



PRENATAL
CARE

Congratulations! Now that you are pregnant we expect that you will have many questions and concerns. We have put together some general information that will show you the typical schedule of visits as well as answer many commonly asked questions.

PRENATAL CARE

FIRST VISIT

Your first OB visit is very important. We will obtain a thorough medical history. Your weight and blood pressure will be taken. A urinalysis and urine culture will be performed. A pap smear is done if needed.

We will calculate your due date. Frequently we will also perform an ultrasound to confirm your due date. Dating by certain last menstrual period and/or an early ultrasound is the most accurate way to determine your due date.

*Due Date = Last Period (1st Day) minus 3 months plus 1 week
(Example: Last Period 10-12 = Due Date 7-19)*

Your blood will be drawn for prenatal laboratory work. These routine-screening labs will check for hepatitis B (a virus transmitted by bodily secretions), HIV, reactive plasma reagent (screens for syphilis), immunity to rubella (German measles), blood type and screen, and complete blood count.

SUBSEQUENT VISITS

On follow-up visits your weight and blood pressure will be checked. On occasion you may be asked to leave a urine sample to test for protein (can indicate a condition known as preeclampsia), and/or glucose (an indication of gestational diabetes). Your hands and feet will be checked for swelling. A doppler will be used to hear the baby's heart tones. Fetal activity and the size and growth of the baby will be checked.

GENERAL SCHEDULE FOR PRENATAL CARE VISITS

8 weeks: initial visit with a nurse practitioner and early pregnancy ultrasound when applicable. Complete history and physical exam including pelvic exam. Information regarding optional prenatal testing, and course of pregnancy.

Weight, blood pressure, urine testing, and fetal heart tones done every visit.

11-12 weeks: prenatal appointment with physician. Optional first trimester screening for chromosomal abnormalities is done around this time. The first trimester screening and cell free DNA screening tests are described in depth in this book. You will be able to discuss these options with your physician at this visit. (Please note that if your chosen screening option utilizes ultrasound you will need a separate appointment scheduled with the sonographer in addition to the prenatal visit.)

16 weeks: prenatal appointment. Second trimester screening done at this time if desired.

19-21 weeks: prenatal appointment. Screening ultrasound done in our office around this time (**must** have ultrasound appointment with our ultrasonographer scheduled **in addition** to any prenatal visit). An ultrasound uses sound waves to make a picture of the baby moving inside your uterus. Ultrasound tests are used to determine if the baby is developing properly, check the baby's heart rate, and confirm the baby's position and size.

24 weeks: virtual prenatal appointment with nurse practitioner.

27-28 weeks: prenatal appointment. One hour glucose testing, Tdap vaccine, and blood count. Rhogam if you are Rh negative. You will be screened for gestational diabetes. Diabetes occurs when there is a problem

with the way the body uses insulin. When insulin is not used properly, the level of glucose (sugar) in the blood becomes too high. Because the hormones of pregnancy increase the body's resistance to insulin, approximately 3% of pregnant women will develop diabetes during pregnancy. This condition usually subsides after pregnancy, but women who have had gestational diabetes are more likely to develop diabetes later in life. A one-hour glucose tolerance test involves drinking a sugary drink and having your blood drawn one hour later. This will measure your blood sugar level. If the test reveals a high level of glucose in your blood, a more extensive three-hour glucose test will be conducted. Your blood will also be drawn again to check for anemia.

If you are Rh negative, you will receive a Rh injection in your hip at 28 weeks. Only 15% of women are Rh negative. This means if your baby is Rh positive, you may form antibodies that fight against your baby's blood. The injection can prevent sensitization for up to twelve weeks. You will have this injection again after delivery if your baby is Rh positive.

30 weeks: virtual prenatal appointment with nurse practitioner.

32 and 34 weeks: prenatal appointment.

36 weeks: prenatal appointment, vaginal Group B Streptococcus culture and hemoglobin collected.

37 weeks to delivery: prenatal appointments weekly.

Topics to be discussed during visits: signs of preterm or term labor, breastfeeding, signing up for prenatal classes, finding a pediatrician, fetal movement counting, pain medication options in labor.

** additional visits may be necessary depending on your individual situation.

In the third trimester, we also are looking for signs and symptoms of preterm labor and preeclampsia. High blood pressure, also known as toxemia or preeclampsia develops in fewer than 10% of pregnant women. The cause of this potentially serious condition is unknown.

Warning Signs of Preterm Labor includes an increase or change in vaginal discharge especially with bleeding, pelvic or low abdominal pressure, abdominal cramps with or without diarrhea and regular contractions that do not subside with rest.

Warning Signs of Preeclampsia are rising blood pressure, right upper quadrant pain, blurred vision, persistent headaches, and significant swelling of hands, feet, and face. Swelling of the lower legs and feet is very common in pregnancy and not always a sign of preeclampsia.

The internet can be a source of excellent pregnancy related information. When reviewing information on your computer, do consider the source. Try to avoid unknown sites, and sites trying to sell you products.

Websites that you may find useful include: www.cdc.gov, www.marchofdimes.com, www.mayoclinic.org and www.uptodate.com.