

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. Delivery is expected to occur to any time between three weeks before and 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. AFTER HOURS Urgent Concerns: 205-397-1286 OR 205-930-4038

INITIAL EXAM (8 WEEKS)

(Please allow approximately 2 hours for this visit).

Medical history and physical examination

Lab work: Blood type antibody screen, hematocrit, rubella screen, STD screens, urine culture, and 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 concerns you may have about your pregnancy and ask questions. Your nurse will also offer suggestions for your best health and that of your baby.

Ultrasound: You may bring a DVD if you wish.

12 WEEKS

Routine obstetrical examination

Optional chromosome screening (trisomy 13, 18 and 21)

16 WEEKS

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

20 WEEKS

OB Ultrasound: You may bring a DVD if you wish.

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 Lab Work: Diabetes screen, hematocrit, antibody screen and Rhogam if indicated, TDAP vaccination (tetanus and whooping cough).

28 WEEKS

Please allow approximately 1 hour for this office visit. 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 an hour for this visit.

32 WEEKS

Routine obstetrical examination

Optional 4D ultrasound examination (may be scheduled as a separate visit at your convenience)

36 WEEKS

Routine obstetrical examination/cervical exam

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

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. 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. This is not mandatory.
- Family members may come to your OB visits, watch ultrasounds, and attend your delivery. We recommend that you have one person present at any given time during the active phase of your labor and at delivery.
- Contact Brookwood Women's Medical Center to schedule hospital tours.

NUTRITION

- Recommended weight gain varies somewhat depending on your pre-pregnant 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 whole grains, fruits, vegetables, dairy, and fiber. See our online Birth Planning Resources Page for more nutrition guidance.
- 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 information about safe fish choices on our Birth Planning Resources Page.
- CAFFEINE--(coffee, tea, caffeinated soft drinks, etc.)—moderate amounts appear to be safe. (suggest limiting to 200 mg./day).
- There is no evidence that ARTIFICIAL SWEETENERS are harmful in moderate amounts. Very 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.

MEDICATIONS/DRUGS/ENVIRONMENT

- Avoid all tobacco, vaping and marijuana. Smoking harms your baby.
- **Your doctor will advise you about medications that have currently been prescribed to you. Avoid over-the-counter drugs, dietary or herbal supplement unless approved by your OB doctor.** You may take Tylenol (acetaminophen) for headache or other pain relief, (No aspirin, ibuprofen, or naproxen unless prescribed 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 experience bleeding, leaking of amniotic fluid, or placenta previa (low-lying placenta). Your doctor will inform you if you have a special risk situation.

ULTRASOUND/4D ULTRASOUND

We recommend an ultrasound evaluation for all patients at 8 to 10 weeks and again at about 20 weeks. Additional exams are performed if indicated. We offer a 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 this exam unless there is a specific medical need.

BREASTFEEDING

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.

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, discuss this with your doctor as early as possible during your pregnancy. Sterilization by tubal surgery may be performed during a c-section, the day following a vaginal delivery, or as an out-patient at a later date. Plan your post-partum 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 and take a short walk to reduce blood-clot risk.
- Wear lap belt below baby bump. Wear shoulder belt normally.

PRETERM LABOR

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

- Contractions—occasional contractions are normal, but notify your doctor if contractions become regular.
- Watery vaginal discharge

DO NOT DELAY CALLING US FOR

- Vaginal bleeding at any time
- Contractions every 5 minutes, lasting 1 hour
- Signs of ruptured membranes (leaking fluid)
- Baby's movement seem 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, reading, and asking questions at your prenatal visits. Preparation will be a key part of your birth plan regardless of the specific comfort measures you choose.

- Epidural anesthesia is readily available with a board-certified anesthesiologist.
- 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.