

Congratulations on your pregnancy and thank you for choosing Tepeyac OB/GYN for your prenatal care! Please read the following information regarding routine appointments, exams, and guidelines we follow in managing your health. This schedule may be adjusted based on your or your baby's needs.

Your prenatal schedule:

- 6-7 weeks: Confirmation of pregnancy with urine test, pelvic exam, and blood work.
- 8-10 weeks: Sonogram to confirm gestational age and see a heartbeat. Discuss results, set a due date, review your obstetric history and any risk factors. Routine bloodwork includes complete blood count, blood type, antibody screen, immunity to Rubella, HIV & Hepatitis B testing,
- 12 weeks: Full physical exam includes Pap test (if needed), STI screening, urine culture, prenatal labs, and optional genetic testing.
- 16 weeks: Discuss results of above testing.
- 20 weeks: Detailed ultrasound to ensure a healthy baby and determine gender (if desired). Discuss your travel plans and physical activity restrictions.
- 24 weeks: If Rh negative blood type, discuss Rhogam shot and options for testing father's blood type. Discuss childbirth classes, signs of preterm labor.
- 28 weeks: Gestational diabetes screen with one hour Glucola and CBC. Second test for HIV, syphilis and Hep B for those at increased risk. Discuss trial of labor after C-section, Tdap vaccine.
- 32 weeks: Discuss 28 week lab results, Discuss birth plan and anesthesia options.
- 34 weeks: Discuss breastfeeding and car seat preparation.
- 36 weeks: Review signs of labor. Discuss postpartum family planning and postpartum depression. Take Group B Strep (GBS) culture.
- 38 weeks: Cervical check if desired. Review GBS results.
- 39 weeks: Cervical check if desired.
- 40 weeks: Cervical check if desired. Discuss scheduling induction.
- 41+ weeks: Cervical check if desired. Non-Stress test (fetal heart rate monitoring) and Amniotic Fluid Check. Schedule induction if no labor by 42 weeks.

At each of the above routine OB visits we will check your weight, blood pressure and urine. We will listen for fetal heart tones and measure the size of your uterus. We welcome your family at these appointments, but please use discretion in bringing children to visits that include an exam.

Tepeyac OB/GYN is a group practice consisting of male and female board-certified OB/GYN physicians and midwives. We cannot guarantee a particular provider for your delivery, and therefore recommend that you meet all our providers during your pregnancy. All deliveries take place at **StoneSprings Hospital** located at **24440 Stone Spring Blvd, Dulles VA 20166**.

The above visits are considered part of your global OB care (except for the pregnancy confirmation appointment). If you have another concern that requires our attention (ie. yeast infection, urinary infection, bleeding, etc.), this will be billed as a separate encounter.

Sonograms

We provide in-house sonograms including the routine 8 week and 20 week sonograms. We also perform imaging as needed to evaluate a problem. Routine sonograms are not always covered by insurance. Patients will be held responsible for the cost of an uncovered sonogram.

Calling the office

If you have an urgent need during our regular business hours, please call the office at (703) 273-9440, option “6” to leave a message for the nurse. We return calls in order of urgency. If you think you are in labor, are having heavy bleeding, or have another emergency, please try again if you have not heard from us within 30 minutes.

Early pregnancy signs and symptoms

Women experience the symptoms of early pregnancy in a unique way, and your second pregnancy might not feel exactly like your first. Here is a list of common signs and symptoms of the first trimester. Fortunately, for most women these improve as you move into the second trimester

- Nausea and vomiting
- Fatigue
- Food cravings and aversions
- Constipation
- Bloating
- Round ligament pain (aka “growing pains”)
- Increased frequency of urination

Please call us if you experience any of the following, which are **not** considered normal:

- Vaginal bleeding
- Cramping like a period that doesn’t go away
- Weight loss due to nausea/vomiting
- Pain or bleeding with urination
- Fainting
- Shortness of breath
- Chest pain

Morning sickness

Approximately 50-80% of women suffer from “morning sickness” which can occur at any time of day or night. This is usually worst before 12 weeks of pregnancy, but for some women it can last longer or recur in the third trimester. The exact cause is unknown but is likely related to the hormonal changes in your body in early pregnancy. Here are some tips for keeping it in check.

- Eat, and eat often! An empty stomach will make nausea worse. Have 5-7 small meals a day
- Ensure you are eating enough protein (meat, peanut butter, cheese, yogurt). Experts recommend 75-100 grams of protein/day.
- Have a high protein snack at bedtime to keep you from waking up with an empty stomach
- Have some crackers at your bedside to munch on as soon as you wake up
- Ginger and peppermint are known to improve nausea
- Avoid unpleasant odors and spicy foods
- Vitamin B6 (50mg) with one Unisom (doxylamine) at night can ease morning sickness. You can take this up to every 8 hours.
- Talk to us. We may consider switching your prenatal vitamin or provide prescription medications if your morning sickness is out of control.

Your baby’s well-being is not affected as long as you are able to keep down some food and are staying well hydrated. Drink plenty of fluids! Don’t worry if your diet is not as healthy as you would like it to be at this point. Eat what your body can keep down. If you have any other concerns about the health of your baby, don’t hesitate to call us.

Tips for Healthy Eating

In General

DO EAT

- In the 1st trimester, eat for one, drink for two
- In the 2nd and 3rd trimesters, increase your intake by 200-300 calories per day
- Eat multiple small meals a day
- Eat a balance of complex carbohydrates, protein and fiber to maintain blood sugar and energy.
- Choose whole grains
- Eat plenty of fruits, vegetables, lean meats, and safe fish.
- Have at least 3-4 servings of calcium rich foods per day (ie. milk, cheese, yogurt)

DON'T EAT

- "Junk" or "fast food" which are high in salt
- Limit refined carbohydrates which are high in sugar
- Prepared salads from the deli containing eggs, chicken, lunch meat, seafood
- Buffet or picnic food that's been sitting out for two or more hours (one hour on a hot day)
- Raw sprouts or any unwashed produce

Fish

DO EAT

- Cook fish to 145°F (opaque in the center)
- Eat up to 12 ounces (two servings) a week of low-mercury fish, such as salmon, shrimp, pollack, or trout
- Maximum of 6 ounces (1 serving) a week of canned "solid white" or non-albacore tuna

DON'T EAT

- Raw or undercooked fish or shellfish
- Fish with high levels of mercury, including: Shark, swordfish, king mackerel, tilefish, golden & white snapper, fresh tuna steaks
- Unpasteurized, refrigerated, smoked, or pickled fish (unless heated until steaming)

Meat & Poultry

DO EAT

- Cook beef, veal, and lamb to 145°F.
- Cook pork and all ground meats to 160°F.
- Cook poultry to 165°F

DON'T EAT

- Raw or undercooked meat or poultry
- Refrigerated/lunch meat of any kind (ham, turkey, roast beef, hot dogs, bologna, prosciutto, pate, etc) unless heated until steaming
- Dry, undercooked sausages, such as salami and pepperoni (unless heated until steaming)

Eggs

DO EAT

- Cook eggs until yolks are firm
- Cook dishes containing eggs to 160°F

DON'T EAT

- Runny or undercooked eggs
- Cookie dough or cake batter with raw eggs
- Homemade desserts or sauces that contain raw eggs (ie. eggnog, custard, mousse, hollandaise sauce, béarnaise sauce, mayonnaise, and Caesar Salad dressing)

Cheese

DO EAT

- Check labels when buying soft cheese to make sure it's made with pasteurized milk

DON'T EAT

- Unpasteurized soft cheese (such as feta, Brie, Camembert, blue cheese, queso fresco, queso blanco, and panela)

Nutrition & Weight

Pregnant women should be advised to eat a healthy well-balanced diet and typically increase their caloric intake by a small amount (200-300 calories). Weight gain for a woman with a healthy BMI pre-pregnancy is expected to gain about 25lbs throughout her pregnancy. Women with a high BMI pre-pregnancy will want to minimize weight gain to about 20lbs, and those with a low BMI should anticipate a 30lb increase throughout their pregnancy. Artificial sweeteners can be used during pregnancy. Data regarding saccharin are conflicting. Low consumption is likely safe.

Exercise

If you already exercise continue what you are doing, however the duration and intensity of your workouts will need to be adjusted. Your target heart rate in pregnancy should be at least 10-15 beats per minute lower than before you became pregnant. Be sure you can carry on a conversation with only light to moderate difficulty. Remember, if you are out of breath, the baby is too. Contact sports and exercises that involve bearing down are not recommended.

If you have not been exercising, this is not the time to start a rigorous exercise routine. Talk to your provider first to make sure you are healthy enough for light exercise such as walking, stationary bike, elliptical or swimming.

There may be times when we will tell you that you may not exercise. If you have any questions or concerns, or you develop any unusual symptoms during exercise, please call us.

Travel

Many women can travel safely in pregnancy with certain limitations. Always wear your seatbelt while in a motor vehicle. Please do not disable your airbags. Avoid scanners at the airport; request a "pat down". You are at an increased risk for developing a blood clot in pregnancy and this risk increases with prolonged sitting. For long drives or flights, stand up, stretch your legs, and walk for 10-15 minutes approximately every hour to decrease this risk. In addition, we do not recommend travel after 35 weeks of pregnancy. Become familiar with the exposure risks, and available medical care in your specific destination. Please consider the benefit of the trip versus any potential complications. As always, your particular medical circumstances may result in changes to these guidelines.

Disease Watch

With a vulnerable immune system, there are several viruses (COVID-19, Zika Virus, Flu, etc.) that have the ability to impact you more severely in pregnancy. We look to the American College of Obstetricians and Gynecologists (ACOG) for updates, protocols, and recommendations based on the current impact of these diseases. Search the CDC website before travel for up-to-date maps and guides showing where certain viruses may be having an increase in prevalence. Topical insect repellants (including DEET) can be used in pregnancy, and should be used in areas that are high risk for insect borne illnesses. We do our best to communicate new health safety regulations to our patients. If you have any concerns do not hesitate to bring them to your provider.

Alcohol

Alcohol consumption should be completely avoided during pregnancy.

Smoking, Nicotine, Vaping, and Marijuana Usage

Women should not smoke cigarettes during pregnancy. If they are unable to quit entirely, they should reduce it as much as possible, and speak with their provider for appropriate interventions. Nicotine replacement (with patches or gum) is an appropriate part of a smoking cessation strategy. Marijuana use is not recommended during pregnancy.

Caffeine

Low to moderate caffeine intake in pregnancy does not appear to be associated with any adverse outcomes. Pregnant women may have caffeine, but should probably limit it to less than 300mg a day. An 8oz. cup has approximately 130mg of caffeine for coffee, and 50mg for tea. A 12oz soda has about 50mg of caffeine. Exact amounts may vary based on the specific food or beverage.

Oral Health

Oral health and dental procedures can continue as scheduled during pregnancy. Most procedures should be done in the second trimester. Please ask your provider if you or your dentist have any questions about specific procedures. Your dentist may request a note confirming clearance, which we are happy to provide.

Hot Tubs & Swimming

Pregnant women should avoid hot tub and sauna use particularly during the first trimester. Swimming pool use is fine during pregnancy.

Hair Dye

There limited data on the risk of the systematic absorption of hair dyes, it is presumed to be safe in pregnancy, but best used after the first trimester.

Sexual Intercourse

Pregnant women who have any bleeding, placenta previa (typically diagnosed at 20 weeks of gestation), or ruptured membranes should not engage in sexual intercourse unless instructed otherwise. Generally intercourse is safe in pregnancy.

Sleeping Position

There is no specific gestational age for sleeping on your side. In the 3rd trimester, try to avoid sleeping on your back.

Planning your maternity leave

Every employer has a different set of forms to approve your maternity leave. If your employer requires us to fill out a form, please complete your portion and then give the remainder to the medical assistant at one of your OB appointments. A member of our staff will complete them and obtain necessary signatures from your doctors. This process may take up to 2 weeks and there is a \$45 fee for this service.

Planning for Labor & Delivery

As you continue to progress through pregnancy, you will receive further information about preparing for labor & delivery. Our goal is to have a healthy mom and healthy baby. There are many procedures that are required to ensure a healthy delivery and others that are optional if your labor is progressing normally. We will go through these in detail with you in the third trimester. We aim to respect to your wishes during the unique experience of delivery and are happy to make appropriate accommodations.

All deliveries occur at StoneSprings Hospital by one of our providers or StoneSprings OB hospitalists. We do not offer delivery at home or at a birthing center. Visit **StoneSprings Hospital** website for hospital updates, a virtual tour, birthing classes, and other helpful information stonespringshospital.com.

Other Pregnancy Resources & Tips

There are many popular books on pregnancy in bookstores and libraries. Some suggestions are:

- *What to Expect When You are Expecting* by Heidi Murkoff
- *The Glory to be Revealed in You, A Spiritual Companion to Pregnancy*, by Kristen West
- *What to Expect (from God) When You are Expecting*, by Cathy Hickling
- *Prayer and Pregnancy* by Janet Alampi

Talking to and praying for the baby together is very encouraging to Moms and Dads. In their own way, parents begin speaking to their little one early in pregnancy. Many women find journaling to be especially precious in pregnancy. Writing to the baby is a beautiful way to document the many, unique dimensions of the bonding experience.

Medicines for Moms

This guide will answer some of your questions about treating common problems in pregnancy at home. This is not a complete list and we may recommend or prescribe medications not listed here. Please feel free to ask us any questions.

Prenatal Vitamins: Prenatal vitamins may be used to ensure adequate consumption of several vitamins and minerals during your pregnancy. However, their necessity for all pregnant women is uncertain, especially for women with a well-balanced diet. Over the counter vitamins are great, but should contain at least **800mcg of folic acid** and **200mg of DHA**. Pregnant women should also consume **30mg of Iron, 600-1000 international units (IU) of Vitamin D, and 1000mg of Calcium** daily through diet or supplements. If your prenatal causes nausea or constipation, please discuss it with us so we can find a solution. Take the vitamin with a meal or at bedtime.

Calcium: Most prenatal vitamins do not contain all the calcium you need. You need **1000mg of calcium** to build your baby's bones. The extra calcium can come from your diet or a supplement. Through diet, you need 4 servings a day, where a serving is 300mg of calcium. This can be an 8 oz glass of milk, cup of yogurt, serving of cheese, or bowl of ice cream. If you cannot tolerate dairy, try fortified orange juice (350mg) or **Viactive chocolate chews** (500mg per square).

Allergies: Many women can stay on their allergy medicine during pregnancy. Safe medications include:

- **Benadryl** (diphenhydramine) - **Claritin** (loratidine) - **Zyrtec** (cetirizine)
- **Chlortrimaton** (chlorpheniramine) - Some nasal steroids such as **Rhinocort** (budesonide)

Back & Sciatic pain: This is very common in pregnancy! Try hot water bottles, heating pads, baths, or a massage. Back support belts can help. See "Pain relief" for other suggestions. The *sciatic nerve* is the largest nerve in the body, and runs from the buttocks down the back of the legs. It gets very easily irritated in pregnancy and produces sharp pain down the legs which can make movement difficult. Pain relievers, chiropractic care from a Webster certified chiropractor, and physical therapy can help. You may need to limit your activity.

Colds: Colds are usually caused by a virus, so antibiotics won't help. Instead, treat each symptom.

- Aches: Rest is the best. See "Pain relief"
- Congestion: **Sudafed*** (pseudoephedrine) may help. Do not use it in the third trimester without consulting with us first, as it can raise your blood pressure. You may also try **Mucinex*** (guaifenesin) to break up congestion. Make sure any old decongestants you have at home do not contain phenylpropanolamine. **Avoid** decongestants such as Afrin (oxymetazoline) as they can cause dependence or rebound congestion.
- Cough: Use **Robitussin*** (guaifenesin) with or without **DM** (dextromethorphan). Be sure it does not contain alcohol. **Cough drops** are fine.
- Runny nose: **Antihistamines** work well. See "Allergies" section. Drink extra fluids.
- Sore throat: Try **Cough drops, throat lozenges**, or a hot steam vaporizer. Please see your primary care provider if the sore throat persists, as this could be strep throat.

Constipation: The first line of defense is your diet. Eat foods high in fiber, plenty of berries, and drink water or fruit juices (prune is best). Buy **Colace*** (docusate sodium) and take 1 or 2 at night with a half glass of water if you do not have a soft, painless bowel movement that day. It is safe to take a stool softener every day as it will not harm the baby or cause dependence. If you continue to have hard stools, drink one teaspoon of **Metamucil** (fiber) every morning with a glass of water. High fiber cereal such as "All Bran with Extra Fiber," "Raisin Bran" or Fiber One" may help. You may occasionally use **Milk of Magnesia, Dulcolax*** (bisacodyl), **Fleet enema***, or **rectal glycerine suppositories**.

Diarrhea: Eat natural constipators, such as cheese and rice. Try over the counter **Imodium*** (loperamide). If this is not working, ask us for a prescription. Diarrhea causes dehydration, so drink lots of fluids to replenish electrolytes, such as sports drinks or Pedialyte. Do **NOT** use Pepto-Bismol.

Fever: **Call the office for a temperature above 100.4°F.** For lower fevers, use **Tylenol** (acetaminophen). Increase your fluid intake and rest.

Gas pain: Use products containing **simethicone*** or **mylicon** like Mylanta Gas or Maalox Anti-Gas.

Heartburn: Consider the following options based on the severity of your symptoms.

- For mild heartburn: **Tums***, **Maalox***, **Mylanta***. **Aluminum hydroxide & magnesium hydroxide** are safe.
- For moderate heartburn: **Pepcid** (famotidine), **Zantac** (ranitidine)
- For severe symptoms and prevention: **Nexium** (esomeprazole) or **Prevacid** (lansoprazole)
- Do **NOT** use Pepto-Bismol (bismuth) or Alka-seltzer (it contains aspirin).

Headaches: Drink water & try caffeine and/or **Tylenol** (acetaminophen). Ask us for a prescription for migraines. See "Pain relief."

Hemorrhoids: The best way to prevent hemorrhoids is to prevent constipation. If you already have them and they are painful or bleeding, you need to treat them. **Ointments** are better than creams and they should contain **1% cortisone**. **Tucks medicated pads** (witch hazel) can also help. For severe pain, ask about prescription medications.

Ligament pain: This is most common from 15-20 weeks of pregnancy, and occurs because the ligaments holding the uterus are stretching. These pains are sudden, sharp, and in the lower pelvic area. These are harmless and should resolve quickly. Call us if you have pain that persists or if you develop a fever.

Nausea and vomiting: Try **Vitamin B6** (50mg) with one **Unisom** (doxylamine) at night. You can take this up to every 8 hours as needed. Ginger and peppermint are helpful. Ask for a prescription if you begin to lose weight.

Pain relief: **Tylenol** (acetaminophen) is the **ONLY** safe over-the-counter pain reliever. See package insert for dosing instructions, and never take more than the recommended amount. If this does not help, ask us about a prescription. NSAID's such as Motrin/Advil (ibuprofen), Aleve (naproxen), and aspirin are generally not safe in pregnancy. We may use them in certain situations, but **only** take them when we advise it.

Sleeping difficulty: Women commonly have trouble sleeping in pregnancy. Try a Magnesium supplement or lotion 15 minutes before bed, or one to two **Benadryl** (25mg) 30 minutes before bed. If you need more help, ask us.

Yeast: In pregnancy, you are more susceptible to yeast infections. Prevent yeast by avoiding a sugary diet and taking **acidophilus** (a healthy milk bacteria) through a tablet or in low sugar yogurt. If you are on an antibiotic or have a yeast infection, you can take acidophilus up to twice a day. A high-quality probiotic supplement is also recommended. Over the counter medications such as **Monistat** (miconazole) are safe throughout pregnancy.

Prescription Medications: Over the course of your pregnancy, you may be prescribed medicine by your primary care doctor, dentist, or other provider. Please call the office to find out if the medication you have been prescribed is safe.

*Some medications listed are "Category C," meaning there are no studies proving either safety or harm in pregnancy. Those that are listed have been used for years with good success. Discuss them with us if you have any concerns.