

PRENATAL CARE

We are very pleased that you have entrusted us with your prenatal care. The following outline will give you a general understanding of what you can expect as you visit our office in the coming weeks. Your appointments may be modified to meet your individual needs.

Your due date (estimated date of confinement or EDC) is calculated to be 40 weeks from the first day of your last menstrual period or 38 weeks from the time of conception or by early ultrasound. Delivery is expected to occur any time between three weeks before and one to two weeks after the EDC. We will usually see you monthly until 32 weeks of pregnancy and then more often until your baby arrives. Each OB visit will include weight, blood pressure, urinalysis, and assessment of your baby. Until you near your due date, appointments will not include a cervical exam unless your doctor has a specific concern.

INITIAL EXAM (8 WEEKS):

(Please allow approximately 2 hours for this office visit.)

Medical history and physical examination.

Lab work: Blood type, antibody screen, blood count, rubella screen, STD screens, urine culture, Pap test if needed.

Counseling: At this visit, you will meet with one of our RNs for one of two **birth planning** appointments. During this one-on-one time, you can share any specific concerns you may have about your pregnancy and ask questions. Your nurse will also offer recommendations for your best health and that of your baby.

Transvaginal Ultrasound

12 WEEKS:

Routine obstetrical examination.

Optional chromosome screening: (trisomy 13, 18, 21)

16 WEEKS:

Routine obstetrical examination.

Optional Lab work: MMST (Quad screen) or MSAFP test for certain conditions that may affect your baby.

Optional Gender Ultrasound at 15-16 weeks.

20 WEEKS:

Routine obstetrical examination.

OB Ultrasound: Please allow 45 minutes for this visit.

We can usually tell you the sex of your baby at this ultrasound if you choose to know it.

24 WEEKS:

Routine obstetrical examination.

28 WEEKS:

Routine obstetrical examination.

Lab work: Diabetes screen, blood count, antibody screen and Rhogam if indicated, TDAP vaccination (tetanus and whooping cough). This test does not require fasting.

Counseling: During your second birth planning appointment, your nurse will provide recommendations about the well-being and safety of mom and baby during late pregnancy, including tips for recognizing true labor. You will also have an opportunity to discuss your birth plan. Please allow at least an hour for this visit.

32 WEEKS:

Routine obstetrical examination

Optional 4D ultrasound examination (may be scheduled as a separate visit between 28-32 weeks at your convenience).

36 WEEKS:

Routine obstetrical examination/cervical exam

Lab work: Group B Strep culture (at-risk patients will receive antibiotics during labor).

37 WEEKS:

Routine obstetrical examination/cervical exam

38 WEEKS:

Routine obstetrical examination/cervical exam

39 WEEKS:

Routine obstetrical examination/cervical exam

40 WEEKS:

Routine obstetrical examination/cervical exam,
Non-stress test (NST), ultrasound.

SPARKS&FAVOR, P.C.

Prenatal Care



Obstetrics • Gynecology • Infertility

AFTER HOURS TELEPHONE: (205) 397-1286 OR (205) 930-4038

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OVERVIEW

Most expectant parents have questions about how to ensure the healthiest possible pregnancy outcome. We want to provide you with some basic information early in your care, and we will look forward to answering your individual questions along the way.

YOUR PRENATAL CARE AT SPARKS & FAVOR

- One of our physicians is always available on call. Our office phone is a 24-hour number. We do not share call with physicians outside of our group.
- We try to schedule some of your prenatal visits with your primary doctor's partners, so that all of us can become familiar with your care. Most patients are pleased that the doctor on call for their delivery is not a new face.
- Family members may come to your OB visits, watch ultrasounds, and attend your delivery according to the hospital visitor policy. We recommend that you have one person present at any given time during the active phase of your labor and at delivery.
- Contact Brookwood Hospital early in your pregnancy for information about hospital tours. Find contact information for hospital resources in your prenatal handouts.

NUTRITION

- Recommended weight gain varies depending on your pre-pregnancy weight. Excess weight gain may lead to increased weight for your baby and present some risk for both of you. Your RN will give you some guidelines.
- Your goal is a well-balanced diet with plenty of protein, whole grains, fruits, vegetables, dairy, and fiber. Find more information on our website's Birth Planning Resources page.
- We recommend that you take a prenatal vitamin containing iron and folic acid throughout your pregnancy.

FOODS TO AVOID! (*You and your baby have greater risk for listeriosis and other food-borne illnesses*).

- ANY RAW OR UNDERCOOKED MEAT, EGGS, FISH OR SEAFOOD
- Refrigerated deli meats, pâté, meat spreads, and refrigerated smoked seafood
- UNPASTEURIZED DAIRY PRODUCTS - soft cheeses such as feta, queso blanco, queso fresco, Brie, queso panela, Camembert, and blue-veined cheeses
- Fish is an important part of a healthy diet, and 2 to 3 servings/week are recommended. Certain fish should be avoided due to mercury content. Find advice

about eating fish on our website's Birth Planning Resources page or in your prenatal handouts.

- CAFFEINE: (coffee, tea, caffeinated soft drinks, etc.)—moderate amounts appear to be okay. We suggest limiting caffeine to less than 200 mg/day.
- There is no evidence that ARTIFICIAL SWEETENERS are harmful in moderate amounts. High amounts of saccharin may be harmful according to some research (Sweet-n-Low).

EXERCISE

- For women with uncomplicated pregnancies, both aerobic and strength-conditioning exercise are encouraged.
- The ideal type and intensity of exercise will depend on your pre-pregnancy fitness.
- Inform your doctor if your work requires heavy lifting or other demanding physical activity.

MEDICATION/DRUGS/ENVIRONMENT

- Avoid all tobacco, vaping, and marijuana. Smoking harms your baby. Avoid all alcohol and illicit drug use.
- Your doctor will advise you about medications that have currently been prescribed to you. Avoid over-the-counter drugs, dietary or herbal supplements unless approved by your OB doctor. You may take Tylenol (acetaminophen) for headache or other pain relief. (No ibuprofen or naproxen. No aspirin unless recommended by your OB physician).
- Insect repellent (permethrin clothing and DEET) should be used to prevent mosquito-borne illnesses like Zika and West Nile virus.
- Avoid exposure to radiation and chemicals.
- Avoid hot tubs. Properly maintained swimming pools are thought to be safe. We do not know the risk of lake water.

TOXOPLASMOSIS

Avoid handling animal waste like kitty litter. Avoid undercooked meats.

SEXUAL INTERCOURSE

Sexual intercourse is not restricted during pregnancy unless you are experiencing bleeding, leaking of amniotic fluid, or placenta previa (low-lying placenta). Your doctor will inform you if you have a special risk situation.

ULTRASOUND / 4-D ULTRASOUND

We recommend 2 ultrasound evaluations in all uncomplicated pregnancies: one at 8 to 10 weeks and one at around 20 weeks. Additional exams are performed if indicated.

We offer an optional gender ultrasound at 15-16 weeks and an optional 4D ultrasound session at 28 to 32 weeks, when your baby can best be seen in the 4D mode. Generally, your insurance will not cover these ultrasounds unless there is a specific medical need.

BREAST FEEDING

We recommend breastfeeding. It offers health benefits to mother and baby. However, we do not want any mother who chooses bottle feeding, supplementing with formula, or early discontinuation of breastfeeding to be made to feel uncomfortable with her decision. We respect and support your feeding decision.

CIRCUMCISION

This is a personal choice. Circumcision is considered an elective, cosmetic procedure. Your obstetrician will perform a circumcision if you choose.

CONTRACEPTION

If you are considering permanent sterilization after your delivery, please discuss this with your doctor as early as possible during your pregnancy. Sterilization by tubal removal surgery (salpingectomy) may be performed during a c-section, sometimes on the day following a vaginal delivery, or as an out-patient at a later date. Plan your postpartum birth control choice with your doctor during your pregnancy.

TRAVEL

- After 36 weeks of pregnancy, we recommend you limit travel lasting longer than 2 hours. If travel is necessary, consider where you would go for emergency care.

- If a long trip is necessary, stop every 1 1/2 to 2 hours to take a short walk to reduce blood-clot risk.
- Wear the lap belt of the seat belt below your baby bump and the shoulder belt part normally.

PRETERM LABOR

Call us if you notice any warning signs of preterm labor (before 37 weeks).

- Contractions—occasional contractions are normal, but regular contractions should be reported.
- Watery vaginal discharge

DO NOT DELAY CALLING US FOR

- Vaginal bleeding at any time
- Contractions every 5 minutes, if they continue for 1 hour
- Signs of ruptured membranes (leaking fluid)
- If baby's movement seems less than usual
- Any condition that seems abnormal to you.

FETAL MOVEMENT

Your baby's movement is an indication of well-being. After 26 weeks gestation, please notify your physician promptly if you feel that your baby's movements have decreased.

ANESTHESIA

We encourage you to prepare for your childbirth experience through childbirth classes, personal reading, and asking questions during your prenatal visits. Preparation will be a key part of your birth regardless of specific comfort measures you choose.

- Epidural anesthesia is readily available.
- If you desire an unmedicated childbirth experience, we will support and encourage you in achieving this goal. Prenatal classes to prepare for unmedicated delivery are available.

INFANT CARE

We encourage parents to select a pediatrician in advance, by 24 weeks if possible. Please plan to have an infant car seat. An infant CPR class is also a good idea.



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