



Congratulations On Your Pregnancy! Fremont Center

This letter contains important information we encourage you to review before your first pregnancy visit to one of our obstetricians, family medicine doctors, or nurse practitioners/midwives.

For those of you who are new to the Fremont Center, welcome! If you are a returning patient, welcome back! We look forward to working with you throughout your pregnancy and to providing you with excellent prenatal care.

For Palo Alto Medical Foundation (PAMF) Fremont Center patients, your first visit may be with our "OB orientation." At this orientation, we will review first trimester information, give an overview of our obstetrics department and discuss general care issues. You will also meet other expectant parents and can share tips and concerns.

Prenatal Visits

Your first prenatal visit will be with a family medicine doctor or a certified nurse midwife who is trained in obstetrics. The doctor or nurse midwife will review your medical history, perform a physical exam and review many pregnancy issues. Of course, if you have any pressing concerns before your first scheduled prenatal visit, please feel free to call your chosen obstetrics department.

Between your first prenatal visit and your seventh month of pregnancy, you will be seen monthly by your chosen obstetrician alternating with a family medicine doctor or certified nurse midwife. During your eighth month of pregnancy, you will be seen every two weeks. Finally, during your ninth month of pregnancy, you will be seen weekly by your chosen obstetrician and certified nurse midwife.

A basic ultrasound will be performed at one of our PAMF facilities during your fourth or fifth month of pregnancy. This will evaluate the placenta, your baby's size and your baby's physical development. If a more detailed ultrasound or amniocentesis is required, you will be sent to an outside facility that can offer more advanced testing.

Your labor and delivery care will be provided by the PAMF Fremont Center obstetrician covering hospital care (the "hospitalist") at the time you deliver. Having the obstetricians in the group take turns caring for patients while they are in the hospital allows the doctors to provide the best possible care for all of their patients and ensures that the doctor treating you in the hospital will be able to focus more fully on your needs. You will have the opportunity to meet with some the obstetricians at the PAMF facility where you receive care during your pregnancy, and one of them may be the hospitalist at the time you deliver.

Other Medical Needs During Pregnancy

Other medical concerns unrelated to pregnancy will continue to be managed by your PAMF primary care doctor, who will communicate any relevant concerns to your obstetrician. Examples of non-pregnancy related symptoms and conditions include flu, the common cold, cough, sore throat, allergies and ear pain.

Screening and Diagnostic Tests

Various tests may be recommended or needed, some of which will be performed at the Fremont Center.

Basic Prenatal Labs: This is a blood and urine test done at the beginning of your pregnancy. It includes looking at the microscopic and chemical properties of your blood and urine, confirming your blood type (even if you already know it) and testing for HIV.

Prenatal Genetic Screening Tests: These tests can indicate if a fetus may have certain genetic defects or chromosomal abnormalities, such as Down Syndrome, Trisomy 18, anencephaly, spina bifida, abdominal wall defects and Smith-Lemli-Opitz Syndrome (SLOS). However, they cannot absolutely determine if a fetus is affected. There are three screening test options to choose from, which are covered in the attached “Prenatal Genetic Testing” handout.

Prenatal Genetic Diagnostic Tests: These tests can detect many chromosomal abnormalities and other types of serious birth defects that require special care during pregnancy and after birth. They include **chorionic villous sampling (CVS)** and **amniocentesis**. See the attached “Prenatal Genetic Testing” handout for more information.

Ultrasound: This test uses the echo of sound waves too high for humans to hear to create pictures of the inside of the uterus much like an X-ray but without any harmful radiation. Ultrasound may be used to evaluate many aspects of pregnancy, but the most common use is as a routine test at 18 to 20 weeks of pregnancy to check the baby’s physical features. **You will need to schedule your ultrasound at the Fremont Center by calling 510-498-2770.** Please call at least four weeks in advance of when you will need the test. In addition to showing most of the baby’s physical features, the ultrasound also may determine the amount of amniotic fluid, the location of the placenta, and the baby’s position, size (age) and gender. Occasionally, a baby’s position may prevent optimal viewing of a particular feature and a repeat scan will be needed.

Third-trimester Glucose and CBC (complete blood count) Testing: We routinely screen all women between 26 and 28 weeks of pregnancy to determine their risk for gestational diabetes. The hormones of pregnancy may alter your body’s ability to manage dietary sugars, leading to the growth of an abnormally large baby and a difficult birth. A positive result does not mean that you have gestational diabetes. However, if you test positive, you will require further testing. Fortunately, the vast majority of women with this condition can still have a safe pregnancy with a healthy baby by going on a special diet with frequent blood-sugar checks. When we check for gestational diabetes, we will also recheck your complete blood count. In addition, if your blood type is RH negative, you will receive a rhogam injection at 28 weeks to prevent your immune system from developing antibodies to your baby’s blood.

Group B Strep (GBS) Test – We screen all women at approximately 35 weeks of pregnancy for this common organism by taking a vaginal and rectal (perineal) swab. Group B strep is harmless to the mother but may infect the baby during delivery, leading to potentially serious complications. By identifying mothers at risk, we may use antibiotics during labor to prevent exposing the baby to the group B strep bacteria.

Normal Changes in Body and Mind During Pregnancy

You can expect changes in your physical and emotional states during your pregnancy. You may experience nausea, frequent urination, breast tenderness, fatigue, bloating and constipation. You can alleviate some of these symptoms by resting more during the day, eating many small meals (instead of three larger ones), and increasing your intake of fluids and fiber. The hormonal changes inside your body also may cause mood fluctuations. Fear and ambivalence are as common as excitement and joy during the early months of pregnancy.

Cautions

Minor spotting or cramps may be normal in pregnancy. However, bleeding and severe cramping can be signs of a miscarriage or other complications. Call us to report any bleeding or cramping.

Take no medications except plain acetaminophen (Tylenol®) and after 13 weeks of pregnancy, pseudoephedrine (Sudafed®) or dextromethorphan (Robitussin®) without calling us first. Be aware that these three medications also come in “multi-symptom” formulations that have additional active ingredients. Carefully check the active ingredient listed on the package before taking the medication and call if you have any questions.

Practical Information and Answers to Common Questions.

Diet

Eating a well balanced, nutritional diet throughout pregnancy is important. Select foods that are high in protein, fiber-rich carbohydrates, iron and calcium. You need approximately 200 to 300 extra calories daily during pregnancy. We recommend substituting foods that are high in refined sugars and fats with more nutritionally “dense” foods, such as dairy products that are rich in calcium and protein. If you cannot tolerate dairy, try tofu, beans, corn tortillas, dark-green leafy vegetables and fresh fruits. It is also important to drink more caffeine-free liquid, including eight to ten glasses of water each day. Avoid caffeine-containing beverages, such as coffee, tea and sodas.

Vitamins and Calcium

We strongly recommend that you take a prenatal vitamin containing at least 0.4 milligram (400 micrograms) of folic acid (folate) each day. We also recommend that you get a daily dose of 1,500 milligrams of calcium. Calcium is found in milk products (see chart) and in calcium tablets such as Tums® (calcium carbonate) or Calcitrate® (calcium citrate).

Product	Quantity	Calcium
Milk	8 ounces	200 milligrams
Yogurt	8 ounces	200 milligrams
Cheese	1 ounce	200 milligrams

Exercise During Pregnancy

Exercising during pregnancy is generally safe, but be careful not to over-exert yourself. Keep your heart rate under 140 beats per minute or exercise at an intensity level that allows you to carry on a normal conversation. Drink plenty of fluids before, during and after a workout. Also note that your joints “soften” when pregnant. This and your growing girth increase your chances of falling. If you do not exercise much currently, a daily brisk walk (20 to 30 minutes) is an excellent way to stay in shape.

Preventing Colds, Bronchitis and Pneumonia

When possible, avoid contact with people who have colds and bronchitis. We recommend that all women who will be more than 14 weeks pregnant anytime during typical influenza season (December through March) receive a flu shot. The shot will not prevent most typical colds and bronchitis, but it helps protect against certain viral strains that can cause severe pneumonia.

Treating Common Medical Problems

Low-grade Fevers or Headaches: Acetaminophen (Tylenol®) is safe in pregnancy. Do not take ibuprofen (Advil®, Motrin®) or aspirin.

Colds: Rest and plenty of fluids are best. Take acetaminophen (Tylenol®) for aches and fever. Throat lozenges and saline nasal spray (for example, Ocean Mist®) are fine, too. If your symptoms are still very bothersome and you are past 13 weeks of pregnancy, you may take Benadryl®, Chlor Trimeton®, Sudafed®, or Robitussin®. If your symptoms persist or worsen, please contact us.

Diarrhea: For diarrhea, replace the fluids and electrolytes by drinking lots of liquids. Good choices include Gatorade, soup broth and 7-Up. If the diarrhea is severe, you may use Kaopectate® or Imodium®. Please contact us if the diarrhea persists or worsens.

Heartburn: Try eating slowly and do not lie down within one hour after eating. Antacids such as Tums® or over-the-counter Zantac® (one to two tablets a day) are safe.

Constipation: The stool softener Metamucil® can often provide safe relief, as can increasing your daily fluid and fiber intake.

Dental Care

Routine dental work and cleaning is fine. Avoid X-rays. If you need local anesthetic for dental work, have your dentist use one without epinephrine. For any questions, have your dentist call us.

Hair Coloring, Nail Care and Pedicures

Please wait until you are past the first trimester (13 weeks) before treating your hair or getting a manicure/pedicure. Then do so only in well-ventilated areas. To prevent infection, we do not recommend cutting of cuticles.

Travel During Pregnancy

If your pregnancy is going well and you have no risk factors, you may safely travel up until 32 weeks of pregnancy. Stay well hydrated before, during and after the trip. Foot swelling may be greater if you are flying. Stretch your legs every hour if you will be sitting for prolonged periods. Please review your travel plans with your doctor.

Please Do Not...

- Smoke or breathe in second hand smoke
- Eat uncooked fish like sushi or undercooked fish, shellfish or meat
- Clean a cat litter box
- Garden without gloves
- Soak in a hot tub or sauna. Warm baths are safe up to 100 degrees for up to 15 minutes.
- Consume artificial sweeteners
- Receive enemas
- Use laxatives
- Douche

Please Do...

- Take prenatal classes. Many classes about pregnancy, labor, delivery and newborn care are available. They will provide information, address concerns and let you meet other pregnant couples. Sign up early as they fill up fast.
- Consider breastfeeding your baby. The American Academy of Pediatrics recommends breastfeeding for the first year of life. Be aware that many women find breastfeeding challenging at first. This is normal and we have listed several resources to help you reduce or avoid breastfeeding problems. Some insurance companies cover lactation consultation visits. However, if yours does not, you may discuss financial arrangements with the individual consultant.
 - Fremont Lactation Consultant, Gail Fiock: 510-498-2146. Available three days a week.
 - Washington Hospital Lactation Consultants: 510-791-3423
 - Nursing Mothers Council: 650-327-6455 or 408-272-1488
 - La Leche League: 1-800-LA LECHE, 24-hour help line; 510-877-452-5324; www.LLLI.org, online help services

Where to Get More Information

The PAMF Community Health Resource Center at the Fremont Center is staffed by nurse health educators. This Center is free and open to the public. It offers videos, CDs, computer-based information and a lending library. We encourage you to browse and ask questions.

Our Fremont OB patients can call the OB Medical Advice Line: 510-498-2181

Other Resources

The California Teratogen Information Service provides information about substances that can be harmful to a developing baby. Consult its Web site at ctispregnancy.org for fact sheets about various substances you may be exposed to during pregnancy. It also has a toll-free advice line: 800-532-3749.

Recommended Reading

Arlene Eisenberg, et al., *What to Expect When You're Expecting*

Connie Marshall, *From Here to Maternity*

Lennart Nilsson, *A Child is Born*

P. England and R. Horowitz, *Birthing from Within*

Gayle Petersen, *Birthing Normally*

Penny Simkin, *The Birthing Partner*

Karen Pryor, *Nursing Your Baby*

Kathleen Huggins, *The Nursing Mother's Companion*

American Academy of Pediatrics, *Caring for Your Baby and Young Child: Birth to Age 5*