YOUR GUIDE THROUGH A
HAPPY & HEALTHY PREGNANCY

WOMAN CARE CENTERS, P.L.C.

Obstetrics and Gynecology

A Division of
Mid-Atlantic Women's Care, P.L.C.

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Obstetrics and Gynecology

A Division of Mid-Atlantic Women's Care, P.L.C.

Our office is located at 880 Kempsville Road, Suite 205, Norfolk, VA 23502

Our office hours are Monday through Friday from 8:30 AM to 4:30 PM

Phone | 757.451.0929 Fax | 757.423.4901

www.womancarecenters.com

AFTER HOURS EMERGENCIES

If you have an emergency or are in labor after hours,
please call us at 757-451-0929, #5 (Review After Hour reasons to call on page 34-36)

We are not able to answer routine questions or refill prescriptions after hours.

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Congratulations on your pregnancy and welcome to WomanCare Centers.

We are a team of doctors and midwives practicing collaboratively to personalize your care. Our goal is to partner with you and your family for a healthy pregnancy and a safe and empowering birth. We look forward to working together.

Our doctors and midwives offer individualized care for the birthing process. We have a number of options for birthing families. Our doctors and midwives are affiliated with Sentara Leigh Hospital. The quality of care in the Family Maternity Center is renowned for its family centered care. WomanCare Centers is known for its personalized care, low cesarean rate and high breastfeeding rate.

At WomanCare Centers, we honor the choices women make for birth, from unmedicated births to epidurals. Our physicians attend births in Labor and Delivery and provide rapid and sensitive back up to all births attended by our Certified Nurse Midwives.

WITH WOMANCARE MIDWIFERY, Certified Nurse Midwives (CNMs) attend low risk pregnancies for families specifically seeking an unmedicated labor and birth. If you are considering this type of care, please let us know early in your pregnancy as spots fill quickly. WomanCare Midwifery holds an hour-long virtual informational WomanCare Center Open House session once a month. All are welcome, even if you do not participate in WomanCare Midwifery. For in-person sessions, we ask that you come without children to this event.

If you are seeking an unmedicated birth but do not meet the criteria or do not want to meet the requirements of WomanCare Midwifery, we fully support mobile labor and unmedicated birth in the Family Maternity Center.

If you do not seek an unmedicated birth, we are eager to assist you with your goals. Our providers are here to help you find the birth experience you seek while maintaining a constant focus on the wellbeing of the mother and baby. All pain management options are available with midwifery care.

WomanCare Centers now delivers at Sentara Leigh Hospital, in the Family Maternity Center.

The Family Maternity Center is located on the second floor of Sentara Leigh Hospital, 830 Kempsville Road in Norfolk.

GENERAL GUIDELINES FOR A HEALTHY PREGNANCY

YOU CAN GIVE YOUR BABY A LIFETIME GIFT BY DOING THESE 7 THINGS:

1. EATING REAL FOOD
2. DRINKING 64 OUNCES OF WATER A DAY
3. EXERCISING DAILY
4. GETTING ENOUGH SLEEP
5. PRACTICING STRESS MANAGEMENT
6. DAILY BOWEL MOVEMENTS
7. ADDING SUPPLEMENTS

YOU ARE WHAT YOU EAT.
Your baby is not only what you eat, your baby is affected by the life you lead.

This may sound like a lot, but it is the basis for a healthy and happy life. There is help for almost anything but the final responsibility is with each individual.

DADS ARE NOT EXEMPT. A father's health prior to conception affects the generations to come. It doesn't stop there. Children more often model their eating behavior based on the dad's preferences.

EATING REAL FOOD

Real food is food that is not from factories and minimally processed. It is something that farmers would recognize. Real food is located on the perimeter of your grocery store and in farmers' markets. A great support for change is the blog 100daysofrealfood.com, which is a guide to preparing real food for 100 days. This mom transitioned her entire family from easy food to real food made easy, and in this blog she walks you through every step. There is even a "real food on a budget" plan. Many other mom bloggers have made great changes for the health and vitality of their families using this as a good starting point. You can also find other sources for help in transitioning your family; the goal is to find what works for you on the journey to eating real foods. Another good resource is the book "Real Foods for Pregnancy".

DRINK A LOT OF WATER

Measure it. Get two 32 ounce bottles. Fill both of them every morning. Drink one before lunch and one before dinner. This is in addition to what you drink at meals (the more you drink at meals, the less likely you are to have heartburn and other digestive concerns). Your baby lives in water. Your body moves wastes for your baby. This process does not work well if you do not provide new water every day.

EXERCISE EVERY DAY

Do something that you like to do. Park far from the building. Take the stairs, which is GREAT for helping a baby position itself well in the pelvis. Go to prenatal yoga. Go swimming, which is great way to help your baby into a good position for labor. You can swim laps or just frog leg around on a kick board. The level of exertion is not the key. Moving freely in the water with your belly below you is key. Or just keep doing exercise you already do. The number one guide to exertion is this: you need to be able to say your name and address without sounding like a 911 call! Some moms are runners, some moms are walkers - choose movement that feels good to your body. Walking at work or chasing a toddler is great for your overall wellbeing, but IT IS NOT EXERCISE! Try to walk without stopping for 30 minutes every day. Take time for exercise. Exercise helps your baby's brain development and prepares you for labor & birth.

GET ENOUGH SLEEP

Sleeping during pregnancy is hard. You can't wake up in the first trimester until bedtime and then you are awake at 2 am. In the third trimester there is a wiggly, heavy baby between you and uninterrupted slumber. Consider this: go to bed earlier. Take a 20 minute nap when you can. Your body heals while you sleep. This will help with the aches and pains of pregnancy. An hour before bedtime, turn off devices, turn down the lights, and create an environment that tells your brain it is time for sleeping. A warm Epsom salt bath before bed and some Natural Calm magnesium supplement (available where vitamins are sold) will help you settle in for sleep.

PRACTICE STRESS MANAGEMENT

Stress management does not mean that your life is not stressful any more. Pregnancy is a time of major life changes - expect stress. Stress management is a way to rest your nervous system between life events. There are many ways to do this. Here is a list of some ideas.

Exercise. Yes, exercise has been proven to be as good as or better than any other modality for decreasing stress, anxiety and depression.

Sleep. Same can be said of sleep. Schedule time for that Epsom salt bath and an early bedtime.

Nuture yourself. Schedule time for a prenatal massage. Schedule time with a counselor to talk. Most insurance plans will cover counseling. Pregnancy is a fertile time for looking at your life and making changes. Turn off your electronics and social media for 20 minutes and rest your eyes.

Go outside. Time in nature is healing. Consider mindfulness meditation or centering prayer. There are many resources for gentle voice guidance into a more relaxed state. Look online and in your app store. Life is an adventure. Stress is likely here to stay.

POOPING DAILY

Poop. Everybody poops. Your body removes waste for your baby. It is very helpful to both of you if you poop every day. You will have less nausea and more energy if you poop daily. Pregnant bodies do not always do this well. There are many things to try. Drinking 64 ounces of water is crucial but you will have to start slowly on that if you are in the first trimester. Products to try: Metamucil, Konsyl, or Acacia Gum. These are fiber supplements. Start with a teaspoon and work up. Read the directions carefully. Use these daily. Miralax is good when nothing is working, it is safe and gentle. Natural Calm magnesium supplement is also good for regularity - take this at bedtime to help you sleep and get a secondary benefit. Stool softeners such as over the counter Docusate Sodium (Colace) as directed.

ADD SUPPLEMENTS +

Supplements. We recommend a food-based prenatal vitamin. These are made from food. They are substances that your body recognizes. Take them with meals, so the vitamins and minerals have a context (food!) for your body to use them best. Organic food-based vitamins that include minerals are available in local vitamin and food stores and online. Online companies that can help you are Swansonsvitamins.com, SeekingHealth.com, EmersonEcologics.com or Theralogix. We have discount codes for Theralogix. Ask us! Beware counterfeit and low quality supplements. Order or buy from a reputable seller.

A vitamin D3 supplement benefits your bones and immune system and your baby's bones and growth. 4,000 IU (international units) every day is a good amount for pregnancy and nursing. Adding vitamin K2 (in the form of MK-7) will help you assimilate your vitamin D.

Essential fatty acids in the form of a fish oil benefits your baby's developing nervous system and eyes. Consumer Labs found Barlean's Fish oil to be the cleanest fish oil. There are other good ones. Be sure your fish oil is filtered for heavy metals (mercury, lead, cadmium, etc.). A flavor controlled fish oil is a good idea as well. If you do not consume fish you can look for a supplement made from golden algae.

Magnesium helps with constipation, leg cramps, headaches, reflux, blood sugar, heart palpitations, insomnia, anxiety and depression. Aim for 350mg a day and with severe symptoms, twice a day. Natural Calm magnesium powder (magnesium citrate) is easy to use.If you find this loosens the stool too much try magnesium glycinate. If anxiety is your primary concern, try magnesium threonate (this is the more expensive option). Epsom salt baths can be relaxing. Topical magnesium sprays & gels are also available.

It is possible to purchase these in your local vitamin store for what you would pay for a co-pay for a prescription prenatal. We also have a discounted mail order source for you through Theralogix, if that is easier for you. Their prenatal package includes these three essential components. Ask us.

WHERE DO I START?

COOK / EAT BREAKFAST / EAT LOTS OF VEGGIES

SO WHAT DO I EAT?

Eat real food.

- Shop the perimeter of the grocery store.
- Visit your local farmer's market.
- Eat a variety of fruits (1-3) and vegetables (3-5) daily.
- Eat as many colors a day as you can. The darker the color of the fruit or vegetable, the more beneficial it is to you and your baby.
- Eat three meals and two snacks a day. Eat real food for snacks too.
- Eat protein three times a day: breakfast, lunch and dinner. Include protein rich foods in your snacks. Focus on proteins that are food based not powder!
- Refer to "Real Foods for Pregnancy" by Lillie Nichols

WHAT SHOULD I AVOID?

Avoid processed food. Hint: processed food is food in packages. This includes protein powders and protein drinks.

- Avoid caffeine. Avoid sweet beverages. Sodas and juices are too high in sugar.
- Eliminate sugar and artificial sweeteners. Current research shows us that artificial sugars increase appetite and harm the beneficial bacteria in your gut.
- Reduce or eliminate refined flours. Your body processes flour into sugar.
- Avoid raw meats and fish. Use good sanitation in the kitchen when handling meat and fish.
- Avoid lunchmeat. If you want to eat lunch meat, ask that the kitchen heat the meat to hot in a microwave oven to kill any potential bacteria.
- Avoid unpasteurized cheese. Pasteurization will be noted on the label.

RESOURCES

PATIENT PORTAL.

You may access your chart online at our website: www.womancarecenters.com or directly at https://610-5.portal.athenahealth.com. Our front desk will help you with any questions you have about the portal. We will communicate lab results and visit notes through the portal. You can access this at any time if you need to make a copy of your lab results.

AFTER HOURS PRESCRIPTION LINE.

You may call the prescription line for refills. There is a recording after hours. Just follow the voice prompt to the prescription line at our main number: 757-451-0929. We do not fill prescriptions after hours but we will fulfill your request during office hours. You are welcome to leave a recorded request at any time.

TRIAGE NURSE LINE.

Our nurses can help you with minor problems and with assessing whether you need to see a care provider for your concern. You may reach them during business hours at our main number: 757-451-0929.

We have on-site ultrasound and laboratory facilities.

CENTERING PREGNANCY

What is Centering Pregnancy?

WomanCare Centers offers an innovative adaptation of prenatal care named ***CenteringPregnancy.*** Centering groups are composed of women of different ages, races, and socio-economic backgrounds who share the common experience of pregnancy, birth, and family Care.

Benefits of Centering Pregnancy

The March of Dimes is now Promoting ***CenteringPregnancy*** programs because of the potential to reduce pre-term birth rates and infant mortality. In partnership with the March of Dimes, WomanCare Centers share these goals and aim to provide premium prenatal care, preparing expectant parents to be active participants in their pregnancies, births, and early parenting experiences. This is especially critical in the U.S., where CDC data shows that we lag behind other developed nations in infant health.

Research indicates that the benefits of ***CenteringPregnancy*** include:

- Increased birth weights
- Increased rates of breastfeeding
- Reduced risk of pre-term pregnancies
- Reduced risks of gestational diabetes

BIRTH PLANS

You may have particular ideas about the kind of birth you want - who you want to be there, how you would prefer to manage your pain, and what you would like to do if things don't go as planned. Many women and their partners write a birth plan so that when the time comes, all of those involved in the birth of your baby will know what you want. What's valuable about birth plans is that they give the expectant mother a 'voice' for her body and give you and your partner time to prepare for the birth experience. Birth cannot be planned, but preferences can be shared. Birth plans are not required, but direct communication and shared decision making is essential to facilitate and enhance women's birth experiences. It is important to discuss realistic expectations. Some insights include:

- Make some notes about what you would like to try to happen and what you would prefer to avoid.
- Bring your list and discuss it with your provider at your appointment by 24 weeks.
- Birth plans often change over the course of pregnancy. Your body and your baby will often have plans of their own. It is okay to change your mind about what you would like to happen wen you are having your baby. Even when you are in labor and your baby is close to being born, you are entitled to vary from your original plan as it may be necessary.

The hardest part of the plan is keeping it short and sweet and meaningful.

Since you cannot really plan your birth, it is important to prepare to have a healthy and safe pregnancy.

- First. take a good prenatal childbirth education class. If this is your first baby, it will be an investment in this birth and any future births.
- Second, if an unmedicated vaginal birth is your goal - hire a doula. Interview several to find one that is a good fit for you and your family. Research shows that a doula can raise the rate for unmedicated vaginal births by 40%.
- Third, eat well, exercise, reduce your stress, and practice healthy self care. Invest in the book "Real Foods for Pregnancy." - Amazon $22.

The goal of everyone involved in a birth should be a healthy mom and a healthy baby. Entering your birth with an informed mind and open heart may allow you to have a positive birth experience.

OVERVIEW OF YOUR PRENATAL VISITS

Pregnancy is an exciting time. Here is an overview of your visits with us and what you might experience between your prenatal visits.

A normal pregnancy is 37 to 42 weeks long. The first trimester is roughly the first 13 weeks, the second trimester is from 14-27 weeks and the third trimester begins at 28 weeks. These are approximations as pregnancy has no clear delineations. The important thing to remember is that pregnancy does not end at your due date. Most babies are born between 39 and 41 weeks.

Your blood pressure and weight will be important information at every visit. We will make these assessments at your visits.

✳ Want more information on midwifery, pregnancy and women's health? ✳
Go to: Ourmomentoftruth.org

CONFIRMATION OF PREGNANCY

WomanCare Centers offers a pregnancy confirmation visit between 4-6 weeks of pregnancy. This is right after you have missed your menses. This first prenatal appointment will involve reviewing your medical history and talking about any risk factors for pregnancy that are present. We will outline our prenatal care and provide information for you to review.

Medical History

Your Provider will review your chart which will ask about:

- Your menstrual cycle, gynecological history, and any prior pregnancies
- Your personal and family medical history
- Exposure to anything that could be toxic
- Medications you take, including prescriptions and over the counter medication, vitamins, and supplements
- Your lifestyle, including your use of tobacco, alcohol, caffeine, and recreational drugs
- Travel to areas where malaria, tuberculosis, Zika virus, monkeypox, or other infectious diseases are common
- Share information about sensitive issues, such as domestic abuse or past drug use. This will help your health care provider take the best care of you - and your baby.

Do NOT expect (unless medically indicated for problems)

- Ultrasound
- Lab
- Physicial exam

Your due date is not a prediction of when you will have your baby. It's simply the date that you will be 40 weeks pregnant. Few people give birth on their due dates. Still, establishing your due date (estimated date of delivery) is important. It allows your health care provider to monitor your baby's growth and the progress of your pregnancy. Your due date also helps with scheduling tests and procedures, so they are done at the correct time.

To estimate your due date, your provider will use the first day your most recent period started. The due date will be about 40 weeks from this day. An early ultrasound is performed around 8 weeks for confirmation.

The first trimester tends to come with many questions and concerns, and it's natural for more to come up as you continue through your pregnancy. Your top priority is keeping you and your baby healthy. This is why it is so important for regular prenatal care.

Your next visit is usually around 8 weeks, which includes a visit, physical exam, labs and ultrasound.

YOUR FIRST VISIT: THE NEW OB

FIRST TRIMESTER

We would like to see you for your first visit at approximately 8 weeks from your last menstrual period.

Your first visit is a long one. You will meet with a doctor or midwife to review your history and have a physical exam. We would like to know if you have come to us with thoughts about your birth preferences. Not everyone has a plan for labor and birth at this visit and that is ok.

If not already done, we would like to discuss genetic testing. Genetic testing is changing rapidly. It offers families many options. You are not required to have any genetic testing but we want you to know what is available. Pamphlets are provided so that you can take the information with you for further consideration. There are many non-invasive options for families.

If you will be 35 or older at the time of your baby's birth we will offer you the services of genetic testing and/or genetic counseling at Maternal Fetal Medicine. There the genetic counselors and perinatologists who can help you evaluate your family history and your options for fetal testing. Even if you choose not to have testing, we feel genetic counseling can be a helpful information session.

You will have a full examination at your first visit. Part of your examination will be an ultrasound to confirm your pregnancy and due date. Ultrasound in the first trimester is the most accurate way to date a pregnancy. Accurate dating of your pregnancy will help us make better decisions for the wellbeing of your baby for any desired genetic testing, the screening and management of preterm contractions or preterm labor and for fetal wellbeing if you are pregnant beyond your due date.

We will draw blood for many tests at this first visit. If you are able, it will be helpful to be well-hydrated for your visit. Have a snack before you arrive. We have an on-site laboratory service with a professional phlebotomist.

If you wish to be seen early after your positive pregnancy test less than 8 weeks, there is a pregnancy confirmation visit.

12 WEEK VISIT

We will see you for your second visit at 12 weeks.
If you plan to have genetic testing with us, it will be completed at this visit.

We will check your baby's heartbeat and answer your questions about your wellbeing and pregnancy concerns.

Some mothers are beginning to feel a return of their energy at this point. Other mothers may need more time to feel better. We can offer guidance for self care.

COMMON COMPLAINTS OF THE FIRST TRIMESTER

Nausea and vomiting of pregnancy are common and normal. The best plan for this is to eat small, frequent meals that are low in refined carbohydrates (flour, sugar). Many women find unexpected relief with a snack higher in protein and healthy fat and slightly salty. Eating meals no larger than the size of your palm will help prevent vomiting. Eating frequently will help with nausea. Getting too hungry or going too long without food is harder to reverse. You may find that you need something every 1 and a half to 2 hours while awake. Eating a snack 30 minutes before getting out of bed can help ease your morning transition. Eat again soon after rising. Drink between meals. Most moms find sipping to be the best plan.

Ginger, lemon and peppermint can be very soothing. Ginger comes in many forms. There are ginger products of all sorts by The Ginger People, available locally and online. There are glycerine tinctures of ginger that can be helpful. Lemon cut fresh and kept close can soothe your nausea. Some people find Lemonheads to be an economical alternative to Preggy Pops. Of course Preggy Pops are an option too. Peppermint to smell can ease nausea. Ingesting peppermint may make heartburn worse so for eating or chewing, choose spearmint.

Vitamin B6 helps with nausea. You can take low doses of time release B6. 25 mg every 8 hours is a good dose. Do not exceed 100mg of vitamin B6 in a day.

B-Natal pops are formulated to give you a tasty B6. You can ask your pharmacist to order them for you or find them online.

Babies are not harmed by how awful you feel. If you find you are losing a significant amount of weight you may need to consider medication.

An alternative is to use vitamin B6 25 mg every 8 hours and Unisom Sleeptabs at bedtime. Be sure the Unisom you purchase is Doxylamine Succinate. There are other formulas of Unisom that are not appropriate for pregnancy.

Begin with the B6 and Unisom Sleeptabs at bedtime. Continue the B6 every 8 hours during the day. Add a half of a Unisom Sleeptab with the daytime doses of B6 if you are still having severe nausea and vomiting. You may not need to add the half tab of Unisom Sleeptabs at each dosing of B6. Use how you feel as your guide. Unisom may make you very drowsy. Be cautious and do not drive if you are taking this during the day.

Many insurance plans require that you have tried over the counter management of nausea and vomiting before a prescription medication will be approved. Diclegis and Bonjesta are the only FDA approved prescription for nausea and vomiting in pregnancy.

Do what you can to keep yourself feeling as good as you can. This is often not what you expected. Eat small frequent meals of what you can tolerate, rest often, nap when you can and know this part of pregnancy passes.

Pregnancy makes many women constipated. Constipation makes nausea and vomiting worse. Options for constipation include: Natural Calm magnesium powder. Begin with 2 teaspoons and work up. Find your right dose. Take it at night. The directions will guide you to the dose for improved relaxation and rest. Increasing gradually will help you find the dose to ease your constipation. Over the counter magnesium tablets (200-250 mg) are a good alternative. Take 1-2 tablets before bedtime. Go slowly. Both are available where vitamins are sold.

Miralax may help with stubborn constipation. It is available at your pharmacy and grocery store.

Stool softeners may help keep things moving once they are moving. Many moms use the Natural Calm daily and find it works as well or better than stool softeners as well as providing additional benefits (decreased leg cramps, better rest).

Fatigue and poor sleep are the unlikely companions of the first trimester. Knowing this is normal can be helpful. Rest when you can. Prepare for bed by turning off electronic media an hour or so before bed. Unwind in a warm shower or bath. Magnesium that helps with constipation is also good for rest. Epsom salts make a relaxing bath.

Emotions. Pregnancy is a time of great change. Pregnancy amplifies emotions in both partners. Understanding that this is a time of great change and often turmoil can help you accept your feelings and work through them. A counselor or therapist is a great idea to help facilitate change. Talk to us if you find you are not coping as well as you might normally.

Children and other family members are welcome at your visits.

We love to include your family in your care. We ask that you not bring sick children to the office. Runny noses and coughs are a normal part of childhood, but the newborns here with their mothers may not fare as well with these germs.

We are delighted with our new office. We ask that you not offer your children food or drink while you are here for your appointment.

We will ask that your family wait in the waiting room until we have you in an exam room. Be sure to let your nurse know if adult family members are with you so she can bring them back for you.

Please do not bring children to your 20 week ultrasound. This is a lengthy and important examination that requires the full attention of the mother and the ultrasonagrapher.

Bleeding. No one expects bleeding in pregnancy. The truth is, some bleeding in pregnancy is not unusual. Spotting is normal. Spotting is only worrisome if it persists or is accompanied by severe pain.

If you have bleeding in the first trimester that is accompanied by severe pain, please contact the office.

We often encourage you to wait through the night to be seen in the office. Emergency rooms are a difficult place for early pregnancy. If you have been seen by us already and know your pregnancy is in your uterus, we feel you will be better served by seeing us in the office. If you feel your bleeding is severe or uncontrolled, you may need to be seen in the emergency room. Call us if you are unsure.

Vitamins are a part of pregnancy. They are meant to be a supplement to a good diet. You have many options here. If you prefer a prescription for vitamins for financial reasons, we are happy to help you with this. You may find that the better vitamins are purchased without a prescription. Be a savvy consumer. Not all vitamins are alike. You may refer to the General Guidelines for a Healthy Pregnancy for resources for vitamins.

Round ligament pain. As your uterus grows, the ligaments that support it will also grow. Sudden movement, stretching and twisting can cause these ligaments to spasm. The pain is sharp, severe and brief. This is not cause for alarm. Unfortunately, there are few options to improve this pain. It is a normal change in pregnancy.

WEIGHT GAIN GUIDELINES

In 2008, The Institute of Medicine issued new guidelines for weight gain in pregnancy. These guidelines help you optimize your pregnancy and the future health of your baby. Too little or too much weight gain in pregnancy is associated with long term health challenges for you and your baby.

We will use your pre-pregnancy BMI to help guide you to the correct recommendation. The BMI is a body mass index. It is a calculation of your weight and height. It is not a perfect measurement, but is very helpful in assessing and planning at the individual level. You can ask about your BMI at your visits or download any one of many apps that will calculate this for you.

If you are a healthy weight (a BMI of 18.5-24.9) at the beginning of your pregnancy the recommended weight gain is 25-35 pounds. This is 1-4 pounds in the first trimester and a pound per week thereafter. If you gain rapidly in the first trimester, a pound per week for the remaining weeks may need to be recalculated.

If you are underweight (a BMI of under 18.5) at your first visit the recommended weight gain in pregnancy is 28 to 40 pounds. This is 1-4 pounds in the first trimester and about a pound and a half each week thereafter.

If you are overweight (a BMI of 25-29) at the beginning of your pregnancy the recommended weight gain is 15-25 pounds. That is 1-4 pounds in the first trimester and a half pound per week thereafter.

If you are obese (a BMI of 30 and above) at the beginning of your pregnancy the recommended weight gain is 11-20 pounds. This is less than a half a pound per week.

Your baby only needs 300 additional calories a day during pregnancy. Many Americans are already eating these additional calories every day.

In pregnancy, you are eating for two but one of you needs nutrient rich foods and relatively few calories. The reason overweight and obese women can carry a healthy baby on less weight gain is that the shift to a nutrient dense diet will allow for optimal fetal growth but does not support the additional weight gain. A shift in weight occurs that is not harmful to either mother or baby.

We have provided a primer for eating in pregnancy under General Guidelines for a Healthy Pregnancy. If you feel you need additional help in grocery selection and meal planning, please let us know. We can refer you to one of many resources in our community. There is help for health!

SECOND TRIMESTER

We will see you at 16, 20 and 24 weeks.

16 WEEK VISIT

Your 16 week visit includes checking on your progress, your uterine growth and your baby's heartbeat. We call this a tummy check. This is a great visit for children.

At your 16 week visit we will draw the AFP. This stands for Alpha Fetoprotein. This is a screening test for Open Neural Tube defects. We ask that all of our clients have this screening. Neural tube defects are rare in a well-nourished population but a defect in the enclosure of the baby's sensitive nervous system is an important finding. It guides us in planning for your best care. This test may also give us information about potential problems with your placenta. Most results are normal and nothing more needs to be done. For a few babies this test can reveal important information indicating the need for additional care. We are happy to answer any questions you have about this important test.

20 WEEK VISIT

Your 20 week visit is your morphology scan. This is the ultrasound that examines all systems and body parts of your baby. Be sure to drink plenty of water in the days before and the day of your ultrasound so your baby is active for pictures.

This is a detailed medical examination of your baby's physical structure and organs. Children are very distracting to both the mother and the ultrasonographer. *Please do not bring children to this important examination.*

Many families are most excited to learn the sex of their baby. If you do NOT want to know the sex at the ultrasound, just let us know. The surprise at birth can be priceless. We will strive to keep this a surprise if that is your preference.

We will send pictures from the ultrasound to either your email or your phone.

The ultrasound takes approximately 30 minutes. You will not need to see a provider after your ultrasound unless the ultrasound needs further explanation.

24 WEEK VISIT

Your 24 week visit is a tummy check and lab visit.

Your 24 week visit is a good time to begin thinking of your plans for birth and beyond. You will want to find a good childbirth education program by this time. Plan to begin your classes early in the third trimester. Sentara Leigh has many classes to help you and there are wonderful educators in our community as well. You can find class options, dates, and times online at: https://www.sentara.com/hampton-roads-virginia/classesevents.aspx

If you are planning an unmedicated labor and birth, please choose a childbirth education class from one of the instructors listed on our website: www.womancarecenters.com/info. If not planning an unmedicated birth, please still utilize our website as a resource.

It is also time to begin thinking about a pediatrician. We will want to know the name of your chosen pediatrician by your 36 week visit. You can find a list of pediatricians who come to Sentara Leigh on our website at: www.womancarecenters.com/info

You may choose from the list or from the community for the pediatrician you feel would be best for your family. You can let us know at your visit once you decide, we will add this information to your chart. If you choose a pediatrician who is not on our list, Sentara Leigh has in-house pediatricians who can care for your baby until you are discharged.

Other things to plan for are infant feeding, circumcision and plans for your postpartum recovery.

You will also have testing for gestational diabetes and anemia of pregnancy. If your blood type is Rh negative, you will also have an antibody screen. If you have a thyroid condition we will evaluate this as well. We will review these results with you at your 28 week visit.

Gestational Diabetes affects up to 9% of pregnant women. Gestational diabetes can often be controlled with careful diet and exercise. Uncontrolled gestational diabetes can harm both mother and baby. The March of Dimes has a good reference page here: www.marchofdimes.org/pregnancy/gestational-diabetes.aspx

You will be given instructions prior to your screening test so that you can prepare for testing. The first test takes only one hour. The instructions are to help you be more comfortable during the testing hour while not altering the results of the test. We have had very good results with this preparation.

Some women will not pass the first test. A three hour test is then needed to diagnose Gestational Diabetes. This test is done in a fasting state. A significant number of women pass this test. If you eat a lower carbohydrate diet, you may benefit from increasing your carbohydrates to 150 grams per day in the three days prior to this test. Remember to begin fasting at midnight the night before the test. Do not eat or drink the morning of the test. You may brush your teeth and take any prescription medications you usually take if you take them with water.

There are resources for you if you are diagnosed with Gestational Diabetes. You will attend a class where you will be given the information and equipment you need to manage and track your blood sugar. The initial weeks are a learning period. Each person is unique.

After that period most women find their pace and do very well. If that is not the case for you, the diabetic educators will work with you individually. An excellent resource is the book “Real Food for Gestational Diabetes” by Lily Nichols, RDN, CDE,CLT.

Anemia is common in pregnancy. During pregnancy your blood thins as it increases in volume. This is called physiologic anemia of pregnancy. Sometimes this goes too far and supplementation is needed to restore iron levels. Anemia causes fatigue in the mother and hinders the growth and development of the baby. Anemia in pregnancy is a common cause of postpartum depression.

There are good lists of iron-rich foods available on the internet. Here is a good one:
www.redcrossblood.org/learn-about-blood/health-and-wellness/iron-rich-foods
Choose the iron rich foods you enjoy and include them in your meals every day.

There are prescription iron preparations as well as over the counter preparations. Your pharmacy will have SloFe or Fergon. Take an iron pill daily on an empty stomach or with some citrus fruit. Take ferrous sulfate, as directed.

Floradix Iron and Herbs are available where vitamins are sold. It is a liquid supplement that restores iron levels quickly. It is a bit expensive but works fast to make you feel better. We have many reports of satisfaction with this product. The instructions are on the label. Keep this product in the refrigerator.

If you need iron during your pregnancy it is best to continue it daily until you are 6 weeks post delivery. This helps to increase your energy and resilience and will help you avoid postpartum depression.

COMMON COMPLAINTS IN THE SECOND TRIMESTER

Complaints in the second trimester are rare. Nausea and vomiting tend to clear in this trimester and your energy returns. It is easier to sleep. You begin to look truly pregnant. Most women enjoy this part of pregnancy.

If nausea and vomiting linger, the care is the same. If you are losing weight or are not gaining by 20 weeks we may need to try more serious interventions. Some mothers have prolonged illness and there is rarely compromise of the infant. We will work with you individually if you are struggling.

Headaches are a common complaint in the second trimester. The headaches seem to be worse at 16 weeks and subside naturally from there. Hydration and managing constipation help the most. Ibuprofen is not recommended in pregnancy. Tylenol should be used with caution. Be sure to read and follow the package instructions.

A good trick for headaches is to apply a cold pack at the back of your neck, under the base of your skull (where your neck meets your skull, around your hairline) and a warm pack across the soles of your feet. Rest in a dark room this way. An Epsom salt bath and a large glass of water just before this rest will make this treatment even more effective.

PRETERM LABOR

Preterm labor can become an issue in your second trimester.

If you are having rhythmic sensations in your back, your belly or your upper thighs 6 or more times in an hour, stop what you are doing.

* Drink 32 ounces of water
* Empty your bladder
* Lie on your side for an hour.

If you are still having 6 or more rhythmic sensations or contractions in an hour, please call.

Fatigue and dehydration will cause contractions. Staying hydrated and resting regularly will prevent many situations of concern in pregnancy.

THIRD TRIMESTER

We will see you at 28, 31, 34, 36 weeks and every week after 36 weeks.

28 WEEK VISIT

At your 28 week visit we will review your testing from 24 weeks.

Preterm labor is an important topic in the third trimester. The precautions are printed in many places in this material to reflect the importance of awareness. Remember that it may not be your pregnancy that is helped by these precautions. You may be of great help to someone else if you know what to look for. Babies are mighty but they are safest and happiest in their mother's uterus until term.

31 WEEK VISIT

Your 31 week visit will be a tummy check and evaluation of the fetal heart rate. We will offer you a Tdap vaccine. This stands for Tetanus, Diptheria and Pertussis. It is our goal to prevent pertussis (whooping cough) in the infant. The vaccine provides passive immunity in the fetus from the mother. You will be given information about this vaccine at 24 weeks so that you have time to learn about this vaccine and make your decision.

You can learn more about this vaccine at www.cdc.gov/features/pertussis

34 WEEK VISIT

Your 34 week visit is also a tummy check. We will begin the preparation for labor. This visit will include discussion of common complications in labor. There are consent forms for you to sign that indicate your understanding of some of the most common complications of labor. This visit provides time for you to ask your questions about these situations before signing the consent forms.

36 WEEK VISIT

Your 36 week visit is a tummy check and a test for Group Beta strep (GBS).

Group Beta Strep is bacteria in the gut of up to 30% of the population. Most carriers are not sensitive to (made sick by) this bacteria but some babies are very sensitive and become very sick without proper treatment. We culture every mother for this common bacteria.

Group Beta Strep is not a sexually communicated infection.

You will be given a pamphlet on this at your 34 week visit so you can read and prepare your questions. The results of your GBS culture will be in your patient portal. If you do not see them there be sure to ask at your 37 week visit.

Your GBS status is an important part of your care plan while you are birthing. It will also affect the length of your stay in the Family Maternity Center.

Herpes Virus

If you or your partner have a history of the herpes virus it is important to your baby's health that you share this information with us. Herpes viruses are very common. They cause little damage other than emotional distress in adults but can be very serious in the newborn.

We will give you a prescription for a herpes-suppressing medication to take from 36 weeks until delivery. If you think you have a herpes lesion in the last weeks of pregnancy, please call the office for an appointment.

Your 37, 38, 39 and 40 week visits are tummy checks. We perform cervical examinations at some or all of these visits. We would like to answer your questions about labor and birth during this important time of preparation. If you have special needs or requests, we would like to add this to your chart. Please share this with us at these visits.

41 WEEK VISIT

It is not unusual to pass your due date. We will wait for spontaneous labor until 41 weeks and 5 days. Spontaneous labor is best and easiest for mother and baby if medically appropriate.

Your 41 week visit is an evaluation of you and your baby to determine well being. Your blood pressure will be assessed. An ultrasound will evaluate amniotic fluid and placental status. A non-stress test, or NST, will be performed to evaluate the placenta's ongoing ability to support your baby in the uterus.

We will also confirm a plan for induction of labor at this visit, if not already done so. You will likely labor spontaneously prior to this date. The date is a failsafe in case you do not labor.

If you have low amniotic fluid, or a non-stress test that is concerning, we will make an immediate plan for you and your baby.

WHAT IS A NON-STRESS TEST OR NST?

A NST is a test to monitor the fetal heart rate and the fetus's response to movement and any contractions you may have. This test gives us a good picture of fetal wellbeing.

The test is performed in the office or in the hospital setting. You are in a reclining position. Two straps hold monitors to your belly. You will hear the fetal heart beat and see it trace on the paper. You may be asked to note movement with a button or the monitor may register the movement for you, depending on the monitor. The test takes approximately 20 minutes. Sleepy babies will take longer and there is no alternative but to let them cat nap while the test continues. Hungry babies also take longer. A snack and a cold drink just prior to testing will help with that!

COMMON COMPLAINTS OF THE THIRD TRIMESTER

The complaints of the third trimester are many. Your baby is growing and becoming heavy. Your baby is also preparing for birth and gradually getting lower and lower in your abdomen and pelvis.

At 31 weeks most mothers notice an aching or a fatigue in their lower abdomen. This is not the intermittent, rhythmic pain of preterm labor but a constant, low ache. This is the weight of your growing uterus. It becomes more familiar fairly quickly.

Comfort measures include a pregnancy support belt, chiropractic care, prenatal yoga & swimming. Spinningbabies.com has good exercises to help position your baby optimally.

VAGINAL DISCHARGE is normal during pregnancy. No doubt you have become quite used to it now. In the final weeks of pregnancy vaginal discharge increases. This can be mixed with thin cervical mucous or thick cervical mucous. Both are normal. Some woman have neither, some have both.

MUCOUS PLUG The mucous plug is something to behold. You may not see this in every pregnancy. Before pregnancies were well-dated by ultrasound, the mucous plug served as notice to prepare home and hearth for a new baby. Your pregnancy is well dated so the humble mucous plug does not bring news. There is no need to call to report this.

PRESSURE As the weeks pass and the baby settles into the pelvis you may feel pressure. Some mothers feel a lot of pressure. Each subsequent pregnancy seems to bring an increased amount of perceived pressure. This is normal and reassuring as your baby grows and prepares for birth.

As birth approaches, the pressure increases.Contractions may come and go. Contractions after 36 weeks are not of concern. Contractions prior to 36 weeks that are irregular and occasional are not of concern, if not accompanied by labor. These are called Braxton-Hicks contractions. They are the toning work of your uterine muscle.

Regular contractions prior to 36 weeks are worrisome. Please refer to the preterm labor precautions and notify us if this is happening to you.

AMNIOTIC FLUID is usually clear. It is like water. It is water.
It may trickle down your leg like tears or come in a gush. If you are not sure, please contact the office. The amniotic sac is your baby's protection - once that is open and leaking fluid your baby is at risk for infection. Please let us know immediately if you think you are leaking yellow-green or brown-stained amniotic fluid. We will want to evaluate you right away.

BLEEDING in small amounts and mixed with mucous is normal at term. It may be pink, red or brown in color. Bleeding in small amounts happens after exams, intercourse and with cervical change. Bleeding heavily, like a period, is not normal. Please call the office. We will want to evaluate you right away.

PASSING YOUR DUE DATE If you pass your due date you are not abnormal. Half of all pregnancies pass the due date. If you are still pregnant at 41 weeks we will perform an ultrasound to assess for your baby's wellbeing. We will also perform a non-stress test to assess the good functioning of the placenta. With signs of fetal wellbeing, it is safe to continue to wait a few more days for spontaneous labor.

If you desire and your pregnancy permits, we will follow pregnancies until 41 weeks 5 days. At this point, we will schedule induction. This is a rare event and we will discuss the specifics individually as inductions vary according to individual circumstances.

LABOR

Labor will be different for every baby. Each baby has it's own story. If you have never had a baby, the process may take longer. If you have had a baby before, the process will be different. Pay attention to your body. Try not to compare what is happening to another labor: your own, your mother's or your sister's. Thinking is a very small part of labor and the least reliable.

First labors tend to start slowly. The pattern will vary. The onset is gradual. The contractions often come close together and last only about 30 seconds. This is the uterus getting ready. Although important, this is not labor. Make note but keep busy. Sleep if you can. Drink plenty of water. Eat small amounts, include protein.

Contractions will begin to get farther apart and get stronger, then closer together and stronger still. Some labors do not start this way but start with contractions far apart. The key is that the contractions will form a pattern which moves to 5 minutes apart and then closer. Labor contractions last 60 or more seconds. They are very strong.

Don't be fooled in early labor by over-reacting to the increasing contractions. This is a common trick of labor. Stay strong. You will KNOW when you are in labor. It's BIG. It is not bigger than you are. You can do this!

Give your labor time. True labor is strong contractions 5 minutes apart for 60 seconds that do not subside after two hours but instead keep going, getting stronger and closer together. If it is your second or subsequent pregnancy, you may get here sooner than 2 hours.

They increase in intensity. If you feel chatty, excited, or talkative, give your labor time. The true work of labor will change your demeanor. Labor is called many things in attempt to describe the change in mothers. "Laborland" is one we hear frequently. Your focus will be inward. Labor will take you there naturally. It helps a mother focus on her work of bringing her baby into the world.

When you think you are ready to come in, call us. We do not need an early call, a heads up, that you might be in labor. Please wait until you are ready to come to the hospital. Please call from home (rather than the car) so we can coordinate your care!

Call our main office at 757-451-0929. If it is after hours, follow the prompts for the answering service.

* Remember to drink plenty of water and eat small, nutritious snacks during the early part of labor if appropriate. You will need the hydration and caloric energy for your work in labor.

COMING TO THE HOSPITAL IN LABOR

The hospital tours are designed to help you plan for your labor, birth and recovery. Sentara Leigh offers virtual tours only for improved patient safety in these changing times. The website is: https://www.sentara.com/hampton-roads-virginia/aboutus/data/galleries/slh-family-maternity-center.aspx

Sentara Leigh Hospital is located at 830 Kempsville Road

Please call the office line before coming to the hospital. You will enter the hospital through the front doors, the Family Maternity Center is on the second floor. If you arrive at the hospital between the hours of 5 a.m. to 9 p.m., enter through the visitor's entrance. Parking is available in the visitor's parking lot. Take the elevator to the second floor.

If you arrive at night, after 9 p.m. or before 5 a.m., the doors will be locked. Please enter through the Emergency Room located to the left of the main hospital entrance.

Once you have arrived, you will register with the front desk and then sent to a triage area to assess your labor symptoms.

When you call us in labor we share this information with the Labor and Delivery department. They will be expecting you.

Oh boy! Oh girl!
The birth happens here.

POSTPARTUM is an exciting time. It is a time of adjustment and growth for the new baby and the new parents. We have discharge instructions for you to follow. These will be given to you by your nurse before you go home.

There are some things you can do before you come to the hospital that may make your early days at home easier.

Some shopping may be helpful. Consider buying these items:

- Maxi pads for bleeding in the weeks after birth. Tampons are not recommended.
- Iron supplements. Anemia (low iron) can make you tired and contribute to postpartum depression.
- Stool softeners. Bowel management in the days and weeks after birth is important. Stool softeners work well for this. If you were using Natural Calm during your pregnancy, continue this but consider stool softeners in the early weeks if you are not moving your bowels easily.
- A lovely robe. It may be the best you do on some days. Babies wiggle their way into your hearts and your hours.
- Delicious, nutritious food that can be made ahead and frozen in several servings.

Having a plan for postpartum support will vary according to your circumstances. Some women have family to help. Some women have friends to help. Some women have other military wives who know what a new mom needs. Some women are new to our community and do not have the help they need. No matter your circumstances, please give yourself permission to ask for help from anyone you think can help you. Pay it forward and help a new mom when you are feeling strong.

RESOURCES FOR NEW MOMS

There are some very good resources for new mothers. You might want to explore these before you bring your baby home. Bookmark these on your computer. They may be helpful.

• A postpartum doula is a hired support person who comes to your home and helps you with light tasks, baby care, light cooking, breastfeeding support or whatever you need. Postpartum doulas can be found online at: www.doulasoftidewater.com.

• La Leche League is a mother to mother support system for breastfeeding support. There are groups in every community. You can find them online at: www.lalecheleague.org.There are meetings monthly. There is also telephone support for problems.

• Lactation support is also available from professional lactation consultants. A list of the lactation consultants in our area can be found here at: www.ilca.org. Lactation consultants will also see you during your hospital stay following your baby's birth. If you need to see them following your discharge from the hospital, you can reach them at 757-261-6068.

• Postpartum blues, anxiety and depression affect up to 20% of women. Help is a call away and there are support groups that meet monthly. You can find help at: www.postpartumva.org

• Wearing your baby can calm mother and baby. Dads wear babies too. Want to learn more about this? Look for ideas and hands-on assistance at:
www.babywearinghamptonroads.org

THE MOST IMPORTANT THING YOU CAN DO for yourself and your baby in the first weeks at home is to rest. Keep your activities limited to care of your baby and what you must do for your other children. Stay home for two weeks. Heal your body and learn your baby's feeding cues. Mothers who can do this report that they feel stronger and happier at 6 weeks postpartum.

- Leave the house tasks to someone else or modify your day so that you do as little as possible for the first two weeks.

- Eat nutritious food. You are healing from the work of pregnancy and birth. If you are making breastmilk you need raw materials from nutritious food to make the best milk. Continue to take your prenatal vitamin, a good fish oil and vitamin D3 while breastfeeding. Add 100mg B Complex to your morining meal.

- If you are feeling bad, depressed or struggling in any way, please let us know. We can help.

- Remember, your nurse will give you additional instructions for postpartum.

- Be gentle with yourself.

- Sleep at least once during the day.

We look forward to seeing you and your baby at your 6 week postpartum visit. Some new mothers will have a postpartum visit with us sooner.

Call our office to schedule this visit for a time that is good for you. We will try to work around the important nap and feeding times. We will check your progress with recovery. We can also assist you with family planning (birth control) if you want that.

This is an exciting time! We are so glad that you have chosen us to be your partners in this childbearing year. We hope we will have the opportunity to continue to care for you between and after your pregnancies too. We love to see our families grow.

CALLING AFTER HOURS

The decision to call us after hours is sometimes a difficult one. We want to be your partner in a healthy pregnancy. Please review reasons you may need assistance after hours.

PRETERM LABOR PRECAUTIONS

If you are less than 36 weeks pregnant and you are having rhythmic sensations in your back, your belly or your upper thighs 6 or more times in an hour, stop what you are doing.

* Drink 32 ounces of water
* Empty your bladder
* Lie on your side for an hour.

If you are still having 6 or more rhythmic sensations or contractions in an hour, please call.
Fatigue and dehydration will cause contractions.
Staying hydrated and resting regularly will prevent many situations of concern in pregnancy.

VAGINAL BLEEDING IN PREGNANCY

FIRST TRIMESTER BLEEDING

No one expects bleeding in pregnancy. The truth is, some bleeding in pregnancy is not unusual. Spotting is normal. Spotting is only worrisome if it persists or is accompanied by severe pain.

If you have bleeding in the first trimester that is accompanied by severe pain, please contact the office. We often encourage you to wait through the night to be seen in the office. Emergency rooms are a difficult place for early pregnancy. If you have been seen by us already and know your pregnancy is in your uterus, we feel you will be better served by seeing us in the office.

SECOND TRIMESTER BLEEDING

Light bleeding after intercourse is not uncommon and is not cause for concern. If you have bleeding like a period at any time, please contact the office.

THIRD TRIMESTER BLEEDING

Bleeding before 36 weeks may be preterm labor. If you have bleeding, please contact the office.

Labor includes an amount of bleeding that is different for each woman. Cervical change produces some blood. If you are bleeding like a heavy period, we need to hear from you. If you are 36 or more weeks, have mucousy bloody discharge you could be preparing for active labor.

Please see the materials we and your childbirth educator have provided for you for labor.

DECREASED FETAL MOVEMENT

After 24 weeks of pregnancy, you should expect to feel regular patterns of movement from your baby. Each day may be a little different but the rhythms and personality of your baby will become familiar.

It is important that you feel 10 movements a day. It is recommended that you choose a similar time of day to note these movements. This frees your attention the rest of the day to enjoy your baby's movements and focus on the fullness of your life.

There are apps for your phone that can help you with this. Search for "baby kick", "fetal kick count", or "fetal movement" to see options.

You can also keep a pen and paper to mark each movement. If you sit at a desk you can move 10 paper clips from one spot to another each time you feel movement. Counting in your head is the hardest way to track movement.

This regular testing in usually done over a two hour period. This does not mean you have to repeat this over and over in a day. Once in a 24 hour period is recommended. Once you reach 10 movements, you are done. Most babies need an hour or less to reach 10 movements!

Please do this during the day or the early evening. If you do not have 10 movements in a day we will need to evaluate your baby in Labor and Delivery. This evaluation is best done early but can be done any time of the day or night if there is cause for concern.

SIGNS AND SYMPTOMS OF PRE-ECLAMPSIA

If you have been followed for high blood pressure in the office you know to watch for severe headaches, pain under your right rib cage or under your right breast, or changes in vision more serious than the black floaters and the small white sparkles that sometimes pass our field of vision.

The headache of pre-eclampsia does not go away with Tylenol. Women describe this as the most severe headache they have ever experienced. This is not the mild to moderate tension headache. If you experience this severe headache please contact the office.

Swelling of the feet, legs and hands are normal pregnancy symptoms and not associated with pre-eclampsia. Severe swelling of the face and around the eyes can be warning signs.

AFTER HOURS EMERGENCIES

If you have an emergency or are in labor after hours,
please call us at 757-451-0929, #5.

AFTER HOURS EMERGENCIES

If you have an emergency or are in labor after hours,
please call us at 757-451-0929, #5.

You will hear a voice prompt for the answering service. Your call will ring through to the service. Please tell them your name and phone number. Spell your name and have them repeat it back to you. If you have a common name (almost everyone does, believe it or not!), please ask them to take your date of birth also.

Please consider whether your need is urgent before calling after hours. If your concern is one that can be handled during office hours, please call after 8:30 AM Monday through Friday. If your concern is a question, our triage nurses are available Monday through Friday from 9:00 AM to 4:00 PM.

If you need to be seen for care for an emergent matter after hours, please call us.

We are often quite busy after hours, but we return all calls. If you do not hear back from us in 20 minutes, it is appropriate to call again if your call is emergent.

We appreciate you helping us help you.
Other very important ways for you to help us help you:

1. Please expect our call and be near the phone. Answer when we call.
2. Please answer when we call from a blocked number.
3. Please remove call block and do not disturb from your phone. You probably did this when you signed up for your phone. Your carrier asked if you would like to take calls from a blocked number. Of course not! Except that now it is your doctor or midwife...or pediatrician! Your carrier can tell you how to remove call block. Some telecom services do not allow you to see that you are getting a call from a blocked number.

If your situation must be dealt with during the hours that the office is closed, we encourage you to call. These are emergencies that will usually require you to present to the hospital for some evaluation.

If you have a pressing question but not a matter that requires that you be seen before morning by either a doctor, midwife or nurse, please call during our normal business hours. We are not equipped to provide routine care after hours. Please be courteous to our providers and considerate of the mothers and babies who need our attention during the night.

We are not able to answer routine questions or refill prescriptions after hours.

Pregnancy Medication List

It is recommended that you take NO medications during first trimester unless medically indicated.

This list is also available on our website for your use while traveling.

Medication Name	1st Tri 1-13 Weeks	2nd Tri 14-27 Weeks	3rd Tri 28-40 Weeks	Lactation 0-6 months	Lactation 6-12 months	Lactation 12+ months
ANTACIDS/REFLEX/UPSET STOMACH						
Plain Maalox, Mylanta, tums, Rolaids	Yes	Yes	Yes	Yes	Yes	Yes
Pepto-Bismol (bismuth subsalicylate)	Yes	No	No	Yes	Yes	Yes
Pepcid (famotidine)	Yes	Yes	Yes	Yes	Yes	Yes
Zantac (ranitidine)	Yes	Yes	Yes	Yes	Yes	Yes
Tagamet (cimetidine)	Yes	Yes	Yes	Yes	Yes	Yes
Aciphex (rabeprazole) RX	Yes	Yes	Yes	Yes	Yes	Yes
Nexium (Esomeprazole) RX	Yes	Yes	Yes	Yes	Yes	Yes
Prevacid (Lansoprazole) RX	Yes	Yes	Yes	Yes	Yes	Yes
Prilosec (omeprazole)	Yes	Yes	Yes	Yes	Yes	Yes
Protonix (pantoprazole) RX	Yes	Yes	Yes	Yes	Yes	Yes
ANTIBIOTICS (all RX)						
Amoxicillin, Ampicillin RX	Yes	Yes	Yes	Yes	Yes	Yes
Augmentin (amoxicillin+clavulanate) RX	Yes	Yes	Yes	Yes	Yes	Yes
Bactrim (trimethoprim/sulfamethoxazole) RX	Yes	Yes	No	Yes	Yes	Yes
Cipro (ciprofloxacin)RX	Yes	Yes	Yes	Yes	Yes	Yes
Levofloxacin (Levaquin) RX	Yes	Yes	Yes	No	No	No
Clindamycin RX	Yes	Yes	Yes	Yes	Yes	Yes
Doxycycline RX	No	No	No	Yes	Yes	Yes
Erythromycin RX	Yes	Yes	Yes	Yes	Yes	Yes
Keflex (cephalexin) RX	Yes	Yes	Yes	Yes	Yes	Yes
Macrobid, Macrodantin (nitrofurantoin) RX	Yes	Yes	Yes	Yes	Yes	Yes
Metronidazole RX	Yes	Yes	Yes	Yes	Yes	Yes
Tetracycline RX	No	No	No	Yes	Yes	Yes
ANIT-DEPRESSANTS						
Discuss with Provider						
NO Paxil (paroxetine)	No	No	No			
ANTI-DIARRHEALS						
Imodium Capsules (loperamide)	Yes	Yes	Yes	Yes	Yes	Yes
Kaopectate (bismuth subsalicylate)	Yes	No	No	Yes	Yes	Yes

Medication Name	1st Tri 1-13 Weeks	2nd Tri 14-27 Weeks	3rd Tri 28-40 Weeks	Lactation 0-6 months	Lactation 6-12 months	Lactation 12+ months
ANTI-EMETICS						
Diclegis RX	Yes	Yes	Yes			
Doxylamine (Unisomx sleep tabs)	Yes	Yes	Yes	Yes	Yes	Yes
Kytril or Sancuso (granisetron) RX	Yes	Yes	Yes	Yes	Yes	Yes
Phenergan (promethazine) RX	Yes	Yes	Yes	Yes	Yes	Yes
Reglan (metoclopramide) RX	Yes	Yes	Yes	Yes	Yes	Yes
Zofran (ondansetron) RX	Yes	Yes	Yes	Yes	Yes	Yes
ANTIFUNGALS						
Nystatin RX	Yes	Yes	Yes	Yes	Yes	Yes
Diflucan (fluconazole) RX	No	Yes	Yes	Yes	Yes	Yes
Gynazole 1 (butoconazole) RX	Yes	Yes	Yes	Yes	Yes	Yes
Gyne-lotrimin 3 or 7 days (clotrimazole)	Yes	Yes	Yes	Yes	Yes	Yes
Monistat 1 day (miconazole, ticonazole) Not Preferred	Yes	Yes	Yes	Yes	Yes	Yes
Monistat 3or 7 day (miconazole)	Yes	Yes	Yes	Yes	Yes	Yes
ANTIHISTAMINES / DECONGESTANTS / COUGH / COLD						
Allegra (fexofenadine) RX	Yes	Yes	Yes	Yes	Yes	Yes
Afrin Nasal Spray (oxymetazoline)	No	No	No	No	No	No
Benadryl (diphenhydramine)	Yes	Yes	Yes	Yes	Yes	Yes
Chlor-trimeton (chlorpheniramine)	Yes	Yes	Yes	Yes	Yes	Yes
Clarinex, alavert (loratadine)	Yes	Yes	Yes	Yes	Yes	Yes
Cough Drops	Yes	Yes	Yes	Yes	Yes	Yes
Flonase	Yes	Yes	Yes	Yes	Yes	Yes
Mucinex (guaifenesin)	Yes	Yes	Yes	Yes	Yes	Yes
Mucinex-D (guaifenesin+pseudoephedrine)	Yes	Yes	Yes	Yes	Yes	No
Phenylephrine	Yes	Yes	Yes	Yes	Yes	Yes
Robitussin Cough, Delsym (dextromethorphan)	Yes	Yes	Yes	Yes	Yes	Yes
Robitussin CF cough&Cold (dextromethorphan+ guaifenesin+ phenylephrine)	Yes	Yes	Yes	Yes	Yes	Yes
Robitussin DM (dextromethorphan + guaifenesin)	Yes	Yes	Yes	Yes	Yes	Yes
Sudafed (pseudoephedrine)	No	No	No	Yes	Yes	No
Zicam (Follow Instructions carefully)	Yes	Yes	Yes	Yes	Yes	Yes
Zyrtec (certirizine)	Yes	Yes	Yes	Yes	Yes	Yes
ANTIVIRALS						
Famvir (famciclovir) RX	Yes	Yes	Yes	Yes	Yes	Yes

Medication Name	1st Tri 1-13 Weeks	2nd Tri 14-27 Weeks	3rd Tri 28-40 Weeks	Lactation 0-6 months	Lactation 6-12 months	Lactation 12+ months
Valtrex (valacyclovir) RX	Yes	Yes	Yes	Yes	Yes	Yes
Zovirax (acyclovir) RX	Yes	Yes	Yes	Yes	Yes	Yes
INSOMNIA						
Benadryl (diphenhydramine)	Yes	Yes	Yes	Yes	Yes	Yes
Cal / Mag	Yes	Yes	Yes	Yes	Yes	Yes
Unisom (doxylamine)	Yes	Yes	Yes	Yes	Yes	Yes
Sominex (diphenhydramine)	Yes	Yes	Yes	Yes	Yes	yes
Natural Calm Magnesium Powder	Yes	Yes	Yes	Yes	Yes	Yes
INDIGESTION / GAS						
Papain (papaya enzyme)	Yes	Yes	Yes	Yes	Yes	Yes
Bromelain (pineapple enzyme)	Yes	Yes	Yes	Yes	Yes	Yes
Gas X (Simethicone)	Yes	Yes	Yes	Yes	Yes	Yes
Pha zyme (Simethicone)	Yes	Yes	Yes	Yes	Yes	Yes
Mylicon (Simethicone)	Yes	Yes	Yes	Yes	Yes	Yes
LAXATIVES / STOOL SOFTENERS						
Citrucel (methylcellulose powder)	Yes	Yes	Yes	Yes	Yes	Yes
Colace (docusate sodium)	Yes	Yes	Yes	Yes	Yes	Yes
Dulcolax Tablets (bisacodyl)	Yes	Yes	Yes	Yes	Yes	Yes
Metamucil / Konsyl	Yes	Yes	Yes	Yes	Yes	Yes
Lactulose RX	Yes	Yes	Yes	Yes	Yes	Yes
Milk Of Magnesia	Yes	Yes	Yes	Yes	Yes	Yes
Miralax (PEG)	Yes	Yes	Yes	Yes	Yes	Yes
Senokot	Yes	Yes	Yes	Yes	Yes	Yes
PAIN / FEVER / HEADACHE						
Aleve (naproxen sodium)	No	No	No	Yes	Yes	Yes
Aspirin (81mg)	Low dose ONLY if REC	If Prescribed by Provider	If Prescribed by Provider	Yes	Yes	Yes
Motrin, Advil (ibuprofen)	No	No	No	Yes	Yes	Yes
Tylenol (acetaminophen)	Yes	Yes	Yes	Yes	Yes	Yes
Tylenol with Codeine RX	Recommended dose only	Recommended dose only	Recommended dose only	No	No	No
TOPICAL CREAMS / OINTMENTS						
Benadryl, hydrocortisone, caladryl	Yes	Yes	Yes	Yes	Yes	Yes
Retin A	No	No	No	Yes	Yes	Yes
Salicylic Acid	No	No	No	Yes	Yes	Yes
Benzoyl Peroxide	Yes	Yes	Yes	Yes	Yes	Yes

VACCINE RECOMMENDATIONS

Certain vaccinations are recommended in pregnancy to provide Passive Immunity to the fetus. Passive immunity is when the antibodies made from the mother's body in response to an infection or vaccination pass through the placenta or breast milk to provide baby with protection. Baby then gets these antibodies in their blood stream without having to make them on his or her own. A baby's immune system is very immature at birth, so the antibody response formed by the pregnant person and passed down to the baby is stronger than if the baby had to make those antibodies on his or her own.

Flu

Influenza, or the "Flu" is a seasonal infective virus that specifically affects the respiratory system. Pregnant and postpartum persons are at significantly higher risk of serious complications to include pneumonia, hospital admission, intensive care unit (ICU) stay, preterm delivery, and maternal and fetal death. The American College of Obstetricians and Gynecologists (ACOG) recommend vaccination as early as possible in pregnancy during Flu season (September through April). The vaccine made for pregnancy is inactivated and safe for administration at any trimester. Vaccination during pregnancy results in significantly fewer hospital admissions for Flu in pregnancy and for the newborn baby after birth. If not received during pregnancy, vaccination can occur postpartum as baby can still get some benefit from the protective antibodies in breastmilk.

TDaP

Pertussis, or "whooping cough" is a highly contagious bacterial respiratory virus that is associated with severe morbidity and mortality in infants less than 3 months old. The Tetanus, Diphtheria, and Pertussis (TDaP) vaccine is available to infants 2 months of age and older; however, given this window of vulnerability and potential risks to the infant before vaccination is available, ACOG recommends all pregnant persons receive this vaccine in pregnancy between 27 weeks through 36 weeks of gestation.

RSV

Respiratory Syncytial Virus (RSV) is one of the most common viruses that affect children and is especially severe in infants less than 6 months old resulting in hospitalization, need for oxygen, mechanical ventilation, and even death. Studies have shown that maternal vaccination reduced illness severity by over 90% in infants who contracted RSV within the first 90 days of life. The RSV vaccine is recommended by ACOG to pregnant persons between 32 weeks and 0 days gestation and 36 weeks and 6 days gestation who do not have a planned delivery within 14 days to protect their infants during RSV season (October through March in Virginia). If this vaccine is not received in pregnancy, pediatrics will recommend vaccination of baby after delivery.

COVID-19

ACOG recommends that pregnant person receive an updated COVID-19 booster vaccination at any time during pregnancy, when trying to conceive, or if postpartum or lactating. Vaccination significantly decreases the severity of COVID-19 if contracted, reducing emergency department and urgent care encounters.

WOMAN CARE CENTERS, P.L.C.
Obstetrics and Gynecology
A Division of Mid-Atlantic Women's Care, P.L.C.

IMAGING/AUDIO RECORDING POLICY

For the safety, privacy and comfort of ourpatients, we ask that you acknowledge and respect our imaging/audio recording policy

It is the policy of WomanCare Centers that no photography, video recording or audio recording is permitted during phone conversations, telehealth visits, in the exam rooms, procedure rooms, ultrasound rooms and waiting rooms in any MAWC facility nor during the birthing process, exams, and cesarean section deliveries in the hospital until permissible by provider. This includes the use of camcorders, digital and conventional cameras as well as cell phones with imaging/ audio capabilities or any recording device.

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OUR OFFICE

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