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CONGRATULATIONS!!

We thank you for giving us this opportunity to assist you and be part of this unique and exciting journey every step of the way. This is also a time when you may have questions and plenty of them. Here, we have compiled some suggestion and answers to the commonly asked questions.

Please feel free to call Dr BHADARIA with any question you may have.

NAUSEA/VOMITING

This is a very common symptom in the first trimester of pregnancy. The following may help.

1. Some dietary changes may be helpful such as small frequent meals or snacks rather than three large meals. Avoid spicy foods.
2. Try eating some saltine crackers prior to brushing your teeth
3. Ginger capsules 250 mg by mouth four time daily or other ginger products like ginger popsicles, ginger ale etc.
4. Seabands, acupuncture, wrist bands
5. When dietary changes do not work, the following medication may be safely taken:
6. Vitamin B6 10-25 mg every 8 hours as needed
7. Vitamin B6 with Unisom 12.5 mg every 6 hours as needed
8. Benadryl 25 mg: one tablet every 6 hours as needed
9. If these measures do not help please call Dr. Bhaduria to discuss some prescription medications.

HEADACHES

- Tylenol extra strength is safe you may take one tablet every four hours or as needed.
- Do not take Alleve, Aspirin, Motrin, Naprosyn, Ibuprofen. Should you need stronger pain medication please call the office.

COLD and COUGH

- Common upper respiratory tract infections are caused by viruses and are self limiting, medications are usually for symptomatic relief. Keep yourself well hydrated and get plenty of rest and sleep. The following OTC medication may be helpful.

Cough Suppressants:

- Robitussin DM: one teaspoonful every 4-6 hours.
- Throat lozenges like Ricolla, Halls etc can be takes as well.

Decongestants:

- Normal saline nose spray
- Nettie Pot nasal saline rinses
- Humidifiers

HEARTBURN

- Heartburn is a common symptom in pregnancy.
- Lifestyle modifications such as head elevation to about 45 degrees, which can be achieved by placing 2 pillows under the head, consuming frequent small meals instead of three big ones, limiting spicy food, citrus fruits, caffeinated food or drinks and avoiding milk or citrus drinks prior to bedtime.
- The following OTC medication may be used if no relief is achieved with lifestyle changes.

Antacids

- TUMS: 200-500 mg tablets four times daily

Carafate:

- 1 gm tablet dissolved in water, four times per day

H-2 Blockers:

- Zantac: 75 mg -150 mg one tablet twice a day
- Tagamet: 200 mg one tablet twice a day.

Please call the office if these measures do not help, you may need something stronger.

CONSTIPATION:

Constipation is a common complaint during pregnancy.

The physiological hormonal changes in pregnancy and vitamins and calcium can contribute to constipation. The following can be helpful.

- Increase intake of water and food rich in fiber like prunes, prune juice, complex vegetables, broccoli, green beans, and asparagus.
- Avoid intake of 'BRAT' diet (bananas, rice, applesauce and toast)

If dietary changes do not help, the following OTC medications may be used.

- Colace: 100 mg one tablet twice a day
- Milk of Magnesia: 30-60 ml by mouth once a day
- Metamucil: one teaspoonful in 8 ounces of water or juice every night

HEMMORRHOIDS:

Hormonal changes in pregnancy and constipation can lead to hemorrhoids. If hemorrhoids are asymptomatic, they do not have to be treated.

Symptomatic hemorrhoids may cause pain, itching or bleeding. The following can be helpful.

- Preparation H ointment or suppositories: apply four times a day
- Tucks Pads: apply as needed
- Sitz Bath: Take half a carton of Sitz bath and add to standard size bathtub one third full with lukewarm water, dissolve the salt in it and soak your bottom for about 30 minutes once or twice a day.

INSOMNIA

- Avoid caffeinated drinks or food in the evening.
- Today's technology may also contribute to our difficulty falling asleep. The light produced by these devices is stimulatory, so turn off all electronics such as TV, computers, laptops, I-pads, smart phones anything that keeps us consumed.
- Try reading something very boring that may make you fall asleep.
- Try warm baths with lavender salt.
- Once in a while Benadryl 25mg- 50mg at bedtime is acceptable to help you fall asleep.

FOODS TO AVOID IN PREGNANCY

- **Alcohol:**
 - Has been shown to cause birth defects in the developing fetus, commonly known as fetal alcohol syndrome. Please avoid alcohol in while pregnant.
- **Caffeine:**
 - Consuming less than 200 mg of caffeine a day (two eight ounces cups of brewed coffee) has not been shown to increase the risk of miscarriage. It is advisable to keep your caffeine intake to less than one cup of coffee or other caffeinated beverages per day. Switching to decaf is **encouraged**.

Unpasteurized Dairy Products:

- Listeria is a bacteria that can contaminate unpasteurized milk or soft cheese. Listeria can infect the placenta and cause miscarriage and stillbirth.
- Pasteurized dairy products are safe to consume, most dairy products in United States are pasteurized. Please check the label prior to consumption.

Deli Meats:

- Listeria can also contaminate these prepared meats, do not consume unless cooked steaming hot.
- **Raw or Undercooked Meat, Poultry or Shellfish:**
These food items can be contaminated with both listeria and/ or Toxoplasmosis.
Toxoplasmosis is a parasite that can cause birth defects in developing fetus.
Toxoplasma is susceptible to heat, bottom line eat well cooked and well washed food.

Seafood:

- Certain types of seafoods are high in mercury, which can be harmful to the developing fetus.
- Pregnant and breast feeding women should avoid eating shark, swordfish, king mackerel or tile fish.
- Common fish that are low in mercury levels are shrimp, catfish, salmon, canned light tuna (not albacore) and Pollock. You can safely consume up to 12 ounces (about 2-3 meals) of these fish per week.
- Albacore (white tuna) and tuna steaks have higher mercury levels than most fish, hence these should only be consumed up to 6 ounces per day.

TRAVEL :

- Best time to travel in pregnancy is the second trimester.
- Make your travel plans between 14-28 wks.
- After 28 weeks it is best to stay within continental US.
- After 35 weeks, it is advisable to stay in town to avoid the possibility of going into labor in another city or town.
- When in long airplane flights (greater than 2 hours), it is best to get an aisle seat so that you can be more flexible and walk around at least once an hour. The same is true for long car rides.
- Use of maternity stocking also helps with blood circulation.
- These measures help to reduce the risk of blood clots, as pregnant women are at greater risk of developing blood clots.
- Drink plenty of fluids and keep yourself well hydrated.

HAIR TREATMENTS:

- Coal and tar products should be avoided in the first trimester (during the first twelve weeks) of pregnancy.
- You may use vegetable dyes or henna.

DENTAL WORK:

- Dental work during pregnancy is ok.
- Local anesthetic without 'epinephrine' can be used in pregnancy.
- Antibiotics such as penicillins, ampicillins or cephalosporins are safe to use in pregnancy.
- Dental X-rays if necessary are ok after 20 wks of pregnancy. Abdominal shield used be used during the X-ray.
- Please have your dental office contact us with any questions.

EXERCISE DURING PREGNANCY:

- ❖ Regular exercises are encouraged during pregnancy.
- ❖ Some of the benefits of exercise nclude improved energy level and mood, decrease joint and back pain, increased endurance. It can decrease your risk of gestational diabetes, constipation, bloating or swelling.
- ❖ It is recommended to exercise for 30 minutes a day five days a week.
- ❖ We recommend you to please avoid contact sports, scuba diving, high impact exercises.
- ❖ Examples of safe exercises during pregnancy would be swimming, prenatal yoga, prenatal pilates, walking.
- ❖ It is also important to remember that you are not laying on your back for more than five minutes.
- ❖ Low impact aerobic exercises are encouraged.
- ❖ It is important to built your stamina by starting 5-10 mins a day, and adding 5 minutes each week until you are comfortable.
- ❖ If at anytime you experience shortness of breath, chest pain, dizziness, uterine tightening or contractions, vaginal bleeding or leaking or fluid, decreased fetal movements, please stop call the office or go to the nearest emergency room.

RECOMMENDED TESTS IN PREGNANCY:

FIRST TRIMESTER SCREENING TEST:

- ❖ This test includes a blood test and an ultrasound exam.
- ❖ This test is done between 11 to 14 weeks of pregnancy to detect the risk of **Down Syndrome** (Trisomy 21), **Trisomy 18** (the second most common chromosomal abnormality) and **Trisomy 13**.
- ❖ This screening is a two step process.
 1. The first part is a blood test that measures the level of two substances in the mother's blood: PAPP-A and hCG. This test is done **after 10 weeks but before 14 weeks of pregnancy.**
 2. The second part is an ultrasound exam known as 'nuchal translucency screening' and it measures the thickness of the neck of the fetus. **This test is done between 11 to 13/14 weeks of pregnancy.** This test is performed by the perinatologists, so you will be referred to the specialists.

SECOND TRIMESTER SCREENING TEST:

- This test is also known as the "Expanded AFP Test" or the "Quadruple Marker Test".
- This is a screening test to check the risk of Down's Syndrome, Trisomy 18, Neural Tube Defects and a rare neurological disorder known as "Smith Lemli Opitz Syndrome".
- It is a blood test that measures the level of four hormones AFP, Estriol, hCG and Inhibin-B.
- It is time sensitive and blood is drawn in our office **between 15-20 weeks of pregnancy.**

Anatomy Scan:

- ✚ This is a detailed ultrasound performed between **18-20 weeks of pregnancy** to check the anatomy of the baby.
- ✚ Parents who desire to know the gender of the baby can do so.
- ✚ This ultrasound is performed by the specialist perinatologist, so you will be referred to one.

Noninvasive prenatal testing (NIPT)

- Noninvasive prenatal testing (NIPT) is a screening test to detect certain specific chromosomal abnormalities in a developing baby.
- Noninvasive prenatal testing is a sophisticated blood test that examines fetal DNA in the maternal bloodstream to determine whether your baby is at risk of Down syndrome, extra sequences of chromosome 13 (trisomy 13), extra sequences of chromosome 18 (trisomy 18) or a sex chromosome abnormality, such as Turner syndrome.
- The testing can also be used to determine a baby's sex.
- Currently, noninvasive prenatal testing is only available for select women who have certain risk factors, example AMA (advanced maternal age)

INVASIVE TESTING FOR SELECT PATIENTS

- There are two invasive tests available in early pregnancy to diagnose fetal chromosomal or genetic abnormalities.
- They are not recommended for every patient and are designed for select group of patient with certain risk factors.
- We will discuss this with you at your first visit.

CHIRIONIC VILLUS SAMPLING (CVS)

- This is an invasive test performed between 11-13 weeks of pregnancy to obtain fetal cells for the purpose of diagnosing chromosomal abnormalities such as Down's Syndrome.
- This test is performed by a maternal-fetal-medicine specialist, by passing a needle through the cervix into the placenta under ultrasound guidance.
- The risk of complications such as miscarriage is about 1%.

AMNIOCENTESIS:

- This is an invasive procedure in which amniotic fluid is removed from the uterus for the purpose of diagnosing fetal chromosomal abnormalities (Down's Syndrome) and neural tube defects (spina bifida).
- This test is generally performed between 15-20 weeks of pregnancy, by passing a needle through the maternal abdomen, under ultrasound guidance and obtaining the amniotic fluid.
- Amniotic fluid is the fluid that surrounds and protects a baby during pregnancy. This fluid contains fetal cells and various chemicals produced by the baby.
- This test is performed by maternal fetal medicine specialists.

GESTATIONAL DIABETES SCREENING:

- Gestational diabetes is a condition in pregnancy that makes it difficult for us to metabolize glucose (sugar).
- This test is done between 24-28 weeks of pregnancy.
- It is performed by drinking a glucose drink (50 gms of glucose) and having your blood drawn one hour after you finish the drink.
- This is a **screening test**. If this test shows high glucose levels in your blood, you will be required to do three hour glucose test which is a diagnostic test.
- If this three hour test is also abnormal, then you will be diagnosed with gestational diabetes and referred to a specialist.

Group B- Streptococcus Test (GBS)

- These bacteria are normally found in the intestines of many adults. This test is performed in all pregnant women between 35-37 week of pregnancy with a vaginal/rectal swab.
- If the test is positive, you will be given antibiotics while in labor to reduce the concentration of these bacteria in your body at the time of delivery. So the baby does not catch these bacteria during vaginal delivery, which in turn reduces the risk of infection caused by these bacteria to the newborn.

3rd TRIMESTER INSTRUCTIONS

Welcome to the last trimester of your pregnancy. Please review this handout.

Weeks 24-28

- ❖ We will discuss kick counting, preterm labor and preeclampsia signs.

Kick counting

- In a 1 hour time period, you should feel the baby move at least ten times.
- Be sure to eat or drink something, wait 15- 20 minutes and lie on your left side (if possible) while counting. Sitting down is ok if you can't lie down.

Preterm labor signs

- ❖ Regular or frequent contractions or uterine tightening (Greater than 4 times per hour that persists even after water and rest).
- ❖ Ruptured membranes (your water breaks with a gush or trickle of fluid).
- ❖ Any unexplained vaginal bleeding.

Preeclampsia

- Severe atypical headache that persists after hydration, eating and Tylenol.
- Vision changes, including double vision, blurriness, seeing spots or flashing lights, light sensitivity, or temporary loss of vision.
- Intense pain or tenderness in your upper abdomen.
- Blood pressure at 140/90 or higher.

Weeks 28-30

- ❖ Discuss birth preferences and childbirth classes- See child birthing classes handout.
- ❖ Discuss cord blood pros/cons.
- ❖ Continue to follow weeks 24-28 instructions.

Weeks 31-34

- ❖ Continue to follow weeks 24-28 instructions.

Weeks 35 -36

- ❖ **GBS culture-** This is a culture done in all pregnant women.
 - If the test is positive, you will be given antibiotics while in labor to reduce the concentration of these bacteria in the body at the time of delivery.
- ❖ **Ultrasound** to check fetal positioning and amniotic fluid level at office visit.

Weeks 37-40

Review of “labor precautions”

CALL YOUR DOCTOR OR GO TO THE HOSPITAL IF:

- ❖ Your water breaks or you suspect that you're leaking amniotic fluid especially if it is yellow, brown, greenish or bloody.
- ❖ You notice that your baby is less active.
- ❖ You have unexplained vaginal bleeding.
- ❖ You have severe or persistent headaches, vision changes, intense pain or tenderness in your upper abdomen, abnormal swelling, or any other pre-term labor signs.
- ❖ Group B Strep positive and your water breaks.

First Baby:

- You start having strong contractions that are 3-5 minutes apart that have lasted longer than 1 hour continuing into the 2-3rd hour.
- When they are strong, you are generally unable to walk or talk during the contraction.

Second Baby or More:

- Any regular contractions that are consistently occurring less than 5 minutes apart, even if they are mild.
- If contractions are very strong, even if they are occurring 10-15 minutes apart, for at least 1 hour.

If you are unsure of what to do, please call Dr. Bhadauria or go to labor and delivery.

See the following instructions for labor and delivery.

Labor and Delivery Instructions

On the day of your Delivery:

- Wear casual, loose clothing, and low-heeled shoes.
- Leave all jewelry, money and other valuables at home.

FOR C-SECTIONS ONLY:

- ***Remember not to eat or drink for 8 hours prior to your time of surgery. You may brush your teeth, but please do not swallow any water***
- Bring insurance cards and a list of all your current medications with the quantity consumed of each.
- Please provide a copy of advance directives, i.e., durable power of attorney for health care or living will, if available.
- Notify Dr Bhadauria of any changes in physical condition, i.e., bad cold, sore throat or high fever.
- It is important to arrange your transportation home. Prior to discharge from the hospital, an adult **MUST** drive you home. You may not be released from the hospital to a taxi, shuttle or etc.

Scheduled Inductions:

- ❖ Ok to eat prior to induction time.
- ❖ Please call 310-423-3601 two hours prior to your scheduled induction to confirm your bed reservation. Please be advised that there is a 10% chance your case could be rescheduled due to high volume of patients.
- ❖ If your case gets rescheduled, please do not be alarmed, Dr. Bhadauria will contact you and the hospital will call you to reschedule your time. This will usually happen within 24 hours.

Scheduled C-Sections:

- ✚ Labor and Delivery department, 3rd floor, North Tower. It is located at 8601 Beverly Blvd. Los Angeles, CA 90048.
- ✚ The Telephone number is 310-423-3601
- ✚ Please arrive two hours prior to scheduled c/section