3 days since you moved your bowels, <i>Peri-colace</i> or <i>Senekot</i> may be used. All of these medications are available over the counter.
Hemorrhoids	Prevent constipation (see above). Sit in tub of warm water with 1c baking soda several times a day. For itching apply 1% cortisone cream externally. <i>Tucks</i> , <i>Anusol</i> or <i>Wyanoids</i> are all available over the counter.
Common Cold Sinus	<i>Tylenol</i> for aches or temperature. <i>Extra strength Tylenol</i> is also fine to take as directed. Drink plenty of fluids and get rest. <i>Sudafed</i> is fine to take as directed. If a cold is not getting better after 3 days call your primary doctor for a visit. If you have any concerns about infectious exposure, please call the office. Use a vaporizer / humidifier (cool air)
Neti Pot	Combine 16oz water and 1tsp salt in the pot. It is recommended to clear the sinus cavity. It works well whether the congestion is due to viral, bacterial or allergic causes. The head is tilted 45 degrees and fluid is passed in the top nostril and flows out the bottom nostril.

Cough Sore throat	<i>Robitussin</i> cough syrup, cough drops, <i>Chloraseptic</i> spray, gargle with ½ teaspoon salt in glass of warm water.
Headaches	Lie in a darkened room with a cool washcloth covering your face. <i>Tylenol</i> as directed.
Stomach flu	Avoid dehydration. For 24 hours push fluids and minimal solids. Avoid milk products and follow BRAT diet (bananas, rice, apple sauce, toast)
Leg cramps	Common at night. Try increasing the calcium in your diet. Flex foot up towards face. Wear comfortable shoes during the day.
Stretch marks	No cure or prevention. Lotions ?? help.
Varicose veins	Keep legs elevated when possible. Try maternity support hose.
Swelling of legs	Keep legs up when possible. Increase fluid / water intake. Avoid salt.
Nose bleeds	Common during pregnancy. Tilt head backwards and apply Pressure for 5 minutes. Use a humidifier in the wintertime. Use saline nasal spray to keep nasal passage moist.
Bleeding gums	Continue flossing and brushing. Use a softer bristle. Continue regular dental visits.
Dizzy / Faint feelings	Avoid lying on your back. Left side is best. Drink more Fluids. Stop what you are doing and lie or sit down. The feeling will generally pass in a few minutes. Notify the office if you ever lose consciousness. "black out"
Vaginal discharge Yeast infection	Increased vaginal discharge is normal due to elevated hormone levels. If foul odor or irritation is present it could be a sign of a vaginal infection and you should report this. Yeast infections are very common during pregnancy. It is fine to use an over the counter antifungal treatment for symptoms consistent with a yeast infection. If your symptoms do not resolve after completing such a treatment please let us know. Never douche during pregnancy.

Low back ache

Use good posture. Warm bath or shower. Don't bend at the waist to lift, instead squat and bring the load close to your body. Wear comfortable, low-heeled shoes. We can give you more information about pelvic and abdominal supports that can be worn during pregnancy such as MOM-EZ.

Ligament pain

Ligament pain generally feels like a sudden pulling and can be a very sharp sensation in lower abdomen. It occurs commonly when you change position from sitting to standing or roll over in bed. In a few minutes these pains should pass with rest.

Hair perm & color

Many patients inquire about the use of hair products during pregnancy. There is no data that indicates that hair colorants or perms cause any problems during pregnancy. To be cautious we recommend to avoid these things during the first trimester if possible.