

Arlington Women's Center, PLLC

Arlington Women's Center Obstetric Booklet



Gustavo Rossi M.D. FACOG

Mary Crowther M.D. PhD FACOG

Holly Masel M.D. FACOG

Kathryn Born M.D. FACOG

Jennifer Biggs M.D.

Karen King CNM

Arlington Women's Center, PLLC

Congratulations!

We hope that this information will be helpful. If you still have unanswered questions, please ask us.

Please provide us with your pharmacy name, location and phone number, and give this information to our nursing staff at your first or second visit

Our physicians share on call responsibilities with a group of board certified OB/GYN practitioners. We have all worked closely together for many years and share a similar philosophy of patient care. You can reach the on call physician by calling our main number: **(703) 717- 4600**

The Labor and Delivery Suite is in the 1701 building (Women and Infant Health) on the **3rd. Floor**. There is always someone in the lobby if you are dropped off there, or you can park in Green Parking and walk across into the hospital. Do **not** go to the Emergency Room if you think you are in labor.

Some Information about us: let's work together

It is always a pleasure to work with our patients who are expecting babies. Before we discuss specific aspects of obstetrical care, we would like to emphasize that we see ourselves as providers of care who will work with you to see that your childbirth experience is a satisfying one. We are not rigid in our practice and we realize that there are frequently a variety of approaches to any situation. We involve our patients and their partners in decision making at all junctures, and our goal is to see you and your baby through the pregnancy and labor with the healthiest possible outcome.

We are four obstetricians and a Certified Nurse Midwife who have very similar philosophies of patient care and practice. We conduct all our labors and deliveries at Virginia Hospital Center, Arlington and we have chosen this hospital because it offers a very high level of care; it is a medical school affiliate (Georgetown) with 24 hour physician coverage in the delivery suite, superb nursing care, and the feel of a small institution with very personal care. All our labor rooms double as delivery rooms and all our postpartum rooms are private rooms. There is also a NICU for babies who need extra help.

We ask that you see all our physicians and midwives during your prenatal care. It is to our advantage to know you and your preferences as much as possible prior to labor. And, it is helpful for you to know us and be comfortable. We pride ourselves on having good relationships with our patients. Our highly experienced certified nurse midwife is well trained in providing routine prenatal care, both in the office, and in labor and delivery.

We encourage you to read as much as possible during your pregnancy. It will help you to be an informed patient and allow you to make informed decisions. Remember, however, that anything that you read will have a bias depending on the viewpoint of the author. Some sources would have you believe that physicians are by definition your adversaries. We are not! We encourage questions and are always available in person or on the phone for discussion. Three books that our patients have found helpful are: "The Girlfriends Guide to Pregnancy", "While Waiting", and "The Ultimate Breast Feeding Book of Answers". Likewise, we encourage prenatal classes, particularly for first time parents. We even offer our own prepared childbirth class.

Arlington Women's Center, PLLC

We have no automatic routines in labor. We do not do routine preps, shaves or enemas in labor, except by patient request. Nor do we do routine episiotomies. We will help you with natural childbirth, or pain relief, always at your request. Each patient has different needs and desires and we will do our best to accommodate each of you. Let us know how we can help you!

Prenatal Care

Technically, from conception pregnancy lasts approximately 266 days. For the purposes of standardization, physicians worldwide calculate pregnancies from the first day of the last menstrual period. A term pregnancy is from 38 to 42 weeks. The "Due Date" is 40 weeks from the last menstrual period but it is only a target date. Approximately half of all women deliver before, and half after, their due date. Only 4% of women deliver on their due date.

Frequency of Visits

We recommend that most of our patients have their first prenatal visit between the 8th and 10th week of their pregnancy (calculated from the last menstrual period). Thereafter, we see our patients every four weeks until 28 weeks (about 7 months), then every two weeks until 36 weeks (about 8 months), and then every week until delivery. We see our patients more frequently if there are acute or chronic problems. If you think you need to be seen before your next scheduled appointment, just call the office and we will accommodate you. We recommend that you schedule your next appointment at the end of each appointment, and even 2-3 appointments in advance, after 36 weeks. This will ensure that you get an appointment at a time most convenient to your schedule.

Content of Visits: No questions are too silly to ask!

The first prenatal visit is usually a lengthy one, particularly if you are new to our practice, or if this is your first baby. We do a complete history and physical, take a thorough family history to assess the risk of genetic or inherited disorders, and get baseline measurements of blood pressure, urine protein and sugar. We do blood work, which tests for the following: blood type, blood count, hepatitis, syphilis, cystic fibrosis carrier state (optional), immunity to German measles, and AIDS (please let us know if you have a problem with this). We also do cervical and vaginal cultures for a variety of bacteria, a Pap smear, and a urine culture. If you have a cat at home, we also test you for toxoplasmosis (a parasite found in cat feces, soil and raw meat).

Subsequent visits are much shorter. We ask questions about swelling, nausea and vomiting, dizziness, and vaginal bleeding and then measure blood pressure, weight, fetal heart rate and uterine size. Over time we may see trends developing in these categories which can alert us to problems. Since problems occur more frequently towards the end of pregnancy, we increase visits at that time.

Most of the visit time is spent answering questions, so don't be shy. We are committed to spending as much time with you as you need. Write questions down as they occur to you, before your visit.

You will be tested for diabetes at 28 weeks by drinking a very sweet beverage and having your blood drawn one hour later. We also do two routine sonograms in pregnancy; one at approximately 20 weeks and the next at about 36 weeks. No scientific study has ever shown any harm to a fetus from a

Arlington Women's Center, PLLC

sonogram and we feel that there is important information to be obtained, which could help us to better manage your pregnancy. We do **not** do a sonogram at your first visit with us because we feel that these tests should be done by a qualified sonographer, and not by us.

You will receive a separate information booklet concerning a test called the Alpha-fetoprotein (AFP) test. This blood test, done between 16 and 18 weeks, can detect a baby with a spinal column problem called spina bifida and may also give us information about the risk of Down syndrome (Mongolism). This and other types of genetic testing (amniocentesis, chorionic villus sampling) are strictly optional and we are happy to discuss them with you in detail, and provide additional literature if you wish.

Many babies with Down Syndrome are born to women with no obvious risk factors such as older age, and a lot of effort has gone into finding a screening test, with no risk of miscarriage, which might alert us to a problem with the baby. This is the nuchal translucency test, which consists of a specialized sonogram and a blood sample done between 11 and 14 weeks. Our Maternal Fetal Medicine colleagues organize this, and if a further blood test is required at 16 weeks, we do it in the office.

Weight Gain and Diet: be sensible and avoid excess weight

The average weight gain in pregnancy is about 25-28 pounds. Pregnancy is not a time to lose weight nor is it a time to ignore diet and gain excessive weight. Most women gain 5-8 pounds in the first trimester and 10 pounds each, in the second and third trimesters.

There are specific recommended daily allowances for dietary carbohydrate, fat, protein, vitamins, and minerals. In general, however, a well-balanced diet will see you through pregnancy with your health and that of your baby intact. It is prudent to maintain good protein intake, and to keep carbohydrate intake mostly limited to complex carbohydrates (e.g. pasta, potatoes, and whole grain bread - not refined sweets!). Foods high in fat should also be minimized (e.g. deep fried foods). In general, a healthy diet will keep weight down.

Protein and food choices: make the right ones

The recommended daily protein intake in pregnancy is 70-80 grams. The following foods provide about 15 grams of protein each: 1 cup of cottage cheese, 2 ounces of unprocessed cheese, 2 cups of milk, and 3 ounces of fish, poultry or beef. All of these foods have some fat content; therefore you don't need to eat extra fat.

We are frequently asked about eating fish in pregnancy. The Environmental Protection Agency recommends that pregnant women do not eat shark, tuna steaks, swordfish, king mackerel, or tilefish because of possible mercury contamination that could cause birth defects. You can safely eat up to 12 ounces per week of other types of cooked fish from a store or restaurant, especially tilapia, salmon and canned tuna. You should restrict your intake of locally caught fish to six ounces per week (there is a concern about local pollutants such as PCBs). There is no specific recommendation with regard to cooked shellfish. The FDA and CDC advise avoiding sushi and raw shellfish in pregnancy, although women in Japan eat sushi happily. The concerns relate to food poisoning. You can still eat California rolls (which contain steamed fish), or vegetarian sushi.

Articles in some magazines have advised against eating foods preserved with nitrates (for example, lunch meats and hotdogs) during pregnancy. There is no available scientific evidence that nitrates cause problems for the developing fetus, although they have been linked to cancers in some animal studies. There is no human data linking nitrates to cancer, and in fact the levels of nitrites and nitrates increase in women until term and probably prevent premature labor. As a matter of general health, however, it seems reasonable to eat these foods sparingly and to make sure that hot dogs are heated to 160 degrees F. because of the potential risk of Listeria.

Vitamins and Minerals: necessary

We prescribe prenatal vitamins for all our pregnant patients, which satisfy the daily recommendations for almost all vitamins, minerals, and folic acid. This can also be achieved by eating a well balanced diet, so these tablets provide a safety net but are not a substitute for a healthy diet. You may have trouble tolerating them early in pregnancy because of nausea and can safely postpone taking them until you are feeling better.

Calcium: protect your bones

Calcium is one of the minerals not adequately provided in prenatal vitamins. You need about 1500 mg. daily to support a growing fetus, and prenatal vitamins provide only 200-300 mg. / day. If you do not make up the rest through diet or supplemental calcium (available in pharmacies and grocery stores as calcium carbonate or calcium citrate), the baby will do fine, but your bones may suffer, although osteoporosis is rare. Each of the following provides approximately 300 mg. of calcium: 1 oz of unprocessed cheese, 8 oz. of milk, 1 cup of yogurt, 1 1/2 cups of ice cream, 1 cup of salmon, 2 cakes of tofu, and 1 TUMS Extra. Although you need the calcium in these foods, and a little dietary fat to aid in their uptake, use skim milk and low fat cheeses in your diet to avoid excess calorie intake.

Iron: prevent anemia

All pregnant women need to increase their iron intake because the blood volume increases by about 50% in pregnancy and iron is needed to build red blood cells. Most of the increased iron is needed in the last half of pregnancy. We will check your blood count at 28 weeks to see if you need extra iron. Foods high in iron content are red meats, organ meats (e.g. liver, kidney, and heart), dried fruits, prune juice, wheat germ, lentils, spinach, water cress and soybeans.

Fluids: water is good for you

Impossible though it seems, we recommend 8 glasses of water daily (about 2 liters), or more to cover hot weather, fever or exercise. Dehydration can lead to premature contractions. Other sources of fluid that are acceptable are flavored or unflavored seltzer water, limited amounts of tea and coffee, and limited amounts of diet drinks (not containing saccharin). Although fruit juices are healthy, they are high in calories, even if unsweetened, and their intake should be limited: eat the fruit instead and benefit from the fiber in it. Similarly, vegetable juices although less caloric, can add calories if consumed in large quantities.

Sodium: not too much

There is no evidence that healthy women need to limit salt intake. Swelling in pregnancy occurs to some degree regardless of sodium intake. Some women, however, do have increased swelling from eating foods high in salt (e.g. potato chips, processed meats, salted nuts), so it is probably good to be conscious of the amount of salt you eat.

Caffeine: in moderation

Contrary to what you may read on the web, there is no good scientific evidence to show that caffeine causes problems in human pregnancy. It is a stimulant, however, and it does cross the placenta. Therefore, it seems reasonable to avoid consumption of large quantities of coffee. One or two caffeine-containing beverages a day seems reasonable.

"Nutrasweet" ("Equal") and other sweeteners

There is no scientific evidence to suggest that "Nutrasweet" is harmful in pregnancy. It breaks down in the body into a normal protein building block called aspartic acid and a small amount of formaldehyde (a normal byproduct of food breakdown). Nutrasweet-containing foods should **not** be used by women with phenylketonuria. "Splenda" can be used in moderation according to the FDA but "Sweet 'N Low" (saccharin) should not be used.

Alcohol

Alcohol use in pregnancy is not recommended. The reason for this admonition is that some babies develop Fetal Alcohol Syndrome, a condition characterized by abnormal facial features and mental retardation, when alcohol is drunk to excess. The problem is that we don't know what amount of alcohol, taken at what stage of pregnancy, is safe, therefore, it seems wise to avoid alcohol use altogether. However, many women (particularly European) do not prescribe to this view and their pregnancies are perfectly normal.

Tobacco: never good

Tobacco harms mothers and their developing fetuses. Women who smoke have smaller babies who may also be malnourished and have more problems after birth. Tobacco products decrease the amount of oxygen to the uterus and baby. The risk of placental abruption is higher in smokers, as is sudden infant death syndrome. No amount of tobacco consumption is wise, in (or out) of pregnancy.

Exercise: always good

Exercise in pregnancy is great! It is generally safe to exercise at the same level as before you got pregnant, but as the pregnancy progresses you may need to alter your program. Pregnancy is NOT the time to start a rigorous training program, but there are many safe programs to begin if you are not used to exercising.

Here are a few simple guidelines: 1) Never exercise to the point of exhaustion. 2) If the kind of

Arlington Women's Center, PLLC

exercise you are doing is causing you discomfort, stop it. 3) Regular exercise, at least three times a week, is preferable to intermittent activity. 4) Increase your hydration during exercise to keep your body temperature at its normal level.

There are very few scientific studies on the effects of normal exercise on pregnancy so we provide the above advice as a guide only. We make no specific recommendations against high impact aerobics or weight lifting, but use common sense and don't do anything which could expose you to a fall or impact against the abdomen, such as playing racquetball or ice hockey.

For non-exercisers, brisk walking is very beneficial in pregnancy. Swimming and yoga are also good and condition the joints and ligaments. Surfing, diving, water skiing, horseback riding and snow skiing should be avoided beyond the first trimester, once the uterus comes into the abdomen.

Medications: be sure that they are safe

Any medication you take could inadvertently affect your baby in utero. Therefore, we ask you to check with us before you take anything other than the ones listed below. If we recommend a medication it is probably wise to remind us that you are pregnant.

Tylenol and Robitussin are safe. For heartburn and indigestion use Maalox plus, Mylanta supreme, TUMS or Gaviscon. Alka Seltzer and Pepto Bismol are not recommended.

Nausea and Vomiting: a common problem

Nausea and vomiting are common in over half of all women during the first trimester and are usually due to hormonal changes occurring in your body. Nausea may start about the sixth or seventh week, but seldom continues beyond 16 weeks. Although often called morning sickness, it may occur at any time of the day. If vomiting is severe, and you cannot even keep fluids down, report it to your doctor or midwife. Never take prescription drugs, over-the-counter medicines, or a home remedy unless recommended by your doctor or midwife.

You may find some relief by eating dry cereal, a piece of toast, or a cracker about a half hour before getting out of bed in the morning. Move slowly when you get up. Let plenty of fresh air into the house to get rid of cooking and other household odors.

Divide your food into five small meals rather than three large ones, since keeping food in your stomach seems to control nausea. Avoid greasy and highly spiced foods or any food that disagrees with you. Drinking liquids between meals instead of with your food may help.

Dental Care: essential

Dental care is very important, and infections can lead to premature labor. Routine cleanings and fillings are fine even with the use of injectable anesthetics. If you need dental work shielded dental X-rays are safe. Bleeding gums in pregnancy are very common and you should use floss and a soft brush to clean your teeth after every meal.

Constipation: keep your fiber and fluid intake high

Constipation is very common in pregnancy. Increase fluids and fiber before trying medications. Laxatives are not recommended. Medications that draw water into the stool (e.g. Metamucil and Fibercon) are safe to take on a daily basis.

Hemorrhoids

Hemorrhoids are varicose veins of the rectum, which do not necessarily cause problems but can cause pain, itching, and rectal bleeding. They frequently result from constipation, and are aggravated by the weight of the uterus pressing on the pelvic blood vessels. Over-the-counter preparations are sometimes helpful as are strategies for avoiding and treating constipation. Sitting in a tub of warm water is also helpful, and if they are extremely uncomfortable or bleed, we can prescribe medication.

Varicose Veins: protect your legs

Varicose veins are swollen veins in the lower legs and thighs, and occasionally the groin or vagina. They result from the pressure of the growing uterus slowing the return of blood from the lower extremities. In some women, they don't cause any problems, but in others they cause achiness or even pain. They occasionally become inflamed or develop clots within them. Not all pregnant women develop varicose veins, and they can often be avoided by restricting time on one's feet and by wearing support hose. In severe cases special support stockings can be prescribed.

Leg Cramps

Some women experience annoying and painful leg cramps ("Charlie horses") in pregnancy, especially at night when they can wake you from sleep. The cause of cramps is unknown. Remedies include increasing calcium (from milk products or two 500mg tablets at night) or potassium (tomatoes, oranges, and bananas), or taking Quinine-containing drinks (tonic water).

Breast Care

You should continue monthly breast self exams in pregnancy, just as in the non-pregnant state. Breasts change in density and contour, and monthly exams will accustom you to these so that you can detect any abnormalities.

During pregnancy, you should decide whether or not breast-feeding is an option that you would like to pursue. Breast milk is the most suitable food for a newborn and offers protection against infections in the first few months of life, especially gastroenteritis and respiratory infections. The hospital offers an excellent prenatal breast-feeding class that we recommend.

Breast-feeding, however, is not for everyone, and if you have had breast surgery it may not be possible. All pregnant women should wear a bra which provides good support. If you choose to breast-feed and have flat or inverted nipples, you may wish to consult with a lactation consultant prior to your delivery.

Control of Urine: difficult towards the end of pregnancy

As pregnancy progresses, the weight of the uterus on the bladder may result in loss of urine while coughing, sneezing, running, or even during sexual intercourse. This is annoying but not abnormal. Kegel exercises improve bladder control and involve actively contracting the muscles around your bladder and rectum. To recognize these muscles make yourself stop your urine stream once you have begun. The more times a day you do these exercises, the better your control will be.

Sexual Relations: normal

Sexual relations are fine throughout pregnancy, provided you are comfortable. Many women find the usual position (man on top, woman facing him underneath) uncomfortable and experiment with alternate positions. Prostaglandins in seminal fluid, and orgasm, can cause contractions which are occasionally prolonged and painful, but they will not lead to labor or cause rupture of the membranes. Orgasm without intercourse is also not harmful. Bleeding is not normal, although it usually arises from the cervix and not the placenta. However, you should always call the office if you notice bleeding.

Working Moms

If you are a working mom, you may continue to work all the way through your pregnancy, as long as you are comfortable and unless we recommend that you stop for health reasons. If your job requires you to be on your feet a lot, please wear support hose and try to put your feet up whenever possible. Tolerance for heavy lifting varies from person to person and may not be good in some circumstances. Women who work with toxic chemicals, or where exposure to anesthetics or X-rays is unavoidable, should report this to us. VDT (computer) screens are not harmful to pregnant women.

Resting: as much as possible

Rest whenever possible during pregnancy. Many books advise you to avoid lying flat on your back as the weight of the growing uterus can restrict flow of blood from the legs and pelvis to the vena cava (the large vein that runs on the right side of the abdomen and returns blood directly to the heart). This is NOT harmful for the baby unless it is already abnormally small (called "growth restriction"). Lying on your back may cause you to feel light headed when you get up because it can cause your blood pressure to fall. Lying on your left side will relieve this. At night you may also lie on your back propped up or slightly tilted to the left or right, with a pillow under your side to keep the weight of the uterus off the vena cava. Pregnant women sleep less well as pregnancy progresses. The large uterus can be uncomfortable, and propping your abdomen on a pillow with another pillow between your legs and another under your shoulders may help. Frequent night-time trips to urinate are also normal.

Travel: prevent blood clots

Traveling is safe throughout pregnancy as long as you stretch your legs frequently, keep your bladder empty, and stay well hydrated. We do not recommend travel after 35 weeks gestation, as the closer you are to your due date, the greater the likelihood of needing medical attention. If you must fly or go on a long car journey, take 1 baby aspirin (81mg) beforehand to decrease the risk of clotting. Its

Arlington Women's Center, PLLC

effects last one week. Rub the backs of your calves frequently, and use support stockings.

Painting

Painting with water based latex paint is not dangerous but if the fumes make you nauseated stop painting. Solvents such as paint thinner and benzene, and oil based paints should be avoided.

Perms, Hair Coloring and Manicures

There is no scientific evidence to suggest that either perms or hair coloring are harmful but we recommend that you wait until the first trimester is completed and most of the baby's organs have developed. Avoid manicure shops with a strong odor of acetone (nail polish remover).

Infections: some can be harmful

Genital herpes can recur during pregnancy and in the last month we will ask you to take suppressive anti-viral medication (Valtrex). Group B Streptococcus can cause meningitis and pneumonia in babies after birth, and we check you for this organism with a vaginal swab at 35 weeks. If you are positive we treat you with antibiotics during labor.

Finally.... we wish you the happiest of pregnancies.

Resources:

Centers for Disease Control and Prevention / Foodborne Illness Line (24 hr. recorded information)
1-888-232-3228 <http://www.cdc.gov/foodsafety/>

US Food and Drug Administration, Center for Food Safety & Applied Nutrition
1-888-SAFEFOOD <http://www.cfsan.fda.gov/>

Nutrition and healthy eating <http://www.mayoclinic.com/health/water/nu00283>

Our childbirth classes: Valerie Varley, RNC (703) 509-8216

Hospital childbirth classes: (703) 558 2468

Arlington Women's Center, PLLC

703-717-4600 Fax 703-717-4601

OB-GYN Pregnancy Time Line Tests and Procedures

Week since LMP	Indicated and Recommended	Optional or as Indicated
8-10	First appointment Blood tests, cultures and Pap Appointments every 4 weeks	
10-13		Chorionic villus sampling
11-14		Nuchal translucency and blood tests for beta-HCG and PAPP-A
>12	Heart beat heard with Doppler	
16-18		Blood test for Alpha-fetoprotein (AFP)
>16		Amniocentesis
18-21	Fetal movements felt	
18-22	First sonogram – may be possible to tell sex of baby Register for Childbirth Classes	
28	1-hour Glucola (you must go to an outside Laboratory) and blood count Appointments every 2 weeks	RhoGAM injection if Rhesus negative
30	Complete hospital pre-registration form	
32		Childbirth Classes and Hospital Tour
36	Vaginal-rectal culture for Group B Streptococcus (GBS)	
36	Sonogram for position (breech or head down?) and estimated weight Appointments every week Labor instructions given	
38		Vaginal exams (some people do them, some don't)
40	Due date	
>40	Post-dates Weekly non-stress tests of baby's heart begin	

Arlington Women's Center, PLLC

>41	Induce labor	
-----	--------------	--