

Dr. Dvorak's Beginning of Pregnancy Handout

Congratulations on your pregnancy! This is a very exciting time of your life, and we are so happy to be able to sharing this special time with you!

When to call us:

Our office is open Monday-Friday from 9am-5pm. Please call us at 425-454-5758 and my nurse can help you with your problem or question over the phone, or, if necessary, arrange for you to come in and see me. For urgent needs please press option #9; for non-urgent needs please leave a message for my nurse on her voicemail, or email her at ndnurse@mpboffice.com.

- For problems that aren't addressed by the RN, or are more appropriate for me, email me at DrDvorak@medparkobgyn.com
- Please reserve calls outside of office hours for emergencies. (Call the same number and you will be directed (via an answering service) to the doctor on call.) Please remember that we use paper charts; when we are at home we do not have access to your records.
- When calling our office and leaving a message, you **MUST** leave *the patient's* first and last name and date of birth (not the father of baby's), or we will not be able to call you back. And if you miss a call from us, please check your voicemail, as my nurse will leave you a detailed message and calling us back is often not necessary.
- Lastly, please make sure your voicemail is set up and not full.

Concerning symptoms:

- Vaginal bleeding
- Severe abdominal pain (like menstrual cramps)
- Severe cough or sore throat AND fever (temperature > 100.4 F)

Visits:

We will see you every month through 34 weeks, then every 2 weeks starting around 34 weeks, then weekly from 37 weeks onward. Of course, please call us for an urgent appointment if you have any problems. At each visit we will discuss warning signs for problems with your stage of pregnancy, so you will know what to look out for.

At each visit we will check your weight and blood pressure, and check your urine for protein and sugar content. We will also listen to the baby's heart rate, and measure your uterus.

Due to the nature of private practice, it is sometimes necessary for us to go to the hospital to see or deliver a patient. We understand that your time is valuable, and we will try and call you before your appointment if I will be late to your appointment. Please feel free to call the office ahead of your appointment time to see if there is any delay in the schedule.

Lab tests:

Blood tests, urine cultures, some ultrasound exams, and pap smears are not included in your obstetrical fees. You will receive separate bills for these procedures. We do a set of routine blood and urine tests at the beginning of your pregnancy, and a blood test for diabetes and anemia at 28 weeks. You may also have prenatal screening for genetic diseases around 10-14 weeks (optional). You will also have an anatomy ultrasound around 20 weeks at an ultrasound facility.

Resources

I strongly recommend buying a pregnancy book, such as “Expecting 411” by Dr. Michele Hakakha. Another good book is "Expecting Better" or the “Mayo Clinic Guide to a Healthy Pregnancy.” The website www.babycenter.com is also very helpful.

Exercise

Exercise is safe, and indeed is recommended in pregnancy. It's fine to continue the normal level of exertion your body is used to, but I don't recommend you increase the intensity of your workouts or do any high impact exercise.

Link to Online Pregnancy workout: <http://www.self.com/fitness/workouts/2010/06/pregnancy-workout-slideshow#slide=1>

Diet and Weight Gain

You should gain 25-35lb in your pregnancy. Refer to: <https://www.choosemyplate.gov/nutritional-needs-during-pregnancy>

Food safety:

- Practice good personal hygiene (frequent hand washing)
- Consume only meats, fish, and poultry (including eggs) that are fully cooked
- Avoid unpasteurized dairy products and fruit/vegetable juices
- Avoid processed meats that contain nitrates
- Avoid eating raw sprouts (including alfalfa, clover, radish, and mung bean). Bacteria can get into sprout seeds through cracks in the shell, these bacteria are nearly impossible to wash out.
- Specific concerns in pregnancy: Listeria is a common low-level contaminant of both processed and unprocessed foods of plant and animal origin, but hot cooked foods are not a vehicle of Listeria transmission. It is most commonly associated with processed/delicatessen meats, hot dogs, soft cheeses, smoked seafood, meat spreads, and paté. I personally think you should use your common sense and eat good quality foods, and not avoid these foods.

Seafood and Pregnancy:

1. Do not eat Shark, Swordfish, King Mackerel, or Tilefish because they contain high levels of mercury (which is dangerous in pregnancy).
2. Eat 9-12 ounces (2 average meals) a week of a variety of fish and shellfish that are lower in mercury.

- Some of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock, catfish, herring, Atlantic mackerel, and sardines.
- Another commonly eaten fish, albacore ("white") tuna has more mercury than canned light tuna. So, when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of albacore tuna per week.

More info at: <http://www.fda.gov/Food/FoodborneIllnessContaminants/Metals/ucm2006760.htm> and at <http://www.epa.gov/hg/advisories.htm>

Caffeine: Caffeine can increase the risks of miscarriage, preterm birth, and small babies. Don't drink more than 200mg of caffeine daily.

Artificial sweeteners: It is best to consume as little as possible. I advise you avoid saccharin.

Prenatal vitamins: You need to take prenatal vitamin daily. You can buy one over the counter, or we can give a prescription. Also, you need to take a separate calcium supplement after 20 weeks (enough to get 1200mg total daily).

Carrier Screening:

Carrier screening is testing for rare genetic diseases called autosomal-recessive diseases. An example of this is Cystic Fibrosis. These recessive diseases can pass through families undetected until two carriers conceive a child, and then the disease “appears”. If you test positive for one of these diseases then we will test your husband, and if he also tests positive for the same disease then we will refer you to genetic counseling. About 1% of couples carry the same disease and are at risk for passing it on to their children. About 1 in 550 pregnancies are affected by one of these diseases. Some of these diseases have early interventions that can make a difference.

Avoidance of infection while pregnant:

-Please wash your hands frequently

-Get the flu shot each year

-CMV is a virus that is common in children, especially those in daycare. If a pregnant woman get infected it can cause severe birth defects. Pregnant women with young children or childcare workers or healthcare workers should

- Wash hands with warm, soapy water for 15-20 seconds after changing diapers, contact with oral or nasal secretions
- Avoid kissing young children on the mouth or cheek- instead, give a hug or kiss them on the head
- Do not share food or utensils with children
- Let Dr. Dvorak know if you have symptoms of CMV (fever, sore throat, swollen lymph nodes, and fatigue).

Iron supplementation: At some point in your pregnancy we may recommend you take iron supplements. You can buy these at the drugstore. Common varieties used are “Nature Made Iron 65mg”, “Megafood Blood Builder”, and “Garden of Life Vitamin Code Raw Iron”. If you cannot tolerate pills, “Novaferrum 125” is a liquid form. Try to take your iron with acidic foods (for example, vitamin C) and separate from basic foods (for example, milk or TUMs or calcium supplements). OK to take with your prenatals. Iron can cause constipation. To counteract this, make sure you are eating 20 to 35 g of fiber per day. In addition to consuming foods with high fiber, patients may add raw bran (two to six tablespoons with each meal) followed by a glass of water or another beverage to achieve the fiber intake goal. Fiber cereals like GoLean or All Bran can be a good source of fiber as well. You can also try Colace (over the counter stool softener)- use 100-400mg daily.

Prenatal screening

One of the first questions you will have to consider is what kind of prenatal screening, or if you will decline screening. Prenatal screening is a test that does not put the mother or baby at risk and determines the risk of genetic diseases. Why should you do prenatal screening?

1. These syndromes can result in illness and even early death in children and high financial and psychosocial cost to their families.
2. Diagnostic tests that detect chromosomal abnormalities are readily available.
3. For couples who choose to prevent birth of an affected infant, safe and effective termination options are available.
4. Even if termination is not something you would consider, early diagnosis allows you to plan for the birth of an affected child. Various associations offer support for families and individuals with these syndromes. Also, if your baby has a syndrome that is associated with physical malformations (such as heart problems), we might need to deliver your baby at a hospital that had pediatric surgery services.

There are 2 main options for prenatal screening. One is a blood test and ultrasound (at Overlake Hospital or a maternal fetal medicine specialist's office) between 11 and 14 weeks, and it is shown in the first column below. We recommend you check with your insurance about the cost; the CPT (procedure codes) are 76813 and 76801, and the ICD 10 code (diagnosis code) is Z34.02 if you will be under 35 years old when the baby is born, and O09.512 if you will be over 35. The other ("cell free fetal DNA") is a blood test looking at the baby's DNA in the mom's blood, and we do this test shortly after 10 weeks.

Ability of test to detect syndrome

	Risk of having syndrome	Nuchal translucency and Quad Screen	Verifi Test
Down Syndrome (Trisomy 21)	See chart	82-87%	99%
Edwards Syndrome (Trisomy 18)	1/5500	90%	99%
Patau Syndrome (Trisomy 13)	Most babies die in utero	No	99%
Turner's Syndrome (Monosomy X)	1/2500	No	92%

Triploidy detection	1/10000	No	Yes
Sex Chromosome- extra copy		No	Yes
Gender determination		No	Yes

Age of mother at delivery	Risk of Down's
25	1/1340
30	1/939
32	1/696
35	1/353
37	1/199
40	1/85