

Prenatal Packet

*Guiding You from
Pregnancy Through Birth*

FIRST TRIMESTER

Day	Hours
Monday	8:00am-5:00pm
Tuesday	8:00am-5:00pm
Wednesday	8:00am-5:00pm
Thursday	8:00am-5:00pm
Friday	8:00am-4:00pm

Capital Women's Care Division 53

(703) 816-4152

1715 North George Mason Drive Suite 302
Arlington, VA 22205

www.womentowomenobgyncaare.com

Congratulations on your pregnancy!

On behalf of all of us here at Capital Women's Care Division 53, we would like to congratulate you on your recent pregnancy. As a means of helping you through this time period we have compiled a packet of information to keep you both informed and safe throughout your pregnancy!

Included in this Packet is Information Regarding:

- Prenatal Care Overview
- Safe Medications in Pregnancy
- Relief for Common Pregnancy Discomforts
- Nutrition, Weight Gain, and Exercise in Pregnancy
 - Food Safety Considerations
 - Healthy Snacks Ideas
 - Exercise in Pregnancy
- Genetic Testing Options

As always, if you have any questions or concerns please feel free to call our office at 703-816-4152.

Prenatal Care Overview

Routine Prenatal Care and Testing

As your pregnancy progresses you will see us for routine visits more frequently. At each appointment we will check your weight, blood pressure and urine. We will also check the baby's heart rate and answer any questions pertaining to your progress and what to expect in the next coming weeks.

Appointments

Depending on how many weeks you are at your initial appointment we may check blood work to confirm the pregnancy and order a dating ultrasound.

Once your pregnancy is confirmed we will begin seeing you according to the following schedule:

- **First trimester→26-28 weeks:** appointments every 4 weeks
- **26-28 weeks→35-36 weeks:** appointments every 2 weeks
- **36 weeks and beyond:** appointments every week

Routine Prenatal Lab Work and Genetic Testing Options

- At your first prenatal appointment we will collect lab work that is standard for every pregnancy patient. Please don't hesitate to ask your provider more about what is included.
- You also have the option to do prenatal testing to screen for chromosomal abnormalities and open neural tube defects during your first and second trimester as follows (see genetic testing option section).
- In the late second trimester, you will have bloodwork collected to screening for gestational diabetes and anemia
- Finally, around 36 weeks the last lab performed on all patients is a rectovaginal swab to screen for group beta streptococcus bacteria. This bacteria is normal for women to have but can cause some babies to become very sick if the bacteria is not treated with antibiotics in labor.

Ultrasounds

During pregnancy, we generally recommend performing 3 ultrasounds:

- **Dating Ultrasound (7-10wks):** confirms due date and location of pregnancy
- **Anatomy Ultrasound (20-22wks):** involves thorough evaluation of fetal anatomy and organ systems, including identification of fetal sex if you would like to know.
- **Third Trimester Ultrasound (36wks):** evaluates position of the baby, amount of amniotic fluid around the baby, and estimated fetal weight (Please note not all insurance companies cover a sono at 36 weeks, and a sono at 36 weeks is not necessary for every patient)

**If at any point your pregnancy becomes high risk, you may need additional visits, lab work, ultrasounds or fetal monitoring to ensure the safety and health of you and your baby.*

Eating Safely In Pregnancy

Meat & Deli

Do not eat	Deli meat spread or pate, or any beef, chicken or pork that is raw or rotten
Do not eat unless you heat to steaming hot	Hot dogs, lunch meat, deli meat (turkey, salami, and bologna), or deli smoked seafood, canned smoked fish or meat spread

Dairy & Raw

Do not eat	Deli meat spread or pate, or any beef, chicken or pork that is raw or rotten
Do not eat unless you heat to steaming hot	Hot dogs, lunch meat, deli meat (turkey, salami, and bologna), or deli smoked seafood, canned smoked fish or meat spread

The good:

- If it is made with pasteurized milk and kept in the refrigerator at 40°F or less it is safe to eat

The bad:

- Raw and unpasteurized dairy can contain listeria, a bacteria that can cause miscarriage, still birth, or serious health problems for your baby.
- Uncooked meats, fish, and eggs may contain toxoplasmosis and listeriosis and other bacteria that can be harmful in your pregnancy
- Raw alfalfa and bean sprouts and unpasteurized fruit and vegetable juices can also contain disease causing bacteria.

Fresh Fish

Do not eat	Shark, swordfish, king mackerel, tilefish, fresh or frozen tuna steaks, orange roughy or uncooked fish or shellfish
Eat no more than once a month	Farmed salmon
Eat up to once a week	Albacore tuna
Eat up to twice a week	Shrimp, canned light tuna, canned or wild salmon, pollock, catfish, cod, anchovies, or flounder

Caffeine

- Limit intake to 200mg or less daily

Safe Food Preparation

- Wash your hands and cooking surfaces often
- Keep raw meat away from fruit and vegetables and cooked meat
- Cook your food until it is steaming hot
- Cook meats until no pink remains
- Keep uneaten food cold or frozen
- Keep your refrigerator at 40°F or less
- Keep your freezer at 0°F or less
- Throw away food that is left at room temperature for 2 hours or more
- Do not eat foods if they are past the expiration date on the label

Healthy Snacks

CRUNCHY

- Apples
- Frozen grapes
- Rice cakes with nut butter, avocado, or cheese
- Carrots
- Organic popcorn with coconut oil or ghee and salt
- Veggies and dip
- Celery and nut butter
- Hummus toast, veggies, or crackers

SWEET

- Fresh and dried fruit
- Yogurt
- Nut butter, especially almond butter
- Bread with jam
- Oatmeal with maple syrup
- Smoothies
- Frozen bananas
- Fresh fruit juice
- Sweet vegetables
- Dates
- Chocolate chips

SALTY

- Olives
- Pickled vegetables
- Tabouli, hummus
- Oysters and sardines
- Steamed vegetables with tamari or soy sauce
- Tortilla chips with salsa or guacamole
- Sauerkraut
- Cheese
- Jerky

creamy

- Smoothies
- Yogurt
- Avocados
- Rice pudding
- Hummus
- Soup
- Mashed sweet potato
- Coconut milk

Exercise in Pregnancy

Is it safe to exercise during pregnancy?

If you are healthy and your pregnancy is normal, it is safe to continue or start most types of exercise, but you may need to make a few changes. Physical activity does not increase your risk of miscarriage, low birth weight, or early delivery. However, it is important to discuss exercise with your obstetrician or other member of your health care team during your early prenatal visits. If your health care professional gives you the OK to exercise, you can decide together on an exercise routine that fits your needs and is safe during pregnancy.

Are there certain conditions that make exercise during pregnancy unsafe?

Women with the following conditions or pregnancy complications should not exercise during pregnancy:

- Certain types of heart and lung diseases
- Cervical insufficiency or cerclage
- Being pregnant with twins or triplets (or more) with risk factors for preterm labor
- Placenta previa after 26 weeks of pregnancy
- Preterm labor or ruptured membranes (your water has broken) during this pregnancy
- Preeclampsia or pregnancy-induced high blood pressure
- Severe anemia

What are the benefits of exercise during pregnancy?

Regular exercise during pregnancy benefits you and your fetus in these key ways:

- Reduces back pain
- Eases constipation
- May decrease your risk of gestational diabetes, preeclampsia, and cesarean delivery
- Promotes healthy weight gain during pregnancy
- Improves your overall general fitness and strengthens your heart and blood vessels
- Helps you to lose the baby weight after your baby is born

How much should I exercise during pregnancy?

The Centers for Disease Control and Prevention recommend that pregnant women get at **least 150 minutes of moderate-intensity aerobic activity every week**. An aerobic activity is one in which you move large muscles of the body (like those in the legs and arms) in a rhythmic way. Moderate intensity means you are moving enough to raise your heart rate and start sweating. You still can talk normally, but you cannot sing.

Examples of moderate-intensity aerobic activity include brisk walking and general gardening (raking, weeding, or digging). You can divide the 150 minutes into 30-minute workouts on 5 days of the week or into smaller 10-minute workouts throughout each day.

If you are new to exercise, start out slowly and gradually increase your activity. Begin with as little as 5 minutes a day. Add

5 minutes each week until you can stay active for 30 minutes a day.

If you were very active before pregnancy, you can keep doing the same workouts with your health care professional's approval. However, if you start to lose weight, you may need to increase the number of calories that you eat.

What changes occur in the body during pregnancy that can affect my exercise routine?

Your body goes through many changes during pregnancy. It is important to choose exercises that take these changes into account:

- **Joints**—The hormones made during pregnancy cause the ligaments that support your joints to become relaxed. This makes the joints more mobile and at risk of injury. Avoid jerky, bouncy, or high-impact motions that can increase your risk of being hurt.
- **Balance**—During pregnancy, the extra weight in the front of your body shifts your center of gravity. This places stress on joints and muscles, especially those in your pelvis and low back. Because you are less stable and more likely to lose your balance, you are at greater risk of falling.
- **Breathing**—When you exercise, oxygen and blood flow are directed to your muscles and away from other areas of your body. While you are pregnant, your need for oxygen increases. As your belly grows, you may become short of breath more easily because of increased pressure of the uterus on the diaphragm (a muscle that aids in breathing). These changes may affect your ability to do strenuous exercise, especially if you are overweight or obese.

What precautions should I take when exercising during pregnancy?

There are a few precautions that pregnant women should keep in mind during exercise:

- Drink plenty of water before, during, and after your workout. Signs of dehydration include dizziness, a racing or pounding heart, and urinating only small amounts or having urine that is dark yellow.
- Wear a sports bra that gives lots of support to help protect your breasts. Later in pregnancy, a belly support belt may reduce discomfort while walking or running.
- Avoid becoming overheated, especially in the first trimester. Drink plenty of water, wear loose-fitting clothing, and exercise in a temperature-controlled room. Do not exercise outside when it is very hot or humid.
- Avoid standing still or lying flat on your back as much as possible. When you lie on your back, your uterus presses on a large vein that returns blood to the heart. Standing motionless can cause blood to pool in your legs and feet. Both of these positions can decrease the amount of blood returning to your heart and may cause your blood pressure to decrease for a short time.

What are some safe exercises I can do during pregnancy?

Whether you are new to exercise or it already is part of your weekly routine, choose activities that experts agree are safest for pregnant women:

- **Walking**—Brisk walking gives a total body workout and is easy on the joints and muscles.
- **Swimming and water workouts**—Water workouts use many of the body's muscles. The water supports your weight so you avoid injury and muscle strain. If you find brisk walking difficult because of low back pain, water exercise is a good way to stay active.
- **Stationary bicycling**—Because your growing belly can affect your balance and make you more prone to falls, riding a standard bicycle during pregnancy can be risky. Cycling on a stationary bike is a better choice.
- **Modified yoga and modified Pilates**—Yoga reduces stress, improves flexibility, and encourages stretching and focused breathing. There are even prenatal yoga and Pilates classes designed for pregnant women. These classes often teach modified poses that accommodate a pregnant

woman's shifting balance. You also should avoid poses that require you to be still or lie on your back for long periods.

- If you are an experienced runner, jogger, or racquet-sports player, you may be able to keep doing these activities during pregnancy. Discuss these activities with your health care professional.

What exercises should I avoid during pregnancy?

While pregnant, avoid activities that put you at increased risk of injury, such as the following:

- Contact sports and sports that put you at risk of getting hit in the abdomen, including ice hockey, boxing, soccer, and basketball
- Skydiving
- Activities that may result in a fall, such as downhill snow skiing, water skiing, surfing, off-road cycling, gymnastics, and horseback riding
- "Hot yoga" or "hot Pilates," which may cause you to become overheated
- Scuba diving
- Activities performed above 6,000 feet (if you do not already live at a high altitude)

What are warning signs that I should stop exercising?

Stop exercising and call your obstetrician or other member of your health care team if you have any of these signs or symptoms:

- Bleeding from the vagina
- Feeling dizzy or faint
- Shortness of breath before starting exercise
- Chest pain
- Headache
- Muscle weakness
- Calf pain or swelling
- Regular, painful contractions of the uterus
- Fluid leaking from the vagina

Why is it important to keep exercising after my baby is born?

Exercising after your baby is born may help improve mood and decreases the risk of deep vein thrombosis, a condition that can occur more frequently in women in the weeks after childbirth. In addition to these health benefits, exercise after pregnancy can help you lose the extra pounds that you may have gained during pregnancy.

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Prenatal Genetic Screening Tests

What is prenatal genetic testing?

Prenatal genetic testing gives parents-to-be information about whether their fetus has certain genetic disorders.

What are genetic disorders?

Genetic disorders are caused by changes in a person's genes or chromosomes. Aneuploidy is a condition in which there are missing or extra chromosomes. In a trisomy, there is an extra chromosome. In a monosomy, a chromosome is missing. Inherited disorders are caused by changes in genes called mutations. Inherited disorders include sickle cell disease, cystic fibrosis, Tay–Sachs disease, and many others. In most cases, both parents must carry the same gene to have an affected child.

What are the two main types of prenatal genetic tests?

There are two general types of prenatal tests for genetic disorders:

1. **Prenatal screening tests:** These tests can tell you the chances that your fetus has an aneuploidy and a few additional disorders. This FAQ focuses on these tests.
2. **Prenatal diagnostic tests:** These tests can tell you whether your fetus actually has certain disorders. These tests are done on cells from the fetus or placenta obtained through amniocentesis or chorionic villus sampling (CVS).

Both screening and diagnostic testing are offered to all pregnant women.

What are the different types of prenatal genetic screening tests?

Screening tests can tell you your risk of having a baby with certain disorders. They include **carrier screening and prenatal genetic screening tests:**

Carrier screening is done on parents (or those just thinking about becoming parents) using a blood sample or tissue sample swabbed from inside the cheek. These tests are used to find out whether a person carries a gene for certain inherited disorders. Carrier screening can be done before or during pregnancy.

Prenatal genetic screening tests of the pregnant woman's blood and findings from ultrasound exams can screen the fetus for aneuploidy; defects of the brain and spine called neural tube defects; and some defects of the abdomen, heart, and facial features. They include first-trimester screening, second-trimester screening, combined first- and second-trimester screening, and cell-free DNA testing.

What is first-trimester screening?

First-trimester screening includes a test of the pregnant woman's blood and an ultrasound exam. Both tests usually are performed together and are done between 10 weeks and 13 weeks of pregnancy:

- The blood test measures the level of two substances.
- The ultrasound exam, called a nuchal translucency screening, measures the thickness of a space at the back of the fetus's neck. An abnormal measurement means there is an

increased risk that the fetus has Down syndrome or another type of aneuploidy. It also is linked to physical defects of the heart, abdominal wall, and skeleton.

What is second-trimester screening?

Second-trimester screening includes the following tests:

- The “quad” or “quadruple” blood test measures the levels of four different substances in your blood. The quad test screens for Down syndrome, trisomy 18, and neural tube defects. It is done between 15 weeks and 22 weeks of pregnancy.
- An ultrasound exam done between 18 weeks and 20 weeks of pregnancy checks for major physical defects in the brain and spine, facial features, abdomen, heart, and limbs.

What is combined first- and second-trimester screening?

The results from first- and second-trimester tests can be combined in various ways. Combined test results are more accurate than a single test result. If you choose combined screening, keep in mind that final results often are not available until the second trimester.

What is cell-free DNA testing?

- Cell-free DNA is the small amount of DNA that is released from the placenta into a pregnant woman’s bloodstream. The cell-free DNA in a sample of a woman’s blood can be screened for Down syndrome, trisomy 13, trisomy 18, and problems with the number of sex chromosomes. This test can be done starting at 10 weeks of pregnancy. It takes about 1 week to get the results. A positive cell-free DNA test result should be followed by a diagnostic test with amniocentesis or CVS.
- The cell-free DNA screening test works best for women who already have an increased risk of having a baby with a chromosome disorder. For a woman at low risk of having a baby with a chromosome disorder, conventional screening remains the most appropriate choice. Cell-free DNA testing is not recommended for a woman carrying more than one fetus.

What do the different results of prenatal screening tests mean?

Results of blood screening tests for aneuploidy are reported as the level of risk that the disorder might be present:

- A positive screening test result for aneuploidy means that your fetus is at higher risk of having the disorder compared with the general population. It does not mean that your fetus definitely has the disorder.
- A negative result means that your fetus is at lower risk of having the disorder compared with the general population. It does not rule out the possibility that your fetus has the disorder.
- Diagnostic testing with CVS or amniocentesis that gives a more definite result is an option for all pregnant women. Your obstetrician or other health care professional, such as a genetic counselor, will discuss what your screening test results mean and help you decide the next steps.

How accurate are prenatal genetic screening tests?

With any type of testing, there is a possibility of false-positive results and false-negative results. A screening test result that shows there is a problem when one does not exist is called a false-positive result. A screening test result that shows there is not a problem when one does exist is called a false-

negative result. Your health care professional can give you information about the rates of false-positive and false-negative results for each test.

What should I consider when deciding whether to have prenatal genetic testing?

It is your choice whether to have prenatal testing. Your personal beliefs and values are important factors in the decision about prenatal testing.

It can be helpful to think about how you would use the results of prenatal screening tests in your pregnancy care. Remember that a positive screening test tells you only that you are at higher risk of having a baby with Down syndrome or another aneuploidy. A diagnostic test should be done if you want to know a more certain result. Some parents want to know beforehand that their baby will be born with a genetic disorder. This knowledge gives parents time to learn about the disorder and plan for the medical care that the child may need. Some parents may decide to end the pregnancy in certain situations.

Other parents do not want to know this information before the child is born. In this case, you may decide not to have follow-up diagnostic testing if a screening test result is positive. Or you may decide not to have any testing at all. There is no right or wrong answer.

Diagnostic Testing

What is amniocentesis?

Amniocentesis is a diagnostic test. It usually is done between 15 weeks and 20 weeks of pregnancy, but it also can be done up until you give birth. To perform the test, a very thin needle is used to withdraw a small amount of amniotic fluid. Ultrasound is used to guide the procedure. Depending on the way the cells are analyzed and the information that you want, results can take from 1 day to several weeks. There is a very small chance of pregnancy loss with amniocentesis. Leakage of amniotic fluid and slight bleeding can occur after amniocentesis. In most cases, both stop on their own.

What is chorionic villus sampling (CVS)?

CVS is another type of diagnostic test. In CVS, a sample of tissue is taken from the placenta. The two main advantages of having CVS over amniocentesis are that 1) CVS is performed earlier than amniocentesis, between 10 weeks and 13 weeks of pregnancy, and 2) the results are usually ready sooner for standard testing. With an experienced doctor, CVS carries about the same risk of pregnancy loss as amniocentesis.

How do I choose between prenatal screening and diagnostic testing?

Any woman can choose to have diagnostic testing instead of or in addition to screening. The main benefit of having diagnostic testing instead of screening is that it can detect all conditions caused by an extra chromosome and many other disorders in which chromosomes are missing or damaged. Diagnostic tests also are available for many inherited disorders. The main disadvantage is that diagnostic testing carries a very small risk of losing the pregnancy. A genetic counselor or other health care professional with expertise in genetics can study your family health history, recommend specific tests, and interpret test results.

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Carrier Screening

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 the chances of having a child with a genetic disorder.

What is a carrier?

For some genetic disorders, it takes two genes for a person to have the disorder. A *carrier* is a person who has only one gene for a disorder. Carriers usually do not have symptoms or have only mild symptoms. Because they often do not know that they have a gene for a disorder, they can pass the gene on to their children.

What are the chances of having a child with a genetic disorder?

If both parents are carriers of a recessive gene for a disorder, there is a 25% (1-in-4) chance that their children will get the gene from each parent and will have the disorder. There is a 50% (1-in-2) chance that the children will be carriers of the disorder—just like the carrier parents. If only one parent is a carrier, there is a 50% (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 (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 done 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 a voluntary decision. 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–Sachs disease. Some of these disorders occur more often in certain races or ethnic groups. For example, sickle cell disease occurs most frequently in African Americans. Tay–Sachs disease is most common in 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 becoming pregnant or who are already pregnant are offered carrier screening for cystic fibrosis, hemoglobinopathies, and spinal muscular atrophy. You can have screening

for additional disorders as well. There are two approaches to carrier screening for additional disorders: 1) targeted screening and 2) expanded carrier screening.

What is targeted carrier screening?

In targeted carrier screening, you are tested for disorders based on your ethnicity or family history. If you belong to an ethnic group or race that has a high rate of carriers for a specific genetic disorder, carrier screening for these disorders may be recommended. This also is called ethnic-based carrier screening. If you have a family history of a specific disorder, screening for that disorder may be recommended, regardless of your race or ethnicity.

What is expanded carrier screening?

In expanded carrier screening, many disorders are screened for using a single sample. This type of screening is done without regard to race or ethnicity. Companies that offer expanded carrier screening create their own lists of disorders that they test for. This list is called a screening panel. Some panels test for more than 100 different disorders. Screening panels usually focus on severe disorders that affect a person's quality of life from an early age.

Is one approach better than the other?

Before testing, you and your obstetrician–gynecologist (ob-gyn) or other health care professional can discuss the benefits and limitations of each carrier screening approach and choose the one that is right for you. In some cases, both approaches can be used to tailor screening to your individual situation.

What choices do I have if my partner and I are carriers of a genetic disorder?

If you have carrier screening before you become pregnant, you have several options. You may become pregnant and have prenatal diagnostic tests to see if the fetus has the disorder. You may choose to use in vitro fertilization with donor eggs or sperm to become pregnant. With this option, the fertilized egg can be tested before it is transferred to the uterus. You also may choose not to become pregnant. If you have carrier screening while you are already pregnant, your options are more limited. In either case, a genetic counselor, your ob-gyn, or other health care professional can explain your risks of having a child with the disorder.

How accurate is carrier screening?

No test is perfect. In a small number of cases, test results can be wrong. A negative test result when you have a gene for the disorder tested is called a false-negative result. A positive test result when you do not have a gene for a disorder is called a false-positive result. Also, because carrier screening looks for only a limited number of genes, it is possible that you are a carrier of a genetic disorder even if your test results are negative.

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