

# Welcome and Congratulations on Your Pregnancy

On behalf of the entire Women's and Children's Health Care Team at UM St. Joseph Medical Center, welcome to our practice, and thank you for choosing our expert providers. We are excited and honored to be a part of this most special time in your life.

This new patient guide is designed to offer much of the information you will need for a healthy pregnancy, childbirth and great patient experience—but please be sure to ask a staff member or your provider if you have any questions. We are dedicated to providing excellent care and support throughout every stage of your pregnancy and want to give you the experience of a lifetime.

You can expect your first appointment with us to be about 30-40 minutes. Follow-up appointments for the duration of the pregnancy average about 10-20 minutes each. But we understand that each pregnancy is different: If you have a low-risk pregnancy, you may need less visits. If you are at high risk or need closer monitoring, additional visits may be scheduled. Your provider is the best person to discuss your individual needs and unique plan of care.

Your family members, including children, are welcome to come with you to your appointments, unless health safety measures—put in place for the protection of our patients and team members—dictate otherwise. We ask that you and your guests respect that ours is a healing environment: Courtesy and consideration from *everyone* support your best health and create a positive patient experience. *(Please read on for additional information about what you can expect during your visits with us.)*

Please know that we always make every effort to see you in a timely manner, though multiple factors affect our patient schedule, including weather, emergency patients, hospital responsibilities, cancellations and late arrivals. As a result (though not often), we may need to delay or reschedule your appointment, in order to have the time to provide thorough and personalized care for each and every patient—and we thank you in advance for your patience and understanding. **If you are unable to keep an appointment for any reason, please call our office during normal business hours to cancel or reschedule your visit. Please do not message your provider via MyChart; a phone call is necessary.**

Though many of your questions will be answered in this booklet and/or through our Babyscripts mobile app, we are available to you by phone or MyChart for any additional questions that you may have forgotten to ask or that need to be addressed **before your next appointment.**

**Remember, the only number you ever need, day or night, is the office line:**

- UM SJMG - Women's Health Associates (WHA/Towson): 410-427-5470
- UM SJMG - Women's Health at Pikesville: 410-415-5883

Urgent matters or questions are always addressed in a timely manner. When calling the Pikesville office, we ask that you please hold the line until the provider can assist you. Non-urgent calls, questions and prescriptions refills will usually be addressed within 24 hours.

### **Additional Information for Your Best Patient Experience**

- To help avoid delays in seeing patients, please be courteous and arrive between 10-15 minutes BEFORE your scheduled appointment. Delays are often caused by late arrivals, which can affect a provider's schedule throughout the entire day. As a result, patients who arrive late may be asked to reschedule their appointments.
- If your appointment is for an emergency/urgent issue, please notify the receptionist right away when you arrive.
- An added reminder: We try our best to see each patient at the scheduled time but, on occasion—and in order to provide the care and attention each patient needs and address medical emergencies as needed—we may run late. This may cause a delay in you seeing your provider at the appointed time, and we appreciate your patience and understanding.
- During your pregnancy, you or your partner may need forms completed by a healthcare provider for a variety of reasons, such as FMLA, short- and long-term leave, disability, etc. Due to the volume of patients we serve, these forms can take 10-14 business days to be completed, so please plan accordingly and submit these forms to our office as soon as possible. (*Please note that there is a fee to complete these forms.*) Other notes, such as excuse from school/work, permission to have dental procedures, referrals to physical therapy or simple confirmation of pregnancy, can be completed at the time of your visit.
- We want to protect all patients from infection risks: If you have a fever or flu-like symptoms, please call to inform us and do not come to the office. The CDC recommends that you and your close-contact family members strongly consider vaccination against the flu and COVID-19, to help protect your health and your baby's health after childbirth. You can be vaccinated in any trimester.
- There will be multiple times during your pregnancy that you will need blood/lab tests. It is important that you have these tests at the time they are requested, as some tests can only be done at specific times throughout pregnancy, and postponing them can cause you to miss screenings that assess your baby's health. These tests may include, but are not limited to: a blood type and Rh Factor; complete blood count (CBC); a hemoglobin electrophoresis; screens for rubella (German measles), Hepatitis B and C, HIV and syphilis, chlamydia and gonorrhea. Per UM St. Joseph guidelines, all pregnant patients must undergo a urine drug screen. If guidelines dictate, you may need to have a Pap test as well. You will also be offered tests (lab work and ultrasound studies) for genetic screening. During mid-pregnancy, some tests will be repeated, and you will have a diabetes screen (unless you are already known to be diabetic), and at the end of your pregnancy, we will screen for vaginal infections that could affect the baby. Please note that we do not offer ultrasound at our Pikesville office; all such studies will be performed off site.

## **Our On-Call Coverage**

You will deliver your baby at University of Maryland St. Joseph Medical Center, located at 7601 Osler Drive in Towson, Maryland—and you can count on us to be available to care for you throughout your pregnancy.

Our providers participate in call group coverage—meaning that they rotate covering for each other on evenings and weekends and as needed. Because of this, another provider may deliver your baby.

Our call group contains male and female physicians, midwives. Please call our regular office number at 410-427-5470 (WHA/Towson) or 410-415-5883 (Pikesville) if you need to speak with someone immediately.

If you call after regular office hours, you will be connected to the answering service. (For those calling the Pikesville location, please be patient: It will sound as if the phone is hanging up as it transfers your call to the answering service, but please stay on the line to be transferred.) The on-call provider will return your call as soon as possible.

If it is an emergency, please head to the hospital or call 911. If you do not hear back from the provider within 15 minutes, please call the answering service again or head to the hospital if your matter is urgent. Please remember: If you have an emergency that requires EMS, they will usually take you to the nearest hospital—which may not be UM St. Joseph Medical Center. If you are taken to another hospital, the providers there can call our office or UM St. Joseph Labor and Delivery (410-337-1140) for your records.

## **A Pregnancy Timeline: The Trimesters and Your Scheduled Visits**

As childbirth specialists, we measure the length of a pregnancy—and monitor our patients—by *weeks (instead of months)*. It is very helpful for us if you provide us with your “number of weeks” of gestation when calling us on the phone.

- First trimester = 0-13 weeks (months 1-3)
- Second trimester = 14-27 weeks (months 4-7)
- Third trimester = 28-40 weeks (months 7-9)

In general, you can expect to have your prenatal visits scheduled:

- Every 4 weeks for the first 28 weeks of pregnancy
- Every 2 weeks until 36 weeks of pregnancy
- Weekly after 36 weeks
- With your help, we can create perfect patient experiences for all patients. Below are information and helpful tips to make your office visits

## **Your Estimated Due Date**

We determine your estimated due date based on the information you provided related to the date of your last normal period. This date generally marks two weeks *before* you became pregnant, and gives us a sense of when you will deliver—though in certain cases, we will need an ultrasound to confirm your due date.

Most women have their babies within two weeks of their due date, either earlier or later. Please be mindful of this and **do not consider your due date changed unless we tell you we have changed it**. Moms-to-be often get confused following an ultrasound, when they may hear another date mentioned. Unless your provider tells you otherwise, the date she/he gives you is your official due date.

## **What to Expect at Each Prenatal Visit**

Good prenatal care supports the best health of mother and baby. The information below will give you a sense of what to expect during your visits with us. It will also remind you of what tests to plan for over the next nine months. Of course, additional tests or visits may be added based on your individual needs. Remember, this is only a guideline. Also, remember that each visit is an opportunity for you to ask questions that may have come to mind since your last visit. We encourage you to write them down and bring them with you to each visit.

### **Your First Prenatal Visit**

- We will provide a brief introduction or refresher about our practice, including review of our practice model, policies and procedures, on-call coverage and the midwife's scope of practice. (if applicable).
- We will perform a complete history and physical (medical exam), including a Pap smear (if applicable) and vaginal cultures for the presence of gonorrhea or chlamydia.
- We will give you a lab slip for some routine blood screening tests that include: a complete blood count (CBC), blood type and Rh factor, antibody screen, syphilis screen, rubella screen, hepatitis B and sometimes C, HIV Screen, urinalysis, urine toxicology screening and urine culture. Additional testing may include, but is not limited to: early non-invasive prenatal genetic testing for conditions such as Down's Syndrome, carrier screening (see page 6 for more information), cystic fibrosis, fragile X syndrome, spinal muscular atrophy, sickle cell and thalassemias. These tests are optional, but are recommended by the American College of Obstetricians and Gynecologists. These tests may not be covered by your insurance and, though they are not 100% accurate, they can help your providers create the best treatment plan for you and your baby. Talk to your provider about any questions you may have.
- Depending on your risk factors and past medical history, an early one-hour glucose screening, vitamin D analysis or thyroid study may be ordered as well.
- We will give you a referral (blue form) to the Perinatal Center. This referral may be for one or more services, including: a dating/viability ultrasound, a first trimester screening (genetic test), a high-risk consultation with a maternal fetal medicine specialist, genetic counseling and more. You can call the Perinatal Center at 410-337-4480 to schedule your visit. Be sure to bring the blue sheet with you to your appointment, as your necessary health information has been noted on this blue form. If needed, our office will take care of sending your complete prenatal record to the Perinatal Center before your appointment. If you need to cancel or reschedule an appointment at the Perinatal Center, please be sure to call the center as soon as possible. Our experts are all on your same care team: To ensure that all your providers have the information they need to give you excellent care, the Perinatal Center will send formal reports of any visits to our office for review. We will review this information with you at your next prenatal office visit.

### **Prenatal Visits from 11-20 Weeks**

- We will perform a gentle palpation (touching) of your abdomen, to assess the size of the uterus.
- We will perform a Doppler study or prescribe an ultrasound study. This noninvasive test allows us to listen to and document the baby's (fetal) heart tones.
- We will talk about your overall well-being, including a review of normal and common discomforts of pregnancy, such as constipation, trouble urinating, hydration status, trouble sleeping, pain/spotting and fetal movement
- We will review any lab results or ultrasound reports performed since your last visit.
- We will discuss any time-sensitive testing that may be needed at this stage of your pregnancy, including ultrasound, genetic screening, alpha-fetoprotein (AFP) screening, and cystic fibrosis.
- We will remind you to complete the online Maternity Preregistration form at [umstjoseph.org/PreregistrationMaternity](http://umstjoseph.org/PreregistrationMaternity) so that our labor and delivery team knows to expect you.
- We will give you a referral to the Perinatal Center (a blue form) that will prompt you to schedule a Fetal Anatomical Survey (FAS). This is a comprehensive ultrasound, ideally performed between 18-20 weeks. If our current health safety measures allow, you are encouraged to bring your partner to the FAS.
- We will discuss the common symptoms of pregnancy at this gestation, including anticipated/expected body changes and a review of warning signs and symptoms.
- We'll ask you if you've felt the baby yet. Most women feel their baby move somewhere between 18 and 20 weeks—some a little earlier and some a little later. Several factors can influence this; your provider will review this information with you.

### **Prenatal Visits from 20-28 Weeks**

- We will begin measuring the fundal height—or the distance from the pubic bone to the top of the uterus—beginning now and at every visit until you have your baby. This ongoing measurement, coupled with gentle palpation, provides your doctor or midwife with important information about your baby's position and growth. Several factors can influence fundal height; your provider will be happy to discuss this information with you.
- We will listen for baby's heart rate.
- We will give you a lab slip for additional testing, due between 24-28 weeks of pregnancy. This includes: a repeat CBC, a one-hour glucose testing to screen for gestational diabetes, an antibody screen and RH factor test (if needed), a repeat RPR (for syphilis), an HIV test and urine toxicology screening.
- We'll remind you to (if you haven't already) think about registering for childbirth education classes. University of Maryland St. Joseph Medical Center has a full calendar listing online at [umstjoseph.org/ReadyForBaby](http://umstjoseph.org/ReadyForBaby). Our Women's Health Associates team can also provide you with a comprehensive list of local childbirth educators and informative classes related to hypnobirthing, the Bradley method of childbirth, doulas and alternative complementary services. Please just ask a WHA staff member for information.

### **Prenatal Visits from 28-36 Weeks**

- We will measure fundal height.
- We will listen for baby's heart rate.
- We will give you an information packet full of important information for you and your partner or support person. This information is especially helpful during the last trimester of pregnancy.

Topics include: choosing a pediatrician, packing for the hospital, depression screening and warning signs and symptoms, creating a birth plan, considering a water birth, breastfeeding, circumcision, newborn vaccinations, and more.

- Beginning now, we will be scheduling your prenatal visits every two weeks.
- Based on your medical needs—gestational diabetes, obesity, advanced maternal age, concerns for fetal growth, etc., for example—we may also schedule additional visits with the Perinatal Center.

### **Prenatal Visits from 35-37 Weeks**

- We will measure fundal height.
- We will listen for baby's heart rate.
- We will take a Group Beta Strep (GBS) culture. This quick and painless test involves using a large cotton swab to collect samples from the vagina and rectum. (We can provide you with an information sheet at your request.)
- We will determine fetal presentation (or how the baby is positioned in the womb). Sometimes, a vaginal examination is needed to confirm that the baby is head down.

### **Prenatal Visits from 37-42 Weeks**

- We will measure fundal height.
- We will listen for baby's heart rate.
- We will review the results of your GBS screening with you.
- We'll talk through some important things to remember as you prepare for your baby's upcoming birth, to make sure you know the signs and symptoms of labor, as well as who to call, when to call and where to go when you are in active labor.

## **Frequently Asked Questions About Carrier Screening—or Prenatal Tests for Genetic Disorders—from the American College of Obstetricians and Gynecologists**

### **What is carrier screening?**

Carrier screening is a type of genetic test that can tell you whether you carry a gene for certain genetic disorders. When it is done before or during pregnancy, it allows you to find out your chances of having a child with a genetic disorder.

### **What is a recessive disorder?**

Most carrier screening is for recessive disorders. It takes two genes—one inherited from the mother and one inherited from the father—for a person to get a recessive disorder. If a person has only one gene for a disorder, he or she is known as a carrier. Carriers often do not know that they have a gene for a disorder. They usually do not have symptoms or have only mild symptoms.

### **What are the chances of having a child with a recessive disorder?**

If both parents are carriers of a recessive gene for a disorder, there is a 25 percent (1-in-4) chance that their child will get the gene from each parent and will have the disorder. There is a 50 percent (1-in-2) chance that the child will be a carrier of the disorder—just like the carrier parents. If only one parent is a carrier, there is a 50 percent (1-in-2) chance that the child will be a carrier of the disorder.

### **How is carrier screening done?**

Carrier screening involves testing a sample of blood, saliva, or tissue from the inside of the cheek. Test results can be negative (meaning that you do not have the gene) or positive (you do have the gene). Typically, the partner who is most likely to be a carrier is tested first. If test results show that the first partner is not a carrier, then no additional testing is needed. If test results show that the first partner is a carrier, the other partner is tested. Once you have had a carrier screening test for a specific disorder, you do not need to be tested again for that disorder.

### **When can carrier screening be done?**

Some people decide to have carrier screening before having children. Carrier screening also can be performed during pregnancy. Getting tested before pregnancy gives you a greater range of options and more time to make decisions.

### **Do I have to have carrier screening?**

Carrier screening is your choice. You can choose to have carrier screening, or you can choose not to. There is no right or wrong choice.

### **What carrier screening tests are available?**

Carrier screening is available for a limited number of diseases, including cystic fibrosis, fragile x syndrome, sickle cell disease and Tay-Sach's disease. Some of these disorders occur more often in certain races or ethnic groups. For example, sickle cell disease often affects people of African descent. Tay-Sachs disease typically affects people of Eastern or Central European, Jewish, French Canadian and Cajun descent. But anyone can have one of these disorders. They are not restricted to these groups.

### **Who should have carrier screening?**

All women who are thinking about getting pregnant or who are already pregnant are offered carrier screening for cystic fibrosis, hemoglobinopathies, fragile X and spinal muscular atrophy (SMA). You can have screening for additional disorders as well. Talk with your provider about what screening needs you may have based on your ethnicity and personal and family history.

To learn more about carrier screening, talk to your provider or visit [acog.org](http://acog.org).

## **Ultrasound Evaluation in Pregnancy**

Ultrasound uses high frequency sound waves to enable your providers to see inside your uterus. This safe, painless exam helps us track the growth and development of your baby.

### **How Ultrasound Works**

The ultrasound "wand," or transducer, which is attached to a medical monitor, is placed on the outside of your midsection or inserted into your vagina. This wand sends a brief pulse of sound (about millionth of a second long) into the body. The sound travels into the abdomen and sends back an echo when it reaches the uterus and the baby. These echoes can be viewed as an image on the machine's monitor. Either an abdominal or a vaginal transducer may be used, based on how far along you are in your pregnancy and health information we need.



## Why You Need Ultrasound During Pregnancy

Ultrasound will be used to evaluate the growth and development of your baby and to monitor the progression of your pregnancy. You can expect an ultrasound during the first trimester, and a second ultrasound at approximately 20 weeks to take a closer look at your baby's rate of growth and general anatomy, including the heart, brain, kidneys, spine and other organs. If your baby's health requires closer monitoring, we may prescribe additional ultrasounds throughout your pregnancy.

Your healthcare provider might use a fetal ultrasound to:

- Confirm the pregnancy and its location — An ultrasound will confirm the presence of an embryo that has developed inside the uterus. Sometimes, the embryo can develop inside a fallopian tube (called an ectopic pregnancy) and this would be important to diagnose for your health and safety.
- Determine the baby's gestational age — Knowing the baby's age can help your healthcare provider more closely pinpoint your due date and track various milestones throughout your pregnancy.
- Confirm the number of babies
- Study the placenta and amniotic fluid levels — Any complications with your placenta will require monitoring, as the placenta supplies your baby with oxygen-rich blood and important nutrients. An ultrasound will also help measure the fluid that surrounds your baby, allowing us to determine if there too much or too little, which can affect the baby's health.
- Identify fetal anomalies — Ultrasound can help detect birth defects.
- Monitor the growth of the baby
- Identify a possible loss
- Determine the fetal position before delivery

**An important reminder to expectant parents:** While there are many benefits to having a fetal ultrasound, it is important to realize that technology has limitations. Not all birth defects may be identified during a fetal ultrasound. A “normal” ultrasound does not guarantee a “normal” baby.

## Common Pregnancy Symptoms

During the first six to 10 weeks of pregnancy, your body goes through many changes and you may notice that you feel different, in both your body and your mind. Because each woman's pregnancy is unique, there is no “right way” to feel. You may feel the healthiest you have ever been, or you may feel tired and morning-sick much of the time. However you feel, it's important to keep your care provider aware of how you feel as your pregnancy progresses.

Common pregnancy symptoms include:

- Tender, swollen breasts
- Frequent urination
- Nausea and vomiting
- Fatigue
- Moodiness
- Bloating



The thought of having a baby may make you feel excited or scared...or you may not know *how* you feel about it. When you are confused or uncertain, be sure to seek support from family, friends or other pregnant women, and, for any concerning issues, talk with your provider. For new-parent support group information, visit [umstjoseph.org/ReadyForBaby](http://umstjoseph.org/ReadyForBaby) or call 410-337-1880.

## **Managing Your Symptoms**

The degree of discomfort during pregnancy varies from patient to patient, and even from your previous pregnancy. Here are some helpful tips for coping with some of the most common symptoms of pregnancy:

### **Morning Sickness**

Morning sickness can occur at any time of the day or even all day. It may begin around the sixth week of pregnancy and usually resolves by the start of the second trimester. You may be able to control your symptoms without medications by following the suggestions below. Please be sure to contact us if your nausea and/or vomiting prevents you from tolerating most meals or liquids.

- Be sure to eat small, more frequent (5-6) meals; this will keep your stomach from being empty.
- Keep to the BRAT diet—Bananas, Rice, Applesauce, Toast (and Tea, too)—as bland foods will help settle your stomach. Avoid spicy, greasy and fatty foods. Wait at least an hour after eating before you lie down.
- When eating, it may help to take small sips of liquid between bites.
- Eat dry crackers or toast before getting out of bed, to avoid moving around on an empty stomach.
- Stay well hydrated.
- Try ginger (real ginger ale, ginger candy, ginger tea).
- Talk with your provider about other options for relief, such as vitamin B6 and other over-the-counter medications.
- Avoid foods and smells that trigger your nausea.
- When you feel sick, open your windows or go for a short walk to get fresh air.
- Nausea wristbands may also provide some relief. You can purchase them at your local pharmacy.
- Tell your provider if your prenatal vitamins make you sick; there are a lot of options we can try.

### **Fatigue**

Fatigue during pregnancy is normal and largely unavoidable. A healthy diet and exercise can help. Being mindful helps, too...Listen to your body and go to sleep when needed: Whatever you had to do will still be there when you wake up! Fortunately, this feeling is usually limited to the first trimester, and then most of your energy will return. The fatigue may return during the last months of pregnancy, too.

### **Constipation**

Your pregnancy hormones affect your digestive system and can cause constipation—and the prenatal vitamins and iron (ferrous sulphate) can increase your risk, too. To help avoid constipation, increase your intake of water, fruits, vegetables and fiber. (Your body will gradually adjust to the increased gas production associated with a more fiber-rich diet.)

## Acne

Don't use acne products containing isotretinoin (Retin-A) or doxycycline. Though your skin should improve after pregnancy, check with your provider if your acne becomes too bothersome for you.

## Diet, Weight Gain and Exercise

### Nutrition During Pregnancy

These early weeks are a time to make healthy choices and to eat the best foods for you and your baby. This information can help you learn how to eat well and take good care of yourself by balancing plenty of rest with regular exercise. It also provides guidance about how to protect your baby from harmful substances and foods. Below are some dietary recommendations:

- Eat at least three meals and two healthy snacks every day. Eat fresh, whole foods including:
- Seven (7) or more servings of bread, tortillas, cereal, rice, pasta, or oatmeal
  - Choose whole-grain bread, cereal and pasta. Good choices include whole wheat bread, whole wheat pasta, brown rice and oatmeal.
- Three (3) or more servings of vegetables, especially leafy green vegetables
- Two (2) or more servings of fruits
- Three (3) or more servings of milk, yogurt, or cheese
- Two (2) or more servings of meat, turkey, chicken, fish, eggs or dried beans
  - If you eat meat, pick lower-fat types. Good choices include lean cuts of meat and chicken or turkey without the skin.
  - Heat lunch meats (such as turkey, ham, or bologna) to 165°F before you eat them. This reduces your risk of getting sick from a kind of bacteria that can be found in lunch meats.
  - Do not eat fish with high levels of mercury, such as shark, swordfish, tilefish, king mackerel or albacore tuna. Mercury is dangerous to your baby. Do not eat more than one small can of tuna each week. You can eat up to 12 ounces a week of fish or shellfish that have low mercury levels. Good choices include shrimp, canned light tuna, wild salmon, pollack and catfish.
  - Limit how much liver you eat. Liver is rich in vitamin A; too much vitamin A can harm your baby.
- Get four (4) or more servings of milk and milk products each day. Good choices include nonfat or low-fat milk, yogurt and cheese. If you cannot eat milk products, you can get calcium from calcium-fortified products such as orange juice, soy milk and tofu. Other non-milk sources of calcium include leafy green vegetables, such as broccoli, kale, mustard greens, turnip greens, bok choy and Brussels sprouts.
- Drink plenty of fluids, especially water. Avoid sodas, caffeine and other sweetened drinks. Choose caffeine-free drinks. If you drink coffee or tea, have no more than one (1) cup a day.
- Do not drink any alcohol. NO amount of alcohol has been found to be safe during pregnancy.
- Choose foods that have important vitamins for your baby, such as calcium, iron, and folate:
  - Besides those items noted above, canned fish with bones, almonds, broccoli and corn tortillas are good sources of calcium.
  - Beef, poultry, liver, spinach, lentils, dried beans, fortified cereals and dried fruits are rich in iron.
  - Dark leafy greens, broccoli, asparagus, liver, fortified cereals, orange juice, peanuts and almonds are good sources of folate.
- Avoid foods that could harm your baby:
  - Do not eat raw or undercooked meat, chicken, or fish (such as sushi or raw oysters).
  - Do not eat refrigerated pates, meat spreads or smoked seafood.

- Do not eat raw eggs or foods that contain raw eggs, such as Caesar dressing.
- Do not eat soft cheeses and unpasteurized dairy foods, such as Brie, feta or blue cheese. Do not eat unpasteurized soft cheeses, such as Brie, feta, fresh mozzarella and blue cheese, as they could contain a bacteria that could harm your baby.
- Do not eat raw sprouts, especially alfalfa sprouts.
- Avoid foods that do not have a lot of nutritional value, such as chips, sodas and pastries.
- Do not diet or skip meals or try to lose weight. For example, do not follow a low-carbohydrate diet. If you are overweight at the start of your pregnancy, your health care provider will work with you to manage your weight gain.

### **Weight Gain During Pregnancy**

Many pregnant women wonder how much weight they should gain. In general, women who were at a healthy weight before they became pregnant should gain between 25 and 35 pounds. Women who were overweight before pregnancy are usually advised to gain 15-25 pounds and obese women should gain 11-20 pounds. Women who were underweight before pregnancy are usually advised to gain 28-40 pounds.

You will gain most of your weight in the second and third trimesters. Due to a loss of appetite, most women gain very little weight—and some even lose weight—in the first trimester. Gaining a healthy amount of weight helps improve your chances of having a healthy baby. Please ask us about your body mass index (BMI), which determines your weight category.

### **Obesity In Pregnancy: Patient Information**

This information is provided to help you and your care provider discuss your needs during pregnancy and childbirth. About two-thirds of American women of childbearing age are overweight and one in three women are obese (with a body mass index, or BMI, of 30 or more). Increasing numbers of women cared for during pregnancy are obese. At some point, the mother's weight, or her weight gain during pregnancy, increases her risks. These risks include diabetes, high blood pressure, stillbirth, preterm birth, congenital defects, and cesarean section. Babies may be large for their gestational age or have birth injuries (such as nerve injury to the arm or brain injury). The degree of obesity and any other health problems play a role in the care an expecting mother needs.

Being overweight can increase your likelihood of having a complicated delivery. If we feel that you will benefit from specific health support, and to help lower your risk for complications during delivery, our providers will refer you to the University of Maryland Medical Center for advanced fetal care. For their best health and safety, patients whose BMI approaches 50 will be referred to the University of Maryland for continued obstetrical care and childbirth.

## Health Information About Obesity

<b>Categories for BMI (Body Mass Index)</b>	
<i>Reference point:</i> Weight (in pounds) for woman who is 5 feet 4 inches tall.	
Underweight <18.5 kg/m <sup>2</sup>	Approximately 104 pounds
Normal weight 18.5 - 24.9	105 -144 pounds
Overweight 25 - 29.9	145 - 173 pounds
Category 1 Obesity 30 - 34.9	174 - 203 pounds
Category 2 Obesity 35 - 39.9	204 - 231 pounds
Category 3 Obesity ≥40	232 pounds and up

- Obese women need to limit weight gain, both as a general health measure and as a way to decrease risks to them and their baby during pregnancy and childbirth. A good weight gain for someone who is obese ranges from 0-20 pounds during the entire pregnancy. Nutrition counseling and support can help you have a healthier pregnancy and a safer birth.
- Exercising is safe for pregnant women. You should try to be active (walking, swimming, low-impact aerobics, etc.) for 30 minutes every day. High intensity or high impact workouts are not advised. (*See the next page for more tips about safe exercising during pregnancy.*)
- Obese women need special testing during pregnancy. An early diabetes test is usually performed. You may be advised to have a heart or lung evaluation, be checked for sleep apnea or have more ultrasounds than other women.
- If needed, as an added safety measure, between 26-28 weeks of pregnancy (around the time of your second diabetes screening), you may be asked to meet with an anesthesiologist to discuss your labor and delivery. In some cases, obesity may delay the timely performance of emergency or urgent surgical procedures, which may impact you and/or your baby, so we want to fully inform and prepare for this possibility.
- Obesity may limit your choices, such as hydrotherapy (or laboring and giving birth in water) or certain labor positions, for example, during childbirth.
- Babies that are too large may have difficulty delivering (vaginally or by cesarean section) without injury. There is usually no way to tell before labor begins whether a baby will be too big to be born safely, but the measurements we take during your prenatal visits can help us make good recommendations for the safest possible birth for mother and baby.
- Even a planned, scheduled cesarean carries additional risks for obese women.
- Women with obesity who attempt a trial of labor after cesarean delivery (TOLAC) or vaginal birth after cesarean (VBAC) have significant increased risk to themselves and baby.

## **Exercise During Pregnancy**

In spite of “pregnancy fatigue,” it’s very important to get a safe and healthy amount of exercise, even if you just walk a half-hour a day. Exercise can reduce backaches, constipation, bloating and swelling. Regular exercise can improve your mood and your sleep—and strengthen your endurance, muscle tone and strength, which can improve your labor and delivery experience and help you “bounce back into shape” after childbirth.

Be sure to check with your provider before beginning your pregnancy exercise routine, and keep these tips and information in mind, whether you already exercise routinely or if you want to begin a safe routine during your pregnancy:

- Do not do abdominal exercises.
- Avoid exercises that require balancing. As your pregnancy progresses, your center of gravity shifts and you will be more prone to losing your balance and falling.
- Hormones released during pregnancy can cause the ligaments that support your joints to stretch, which can increase your risks for injury.
- Due to the natural weight gain associated with pregnancy, you will have to work harder while you exercise than you did before you were pregnant. If you can’t speak or answer a question while you are exercising, this is a signal that you are exercising too hard.
- If you feel uncomfortable in any way (a rapid heartbeat, chest pain, cramping, dizziness, etc.), stop exercising right away and call a health professional if needed.
- Baltimore City’s “B’more Fit for Healthy Babies” program offers access to free resources for a healthy pregnancy. Please call 410-649-0500 or visit [healthybabiesbaltimore.com](http://healthybabiesbaltimore.com) for more information and to see if you qualify.

## **Safe Medication Usage in Pregnancy**

Now that you are pregnant, you may be wondering what medications are safe to use. For your health and for the safety of your baby, it is very important that you inform your provider if you are currently taking any medications, including herbal remedies and supplements, and that you check with your health care provider before taking any new medications.

If you would like to take a medication that is not included in the list below, please contact a provider at our office to ensure that you are making the best and healthiest choice for you and baby. Please keep this list handy and refer to it as needed—and please contact us with any questions. For all medications, we recommend that you use the generic or store brand when available. All medications should be used sparingly (as little or as least often as possible) and you should only use what is absolutely necessary to control your symptoms.

### **Additional tips:**

- Be careful about taking medicines, vitamins, homeopathic remedies, herbs, herbal teas, and home remedies. These may not be safe for your baby.
- Take over-the-counter medicines only if you really need them, but do not take medications containing alcohol. If you have hypertension (high blood pressure), please check with us before taking any cold medications. Also, choose medications specifically related to your symptoms and not a multi-symptom formula.
- In general, try to avoid all drugs in the first trimester. We feel that the following medications are not harmful to the baby when taken properly

### **Allergies**

- Allergy season is bound to occur during your pregnancy. Drugs called antihistamines can be found over the counter but do make you drowsy.
- Do not use decongestants in the first trimester—pseudoephedrine (Sudafed)—and be careful if you have hypertension.
- Take prescription medicines exactly as prescribed.
- Do not take extremely hot baths or use a hot tub, sauna, steam room to relieve your congestion. Too much heat can cause problems for your baby.

## Safe Medication Usage in Pregnancy

Symptom/Condition	Safe Medications to Use	Non-Medical Alternatives or Suggestions for Relief
Acne	Proactive, Clearasil, Salicylic Acid, Azelex Rx, Erygel Rx. Cleocin T Rx, Clindagel Rx	
Allergies	Benadryl, Claritin, Allegra, Alavert, Zyrtec, Chlor-Trimeton, Flonase Rx, Nasacort Rx	
Common Cold and Head Congestion	Sudafed (okay <u>after</u> 12 weeks pregnant), Tylenol Sinus, Robitussin, Saline Nose Spray	Neti pot
Constipation	Stool Softeners: Colace (or any generic version), Metamucil, Benefiber  Laxatives: Senokot, Milk of Magnesia, Miralax, Fleets Enema	Before using any medications, try to increase your daily intake of water, fluids, and fiber. Prune juice, bran and roughage (fruits and leafy veggies) may help. Increase your physical activity, such as walking.
Cough	Robitussin (plain or DM), Delsym, Cough Drops	
Diarrhea	Kaopectate, Imodium	Clear liquids only for 24 hours. Advance diet as tolerated, beginning with a bland, also known as BRAT diet. (BRAT diet includes: bananas, rice, applesauce and dry toast.) Avoid spicy, greasy, fried or fattening foods.
Flu	Flu Shot, Tamiflu Rx (The flu shot is safe and recommended at any time during pregnancy. Please note: The nasal spray flu vaccine is <u>NOT</u> recommended.)	



## Safe Medication Usage in Pregnancy

Symptom/Condition	Safe Medications to Use	Non-Medical Alternatives or Suggestions for Relief
<b>Heartburn/Gas</b>	Heartburn: Maalox, Mylanta, Pepcid OTC, Tagamet, Rolaids, TUMS, Zantac  Gas: Gas X, Maalox Anti-Gas, Mylanta Gas, Mylicon	Papaya Digestive Enzymes chewable tablets. Eat light meals, avoid eating or drinking 3 hours before bedtime. Do not lie down after meals. Walking is encouraged, to facilitate digestion. Avoid spicy, greasy, fried, fattening foods.
<b>Hemorrhoids</b>	Preparation H, Tucks Medicated Pads, Anusol HC cream or suppositories Rx	Warm sitz bath
<b>Insomnia/Difficulty Sleeping</b>	Unisom, Tylenol PM, Benadryl	Dark, quiet room; turn off television, phone, computer, etc., to avoid distractions; counting; aromatherapy; a sound machine or soothing music, etc.
<b>Motion Sickness</b>	Dramamine	Sea Bands
<b>Mouth Sores</b>	Orajel	Combine equal portions of Benadryl with Maalox and dab on ulcers/sores with a Q-tip.
<b>Muscle Aches</b>	Icy Hot patches ( <u>NOT</u> on abdomen), Thermacare patches ( <u>NOT</u> on abdomen), Salonpas	Massage, Arnica oil or homeopathic Arnica, warm baths

## Safe Medication Usage in Pregnancy

Symptom/Condition	Safe Medications to Use	Non-Medical Alternatives or Suggestions for Relief
<b>Nausea</b>	Emeril, Dramamine, Phenergan or Zofran Rds, Dioletis Rx	Preggie Pops; ginger tablets/drops; vitamin B6 (50 mg 3 times per day); Sea Bands; a whiff of peppermint oil; acupressure/acupuncture; eat small, frequent meals; avoid spicy, greasy, fried, fattening foods; avoid extremes in temperature for your beverages; suck on candies; stop taking your prenatal vitamins
<b>Pain/Fever</b>	Tylenol (regular or extra strength)—do <u>NOT</u> take Motrin, Advil, Ibuprofen, or Avapro. Call your provider's office for any fever over 100.4° orally.	Massage, a visit to your chiropractor, acupuncture, acupressure physical therapy, exercise/stretching, water therapy
<b>Sore Throat</b>	Sucrets, Cepacol (spray or lozenges), Chloraseptic spray	Warm salt water gargle
<b>Rashes/Bug Bites</b>	Cortaid, Lanacort, Benadryl (cream or tablets), Calamine Lotion, Aveeno Oatmeal Bath	
<b>Yeast Infections</b>	Monistat, Gyne-Lotrimin <u>Avoid using these medications in the first trimester.</u> (It is best to use the 7-day treatment instead of the 1- or 2-day treatment.)	

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## Protecting Yourself and Baby

**Personal Safety:** If someone abuses, threatens, or hurts you, call 911, inform us, or call the National Domestic Violence Hotline at 1-800-799-SAFE. Abuse can cause health problems such as poor weight gain, infections, and bleeding. It may also increase your baby's risk of low birth weight, premature birth and death.

**Travel:** The American College of Obstetrics and Gynecology (ACOG) recommends you complete your travel plans prior to 36 weeks of gestation. Please check with your provider before booking your trip, as certain medical conditions may prevent you being able to travel. Also check with your airline regarding their travel policies regarding pregnant women, as they may vary from airline to airline.

These suggestions can help decrease your chances for developing a deep venous thrombosis (a DVT, or blood clot) in your lower extremities: When traveling, especially if flying, do not sit with your legs or ankles crossed or sit for prolonged periods. Get up and walk at least every three hours; you should also move your legs and ankles from time to time. Consider purchasing compression stockings before air travel. Do not hold your urine.

**Hair and Body Care:** Please avoid chemicals, dyes and tattoos during your pregnancy, especially in the first trimester. There have not been any specific studies regarding this issue, but, in general, it is best to avoid these, if possible. Massages are okay—just let the spa/business know you are pregnant when you are making your appointment, to alert them to take the necessary steps to accommodate your pregnancy. Do not use douches during your pregnancy—or at any time, for your best health, as douching can increase your risks for infection. You may notice a heavier discharge throughout your pregnancy. If this causes discomfort or looks like mucous, please notify us immediately.

**Saunas and Hot Tubs:** Some studies suggest that saunas and hot tubs cause an increase in your core body temperature and can lead to birth defects. ACOG recommends that you avoid use in the first trimester and, after that time, limit your use to no more than 15 minutes in the sauna and 10 minutes in the hot tub. Leave your head, arms and shoulders exposed when in the hot tub.

**Caffeine:** Caffeine is found in tea, chocolate, energy drinks and soft drinks. Medical findings regarding the safety of consuming caffeine during pregnancy vary, but some suggest an increased risk of miscarriage, preterm birth and low birth weight. Caffeine can interfere with sleep and has a diuretic effect, causing an increase in urination and dehydration. As there are no recommended guidelines about how much caffeine it is safe to consume during pregnancy, it is best to avoid caffeine use.

**Alcohol, Drugs and Tobacco:** There is no amount of alcohol, drugs (even marijuana) or tobacco that is thought to be safe and the use of these substances can cause harm to you and your baby. Fetal alcohol syndrome, preterm labor, low birthweight and fetal death can result from the use of these substances. If you need help quitting, please let us know and we will help find resources to assist you.

**Dental Appointments:** Please keep your dental appointments. The amount of X-ray exposure is minimal and your neck and abdomen are shielded. Do remember to tell your dentist that you are pregnant. Check with the office to receive a note for your dentist prior to your appointment.

**Vaccines:** Babies cannot receive most vaccinations until 2-6 months of age—so it is important that you have certain vaccinations in order to protect your baby. Please remember to get the flu shot—NOT the nasal flu vaccine—which is recommended during pregnancy. The COVID vaccine is also recommended. (Please see the helpful facts below.) Encourage your family members to be vaccinated, too, to offer added protection for your newborn.

You can be vaccinated in any trimester. If you have not been vaccinated for Tdap (whooping cough), we also recommend that you do so after 27 weeks' gestation...and please don't forget to ask that your immediate family members and caregivers get vaccinated too. Ask us about any other vaccines you are considering.

It is NOT safe to have vaccines for measles, mumps, rubella (MMR), human papilloma virus (HPV), varicella (chicken pox) or tuberculosis (TB). *Please note:* The screening test for TB, which is usually a PPD test, IS safe and recommended. We offer the flu and Tdap vaccines in our offices for our pregnant patients, but your local pharmacy, your PCP or your local health department are other potential sites for vaccination.

According to the The American College of Obstetrics and Gynecology, a COVID vaccine helps protect you and your baby:

- Pregnant people with COVID-19 are at an increased risk of severe illness, death and adverse pregnancy outcomes, including preterm birth and stillbirth.
- After you get vaccinated, you may pass antibodies through your breast milk that may help protect your baby from COVID-19.

## **Special Concerns for Pregnant Women**

### **Women Over the Age of 35**

As women age, there is a higher risk of genetic disorders and poor pregnancy outcomes. If you are age 35 or over, please do not be alarmed if we request additional testing throughout your pregnancy: This is done to help monitor the health of the baby. We may also recommend genetic counseling; it will be your choice whether or not to use this health care option. We also recommend that women over the age of 40 undergo weekly fetal monitoring at the hospital starting at 34 weeks of gestation. This precaution helps us more closely monitor baby's progress and may help improve the outcome of the pregnancy.

### **Cord Blood Banking**

The blood from your baby's umbilical cord can be life-saving and currently can help to treat over 80 diseases, including leukemia, lymphoma and sickle cell disease. We ask that you strongly consider donating your baby's cord blood. To learn more, visit [savethecordfoundation.org](http://savethecordfoundation.org) or call 1-800-869-8608. To save your cord blood, you must register prior to your delivery. Once donated, the blood will be a part of a public bank and will not be available specifically for you and your family.

If you prefer to make a private cord donation—so that your child’s cord blood is accessible to you only—there are several private banks available. If you are planning to keep your baby’s cord blood for such a donation, you may bring your collection kit to the hospital with you, for your delivery. Please let your provider and care team know in advance of your delivery.

## **When Should You Call for Help?**

Call the office or seek immediate medical care if:

- You pass out (lose consciousness)
- You fall
- You have/are involved in a car accident
- You have any vaginal bleeding or belly pain or cramping
- You have pressure, cramping or contractions that come and go every 10 minutes or less for longer than an hour and you are less than 36 weeks pregnant
- You have a mucous-like discharge prior to 36 weeks’ gestation
- You think you are in labor (contractions every five minutes apart for two hours) over 36 weeks
- You think your water is broken or you are leaking fluid
- You have a fever
- You have severe vomiting with pain or fever, you vomit three or more times a day, or you vomit continuously more than one hour each day

During regular office hours, please call our office number at 410-427-5470 (WHA/Towson patients). or 410-415-5883 (Pikesville location patients). The on-call provider will return your call. If your call is not returned within 15 minutes, please call again. If it is an emergency, please go to the hospital or call 911.

## **Remember, the only number you ever need, day or night, is the office line:**

- UM SJMG - Women’s Health Associates (WHA/Towson): 410-427-5470
- UM SJMG - Women’s Health at Pikesville: 410-415-5883