NEW BEGINNINGS
OB-GYN

Frequently Asked Question for Pregnant Patients

How many weeks/ months am I?

We measure pregnancy from the first day of your last period. There are 40 weeks in the average pregnancy; with the assumption that you conceived 2 weeks after your last period started (you are only actually pregnant for the last 38 of the 40 weeks.) When counting in months, start from the conception date, not the period date. So, if you are 10 weeks pregnant you got pregnant 8 weeks, or 2 months ago. If you did not get pregnant at the average time (you ovulated earlier or later than the 14th day,) your due date will be based on the measurements from your first ultrasound.

We also commonly talk about "trimesters" (or thirds) of your pregnancy. The first trimester includes up to 13 weeks, the second trimester is 13-26 weeks, and the third trimester is 26 weeks until delivery.

When should I tell people that I am pregnant?

About 15% of diagnosed pregnancies end in miscarriage. The good news is that 85% don't. In most cases of miscarriage, the embryo stops growing before the cardiac system is developed, and we never see a heartbeat on ultrasound. Once we see a heartbeat, the risk of miscarriage is much lower. If the baby has a heartbeat after 8 weeks from the last period, the risk of miscarriage is less than 5%. After 12 weeks, the risk is less than 1%. Many patients choose to wait to tell others about the pregnancy based on these statistics. This is a personal choice which depends on how you would feel about others knowing that you had a miscarriage, if this should occur.

What/How much should I eat during pregnancy?

We need an average of only 300 extra calories daily during pregnancy (one bagel or ½ a deli sandwich.) "Eating for two" will result in excessive weight gain. Most women will lose only 15-20 pounds in the first few weeks postpartum, with the rest stored as fat, so weight gain of 20-30 pounds is ideal (0-5 pounds in the first 12 weeks, and ½ -1 pound a week after that.) Eat small frequent meals to avoid heartburn and hypoglycemia. Eat what you enjoy, but make healthy choices and go easy on sugars and starches to prevent excessive weight gain and gestational diabetes.

Certain fish accumulate high levels of mercury from swimming in polluted waters. The FDA recommends avoiding those fish that are highest in mercury, including shark, tilefish, swordfish and king mackerel. Shellfish, shrimp and smaller fish such as snapper, catfish and salmon are lower in mercury, and up to 12 ounces a week is recommended. Canned tuna is low in mercury and can be included in the

total of 12 ounces a week. Tuna steak is higher in mercury than canned tuna, and should be limited to 6 ounces per week. (If you would like more information on fish in pregnancy, go to www.epa.gov/waterscience/fishadvice/advice.html

Unpasteurized cheeses and deli meats can carry Listeria, a bacterium that can cause miscarriage and fetal infection. While it is extremely uncommon in the USA, it is wise to avoid regular intake of unpasteurized dairy product or deli meats for this reason. Listeria is killed by high temperatures so deli meats heated in the microwave until steaming are certainly safe. Highly processed meats such as hotdogs contain chemicals that are not healthy for any humans, pregnant or not. While there is no evidence of direct fetal harm cause by eating hotdogs or other highly processed meats, we recommend making healthier choices except on rare occasions.

Raw fish and meat can carry parasites and other microbes that could cause potential harm to the mother and fetus. While these infections are extremely rare, it is wise to avoid raw meat and fish for this reason.

There is no safe limit of alcohol in pregnancy. Complete avoidance is the best policy. Caffeine is safe in small quantities (1-2 caffeinated beverages daily.)

There is no scientific evidence that NutraSweet (aspartame) or other sugar substitutes are harmful in pregnancy.

Can I exercise?

Staying active is great for you and the baby. If you have an uncomplicated pregnancy you can continue your current exercise regimen with a few modifications. When doing cardiovascular exercise (walking, running, biking, and elliptical trainer) a good guideline is to keep your heart rate at a maximum of about 140 beats per minute. This will allow blood flow to go to the uterus as well as your large muscles. If you are working out with weights, modify exercises that require you to be flat on your back or flat on your stomach after 12 weeks. Cut out abdominal exercises, they will not be effective.

If you are not a regular exerciser, walk for 20-30 minutes 3-5 times per week, and consider a prenatal yoga or Pilates class (we can recommend one.)

Occasionally complications such as bleeding, preterm labor or high blood pressure will prevent you from being able to exercise, but for most women regular exercise is a great way to prevent excessive weight gain, reduce stress and keep the physical strength necessary to deliver and take care of a new baby.

What about sex?

Sex is safe during pregnancy unless you have complications such as bleeding, preterm contractions or a low-lying placenta. While sex may make you have mild contractions, it will not make an otherwise healthy pregnant woman go into premature labor. Unless we tell you otherwise, continue your normal sexual practices if you want to.

Can I get my hair colored?

Hair color is absolutely safe during pregnancy. The portion of hair that is outside of the scalp is dead tissue and does not absorb anything into the bloodstream.

Can I paint my baby's room?

Inhaling volatile paint fumes is not good for any human, pregnant or not. While normal casual exposure to paint does not cause birth defects, use good judgment if you are painting and make sure the room is well ventilated.

Can I go to the dentist?

Routine dental work is safe during pregnancy and we encourage you to keep up with your normal dental health routine. Most dentists require a note from us saying that the visit is safe, and we can give you a standardized letter to take to your visit. If you need extensive dental work we can discuss the best options for medications with your dentist.

Can I take a bath?

Exposure to very high temperatures (more than 103 degrees F) for long periods of time in baths, hot tubs or saunas can increase the risk of Spina Bifida during the first 2 months of pregnancy. Normal temperature baths (98-101 degrees) are safe and can be very relaxing. If you are concerned, put a thermometer in your bathtub.

Can I travel?

If you have an uncomplicated pregnancy it is safe to travel until you are likely to go into labor. We generally recommend staying close to home after 36 weeks, and not leaving the country in the third trimester (after 26-28 weeks) unless absolutely necessary. Flying is safe in pregnancy but may increase your risk for blood clots, so wear support hose on long flights and move about the cabin once an hour. With long road trips make frequent rest stops to stretch your legs and maintain circulation.

What if I have a cat?

Outdoor cats can be exposed to Toxoplasmosis and can pass this parasite to humans through the feces. One could acquire it by changing the litter box of an infected cat. If your cat goes outside, have someone else change the litter box when you are pregnant, or wear gloves and wash your hands well. If your cat lives inside and only eats processed cat food he/she cannot get the disease. Cuddling your cat is safe and will not expose you to the disease. Dogs are not affected. Toxoplasmosis can be harmful to a developing fetus but is very rarely seen in the USA.

Which vitamins/supplements should I take?

It is recommended you start taking prenatal vitamins preferably before you get pregnant and continue using it throughout pregnancy. Folic acid is a B vitamin that has been shown to reduce the risk of Spina Bifida. 0.4mg (400 micrograms) is recommended (ACOG) during the month prior to pregnancy and for the first 2 months after conception to reduce this risk. More folic acid may be recommended if you have a personal or family history of Spina Bifida including a prior affected child.

A prenatal vitamin is a general multivitamin with 800-1000 micrograms of folic acid, as well as calcium and iron. Most women continue their vitamins after the second month to help reduce anemia and make up for any imperfections in diet. If you are not anemic and eat a well-balanced diet, stopping prenatal vitamins at 2 months of pregnancy is acceptable.

After 12 weeks the baby begins to make bone and will draw the necessary calcium from your bones. To prevent bone loss 1000-1500 mg of calcium is recommended. This equates to 4-5 servings of milk, yogurt or dairy. Since this is difficult to consume, take a calcium supplement (usually 500-600mg) to make up the difference. Don't take calcium and iron (in the multivitamin) at the same time as they can offset each other's absorption. While calcium citrate ("Citracal") is the best absorbed, other types of calcium such as fruit flavored "Tums" and "Viactiv" (chocolate flavored) may be more appealing.

If you eat fish 3 times weekly you are getting plenty of Omega-3 fatty acids, or Essential fatty acids (EFAs.) If not, take a supplement containing 200mg of DHA (from fish oil or flax seed oil.) There is a growing body of evidence the EFA deficiency may contribute to a number of pregnancy complications including preterm labor and pre-eclampsia. EFAs may help fetal eye and brain development, may improve mom's skin, hair and nails and are also passing in to the breast milk.

What medications can I take?

Please refer to our medication list to see safe choices for medications in pregnancy. If you need a medication that is not on the list please call us during business hours for advice.

Do I have to lie/sleep on my left side?

When we lay on our back the large blood vessels that run close to our spine can be compressed by the pregnant uterus. In the third trimester this can decrease blood flow to the baby. At the same time, blood flow to your head will be decreased and you may feel dizzy and lightheaded. While there is no evidence that lying on your back sometimes is harmful, blood flow to the baby will be maximized if you tilt your abdomen even slightly to the left or the right. Assuming you have a normal healthy heart, either the right or left side is fine. Before the third trimester most women can lie comfortably on their back as blood flow is not significantly affected.

What routine test will I have done?

At your first visit, blood is drawn and tested for your blood type and Rh factor, blood count (to check for anemia,) rubella (to check for exposure to German Measles,) as well as test for syphilis, hepatitis B and HIV. You may also need a pap smear and test for Gonorrhea and Chlamydia at this time.

When you are 24-28 weeks into your pregnancy, your blood count for anemia will be rechecked, and you will be screened for gestational diabetes with the one-hour glucola test. If your Rh factor is negative, then you will receive a shot of Rhogam at 28 weeks as well.

In addition, when you are 36 weeks, we do a vaginal culture to look for Group B Strep. Group B Strep is a bacterium that many women carry in the vagina. It is usually asymptomatic and does not cause any problems, but can cause an infection in a baby. If this test is positive, you will be treated with antibiotics during labor.

Is there any optional test I should consider?

There are several optional tests that are offered during pregnancy. These tests can give information about a woman's risk of having a baby with certain birth defects.

Testing for these issues may be right for some people and not right for others based on many factors. These factors include your risk of having an affected baby, your personal plans and needs, and

your spiritual and religious beliefs. We will discuss these tests with you during your prenatal visits, but the decision to be tested or not is a personal decision between you and your partner and many couples choose not to be tested for birth defects.

In addition to the test discussed below, there may be additional elective test that we discuss with you based on your personal history, family history, or ethnic background. The following discussion is not meant to be comprehensive, but is an overview of some of the standard elective tests offered to all pregnant women.

- Cystic Fibrosis Carrier Screening
  At your first prenatal visit one of the tests we routinely offer is carrier screening for cystic fibrosis. Cystic fibrosis is a genetic disorder that causes lifelong serious illness resulting in problems with breathing and digestion. The purpose of carrier screening is to see if a couple is at risk for having a child with this disease. You could be a carrier of cystic fibrosis even if nobody in your family has cystic fibrosis, and even if you already have children without cystic fibrosis.
  The carrier rate is 1 in 29 for people of European Caucasian background, 1 in 46 for Hispanic people, 1 in 65 for African Americans and 1 in 90 for Asian Americans.
  Screening involves a blood test that looks for mutations in the cystic fibrosis gene. The test does not pick up every possible mutation, but detects the majority of mutations. If your blood test shows that you are a carrier, then your partner's blood is tested. If he is also a carrier, then the baby has a 25% chance of being born with cystic fibrosis. If you are both carriers, we would then discuss options for testing the baby during pregnancy including CVS or amniocentesis.

- Testing for Chromosomal Problems
  While there are many potential chromosomal problems, one of the most common chromosomal birth defects is Down syndrome. This happens when and individual is born with too many chromosomes, specifically an extra chromosome 21. It occurs in approximately 1 in 800 births in the general population, but increases in frequency with increasing maternal age. For example, a 20 year-old has a risk of 1 in 1,667 and a 35 year-old woman has a risk of 1 in 378. But, because most babies are born to younger women, 80% of cases of Down syndrome are born to women under 35 years old who have no risk factors.

  There are several ways to test for Down syndrome:

  1. Amniocentesis or Chorionic Villus Sampling (CVS)
     In addition to looking for Down syndrome, these tests will look for other chromosomal problems that involve extra or missing chromosomes. These are both invasive test and therefore have a chance of miscarriage when performed. These tests are the only way to determine with certainty that the chromosome count is normal for your baby.

Amniocentesis is done at 15 to 19 weeks. A needle is placed with the ultrasound guidance through the abdomen, into the amniotic sac, and small amount of fluid is withdrawn. The cells in the fluid are grown and then examined for chromosomal abnormalities. The risk of miscarriage from an amniocentesis is approximately 1 in 300.

Chorionic Villus Sampling (CVS) is performed at 10 to 12 weeks. A needle is placed with ultrasound guidance abdomen or cervix, and a biopsy of the placenta is performed. This is done in the medical center by specialized physicians. The miscarriage rate is approximately 1 in 200.

2. Quad Screen or Alpha-fetoprotein (AFP4)
   The quad screen test is a blood test done on you at 15 to 20 weeks. The results will compare your risk of having a baby with Down syndrome with the risk of an average 35 woman. If your risk returns as greater than that of a 35 year-old woman, then amniocentesis will be offered.

   The quad screen is not perfect and it only picks up approximately 80% of cases of Down syndrome. This means that even if the test comes back normal (showing your risk is less than that of a 35 year-old woman,) then there is still a chance that the baby may have Down syndrome. In addition, if it comes back abnormal (showing your risk is greater than that of a 35 year-old woman,) the majority of the time the baby is fine and will not have Down syndrome. In fact, only about 1-2% of patients with abnormal quad screen will actually have a baby with Down syndrome.

   Spina Bifida is another common birth defect that the AFP test looks for. This is a type of defect where the fetus' brain and/or spinal cord do not form as they should. It occurs in about 1-2 in 1,000 births. About 90% of babies with Spina Bifida are born to parents who have no known personal or family history of the disease. The AFP screening test can detect approximately 90% of Spina Bifida.

3. First Trimester Screening and Nuchal Translucency Testing
   First trimester screening consist of blood work done on you, and an ultrasound that looks at the amount of fluid accumulation behind the neck of the baby, called Nuchal Translucency (NT.) These tests are performed between 11 weeks and 13 weeks 6 days. As with the AFP4 testing, this result will compare your risk of having a baby with Down syndrome with that of a 35 year-old woman. If your risk returns greater than that of a 35 year-old woman, then amniocentesis or CVS will be offered.

First trimester screening testing is also not perfect, but it picks up approximately 90% of cases of Down syndrome. As with the AFP4 test, if your trimester screening result is normal, there is still a chance the baby may have Down syndrome. And if it is abnormal, the majority of the time the baby is fine and will not have Down syndrome.
If you do this test, then we would also perform the AFP test at 15 weeks to determine your risk for Spina Bifida.

Is ultrasound safe?

Obstetric ultrasound has been extensively studied and found to be safe for the baby. While no fetal harm has been found, current recommendations are to limit the use of ultrasound to that which is medically useful or necessary. In our office this includes a quick ultrasound at 20-22 weeks to assess the baby's anatomy in detail, and only any medically necessary ultrasounds later in pregnancy. (Most people don't need another ultrasound after 20-22 weeks.) Because they are not medically useful, some people have criticized "4-D" ultrasounds, which are commonly done at 28-32 weeks to get a picture of the baby. Since there is no evidence of harm, we are happy to recommend a 4-D ultrasound for you.

When will I deliver?

Most people deliver close to their due date (40 weeks from last period.) About 10% of women deliver before 37 weeks. It is more likely that you will go over your due date in the first pregnancy than in subsequent pregnancies. While it is sometimes safe to go as long as 2 weeks over the due date, we generally recommend induction at 41 weeks. If you have had a pattern (less than 37 weeks) delivery before, you are more likely to have another preterm delivery.

If you are planning a C-Section, we generally will schedule it at about 39 weeks or 37 weeks if you have twins.

How long will I stay in the hospital?

After an uncomplicated vaginal delivery you can stay 24-48 hours. After an uncomplicated C-Section you may be ready to leave as soon as 48 hours, or as long as 96 hours. We see most of our patients 2 weeks after a C-Section and 6 weeks after vaginal delivery.

Who will my baby's doctor be?

You will need a pediatrician with privileges at the hospital you plan to deliver at, to see your baby before discharge. If you do not have one already we will recommend some excellent doctors for you to consider. Some patients like to meet and interview the doctor before delivery, or you may be comfortable meeting the doctor when he/she comes to see your baby in the hospital. After discharge, the first visits with the pediatrician are usually at 2 weeks of life, and you can make this appointment as soon as the baby is born.

Should I take a childbirth class?

If this is your first baby you may want to take a childbirth class. While this is not required it may help you to be more comfortable about what to expect. Most people take a class in the last 2-3 months

of pregnancy. The hospital has a very good basic childbirth class you can schedule by calling **Conroe Regional Hospital** at **936-538-2586 or Memorial Hermann 713-222-CARE.**

Should I get an epidural?

This is a personal choice, but in our practice the great majority of patients do opt for an epidural. Epidurals are very safe and effective means of controlling the pain associated with childbirth. Complications from an epidural are extremely rare and often easily corrected (such as severe headache.) You do not have to make any arrangements for an epidural prior to your delivery day.

Do I need a birth plan?

Some patients like to write a "wish list" of events that they hope to happen at the birth of their baby. While forming a written birth plan is optional, we generally do not recommend it. Instead we feel that it is important to discuss your wishes with your physician so that they can make the other doctors in the practice aware if you have special request, and to convey your wishes to the nursing staff at the hospital. We do our best to adhere to your plan within the boundaries of safety, knowing that the labor process is very dynamic and unpredictable, and unplanned events happen frequently. An important part of forming a birth plan is accepting that it may change, and allowing your doctor to make the best decision for you and your baby at all times during the labor process.

What is my doctors C-Section rate?

We pride ourselves on having a lower C-Section rate than the national average of 30%, and think it is largely because we believe that patience is of the utmost importance when managing labor, and that each woman labors at her own speed. We do not place rigorous time limits on your labor and make all safe, responsible efforts to avoid unnecessary C-Section. Our overall C-Section rate is about 25%, with the majority of these delivers representing repeat C-Sections. If your first pregnancy results in a C-Section, there was no safe alternative. **If we recommend a C-Section we expect your full cooperation even though we know a C-Section was not your desire.**

Can I delivery vaginally after a C-Section?

Vaginal birth after C-Section (VBAC) is not offered in our practice. There is a 1% risk that when a mother is in labor with a C-Section scar on the uterus, the scar could open up and expel the baby and the placenta into the mother's abdomen. This is called a uterine rupture and is catastrophic emergency which can result in the death or permanent disability of the baby, as well as serious complications for the mother including severe blood loss and hysterectomy. As mothers ourselves we believe that a 1% risk is too high when it comes to a baby's safety. After all, we go to enormous lengths to prevent much rarer events such as injury in a car accident (using car seats) or exposure to a life threatening illness (getting vaccinations,) for example.

Will I get induced?

We cannot predict when a patient will have a medical need to be induced, such as high blood pressure, poor fetal growth, low amniotic fluid, or being more than one week past your due date. Your doctor will explain in detail why induction of labor is necessary if this should occur. The decision to induce labor is the result of a complex set of decisions, the end-point of this is that the mother's and/or baby's health will be better with the baby on the outside than the inside. **If we recommend medically necessary induction we expect your full cooperation even if induction was not your desire.**

Some patients may choose an "elective" induction which is not medically necessary but is times to provide convenience for the family members, work schedules, or to coincide with your doctor's schedule. Elective inductions may be scheduled after 39 weeks.

Will I have an episiotomy?

There is no evidence that routine episiotomies are beneficial, and we try to avoid them. At times your doctor may decide that it is safer to make a small episiotomy than to risk a large tear, but this decision is not made until the baby's head is partially delivered. There are variable factors that we cannot control including the size of the baby and our baby's ability to stretch, which ultimately affect your ability to deliver without and episiotomy with each successive pregnancy.

Should I have my baby boy circumcised?

The American Academy of pediatrics does not recommend circumcision for any medical reason. Still many couples opt to have their baby boy circumcised for religious, cultural or cosmetic reasons. If you decide to have your baby circumcised, please notify your Obstetrician and your pediatrician. We do not offer circumcision in our practice.

Should I collect my baby's cord blood?

Blood from your baby's umbilical cord contains stem cells, which may be collected and stored after the baby's birth. Stem cells have numerous current and possible future medical uses that warrant consideration. At the present there is no public banking system but you can pay a private company to store it for you. If you are interested in cord blood collection, visit the websites of Cord Blood Registry www.cordblood.com and Viacord www.viacord.com to learn more.

How do I prepare for breastfeeding?

In our experience the best breastfeeding class comes when you have your baby in your arms. While physically preparing the breast is unnecessary, you may want to mentally prepare by a taking breastfeeding class, which can be scheduled through Conroe Reginal Hospital **936-538-2586 or Memorial Hermann 713-222-CARE.** Most of our patients have found that the lactation consultant in the hospital can get you off to a good start without any other preparation.

When should I call the doctor? How do I contact my doctor in an emergency?

If you have a true emergency that cannot wait until the office reopens (if you are in labor, for example) our office number will prompt you to connect to an operator who will page the doctor on call. While we are always available in emergencies, we ask you to use your judgment and not disturb the doctors after business hours with matters that can be dealt with the next business day.

Examples of reasons to call the emergency line (24 hours) in the first and second trimester include vaginal bleeding that is more than spotting, persistent cramping, and severe pain, fever higher than 101 degrees F, or vomiting that is preventing fluid intake for more than 24 hours.

Examples of reasons to call the emergency line (24 hours) in the third trimester include leaking amniotic fluid (a persistent trickle or gush of watery fluid,) vaginal bleeding that is more than spotting, decreased or absent fetal movement (at rest, you should feel at least 4 small movements an hour,) or regular, painful contractions. If you are 36 weeks or more, you have not had a C-Section before, and your doctor is planning a vaginal delivery, call us when your contractions have been 5 minutes apart or less for at least an hour. If you are worried or not sure if you are in labor, it is always best to call. If you feel that you need to go to the hospital at any time, please call us first so that the doctor on call can advise you and let the hospital know that you are coming.

How does my insurance work?

Since every insurance plan is different, it is important that you understand the way your policy works. Before your first visit our staff will check on your benefits and will be able to explain this to you when you arrive. Most insurance companies pay us for the prenatal care (about 13 visits) as well as the delivery in one lump sum after you deliver. Usually you will have a co-pay for the whole package (the "global fee".) If you have visits that are not related to normal prenatal care, these will be additional charges to your insurance and will have additional co-pays. Test such as ultrasounds are billed separately and have separate co-pays. Most policies have a deductible or patient portion that you will be asked to pay before you deliver. The hospital will bill your insurance separately, as will other doctors at the hospital including the anesthesiologist and pediatrician. We have a lab in our office but this is an independent business entity that will bill your insurance separately.

Remember that your doctors are medical experts, not insurance experts. Please direct your insurance and billing questions to the front desk staff, not to your doctor.

What can I expect at my appointments?

If you have a normal pregnancy your scheduled visits will be monthly until 30 weeks, then every 2 weeks until the 36 week, then weekly until delivery. At each visit we will record your weight and blood pressure, check your urine, and listen to the baby's heartbeat and asses the baby's growth.

1st visit 6-12 weeks from last period: A pelvic exam and pap smear will be done as well as test for vaginal infection. A standard panel of blood test will be done to check your blood type, blood count, immunity to Rubella, as well as test for exposure to HIV, hepatitis and syphilis. An ultrasound will be done to confirm your due date and check for viability. First trimester screening for Down's syndrome and other chromosomal abnormalities (Ultrascreen) will be offered. Other necessary test based on your individual health assessment will be done.

2nd visit: Another ultrasound may be performed to confirm viability.

16-20 weeks from last period: Another quick ultrasound may be performed to see the sex of your baby, if you want to know. An alpha-fetoprotein (AFP) test for Spina Bifida will be offered. If you are having an amniocentesis it will be scheduled at about 16 weeks. A detailed ultrasound of the baby's anatomy will be scheduled as a separate appointment between 18-22 weeks. (ACOG)

24-28 weeks: Testing for gestational diabetes will be done. You will be given a sweet drink and your blood will be drawn an hour later to screen for diabetes. If your first test is high you will be asked to do a second test that takes 3 hours. If your blood type is RH negative you will receive a shot of Rhogam at about 28 weeks. At this time we will begin reminding you to register at the hospital, sign up for a childbirth call if desired, choose a pediatrician, and consider issues such as cord blood banking and circumcision.

36-40 weeks: Testing for GBS (group B strep) will be done with a vaginal/anal swab. GBS is a harmless bacteria that many people carry without symptoms, but can rarely lead to a serious neonatal infection. Your cervix will be checked weekly for dilation and effacement, and to make sure the baby's head is down.

We do our best to be on time but occasionally the doctors are delayed at the hospital with deliveries or surgery. Bring a book to your appointment, as we cannot predict when this may happen. We will do our best to inform you of the delay, if there is one. If you have no problems sometimes it may suffice to see the nurse, nurse practitioner or PA, who can relay any questions to your doctor when she returns.

What if I have other questions?

Since you are seen frequently, write your questions down and bring them to your next appointment. If you have more urgent question, leave a message with your doctor's nurse and you will get a reply by the end of the business day.

USE OF MEDICATIONS DURING PREGNANCY

There is no medication considered to be 100% safe for the long-term use in pregnancy. Each medication carries risks and benefits. Therefore, it is recommended that you:

1. Limit the use of medication unless you are severely impaired or the medication is recommended by your doctor.
2. Minimize the number of days or doses taken

THESE MEDICATIONS ARE GENERALLY SAFE CHOICES FOR:

ALLERGIES	Claritin or Claritin-D, Allegra or Allegra-D, Zyrtec or Zyrtec-D, Flonase, Benadrly
COLD/FEVER	Tylenol or Extra Strength Tylenol, Sudafed, Tylenol Sinus. Increase your fluids and rest. Report a fever over 101 degrees F.
COUGH	Robitussin DM, and/or cough drops
CONSTIPATION	Metamucil, Surfak, Colace, Fibercon. Increase fiber and fluids in your diet.
DIARREHA	Kaopectate, Imodium AD
GAS	Mylicon, Mylanta
HEADACHE	Tylenol, Extra Strength Tylenol, Acetaminophen. Report any headache not relieved by Tylenol.
HEARTBURN/INDIGESTION	Maalox, Mylanta, Tums, Pepcid
HEMORRHOIDS	Anusol cream or suppositories, Preparation H, Tucks, Witch Hazel
HERPES	Dom Burrows soaks, Zovirax cream, Valtrex after first trimester
NAUSEA	Vitamin B6 (200mg) 3 times a day, ginger in any form, Unisom (will make you sleepy)
SORE THROAT	Cepacol lozenges, warm salt water for gargling, chloroseptic throat spray, Tylenol for pain.
SKIN IRRITAION/ACNE	Calamine lotion, any topical steroid including hydrocortisone, Neosporin Ointment, any benzyl peroxide product

DO NOT TAKE UNLESS PRESCRIBED BY YOUR DOCTOR

- Asprin
- Ibuprofen Products (i.e. Motrin, Advil, Aleve)

Welcome to New Beginnings OB/GYN

We are honored that you have chosen us to care for you and your baby in this special time in your life, and we are looking forward to your first appointment. There are a few important things that we would like you to know in order to prepare for your first obstetric visit.

Please read the following enclosed documents and have ready throughout your pregnancy as a reference guide. We invite you to call and ask any questions that are not addressed at your initial visit. We also recognize that questions may arise prior to your initial visit regarding which medications are safe during pregnancy and have noted a list of accepted medications at the end of the "Frequently Asked Questions" document. It is not necessary to notify us if you choose to take one of these medications prior to your initial visit. If you are a new patient to our practice you may also download the "New Patient Registration" forms and bring them to your appointment.

If you are not taking prenatal vitamins it is important that you start taking a prenatal vitamin immediately. Any multivitamin within at least 400 micrograms of folic acid will suffice.

If you are not experiencing any problems it is OK to wait until your first appointment to have blood work done. However, if you have a history of miscarriage, or problems such as pain, bleeding or severe nausea please call your doctors nurse to arrange to have blood work done as soon as possible.

You may be delivered by any of the doctors in the group, if your own doctor is not on call when you go into labor.

We strive to be on time, but since Dr. Parmar may be called away unexpectedly or be required to deal with emergency situation there are times when you may be asked to wait. We will do our best to notify you of the delay, but rarely have noticed when these situations occur. When it is your time to deliver, your doctor will be there for you, so we ask for your patience and understanding if this should occasionally occur. Please bring a book or hobby to your appointments in case there is an unexpected delay.

We deliver at Memorial Hermann The Woodlands Hospital. For patients who desire an alternate birthing experience we would be happy to refer you to an excellent birthing center or midwife group.

Thank you for choosing New Beginnings Ob/GYN we look forward to helping you through a happy healthy pregnancy!

Best Wishes,
New Beginnings OB/GYN

NEW BEGINNINGS
OB-GYN

NO CHILDREN POLICY

Due to the sensitive nature of Obstetrics and Gynecology treatments as well as safety concerns, we ask that if you have children, you make alternative arrangements for childcare during your visits to our office. Our decision is based on the following reasons:

- A lack of personnel to safely care for your children while you are undergoing procedures or consultations.

- Caring for your child can distract you from understanding the information and instructions given to you at your visit.

- Patients in the waiting room may have newly diagnosed pregnancies in their earliest stage of development. During that time in gestation, developing fetuses are vulnerable to viruses like rubella and chicken pox. These viruses are more prevalent in the pediatric age group. We wish to minimize the risk of such inadvertent exposures to our new mothers.

Our focus is helping people have families. As such, children are very important to us. For the reasons above, however, we cannot allow children to accompany you to your appointments. If you arrive for your appointment with a child or children, you will be asked to reschedule your appointment for a date in which you are able to obtain childcare.

We appreciate your cooperation in this matter.

I have read and agree to the above policy.

Signature _____

Date _____