



Congratulations on your pregnancy and welcome to our practice! We thank you for choosing us to participate in your care. Whether you are a first-time parent or growing your family, having a baby is one of the most important and exciting times in your life. During this anticipation-filled time, you will undoubtedly experience many uncertainties and new sensations. Our goal is to be by your side, providing you with the best quality medical care throughout your entire pregnancy and delivery.

This booklet contains important information as well as answers to some frequently asked questions. We aim to cover topics from: "What is happening to my baby and my body in each trimester?" to common prenatal testing to "when can I find out the gender of my baby?". We welcome your questions and encourage you to share any concerns and know that we will provide you with compassionate, top quality care.

Answers to common questions

When to call the office during pregnancy:

- Temperature higher than 101 degrees and/ or chills
- Nausea and vomiting such that you haven't been able to keep fluids down for 24 hours or more
- Vaginal bleeding
- Marked decrease in the baby's movements (after 24 weeks)
- Severe abdominal pain
- Burning with urination
- Any time you are unsure or have questions

Our providers and staff rely heavily on the Patient Portal as a means of communication. It is very important that you verify your Healow access at the time of check in. This is where you have access to email the providers and nurses, view lab results, confirm appointments etc.



Information to Bring to Your Appointment:

- Insurance card (hard copy)
- Driver's license or another government-issued picture ID
- Required co-pay, deductible, or co-insurance. Payment methods accepted are cash, check, or credit/ debit card.

Cancellations: If you need to cancel your appointment, please contact our office greater than 24 hours prior to your scheduled appointment time. To cancel or reschedule please call 361-578-5233.

Insurance: We will bill insurance claims as appropriate. We accept payment from insurance companies, but require that you pay your portion, including co-pays, deductibles, and / or co-insurance at the time of service. If we are unable to verify insurance prior to the appointment time, you will either be responsible for payment at the time of service or your appointment will be re-scheduled.

Emergencies and Labor: If you think you are in labor, go to the labor and delivery unit of your delivering hospital. If you have an emergency outside of office hours, please call 361-578-5233, you will be answered by our 24-hour answering service and then directed to one of our on-call physicians to determine the most appropriate action.

CONGRATULATIONS!

Prior to the delivery of your baby, you should choose a doctor to care for the baby. The following are Victoria Pediatricians who may be accepting newborn patients:

Dr. Subhankar Bandyopadhyay	576-2134
Dr. Antonio Braga	573-4313
Dr. Yogesh Dhingra	573-4313
Dr. Mohammad Hassan	576-2134
Dr. Hongmei Jiang	576-2134
Dr. Dillon K. Lesak	579-1333
Dr. Meena Parekh	572-9400
Dr. Marita Rafael	576-2134
Dr. Adelaida Resendez	572-0033
Dr. Anne Vo	485-0699
Airline Pediatrics	575-8500
Almouie Pediatrics	579-2099
Victoria Pediatrics & Adolescents	576-2134

**Please note: Dr.'s phone numbers are subject to change. Please check your local directory or call directory assistance for updated information.*

Please make sure to call the office of the baby doctor you have chosen to advise them of your decision. Also, call your Nurse at 578-5233 so your choice can be recorded on your OB record. Congratulations!

Victoria Women's Clinic

Updated 09/18/24

Schedule of Routine Labs during Pregnancy

Urine will be collected at weight & blood pressure check at EVERY visit during Pregnancy

<u>8 weeks</u>	<i>New OB Labs</i>	
	Urinalysis and Urine Culture	Blood Type and Rh factor
	CBC	Indirect Coombs
	Hemoglobin A1C	Rubella
	HIV (screened twice during pregnancy)	RPR (screened twice during pregnancy)
	Hepatitis B surface antigen	TSH with reflex to free T4
	Gonorrhea/ Chlamydia Culture (doctor collected test, could be done at 12 week visit)	
<u>12 weeks</u>	<i>First Trimester Genetic Screening</i>	<i>Genetic Carrier Screening</i> <i>Optional labs</i>
	Panorama (Non-Invasive Prenatal Testing (NIPT)) -or- Sequential Screen (1 st draw of 2)	Cystic Fibrosis (CF) Spinal Muscular Atrophy (SMA) Fragile X DMD (muscular dystrophy)
<u>16 weeks</u>	<i>2nd Trimester Genetic Screening</i>	
	MS-AFP (for open neural tube defects)	
	2 nd Sequential (2 nd draw) <i>(optional)</i>	
	QUAD screen <i>(optional)</i>	
<u>28 weeks</u>	<i>Glucose tolerance</i>	
	50 gram (1 hr screen; non fasting)*	HIV (2 nd screen)
	RPR (2 nd screen)	CBC
	3 hour Glucose Tolerance (if failed 50 gm*)	Indirect Coombs (if Rh negative*)
<u>36 weeks</u>		
	Group B Strep Culture (doctor collected)	

Your Pregnancy at a Glance

Regular prenatal examinations are a priority during any pregnancy. Here's the visit schedule for a low-risk, term pregnancy. If you have a pre-existing medical condition, develop complications, or are a teen, you may require more frequent visits.

Week 6-8 <ul style="list-style-type: none">• Confirm pregnancy• Lab Tests• First Visit with your provider• Genetic Testing Options (see appendix)• Educational and Diet Information• Physical Exam	Week 34 <ul style="list-style-type: none">• Optional Visit, per Provider and patient
Week 10-12 <ul style="list-style-type: none">• Fetal Heart Tones• Confirm Genetic Testing Decision• Review Lab Results• Influenza Vaccine (Nov. 1- Mar. 31)• Due Date Confirmation	Week 36 <ul style="list-style-type: none">• Group B strep• Confirm Baby's Position• Discuss signs and symptoms of Labor and Preeclampsia
Week 15-16 <ul style="list-style-type: none">• Blood Screening Tests• Scheduled Ultrasound	Week 37 <ul style="list-style-type: none">• Visit with provider
Week 20 <ul style="list-style-type: none">• Discuss Ultrasound Results	Week 38 <ul style="list-style-type: none">• Discuss readiness for Labor & Delivery
Week 24 <ul style="list-style-type: none">• Schedule Childbirth class	Week 39 <ul style="list-style-type: none">• Visit with provider
Week 28 <ul style="list-style-type: none">• Learn to Count fetal kicks• Diabetes and Blood count Test, RhoGAM if RH Negative	Week 40-41 <ul style="list-style-type: none">• Discuss postdate plan• Schedule Postpartum
Week 32 <ul style="list-style-type: none">• Discuss Choice of pediatrics• Discuss Breastfeeding	After Delivery: 4-6 weeks <ul style="list-style-type: none">• Routine Postpartum Visit• Physical Exam• Discuss Birth Control, Feeding, Depression, return to work

Schedule of Prenatal Visits & Routine Testing During Pregnancy

- After 1st appointment, every 4 weeks until 30 weeks
- After 30 weeks, every 2 weeks until 35 weeks
- After 35 weeks, once a week until delivery

If your pregnancy is complicated, more visits may be necessary. It is advisable to make several appointments in advance. If you need to cancel an appointment, please call us at least 24 hours in advance.

10-20 weeks

Genetic Screening (Optional)

- AFP - Cannot be done until after 15 weeks

Fetal Movement

Sometime between 16-25 weeks of pregnancy, mothers will begin to feel movement. Initially, movements will be infrequent and may feel like butterfly flutters. As your baby grows, you will feel movement more often. It is recommended to start counting fetal movements beginning at 28 weeks once daily until you get 10 movements within 2 hours. A good time to do this is 20-30 minutes after breakfast or dinner. If you are concerned about movement, eat or drink something with sugar or caffeine and then, lie on your side in a quiet room with your hands pressed on your belly. If you have concerns about feeling movements or notice a decrease in movements, contact the office.

20-21 weeks

Ultrasound

We Recommend an ultrasound around 20-22 weeks in the pregnancy to evaluate fetal anatomy, and to check the baby's heart, brain, spine, etc. Additional ultrasounds will be performed based on the medical need. The ultrasound uses high frequency sound waves to produce a picture of your baby. At the visit the sex can usually, but not always, be seen. Your physician will discuss the types of ultra- sounds available at your first prenatal visit.

24-28 weeks

One-hour Glucose test

All patients will get a blood sugar test during their sixth month of pregnancy to screen for gestational diabetes. This test requires one hour to be spent in the office.

Complete Blood Count

We will also screen your blood to evaluate for possible anemia at the time of your glucose screening. If your levels are low, we will start you on iron supplements. This is a common condition in pregnancy and if you take the iron as directed, there should be no long term effects.

28-35 Weeks

Immunoglobulin injection (if Rh negative)

We will test your blood for the Rh factor. If your blood type is Rh negative, then you may be at risk for Rh disease. Rh disease is a pregnancy complication in which your immune system attacks the baby's blood and can result in life threatening situations for the baby if left unknown. Fortunately, it can be prevented with a shot called Rhogam which is given at 28 weeks or anytime vaginal bleeding occurs. If you are Rh negative, contact our office immediately if you develop bleeding or trauma to your belly.

Vaccinations

Tdap is a vaccine that helps to protect against tetanus, diphtheria and pertussis (whooping cough) disease in people who are 11-64 years of age. The tdap vaccine is recommended for all pregnant women in their 3rd trimester regardless of their last previous vaccine. This is to protect the baby from whooping cough in its first few months until the baby can get its own vaccine. While not usually serious in adults, whooping cough can be fatal to newborn babies. Vaccines given to the mom prior to the third trimester have been shown not to give adequate protection to the baby. Other family members and caregivers should be current in their vaccine (it is due every 10 years for non-pregnant adults).

Influenza Immunization during Pregnancy - The Centers for Disease Control (CDC) recommends that women pregnant during the flu season receive the flu shot. All women should receive the influenza vaccine; this is particularly important during pregnancy and the postpartum period. The influenza vaccination is an essential element of prenatal care because pregnant women are at an increased risk of serious illness and mortality due to influenza. In addition, maternal vaccination is the most effective strategy to protect newborns because the vaccine is not approved for use in infants younger than 6 months.

Only the inactivated influenza vaccine is recommended during pregnancy.

Respiratory Syncytial Virus (RSV): The American College of Obstetricians and Gynecologists recommends the RSV vaccine if you are 32-36 weeks pregnant. This vaccine creates antibodies that pass to your fetus, meaning the baby will have some antibodies to protect them from RSV for the first 6 months after birth. RSV is the leading cause of hospitalization among infants in the US. You can get the vaccine at the same time as other vaccines during pregnancy, common side effects include arm pain, muscle pain similar to other vaccine side effects. The only FDA approved RSV vaccine is made by Pfizer (Abrysvo). **Inform your pediatrician if you received this vaccine during pregnancy.**

35-37 weeks

Group B Strep Vaginal Swab

Group B streptococcus (GBS) is a type of bacterial infection that can be found in a pregnant woman's vagina or rectum. This bacterium is normally found in about 25% of all healthy, adult women. Those women who test positive for GBS are said to be colonized. A mother can pass GBS to her baby during delivery. GBS is responsible for affecting about 1 in every 2,000 babies in the United States. Not every baby who is born to a mother who tests positive for GBS will become ill.

Test Results:

Please understand that our staff is not authorized to release test results unless they have been reviewed by one of our physicians. If the staff will not reveal your test results, it does not mean that the test is abnormal. A nurse or physician will contact you concerning test results after the physician has reviewed the results. **Laboratory tests often take several days to be processed**

Baby's Development at a Glance

Your pregnancy is divided into 3 parts called trimesters. Each trimester is another stage in the development of your baby. At least 39 weeks of pregnancy gives a baby **all** the time he/she needs to grow before being born.

First Trimester: Months 1-3 or Weeks 1-12

1	Your baby's heart is beating, and all the important organs are beginning to work.
2	Your baby is the size of a grape; all the organs are formed, and the baby can move its arms, legs, fingers and toes.
3	Your baby weighs about 1 ounce and is about 4 inches long.

Second Trimester: Months 4-6 or Weeks 13-27

4	Your baby has eyelashes and eyebrows, and kicks, turns and moves a lot, but you cannot feel it yet. Your baby weighs about 5 ounces and is 6 to 7 inches long.
5	Your baby grows fast, is now 12 inches long, and weighs 1/2 to 1 pound. If you haven't yet, you will soon feel your baby move.
6	Your baby weighs 1 to 1 1/2 pounds and is about 14 inches long.

Third Trimester: Months 7-9, or Weeks 28-40

7	Your baby starts to open and close his/her eyes. Your baby is very active and even sucks his/her thumb. The baby can hear and often responds to touches. Your baby weighs about 3 pounds now and is 15 inches long.
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8	Your baby's organs are working well, but are not ready to be born yet, because the lungs are not ready to breathe on their own. Your baby's movement may slow down because there is not much room in there! Nevertheless, please call your doctor if you do not feel the baby moving as normal. Your baby now weighs about 5 to 6 pounds and is about 18 inches long.
9	Time is getting closer, and the baby is getting ready to be born. Your baby is now saving up a lot of energy for the big day and is ready to come any time. Your baby now weighs between 6 to 9 pounds and is 19 to 21 inches long.

Taking Care of You

Nutrition During Pregnancy

Eating Healthy: The first step toward healthy eating is to look at your daily diet. Having healthy snacks that you eat during the day is a good way to get the nutrients and extra calories that you need. Pregnant women need to eat an additional 100-300 calories per day, which is equivalent to a small snack such as half of a peanut butter and jelly sandwich and a glass of low fat milk. *The American College of Obstetricians and Gynecologists* make the following recommendations with regard to nutrition during your pregnancy:

Prenatal Vitamins: We recommend a daily prenatal vitamin to help provide the best balance of nutrition for you and your baby. Either an over the counter or prescription vitamin is fine. If you cannot tolerate a prenatal vitamin, we recommend 2 children's chewable vitamins a day instead. If vitamins are causing nausea, try taking them at night with a snack. If constipation is an issue, increase the fiber in your diet, drink more fluids and increase activity. An over the counter stool softener may be added if needed.

Folic acid: During pregnancy, you need more folic acid and iron than a woman who is not pregnant. Folic acid, also known as folate, is a B vitamin that is important for pregnant women. Taking 400 micrograms of folic acid daily for at least 1 month before pregnancy and 600 micrograms of folic acid daily during pregnancy may help prevent major birth defects of the baby's brain and spine called neural tube defects (See appendix.) It may be difficult to get the recommended amount of folic acid from food alone. For this reason, all pregnant women who may become pregnant should take a daily vitamin supplement that contains the right amount of folic acid.

Iron: Iron is used by your body to make a substance in red blood cells that carries oxygen to your organs and tissues. During pregnancy, you need extra iron-about double the amount that a non-pregnant woman needs. This extra iron helps your body make more blood to supply oxygen to your baby. The daily recommended dose of iron during pregnancy is 27 milligrams, which is found in most prenatal vital supplements. You can also eat iron-rich foods, including lean red meat, poultry, fish, dried beans and peas, iron-fortified cereals, and prune juice. Iron can also be absorbed more easily if iron-rich foods are eaten with vitamin C-rich foods, such as citrus fruits and tomatoes.

Calcium: Calcium is used to build your baby's bones and teeth. All women, including pregnant women, aged 19

years and older should get 1,000 milligrams of calcium daily; those aged 14-18 years should get 1,300 milligrams daily. Milk and other dairy products, such as cheese and yogurt, are the best sources of calcium. If you have trouble digesting milk products, you can get calcium from other sources, such as broccoli; dark, leafy greens; sardines; or a calcium supplement.

Vitamin D: Vitamin D works with calcium to help the baby's bones and teeth develop. It is also essential for healthy skin and eyesight. All women, including those who are pregnant, need 600 international units of Vitamin D a day. Good sources are milk fortified with Vitamin D and fatty fish such as salmon. Exposure to sunlight also converts a chemical in the skin to Vitamin D.

Oils and Fats: The fats that you eat provide energy and help build many fetal organs and the placenta. Most of the fats and oils in your diet should come from plant sources. Limit solid fats, such as those from animal sources. Solid fats can also be found in processed foods.

Fish: Omega-3 fatty acids are a type of fat found naturally in many kinds of fish. They may be important factors in your baby's brain development both before and after birth. To get the most benefits from omega-3 fatty acids, women should eat at least two servings of fish or shellfish (about 8-12 ounces) per week while pregnant or breastfeeding.

Key Nutrients During Pregnancy

Nutrient	Reason for Importance	Sources
Calcium (1000 mg)	Helps build and maintain strong teeth and bones	Milk, cheese, yogurt, sardines
Iron (27mg)	Helps create the red blood cells that deliver oxygen to the baby and also prevents fatigue	Lean red meat, dried beans, peas, iron-fortified cereals
Vitamin A (770mg)	Forms healthy skin, helps eyesight, help with bone growth	Carrots, dark leafy greens, sweet potatoes
Vitamin B6	Helps form red blood cells, helps body use protein, fat and carbohydrates	Beef, liver, pork, ham, whole grain, cereal, bananas
Vitamin B12 (2.6 mcg)	Maintains nervous system, needed to form red blood cells	Liver, meat, fish, poultry, milk (only found in animal foods, vegetarians should take a supplement.)
Vitamin C (85mg)	Promotes healthy gums, teeth and bones. Helps your body absorb iron	Oranges, melon, strawberries
Vitamin D (600 IU)	Helps build and maintain strong bones and teeth	Liver, egg yolks, fortified cereal, and milk
Folate (600mcg)	Needed to produce blood and protein, help some enzymes	Green leafy vegetables, liver, orange juice, legumes and nuts
Protein (75mg)	Helps with formation of enzymes, antibodies, muscle and collagen.	Meat, eggs, cheese, whole grains

Weight Gain - According to the *American College of Obstetricians and Gynecologists*, if you were a normal weight before pregnancy, you

should gain between 25 and 35 pounds during pregnancy. If you were underweight before pregnancy, you should gain more weight than a woman who was a normal weight before pregnancy. If you were overweight or obese before pregnancy, you should gain less weight.

Recommendations for weight gain during a single pregnancy are as follows:

- Underweight women (BMI less than 20): 30-40 lbs
- Normal weight women (BMI 20-25): 25-35
- Overweight women (BMI 26-29): 15-25 lbs
- Obese women (BMI >29 lbs): up to 15 lbs

Underweight women with a low weight gain during pregnancy appear to have an increased risk of having a low birth weight infant and preterm birth. On the other hand, obese women have an increased risk for having a large gestational age infant, post term birth, and other pregnancy complications.

Overweight and obese women are at an increased risk of several pregnancy problems. These problems include gestational diabetes, high blood pressure, preeclampsia, preterm birth, and cesarean delivery. Babies of overweight and obese mothers also are at greater risk of certain problems, such as birth defects, macrosomia with possible birth injury and childhood obesity.

Foods to Avoid in Pregnancy

Caffeine: Limit caffeine intake to the equivalent of 1 cup of coffee a day (200mg) or less. Excess caffeine may be associated with miscarriage, premature birth, low birth weight, and withdrawal symptoms in infants.

Fish with mercury: Fish is very good for you and the baby during pregnancy and increases the baby's brain and eye development. You should try to eat 2 servings per week (12 oz.) of low mercury fish such as salmon, catfish or tilapia. Medium mercury fish such as tuna or halibut can be consumed but you should have no more than 6 oz. per week. You should completely avoid high mercury fish which include shark, swordfish, tile fish and mackerel.

Raw Meat: Avoid uncooked seafood and undercooked beef or poultry due to risk of bacterial contamination, toxoplasmosis and salmonella. Prepared meats or meat spreads including pate, hot dogs, and deli meats should be avoided due to the risk of listeria (a bacterial illness) unless they are heated until steaming hot.

Raw Shellfish: Including clams, oysters, and mussels can cause bacterial infections. Cooked shrimp is safe

Smoked Seafood: Refrigerated, smoked seafood should be avoided due to risks of listeria contamination.

Soft Cheeses: Imported soft cheeses may contain listeria. Soft cheeses made with pasteurized milk are safe.

Unpasteurized Milk: May contain listeria which can lead to miscarriage.

Unwashed Vegetables: Wash all vegetables well to avoid exposure to toxoplasmosis which may contaminate the soil where vegetables are grown. NOTE: Artificial sweeteners are ok to use but we would recommend limiting it to 1-2 servings per day. If you have diabetes, artificial sweeteners are better than sugar to help control your blood sugars.

Exercise

Exercise is recommended in pregnancy for 30 minutes, 5 days per week. A combination of cardio and core strengthening is advised. For cardio (running, biking, swimming, elliptical, stair climber, aerobics, etc.) you should avoid high impact activities and keep your breathing and heart rate in an aerobic zone (you can continue to converse without having to catch your breath.) For core strengthening (yoga, Pilates, sit ups, other abdominal and back exercises), avoid lying flat on your back after 20 weeks. You may be on an incline, exercise ball, or on your side, etc. For weight lifting, you should lift weights that you can lift relatively easily and don't need to strain to lift. It is important to maintain adequate hydration during exercise.

Exercising can benefit your health during pregnancy in the following ways:

- Helps reduce backaches, constipation, bloating and swelling
- May help prevent or treat gestational diabetes
- Increase your energy
- Improve your mood
- Improve your posture
- Promote muscle tone, strength, and endurance
- Help you sleep better
- Help keep you fit during pregnancy and may improve your ability to cope with labor

When you exercise, follow these general guidelines, spelled out by the *American College of Obstetricians and Gynecologists*, for a safe and healthy exercise program:

- After the first trimester of pregnancy, avoid doing any exercise on your back.
- If it has been some time since you have exercised, start slowly. Begin with as little as 5 minutes of exercise a day and add 5 minutes each week until you can stay active for 30 minutes a day.

- Avoid brisk exercise in hot, humid weather or when you have a fever. Wear comfortable clothing that will help you remain cool.
- Wear a bra that fits well and gives lots of support to help protect your breasts.
- Drink plenty of water to help keep you from overheating and dehydrating.
- Make sure you consume the daily extra calories you need during pregnancy.

Warning Signs that You Should Stop Exercising.

- Vaginal bleeding
- Dizziness or feeling faint
- Increased shortness of breath
- Chest Pain
- Headache
- Muscle weakness
- Calf pain or swelling
- Uterine contractions
- Decreased fetal movement
- Fluid leaking from the vagina

****Stop Exercising and call your health care provider if you have any of these symptoms****

Common Discomforts of Pregnancy

You will be visited with different kinds of discomforts during pregnancy -- some fleeting, some more lasting. Some may occur in the early weeks, while others emerge closer to the delivery. Still others may appear early and then go away, only to return later.

Aches and Pains: As your baby grows, backaches are common. You may also feel stretching and pulling pains in the abdomen or pelvic area. These are due to pressure for your baby's head, weight increase and the normal loosening of joints. Practice good posture and try to rest with your feet elevated. **Braxton-Hicks**

Contractions: Experiencing some cramps and contractions are normal. When they occur, empty your bladder, drink 1-2 glasses of water and try to rest. If you are less than 36 weeks pregnant and having more than 6 contractions per hour, call the office.

Constipation: Is a common complaint which can be related to hormone changes, low fluid intake, increased iron in your vitamins or lack of fiber in your diet. Try to include whole grains, fresh fruit, vegetables and plenty of water. There are also safe over-the- counter medications. If you develop hemorrhoids, try sitz baths 3-4 times per day for 10-15 minutes each time. If the pain persists, call the office.

Cramping: Experiencing some cramps and contractions are normal. When they

occur, empty your bladder, drink 1-2 glasses of water and try to rest. If you are less than 36 weeks pregnant and having more than six contractions in an hour after trying these measures, contact the office. **Discharge:** An increase in vaginal discharge that is white and milky is common in pregnancy. If the discharge is watery or has a foul odor, call the office. **Dizziness:** You may feel lightheaded or dizzy at any time during your pregnancy. Try lying down on your left side and drink 1-2 glasses of water and try to rest. If you faint or the symptoms persist, call the office.

Heartburn: You may experience heartburn throughout the pregnancy, especially during the latter part of your pregnancy when your baby is larger. Try to eat 5-6 smaller meals a day, avoid drinking fluids with meals and avoid lying down immediately after eating. Some over the counter medications are also safe for use. **Leg cramps:** Cramping in your legs or feet can also be common. Eating bananas, drinking more low fat/nonfat milk and consuming more calcium-rich foods like dark green vegetables, nuts, grains and beans may help. To relieve the cramp, try to stretch your leg with your foot flexed toward your body. A warm, moist towel or heat pad wrapped on the muscle may also help. **Nausea or Vomiting:** Feeling nauseous during the first three months of pregnancy is very common. For some women, it can last longer, while others may not experience it at all. Try to eat 5-6 smaller meals a day in order to keep your stomach full at all times. Try bland foods like plain crackers, toast, dry breakfast cereals as well as carbonated drinks like ginger ale or 7-Up. Ginger is a natural treatment for nausea. Peppermint can also be used. Some over the counter medications are also safe. If the symptoms become severe or you are unable to keep fluids down without vomiting for more than 12 hours, contact the office. **Swelling:** Because of the increased production of blood and body fluids, normal swelling, also called edema, can be experienced in the hands, face, legs, ankles and feet. Elevate your feet, wear comfortable shoes, drink plenty of fluids and limit sodium. Supportive stockings can also help. If the swelling comes on rapidly, or is accompanied by headache or visual changes, contact us immediately. **Urinary Frequency:** Varies throughout the pregnancy, this is normal. If urinary frequency is accompanied by burning, low back pain, blood, or has a bad odor, call the office to schedule an appointment.

Safe Medications

During pregnancy, women can be more susceptible to ailments like cold and flu and other conditions. Only certain medications are safe during pregnancy. The following are considered relatively safe, but you should use these very sparingly, especially decongestants of any kind. Prescription medications should be taken exactly as directed and you should check with us before starting any new prescription. Follow the labels for dosage and directions. Contact the office with questions.

Diarrhea Imodium - 2 initially then 1 every 6-8 hrs as needed. Gatorade 8 ounces + 2 tbs. Honey or sugar Bland diet Notify physician if stools become completely liquid & occur more than 10-12 times in 24 hrs in spite of using the above medications.	Antibiotics Ceclor Cephalosporins E-mycins Keflex Macrobid/Macrodantin Penicillin Zithromax AVOID: Cipro, Tetracycline, Minocycline, Levaquin, Bactrim	Colds/ Allergies Benadryl, Claritin, Zyrtec Claritin-D** Chlor-Trimeton, Dimetapp Drixoral-Non-Drowsy Mucinex(guaifenesin) Sudafed**/ Sudafed-12 Hour ** Tylenol Cold & Sinus ** **AVOID if problems with Blood Pressure**
Constipation Colace, Miralax, Senakot, Dulcolax Suppository, Fibercon, Metamucil	Cough Cough drops, Phenergan (if prescribed), Robitussin	Crab/ Lice RID
Gas Gas-X, Mylicon, Phazyme	Headaches Cold compress, Tylenol (325 mg or 500 mg as directed)	Heartburn (avoid lying down for at least 1 hour after meals) Aciphex, Maalox, Mylanta, Pepcid, Milk of Magnesia, Prilosec, Rolaids, Zantac, Tums (limit 4/day)
Hemorrhoids Anusol/Anusol H.C., Hydrocortisone OTC, Preparation H, Tucks, Vaseline Lotion applied to tissue.	Herpes Acyclovir(RX), Famvir(RX), Valtrex (RX)	Nasal Spray Saline Nasal Spray
Nausea Vitamin B6 25mg 3 times a day, Unisom @ bedtime, dramamine, ginger root 250mg 4 times a day, High complex carbs at bedtime, sea bands. Digecis (RX)	Pain Tylenol, Tylenol Extra Strength	Rash Benadryl, 1% hydrocortisone Cream
Sleep Aids- Benadryl, Chamomile Tea, Unisom, Tylenol PM	Throat- Cepacol, Cepastat, Saltwater gargle w/ warm water Throat Lozenges	Tooth Pain- Orajel
Yeast Infection- Gyne-lotrimin, Monistat-3 Terazol-3 Avoid 1 day creams	Acne Benzoyl Peroxide Clindamycin Topical Erythromycin Salicylic Acid AVOID Accutane, Retin-A, Tetracycline, Minocycline	Round Ligament Pain Tummy Sling, warm bath, heating pad on low & pain medication as noted above.

Questions and Concerns

Activities to Avoid:

- Avoid hot tubs, saunas, roller coasters, skydiving, skiing, scuba diving, motorcycle riding.
- Do not change cat litter boxes
- Do not smoke, drink or use illicit drugs. According to the American Congress of Obstetrics and Gynecology, there is no amount of alcohol during pregnancy that is definitely safe.

Dental Care: Gum disease and bacteria in the gums become more common during pregnancy and can have potential negative impacts on your pregnancy. You should be sure that you have your teeth cleaned by your dentist every 6 months during pregnancy. Postpone routine X-rays until postpartum.

Depression: Depression can occur during as well as after pregnancy. Many women experience mood changes after their delivery. This most commonly starts 2-3 days after delivery and usually goes away by 2 weeks. It is important to eat properly, get adequate sleep and reduce stress during this time to help with symptoms. Sometimes the symptoms require treatment especially if mom is not bonding or enjoying her baby; unable to care for herself or the baby; feeling excessive sadness, depression or anxiety. If you ever feel you may hurt yourself, the baby or someone else you should go to the emergency room right away. If you or your partner has any concerns that you may be depressed, please contact us for evaluation.

Hair Coloring: Hair coloring and nail care should always be done in large, well-ventilated areas.

Seatbelt: You should definitely wear your seatbelt throughout pregnancy. The shoulder belt should sit between your breasts and the lap belt below your belly, over your hips.

Sex: Sex during pregnancy is safe unless you are having bleeding or preterm labor or have been otherwise specifically advised not to by our office.

Travel: Travel during a normal pregnancy is fine up to 34 weeks. Consult with one of our providers at one of your visits before traveling. Drink plenty of fluids so you do not get dehydrated. While traveling (whether by car, plane, train, etc.), get up and stretch your legs at least every 2 hours to insure that you do not get a blood clot in your leg or lung which you are much more susceptible to while pregnant.

Working/School: A woman can usually continue working or attend school until she goes into labor. We may want to restrict your work if you are having pregnancy complications depending on your job activities.

Getting Ready for the Big Day

Labor/Delivery

Pre-register with the Hospital:

In order to expedite your admission to the hospital, you must register for each pregnancy. When you go into labor, you will be admitted directly to the maternity floor, without going through the admitting office.

Attend Educational Courses: There are educational courses on labor and delivery, breastfeeding, infant CPR and baby care available. Consider these classes especially if you are a first-time parent.

Choose a Pediatrician: You will need to decide on a doctor for your baby before you deliver.

Please visit our website for a list of pediatricians. You will need to contact the doctor's office prior to delivery to make sure they accept your insurance and are taking new patients. See section on Important Names and Numbers for more information.

Finalize Your Cord Blood Banking Enrollment: If you decide you want to store your baby's cord blood, you will want to make sure you have chosen your cord blood bank and completed the enrollment process. You also will want to take the collection kit from the bank with you to the hospital. We recommend Cryo-Cell International, the world's first cord blood bank.

Obtain and Install a Car Seat: You must have a car seat installed in your vehicle before taking your baby home. By law, children must be in a federally approved, properly installed, crash- tested car seat for every trip in the car beginning with the trip home from the hospital.

Learn More About Breastfeeding: Breast milk is perfectly designed nutrition for babies. Babies who are breastfed get fewer infections and are hospitalized less. Mothers that breastfeed burn 500 calories a day which can help lose extra weight and reduce a woman's risk of developing breast cancer. After delivery, the nurses and a lactation specialist are there to help you learn how to breastfeed.

Consider Circumcision: A circumcision is the removal of excess foreskin from the penis of baby boys. It may help reduce infections and penis cancer.

When You Go Into Labor: As labor begins the cervix opens (dilates). The uterus, which

contains muscle, contracts at regular intervals. When it contracts the abdomen becomes hard. Between the contractions, the uterus relaxes and becomes soft. Up to the start of labor and during early labor, the baby will continue to move.

Your doctor will give you individual guidelines as to when to call us. The guidelines will depend upon where you live and how fast your labor is expected to proceed. In general, however, call when your contractions have been five minutes apart for one hour, your water breaks, or you have vaginal bleeding that is more than spotting. If you lose your mucus plug (thick mucus discharge) you do NOT need to call. If you are more than three weeks before your due date, call immediately if your water breaks or if you have evidence of regular labor. If you have not heard from us within 10-15 minutes, call the office back and make sure we have received the message.

The Big Day

When you arrive in Triage, make sure you mention that you are from our practice. If you are banking your baby's cord blood, make sure you inform them in labor and delivery.

Delivery: When you are in labor, you can call the office during working hours or after hours. You may also go to the hospital for emergencies and the hospital will call the doctor directly. Once you are admitted to the labor and delivery unit, you will receive an IV or a heplock (a capped off IV); your baby's heart rate and your contractions will be monitored; your bag of waters will usually be broken if it has not already happened on its own; you may receive Pitocin if your contractions are not strong enough or frequent enough; you may receive pain medication if you desire; you may possibly be able to be walking or in the shower on a portable monitor if one is available and the baby's heart rate is stable and you so desire. If you would like to discuss one of these options, we should discuss this early in your pregnancy.

Scheduled Cesarean Section: If you and your provider have decided to schedule a C-Section prior to labor, it is important to register at the hospital as soon as possible. You will be given a date and time for your delivery at an office visit or receive a telephone call with this information from a triage nurse.

The day of your C-Section, do not eat or drink anything for 8 hours (no gum, hard candy or water). Plan to arrive at the L&D Triage Unit hours prior to your scheduled surgery time.

Episiotomy/Forceps/Vacuum: We plan to help you deliver your baby with the least amount of trauma. Episiotomies are not routinely needed and many deliver without the need for any stitches. Sometimes we need to make a small incision at the vaginal opening to help deliver. We make sure you are numb if you don't have an epidural, and will stitch the area after delivery. The stitches dissolve over time and do not need to be removed. We provide you with medicine to keep you

comfortable after delivery. We are highly skilled in the use of vacuum and forceps for deliveries. We will recommend using them only if medically indicated. Our goal is to deliver your baby in the safest manner. There are definitely times when this is the safest way to help your baby into this world.

If you have a normal, uncomplicated labor and delivery and postpartum course, you will usually go home between 36-48 hours after delivery. The hospital length of stay is often dictated by your insurance company. It is your responsibility to know the length of hospital coverage your insurance provides before you deliver. In the event of any complications, a longer stay may be indicated and your physician will discuss this with you at that time. Make sure you notify your insurance company of your admission to the hospital as soon as possible. Routine length of stay after a cesarean section is 2-3 days.

When Should I Call the Doctor

We welcome your questions. If possible, please hold routine questions for your regular prenatal visits. If you have questions that need to be addressed, please call our office during regular office hours. Our nursing staff can answer many of your questions or will find out the necessary information from one of our doctors and will relay the information to you. If you have an emergency, please tell our receptionist the nature of your problem and it will be handled immediately. Although you are seen regularly during your pregnancy, you may have some questions and/or problems which occur between your visits to the doctor's office. Notify your physician or nurse if any of the following conditions outlined below should occur:

- You have vaginal bleeding
- You have any severe pain
- You experience persistent uterine cramping, backaches, or contractions of any frequency prior to 36 weeks (one month before your due date or earlier).
- You do not feel your baby move for several hours or if you think there is a significant decrease in your baby's activity (less than 3 movements per hour or less than 10 movements in a day). You are having regular painful contractions every five minutes or less for one hour and are more than 36 weeks.
- Your bag of water breaks, regardless of presence/absence of contractions. Repetitive leakage or a gush of fluid from the vagina.
- If you have a temperature greater than 101 degrees. Abdominal trauma or car accident

Optional Genetic Testing

A woman's risk of having a child with a genetic abnormality is assessed with genetic testing. During pregnancy our providers work closely with patients providing education to assist in choosing the

options that make the most sense for you and your family. Ultimately, the decision of what genetic tests to perform, if any, is up to the patient. All of the information pertaining to genetic testing comes from The American College of Obstetricians and Gynecologists FAQs.

There are 3 different types of prenatal tests to address concerns about birth defects: Carrier tests, Screening tests and Diagnostic tests.

Carrier Tests

These screening tests can show if a person carries a gene for an inherited disorder. An inherited disorder is caused by defective genes. These disorders are passed down by parents to their children. Some inherited disorders are more common in certain races and ethnic groups, such as sickle cell disease (African American), cystic fibrosis (non-Hispanic white) and Tay-Sachs disease (Ashkenazi Jewish, Cajun and French Canadian). Carrier tests can be done before or during pregnancy. Cystic fibrosis, Fragile X and Spinal Muscular Atrophy carrier screening is offered to all women of reproductive age because it is one of the most common genetic disorders.

Screening Tests

These tests assess the risk that a baby will have Down syndrome and other chromosome problems, such as Trisomy 13, Trisomy 18 as well as neural tube defects. Screening tests show only whether you are at high risk or low risk of having a baby with a particular disorder. These tests do not tell whether the fetus actually has these disorders. You will get a referral to the perinatologist for testing.

Diagnostic Tests

These tests provide information about whether the fetus has a genetic condition and are done on cells obtained through amnio- centesis, chorionic villus sampling, or rarely, fetal blood sampling. The cells can be analyzed using different techniques. These tests will require a referral to a maternal fetal medicine practice.

RECOMMENDED READINGS

A Miracle in the Making (Robert D. Auerbach, MD FACOG)

Planning for Pregnancy, Birth and Beyond (American College of Obstetrics and Gynecology)

What to Expect When You're Expecting (Eisenberg, Murkoff, and Hathaway)

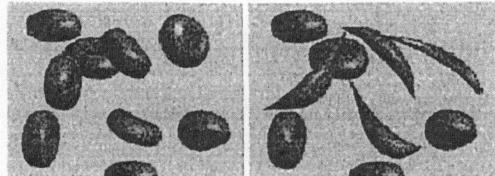
A Child is Born (Lennart Nilson)

The Complete Book of Pregnancy and Childbirth (Sheila Kitzinger)



Sickle Cell Disease

Sickle cell disease includes a group of related disorders that affect a person's red blood cells. It is caused by a change in the genes that make hemoglobin which is the substance in red blood cells that carries oxygen.



With sickle cell disease, a person's red blood cells can become hard, sticky, and sickle shaped. The blood cells look curved or have a rounded bend or crescent shape. In a healthy person, red blood cells have a round, donut shape.

There are several types of sickle cell disease, the most common being Sickle Cell Anemia (Hb SS Disease). Other types of sickle cell disease are caused by different variations in hemoglobin that in combination with hemoglobin S may cause problems.

Who It Affects It affects males and females equally. Sickle cell disease is inherited. That means it is passed from mothers and fathers to their children when both parents have the disease or trait. It is not contagious meaning it is not spread by touching or being close to someone who has this condition. People of many ethnic groups can have sickle cell disease. It is most common in persons of African descent, but it is also found in persons whose ancestors come from Asia, India, Indigenous America, Latin America, Mediterranean, and Middle East regions. All Texas newborns are screened for sickle cell disease as well as more than 50 other conditions.

What Happens People with sickle cell disease have periods of well-being and stages of illness. The periods of illness are called sickle cell crises. Sickle cell disease can cause serious health complications that can include pneumonia, organ damage, swelling of hands and feet, chest pains and trouble breathing, blood in urine, fever, stroke, leg ulcers, infections, jaundice, gallstones, anemia, as well as painful erections in men and complications during pregnancy.

Early treatment is essential. Some treatments are still being researched. Sickle cell disease can be controlled by:

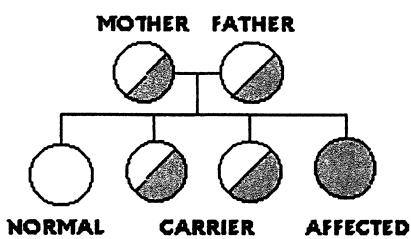
- Medications
- Blood transfusions
- Oxygen therapy
- Intravenous fluids
- Vitamin supplements
- It can be cured by a bone marrow transplant.



Sickle Cell Trait

Sickle cell trait is an inherited blood condition. It is not a disease. It occurs when a person has one gene for normal hemoglobin and one for sickle hemoglobin. (Hemoglobin is a protein in red blood cells and carries oxygen to your body.) Genes control the physical makeup of a person, such as height and eye color. Every person has two genes for hemoglobin. One gene is inherited from the mother and one from the father. To have sickle cell trait means a person carries one gene for sickle cell hemoglobin. This gene can be passed along to his or her children.

What Can Happen If You Have Sickle Cell Trait?



Most people with sickle cell trait lead completely normal lives and usually show no outward signs of it. People with the trait will not get sickle cell disease. But they may have severe problems with very extreme physical activity. It is important that your doctor knows if you or your child have sickle cell trait. Very rarely individuals with sickle cell trait can have additional problems such as a very rare form of kidney cancer found only in individuals with sickle cell trait.

When one parent has sickle cell trait and the other parent has sickle cell trait or another hemoglobin trait (such as hemoglobin C or beta-thalassemia), there is a one-in-four chance that their baby will be born with sickle cell disease. There is a one-in-two chance that their baby will be born with the trait and a one-in-four chance that their baby will not have sickle cell disease or trait.

Who Can Have Sickle Cell Trait?

People of different ethnic backgrounds can have sickle cell trait. These include persons whose ancestors come from Africa, Asia, India, Indigenous America, Latin America, Mediterranean, and Middle East regions.

In the United States, African Americans have the highest rate of sickle cell disease and sickle cell trait. In fact, about one in every 400 African-American babies is born with the disease, and about one in every 12 is born with sickle cell trait. All newborns in Texas are tested for sickle cell disease and trait.

How Can You Find Out If You Have Sickle Cell Trait?

It is very important to know if you or your spouse or partner have the sickle cell trait before you have a baby. Remember, people with sickle cell trait will never get the disease. But they carry a gene that could affect their children. If both partners carry a trait for an abnormal hemoglobin, even if it is not the same one, they may have a baby with a serious blood disease.

If you were born in Texas after November 1, 1983, you may get your newborn test result by contacting your birth doctor or your birth hospital. If you were tested years ago and told you did not have a sickle cell trait, you should be tested again. Some tests used years ago were not as accurate as tests used today. Be informed. Learn your hemoglobin type.

PATIENT EDUCATION



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Tobacco, Alcohol, Drugs, and Pregnancy

During pregnancy, women should not use tobacco, alcohol, marijuana, illegal drugs, or prescription medications for nonmedical reasons. Avoiding these substances and getting regular *prenatal care* are important to having a healthy pregnancy and a healthy baby. Counseling and treatment are available if you have hard time quitting unhealthy substances on your own.

You Need to Know

- how tobacco, alcohol, and other substances can affect pregnancy
- why to avoid marijuana in all forms during pregnancy
- the effects of *opioid* use during pregnancy

Using Tobacco

When a woman smokes cigarettes during pregnancy, her *fetus* is exposed to many harmful chemicals. Nicotine is one of 4,000 chemicals that can pass from a pregnant woman to her fetus.

How does nicotine affect pregnancy?

Nicotine damages a fetus's brain and lungs. This damage is permanent. Nicotine also causes blood vessels to narrow, so less *oxygen* and fewer *nutrients* reach the fetus.

What problems can happen if I smoke during pregnancy?

Smoking during pregnancy increases the risk of *preterm* birth. Babies that are born too early may not be fully developed. They may be born with serious health problems. Some health problems, like cerebral palsy, can last a lifetime. Other problems, such as learning disabilities, may appear later in childhood or even in adulthood.

How else can my baby be affected?

Babies born to women who smoked during pregnancy are at risk of other problems, including

- **low birth weight**
- **birth defects** such as cleft lip (a split in the upper lip)
- higher rates of colic (uncontrollable crying and irritability)
- **sudden infant death syndrome (SIDS)**
- childhood asthma and obesity

When should I stop smoking?

Ideally, you should stop smoking before pregnancy. But stopping smoking during pregnancy is better than not stopping at all. If you are smoking when you find out you are pregnant, you should stop. There are resources that can help you quit (see the box "How to Get Help").

Is secondhand smoke harmful during pregnancy?

Yes. Secondhand smoke is other people's smoke that you inhale. Breathing secondhand smoke during pregnancy increases the risk of having a low-birth-weight baby. Also, babies who are exposed to secondhand smoke have an increased risk of SIDS. They are more likely to have asthma attacks and ear infections. Take steps to avoid secondhand smoke at home and work.

Can e-cigarettes be used during pregnancy?

E-cigarettes are powered by a battery. They contain nicotine, plus flavoring and a propellant that may not be safe for you or your fetus. Avoid e-cigarettes—or "vaping"—during pregnancy.

How to Get Help

Counseling and treatment are available to help you stop using unhealthy substances. These organizations offer support and guidance:

Quit Smoking Hotline

1-800-QUIT-NOW (1-800-784-8669)

American Lung Association

800-586-4872

www.lung.org

Alcoholics Anonymous

212-870-3400

www.aa.org

Narcotics Anonymous

818-773-9999

www.na.org

Substance Abuse and Mental Health Services Administration (SAMHSA)

24-hour Treatment Referral Line:

800-662-HELP (4357)

www.samhsa.gov

Can smokeless tobacco be used during pregnancy?

Some people prefer to chew tobacco rather than smoke it. The products used are called smokeless tobacco. Smokeless tobacco also contains nicotine that can be passed to a fetus during pregnancy. These products also should be avoided.

Drinking Alcohol

Alcohol can interfere with the normal growth of a fetus and cause birth defects. When a woman drinks during pregnancy, her fetus can develop lifelong problems. It is safest not to drink at all while you are pregnant.

What is fetal alcohol syndrome?

Fetal alcohol syndrome (FAS) is the most severe disorder that can be caused by drinking during pregnancy. FAS can cause

- growth problems
- mental disability
- behavioral problems
- abnormal facial features

FAS is most likely to occur in infants whose mothers drink heavily throughout pregnancy. But alcohol-related problems also can occur with lesser amounts of alcohol use.

Where can I get help to stop drinking?

If it is hard for you to stop drinking, help is available (see the box "How to Get Help"). Talk with your *obstetrician-gynecologist (ob-gyn)* or other *obstetric care provider* about your drinking habits. If you are dependent on alcohol, you may need specialized counseling and medical care.

Using Marijuana

After cigarettes and alcohol, marijuana is the most commonly used substance during pregnancy. Roughly half of women who use marijuana before pregnancy continue to use it during pregnancy. When marijuana is smoked or eaten, the chemicals reach the fetus.

What effects does marijuana have during pregnancy?

Marijuana used during pregnancy is associated with attention and behavioral problems in children. Some studies suggest that marijuana use may increase the risk of *stillbirth* and the risk that babies will be smaller than babies who are not exposed to marijuana before birth. For these reasons, you should not use marijuana in any form during pregnancy.

I have a prescription for medical marijuana — is it safe to use it during pregnancy?

The American College of Obstetricians and Gynecologists (ACOG) recommends that pregnant women and those planning to get pregnant stop using medical marijuana. You and your ob-gyn or other obstetric care provider can discuss other treatments that will be safer for your fetus.

Using Drugs

Drug use can mean using illegal drugs, such as heroin, cocaine, and methamphetamines ("meth"). It also can mean using prescription medication in a way your doctor did not order, such as taking pain medication for the "high" even when you no longer have pain. Your ob-gyn or other obstetric care provider may ask about your use of drugs throughout your pregnancy.

How do drugs affect the fetus early in pregnancy?

The early stage of pregnancy is the time when main body parts of the fetus form. Using illegal drugs or misusing prescription medication early in pregnancy can cause birth defects and *miscarriage*.

How do drugs affect the fetus later in pregnancy?

During the later weeks of pregnancy, illegal drug use can interfere with the growth of the fetus and cause preterm birth and fetal death. Babies born to women who used illegal drugs during pregnancy may need specialized care after birth. These babies have an increased risk of long-term medical and behavioral problems.

Using Opioids

Opioids are a type of medication that relieves pain. They also release chemicals in the brain that have a calming effect. Doctors may prescribe opioids for people who have had surgery, dental work, or an injury. Prescribed opioids include oxycodone, hydromorphone, hydrocodone, fentanyl, and codeine.

Is it safe to take prescription opioids during pregnancy?

When taken under a doctor's care, opioids are safe for both you and your fetus. If you are prescribed an opioid before or during pregnancy, you and your ob-gyn or other obstetric care provider should discuss the risks and benefits of this treatment. It is important to take the medication only as prescribed.

What is opioid use disorder?

Most people who use a prescription opioid have no trouble stopping their use, but some people develop an addiction. This is called *opioid use disorder*. People with this disorder may look for other ways to get the drug when their prescription runs out. They may go from doctor to doctor to have new prescriptions written for them, or they may use illegal opioids.

What problems can opioid use disorder cause during pregnancy?

Misusing opioids during pregnancy can increase the risk of serious *complications*, including

- placenta problems
- fetal growth problems
- preterm birth
- stillbirth

What is the best treatment for opioid use disorder?

The best treatment for opioid use disorder during pregnancy is opioid replacement medication, behavioral therapy, and counseling. The medications that are given are long-acting opioids. This means that they stay active in the body for a long time. These opioids, called methadone and buprenorphine, reduce cravings but do not cause the pleasant feelings that other opioids cause.

Is it safe to take methadone or buprenorphine during pregnancy?

Yes. Treatment with either methadone or buprenorphine makes it more likely that the fetus will grow normally and not be born too early. Based on many years of research, neither medicine has been found to cause birth defects.

What is neonatal abstinence syndrome?

Some babies born to women taking opioids, including methadone or buprenorphine taken for treatment of opioid use disorder, can have temporary withdrawal symptoms. This is called *neonatal abstinence syndrome (NAS)*. Symptoms of NAS can include shaking and tremors, poor feeding or sucking, crying, fever, diarrhea, vomiting, and sleep problems.

What is the treatment for a baby's withdrawal symptoms?

Not all babies will go through withdrawal. For those that do, some things can be done to make babies with NAS feel better, including swaddling, breastfeeding, and skin-to-skin contact. Some babies also may be given medication. A baby may need to stay in the *neonatal intensive care unit (NICU)* for a few days or weeks while taking the medication. NAS causes no known lasting physical or intellectual problems for babies.

Your Takeaways

1. Taking care of yourself during pregnancy means you also are taking care of your fetus.
2. Stay healthy by not using tobacco, alcohol, illegal drugs, marijuana, or prescription medications for a nonmedical reason.
3. If you cannot stop unhealthy substances on your own, there are treatment programs to help.
4. Making healthy choices now will help give your baby a healthy start and help you stay healthy in the future.

Terms You Should Know

Birth Defects: Physical problems that are present at birth.

Cerebral Palsy: A disorder of the nervous system that affects movement, posture, and coordination. This disorder is present at birth.

Complications: Diseases or conditions that happen as a result of another disease or condition. An example is pneumonia that occurs as a result of the flu. A complication also can occur as a result of a condition, such as pregnancy. An example of a pregnancy complication is preterm labor.

Fetal Alcohol Syndrome (FAS): The most severe disorder resulting from alcohol use during pregnancy. FAS can cause abnormalities in brain development, physical growth, and facial features of a baby or child.

Fetus: The stage of human development beyond 8 completed weeks after fertilization.

Low Birth Weight: Weighing less than 5 ½ pounds (2,500 grams) at birth.

Miscarriage: Loss of a pregnancy that is in the uterus.

Neonatal Abstinence Syndrome (NAS): A group of problems that happen to a newborn who was exposed to addictive substances before birth. A common cause of NAS is opioid use disorder.

Neonatal Intensive Care Unit (NICU): A special part of a hospital in which sick newborns receive medical care.

Nutrients: Nourishing substances found through food, such as vitamins and minerals.

Obstetric Care Provider: A health care professional who cares for a woman during pregnancy, labor, and delivery. These professionals include obstetrician-gynecologists (ob-gyns), certified nurse-midwives (CNMs), maternal-fetal medicine specialists (MFM), and family practice doctors with experience in maternal care.

Obstetrician-Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Opioid: A drug that decreases the ability to feel pain.

Opioid Use Disorder: A treatable disease that can be caused by frequent opioid use. It is sometimes called opioid addiction.

Oxygen: An element that we breathe in to sustain life.

Prenatal Care: A program of care for a pregnant woman before the birth of her baby.

Preterm: Less than 37 weeks of pregnancy.

Stillbirth: Birth of a dead fetus.

Sudden Infant Death Syndrome (SIDS): The unexpected death of an infant in which the cause is unknown.

This information is designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. For ACOG's complete disclaimer, visit www.acog.org/WomensHealth-Disclaimer.

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