

Women First Health Center, LLC

A division of Regional Women's Health

Obstetrical Handout

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Welcome to our practice !!!

Congratulations on your pregnancy. This packet is designed to guide you through some of the most commonly asked questions of pregnancy. We have included information on routine screening tests for all obstetrical patients, genetic testing, medications and general nutritional guidelines, as well as some general information about our practice policies and procedures. Feel free to ask us questions along the way if something is unclear or not contained within the packet.

We are a four-physician practice. We strongly encourage you to meet and feel comfortable with all the doctors as we all share our on call duties equally and any one of may be the doctor to perform your delivery. We realize you may see one doctor more than the others, and we assure you that we do perform chart reviews regularly and we will be familiar with your file and pregnancy. On weekdays one of us is always available for questions/emergencies. We deliver our patients at St. Barnabas Medical Center in Livingston, NJ.

We are available after hours for emergencies. You can reach us by calling the office phone number and the answering service will take your call. They will ask for your name, your reason for calling, and your callback number. If you have call blocking services on your phone line please disable them as soon as you have us paged so that we may quickly and efficiently return your call. The answering service will then page the doctor on call for your emergency or if you are in labor.

We do participate in a weekend cross coverage system, as do most of the obstetricians at St. Barnabas. Though one of the four of us may be on call on any given weekend, there are some weekends where we share call with physicians with whom you will not be familiar. We **ONLY** cover with obstetricians whom we know very well and trust to care for our family, friends, and patients. However, we will make *every effort* to be the ones who deliver your baby. This system has allowed us to be available to deliver approximately 95% percent of our patients year after year. We appreciate your understanding in this matter as we sometimes have our own families to care for and other responsibilities to fulfill.

At each visit you will be greeted by our office staff and brought into the exam room by our medical assistants. They will ask you to provide a urine sample at every visit.

They will also weigh you and take your blood pressure. However, they are not qualified to answer all of your medical questions. Please discuss any questions or concerns with the physicians or the nurses.

It is also important for you to understand that from a medical liability standpoint, we cannot adhere strictly to birth plans. We are open to discuss your birthing process with you and address any of your concerns. However, we cannot promise that everything will happen as you imagine it. We hope you appreciate our honest approach to this situation.

You will be seen today by one of the physicians and will have the opportunity to ask any questions during that time. We wish you a safe and healthy pregnancy and look forward to caring for you.

Routine Screening for all Obstetrical Patients

First Trimester Ultrasonography

This ultrasound is usually done at your first visit. It helps us confirm or establish your estimated due date. This is important because most of the tests done in your pregnancy are dependant upon an accurate due date.

Routine Lab Work

At your first visit we will be screening you for a variety of conditions ranging from cystic fibrosis and anemia to checking for immunity to rubella and toxoplasmosis. These are all blood tests. If there are any abnormalities we will discuss them with you in detail.

Blood Pressure/Urine/Weight/Fetal Heart Rate

At each visit we will check all of the above. Any abnormalities will be addressed at the visit. For a routine pregnancy you will be seen about every 4 weeks until you are 28-30 weeks of gestation. Then you will be seen every 2 weeks until 36 weeks. Thereafter, you will come in weekly until you deliver.

Gestational Diabetes

Between 24-28 weeks gestational age you will be asked to perform a one-hour glucose tolerance test. This is a screening test for gestational diabetes. If you "fail" this test, we will order a diagnostic three-hour glucose tolerance test.

Group B Streptococcus (GBS)

This is a bacterium that normally inhabits the vagina of approximately 30% of women. We will perform a culture at about 36 weeks to determine if you are a carrier. If you are we will discuss in detail how it may impact your labor and deliver course. Please note that we usually perform an internal exam at 36 weeks (checking your cervix to determine if there is any dilation or thinning/effacing) and again after 39 weeks. If you would like to be checked at 37 or 38 weeks you may, but you need to request this.

Rhogam

At your first visit we will test your blood type. If you have a "negative" Rh blood type, you will be given an intramuscular injection of Rhogam at 28 weeks of gestation.

Genetic Testing

Please understand that we are not genetic counselors. We will offer the routine testing recommended by the American College of Obstetricians and Gynecologists. We suggest that if there any family history concerns related to genetic syndromes that you seek the expertise of a genetic counselor. You may contact your insurance company to insure if this is a covered benefit. New Jersey Perinatal Associates offers this counseling at (973) 322-5287.

First Trimester Screening/Nuchal Translucency/Ultrascreen

This is a non-invasive screening program which allows us to give you information on your risk of having a baby with Downs syndrome and trisomy 13 and 18, more severe chromosome abnormalities. The test has two parts; blood work usually done at 9-11 weeks of gestation, and an ultrasound usually done between 11-14 weeks. The bloodwork is measuring two proteins, free beta HCG and PAPP-A, while the ultrasound measures the nuchal translucency (amount of fluid behind the fetal neck). These combined values are used to calculate your individual risk. The test cannot identify 100% of affected babies. However, the detection rate is approximately 90% for Downs syndrome and 97% for trisomy 13/18. The false positive rate for the test is 5%. All pregnant patients whose first trimester screen indicates an increased risk will be offered an amniocentesis or chorionic villus

sampling (CVS). This test is not mandatory but highly recommended. It cannot be performed beyond 14-weeks gestation.

We will refer you to maternal fetal medicine specialists for this test.

Noninvasive Prenatal Testing (NIPT)

NIPT uses technology based upon using fetal DNA found in maternal blood. A small percent of cell free fetal DNA exists in the mother's bloodstream beginning at about 10 weeks of gestation. This group of tests uses this DNA to detect potential trisomies (abnormal number of chromosomes) in the developing baby. The detection rates are quite high (95-99%) and the false positive rates are very low (1% or less). The tests are also able to detect X and Y chromosome material thereby allowing determination of the fetal gender in the first trimester.

There are several versions of this technology developed by different companies.

Materni T21

Harmony

Verifi

Verinata

We will choose the test based on your insurance company and other considerations if you decide to undergo this study. If you wish to discover the gender of your fetus please tell the phlebotomist and us before your blood is drawn. The test has to be performed between 10 - 22 weeks gestation. Once the results return we will inform you and refer you to the maternal fetal medicine specialists if further invasive diagnosis is needed.

Currently this testing is not standard of care. It is still considered only appropriate for high risk couples like those with advanced maternal age or history of genetic problems in previous pregnancies. Insurance coverage for these tests is NOT guaranteed even in high-risk patients. The field is rapidly accelerating and this situation will likely change in the near future, possibly many times.

SMA

This test determines your number of gene copies for the SMA gene. Depending on the number of genes you carry, you may have a higher risk of having a child affected by a motor neuron disease called Spinal Muscular Atrophy.

Jewish Heritage Screening

If you and/or your spouse have any Jewish heritage, they are a number of additional hereditary conditions that will be screened for via blood sample. If these results show you are at risk, appropriate genetic counseling will follow.

AFP-1

This test measures the maternal blood level of a protein called AFP. This is used to screen for the risk of open neural tube defects. The test is performed between 15-19 weeks.

Ultrasound

A routine ultrasound is done at approximately 18-20 weeks to assess fetal anatomy as well as placental location and amniotic fluid levels. In some but not all pregnancies, there may be additional ultrasounds required.

Advanced Maternal Age

Obstetrical patients giving birth to a singleton at age 35 years or older are offered additional testing as their risks for chromosomal abnormalities are greater than a younger woman. Patients with a twin/triplet pregnancy are offered these tests at an earlier age (32 years).

Amniocentesis

This is a test to determine the fetal chromosomes. A spinal needle is inserted into the uterus (via the patient's abdomen) and amniotic fluid is removed. This test is offered to all obstetrical patients giving birth at age 35 or older as well to patients with abnormal first trimester screening. It is usually performed at 16-18 weeks but can be done later in the pregnancy. AFP levels are also measured via the amniotic fluid to test for open neural defects. The estimated risk of losing a pregnancy secondary to this procedure is 1:250-300. More recent studies suggest the risk of loss is 1:700 when done with ultrasound guidance. Thus, we prefer to schedule our amniocenteses with the perinatologists. Results return in approximately two weeks.

CVS

Again this test will check the fetal chromosomes. A spinal needle is inserted into uterus to remove tissue called chorionic villi (via either the patient's abdomen or vagina depending on the position of the placenta.) This test is usually performed between 10-12 weeks gestational age. It does not provide any information on the open neural tube defect risk thus necessitating the AFP-1 blood test later in the pregnancy. The estimated risk of losing a pregnancy secondary to this procedure ranges from 1:100 to 1:200. Individual facilities and doctors will quote their own rates. Results return in approximately two weeks.

Medications

Below is a list of over the counter medicines that the doctors at Women First Health Center approve for use in your pregnancy for the following symptoms/conditions. Take as directed and if you are unsure, please check with us first.

Allergies:	Benadryl, (diphenhydramine), Claritin Tylenol (do not exceed 4000 mg/day) Tylenol Sinus
Headaches/Pain:	Tylenol (NO Motrin or Aspirin unless directed by us)
Cold/Flu:	Vicks Vapor Rub, Chloraseptic Spray, and all Tylenol products Benadryl, Robitussin, Cough Drops, Vitamin C Drops Call for consistent temperatures over 101.0 degrees F.
Nausea:	Vitamin B6 (2-3 times per day) ½ Unisom tablet (Doxylamine Succinate) at night Wrist Bands/Sea Bands Ginger Tea, Ginger chews or lozenges
Constipation:	Colace (Docusate sodium) 100 mg 2-3 times per day Metamucil or fiber in any form Increase your water intake to 64-80 ounces/day
Gas:	Mylicon (Simethicon), Gas-X

Indigestion: Mylanta, Tums, Maalox

Pepcid, Zantac

Itching: Benadryl (oral tablets, creams, or spray)

Creams: Hydrocortisone (short term unless directed)

Aveeno lotion or baths

Notify us of any rashes

Yeast: Monistat

Dentist Visits: Lidocaine/novocaine WITHOUT Epinephrine

Nutrition in Pregnancy

Hot Dogs and Cold Cuts

The intake of these items during pregnancy is controversial. There are two concerns here ... the risk of nitrites as well as infections. Nitrates are not toxic but can be converted to nitrites, which can be. Nitrites in high levels can damage hemoglobin and that can lead to anemia in both the mother and fetus. The other concern with nitrates and nitrites such as those found in processed meats is that there may be an increased risk for developing cancers with consumption of these items. The reason that these compounds are added to cured and smoked meats is to reduce the risk of botulism. The concentrations of these compounds are drastically lower than in the past, and some products even have anti-oxidants added to counteract the potential damage. Infections with Listeria and Toxoplasmosis have also been reported from eating tainted cold cuts. Therefore, we recommended you limit your intake of these items and make sure that you are eating food from quality sources.

Fish

Fish is a very healthy lean protein source for pregnant women. It is also has omega-3 fatty acids which are great for maternal health and fetal neurodevelopment. However, diets high in mercury-containing fish can cause birth defects. Older, larger fish have high levels of mercury. So the simple rules are as follow:

DO NOT eat Shark, Tilefish, King Mackerel, Swordfish, and Marlin.

You may eat up to 12 ounces/week of other cooked fish and seafood. Commonly consumed fish with lower mercury levels are shrimp, canned light tuna, salmon, pollack, and catfish.

Limit Albacore (white) tuna to 6 ounces/week. Be careful of and avoid the large tuna often used in sushi or tuna steaks.

Avoid refrigerated seafood products unless they are cooked before eating

Avoid raw fish and seafood.

Specific information on food borne pathogens and contaminants can be found at www.fda.gov/Food/FoodSafety/Product-SpecificInformation/Seafood.

Artificial Sweeteners

To date there is no known association with the use of these products and birth defects: Use in moderation.

In General...

You may have 1 - 2 cup of a caffeinated beverage per day. Or switch to decaf and add lots of milk. It is good for you!

You may highlight your hair at anytime throughout the pregnancy. You may even color your hair any time as well (although you will get better results once you are in your second trimester.)

It is perfectly safe to use nail polish and nail polish remover.

You may and should exercise throughout pregnancy. Talk to us about your specific routines as guidelines about exercise vary greatly depending on your state of fitness prior to pregnancy. After 20 weeks you should not lie flat on your back. You should also avoid heavy lifting above 25-30 pounds.

After 20 weeks you should sleep on your left or right side, not flat on your back.

It is safe to use cleaning products. Just keep the area well ventilated (same goes for painting rooms or furniture).

No consumption of raw meat or unpasteurized cheeses.

Eat healthy well-balanced meals. Limit high-fat foods and concentrated sweets and refined sugar.

Avoid skipping meals.

Use common sense in all things including eating.

Many patients ask us about reading material in pregnancy. Although no publication is perfect we do recommend *Planning Your Pregnancy and Birth*. This is published by The American College of Obstetricians & Gynecologists. You can order it online at www.ACOG.org.

Hope this helps.

Drs. Sylvester, Youngren, Lo, and Sansobrino

I have received the Obstetrical Handout from Women First Health Center, LLC. I understand that I am responsible for reading the information within this packet. I also understand the physicians are available to answers any additional questions I may have.

Signature of Patient

Date

Signature of Witness