

# Maternity Care

A GUIDE FOR YOUR PREGNANCY JOURNEY



**Department of Obstetrics & Gynecology**

**GW** Medical Faculty  
Associates



# WELCOME TO THE DEPARTMENT OF OBSTETRICS & GYNECOLOGY AT THE GW MEDICAL FACULTY ASSOCIATES!

Thank you for choosing the Department of Obstetrics & Gynecology (OB/GYN) at The GW Medical Faculty Associates. We look forward to caring for you, your developing baby, and family during this important time in your life. Our goal is to provide you the utmost in prenatal care.

## ABOUT US

We are dedicated to providing comprehensive, personalized care through our clinical, academic, research and education missions. We offer superior general obstetrical and specialty care before, during and after your pregnancy at The GW Medical Faculty Associates (GW MFA) and the George Washington University Hospital (GW Hospital).

Our team of expert doctors, nurse practitioners, and certified nurse-midwives provides comprehensive and individualized care to all, both uncomplicated and high-risk pregnancies. Our multi-disciplinary team approach allows for the integration with specialists in maternal and fetal medicine, reproductive medicine, and other specialties, as needed.

## OUR CARE TEAMS

### General OB/GYN Physicians and Nurse Practitioners

Our obstetrics and gynecology specialists and nurse practitioners are dedicated to the full spectrum of health care. We take a personalized approach to your health, whether you need routine gynecologic care, pregnancy care, or care for conditions that require ongoing management and/or surgery.

### Midwifery Services - A Collaborative Approach

Our team of certified nurse-midwives specializes in providing low intervention care utilizing evidence-based strategies to promote normal, physiologic childbirth. We believe that collaborative care between midwives and physicians yields the very best outcomes for pregnant people and their babies. Our team offers comprehensive pregnancy, childbirth, and postpartum care in addition to routine gynecologic care.

### Genetic Counseling Services

Our genetic counselors are trained to assess risk for genetic disorders and birth defects by reviewing your family and medical history. They can identify screening and testing options that are appropriate either before or during pregnancy to help in planning for a healthy baby. Our goal is to be available to all individuals or couples to educate and support them about their options to insure they make informed decisions.

### Maternal Fetal Medicine for High Risk Pregnancy Care

Our Maternal Fetal Medicine program has obstetricians (also called perinatologists) and nurse practitioners who specialize in caring for those with high-risk pregnancies. We care for families who have experienced high-risk pregnancies in the past, people with chronic health conditions, and those who develop unexpected problems during their pregnancies. We are available for consultation and collaboration with your primary care team as needed.





# GW HOSPITAL WOMEN'S CENTER

The Women's Center at GW Hospital is a comprehensive maternity center that provides private rooms, family-centered care and offers a wide range of services to make your birthing experience safe and special.

## WHAT IS A TEACHING HOSPITAL?

We thank you for putting your trust in us for your health care. In addition to our goal of providing cutting edge and comprehensive patient-centered care, we are dedicated to training the next generation of health care providers. These goals position us as a premier institution for providing you reliable, dependable care and for creating a legacy of excellence in education and research.

### Who supervises the students, residents and fellows?

All trainees are supervised by a physician, midwife, nurse practitioner, or physician assistant.

### What types of responsibilities do trainees have in patient care?

All of these learners play an important role in your care team and have responsibilities that depend upon their level.

- Taking a history
- Physical exam
- Assistance with procedures/surgery

### What is my role in teaching the trainees?

You play an important role in their training, providing experience and feedback so that they can become excellent and caring providers.

### What are the benefits of having trainees involved in your health care?

- Trainees are an important part of our health care team and help us to provide comprehensive, safe, and evidence-based care.
- Having trainees on the team improves the quality of the care you receive.

## DEFINITIONS

**Fellows** - Unique to the GW MFA is a Midwifery Fellow program. Midwifery Fellows are licensed and credentialed midwives who are taking an additional year of training with us to hone both their clinical and collaboration skills. You will see them working with us both in the office and on labor and delivery at GW Hospital.

**Residents** - Residents have completed medical school and spend 4 years training in Obstetrics and Gynecology.

**Students** - You may encounter medical students, midwifery, physician assistant or nurse practitioner students. Students spend time learning about Obstetrics and Gynecology in addition to all of the other specialties. Some will choose OB/GYN as a career. For others, their experience on this rotation may be their only exposure to our field.



# HOW TO REACH YOUR CARE PROVIDERS

## at The GW Medical Faculty Associates

Below is important information on how to contact your provider.

**202.741.2500**

### PREGNANCY QUESTIONS / CONCERNS

- Daytime hours (Mon, Tue, Thurs, Fri: 8:00 AM - 4:30 PM / Wed: 9:00 AM - 4:30 PM): press the prompt for the triage nurse
- Evening/Night hours (4:30 PM - 8:00 AM): you will be connected to the answering service and then to the physician or midwife on call
- **Appointment scheduling** - press the prompt for your provider

### MYCHART PATIENT PORTAL

The GW Medical Faculty Associates personal health information system - We encourage you to sign up!

- **Appointment scheduling**
- **Non-urgent pregnancy or health related questions** - allow **48-72 hours** for a response
- Through the MyChart patient portal, you may also view your medical records, lab results and prescriptions. If you have not already signed up for the MyChart patient portal, please sign up at your next appointment.

*To learn more or sign up for MyChart, please visit: [gwdocs.com/MyChart](http://gwdocs.com/MyChart)*

### URGENT PREGNANCY CONCERNS - WHAT TO DO?

**Below is a list of some common pregnancy concerns that WE ASK you to call us about:**

- If you think you are in labor
- If you are not feeling the baby move
- Contractions or cramps before 37 weeks (the 9th month)
- Vaginal bleeding
- Leaking of fluid
- Fever
- Sudden or persistent vomiting or diarrhea



**CALL!** There is a physician and midwife on call 24/7 available to address your concerns. We would ALWAYS rather you call us and have everything be ok than for you to wait with a problem or health issue. **DO NOT** use MyChart or email with urgent concerns - this can delay your prompt evaluation and care.

### BILLING AND INSURANCE

The global fee for a normal vaginal delivery without complications includes all routine pregnancy related office visits, vaginal delivery and the postpartum visit. The fee may not include Maternal Fetal Medicine specialty care, laboratory testing, ultrasounds, or additional visits due to complications of pregnancy. It may not include hospitalizations, anesthesia services for delivery, or pediatrician fees postnatally. These are additional services that are billed to your insurance carrier. If you require a cesarean delivery, the surgeon and assistant surgeon have additional fees. Unfortunately, complications during a pregnancy or in delivery can occur. Any charges incurred for complications are not included in the global fee for a normal vaginal delivery. Office visits for non-pregnancy related issues such as colds or urinary tract infections are typically not covered by your "global" fee and will be charged as a separate visit outside the global fee. Some insurance companies have different fee structures for complications in pregnancy.

*Please check with your insurance plan for your benefits and plan coverage, deductible amount and co-pays. If you have any questions about your bill, please call our billing office at **202.741.3560**.*



# IMPORTANT APPOINTMENT INFORMATION

## YOUR APPOINTMENTS

We are an academic-based group practice. You'll see one of our obstetricians, certified nurse-midwives, or nurse practitioners regularly, either in-person or virtually. We offer routine prenatal screening and testing in our offices to monitor your baby's growth and your overall health. Later in the pregnancy, you will be seen more often.

### **Your Provider and Care Team**

We value continuity of care with a provider and care team who knows you. You have the opportunity to see other providers in the group who are also dedicated to your care.

### **Prenatal Visit Schedule**

Please see "Prenatal Care Information and Appointments" on the following page for information about your prenatal visits. Please keep in mind this schedule may be altered to meet your unique needs.

### **Babyscripts**

We will help you enroll in the **Babyscripts™** mobile app during your first in-person prenatal visit. Babyscripts offers virtual health care support through your mobile device or tablet. This includes educational materials in English and Spanish and remote monitoring of weight, blood pressure and other aspects of your pregnancy.

*\*Please note, depending on your care level need, appointments may be either in-person at our office or virtually via a GW Virtual Health visit using a computer, smartphone or tablet.*

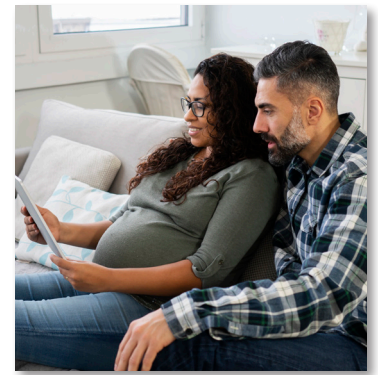


# ABOUT YOUR APPOINTMENTS

Some aspects of care may be modified based on your specific needs throughout your pregnancy.

## At Each Prenatal Visit

- Weight and blood pressure will be monitored and this will also be monitored in Babyscripts
- You will listen to the heartbeat of your developing baby (after 12 weeks of pregnancy)
- We will ask you about the baby's movements (starting at around 20 weeks of pregnancy)
- We will ask you about symptoms including cramps/contractions, bleeding and leaking of fluid
- Additional testing may be needed for different conditions, this will be discussed with your provider.



## 0 - 13 weeks | First Trimester

### Welcome to the GW MFA for your Maternity Care Group Virtual Meeting to discuss::

- Your prenatal care at GW MFA
- Team of providers you will see
- Optimal diet, exercise, prenatal vitamins and vaccines
- Review this guide
- Answer questions

### Genetic counseling via GW Virtual Health visit with a Genetic Counselor to discuss:

- Genetic carrier screening (you may request this earlier)
- First trimester screening for chromosomal abnormalities
- Maternal age-related risks, if over 35 at delivery
- Your family history

### 7-11 WEEKS

- Ultrasound to confirm due date
- Review of your medical history
- Physical exam

#### Common discussion topics:

- *Medical and family history*
- *Medications*
- *Genetic carrier screening and other testing options*
- *Depression screening*

#### To do:

- Initial lab tests
- Babyscripts app enrollment
- MyChart enrollment

### 12-13 WEEKS

- First Trimester Screen Ultrasound (*if desired*)

## 14 - 27 weeks | Second Trimester

### Common discussion topics for the second trimester:

- *Nutrition and exercise recommendations*
- *Emotional well-being*

### 16 WEEKS - GW Virtual Health or in-person appointment

- Genetic screening: *See page 9 for more information.*
- Maternal Serum AFP screening: *See page 9 for more information.*

### 20 WEEKS - In-person appointment

- You will also have an ultrasound appointment to evaluate the baby's anatomy

### 24 WEEKS - GW Virtual Health or in-person appointment

## 28 - 36 weeks | Third Trimester

### 28 WEEKS - In-person appointment

- Patients that are Rh negative with a negative antibody screen receive a Rhogam injection
- Depression screening
- Tdap vaccine (tetanus, diphtheria, pertussis)

#### Common discussion topics:

- *Childbirth and infant care education*
- *Postpartum support*
- *Plans for feeding your newborn*

#### To do:

- Third trimester labs, including one-hour gestational diabetes screen

### 32 WEEKS - GW Virtual Health or in-person appointment

#### To do:

- Pediatrician
- Hospital registration

### 36 WEEKS - In-person appointment

- Confirm baby's position
- Testing for Group B Streptococcus (GBS)

#### Common discussion topics:

- *Contraception options for after the baby is born*
- *Options for pain management in labor*
- *Birth preferences*

### 37 - 41 WEEKS - In-person appointment every 1-2 weeks

- If your pregnancy continues beyond 41 weeks we will discuss your options, including induction
- Certain tests may be recommended to monitor the baby's heart rate and amniotic fluid around the baby. These tests help to ensure the baby is healthy and the placenta is functioning well.

## Postpartum Follow Up

### 1 - 3 WEEKS - You may have a GW Virtual Health or in-person appointment to check on:

- Blood pressure
- Physical recovery
- Emotional well-being

### 4 - 8 WEEKS - GW Virtual Health or in-person appointment

- Physical recovery and readiness to resume activities
- Emotional well-being and self-care
- Feeding the baby
- Long-term follow up plan, including future pregnancy plans

# GENETIC SCREENING OPTIONS

## Prenatal and Preconception Screening, Testing, and Counseling

Whether before or after conception, we offer options for screening and testing that can help in preparing for a healthy baby. Your decisions about screening and testing options are very personal ones. This document gives some basics, however your provider will also refer you for a genetic consultation. The genetic counselor will review your personal and family history and provide you with more detailed information about your screening and testing choices.

**GENETIC CARRIER SCREENING** involves a blood sample and can be performed prior to or during a pregnancy. It can identify those at increased risk of having a child with certain genetic conditions. Screening most often includes common disorders such as Cystic Fibrosis, Spinal Muscular Atrophy and Sickle Cell Anemia. Doing the screening before or early in pregnancy can increase your options. Expanded carrier screening panels are also available. Please speak with your provider for more information or see our Genetic Carrier Screening fact sheet at:

[gwdocs.com/OB-genetic-carrier-screening](http://gwdocs.com/OB-genetic-carrier-screening)

**GENETIC COUNSELING** is a routine part of the prenatal screening process for all pregnant people. It is an in person or telehealth visit, in which the genetic counselor will discuss your screening and testing options and work with you to arrange the tests you choose. This will include a discussion of risks and options for those who will be over 35 years at the time of delivery. They will also communicate results to you when completed. If results raise concerns, they will explain them and help you pursue additional screening or testing, if desired, or arrange consultations and referrals when appropriate.

Genetic counseling appointments can also be scheduled for a variety of other reasons. This includes pregnancies in which ultrasound findings have raised concern, or families who have a child or other close relative with a birth defect, physical or cognitive disabilities, or genetic disorder. Genetic counseling is also available for carriers for a genetic condition, such as Tay-Sachs, Sickle Cell Anemia, Spinal Muscular Atrophy or Cystic Fibrosis. Pregnant people who have been exposed to agents, such as medications, that may be harmful to the baby may seek genetic counseling.

**PRENATAL SCREENING** includes options that can identify whether your baby is more or less likely to have certain conditions. A genetic counseling visit is typically scheduled in combination with these screens. Prenatal screening is non-invasive, uses a blood sample and ultrasound, and can start in the early stages of your pregnancy through the second trimester. Screening can't make a definitive diagnosis but will find most pregnancies with a higher risk. They carry no risk to the baby and are most often reassuring. If results indicate an increased risk for a condition, your genetic counselor or health care provider will discuss them with you, offer further testing and make a plan for further care.

## SCREENING OPTIONS

### FIRST TRIMESTER

#### First Trimester Screen

- A blood sample is obtained by a finger stick combined with ultrasound to estimate the risk of Down syndrome, trisomy 13 and trisomy 18
- This screening is done between 11 weeks and 13 weeks, 6 days
- Results are typically available in about 5 days

#### Cell free DNA Screening: cfDNA or Noninvasive Prenatal Testing (NIPT)

- A blood draw used to assess the risk of Down syndrome, trisomy 18, trisomy 13, and sex chromosome abnormalities
- This is more commonly used for those at increased risk for having a baby with birth defects. These risks include advanced maternal age, history of chromosomal abnormalities, or previous abnormal screening results
- It can be considered by a patient with a low risk pregnancy, however may not be covered by insurance
- The test can be done after 10 weeks of pregnancy
- Results are usually available in about 7 days

### SECOND TRIMESTER

#### Maternal Serum Alpha-Fetoprotein (MSAFP)

- MSAFP is a blood draw to screen for open neural tube defects such as spina bifida and other more rare conditions
- Typically the MSAFP is done between weeks 15 and 24 of pregnancy

#### Tetra Screen (Includes MSAFP Screen)

- Uses a blood sample to estimate the risk of Down syndrome and trisomy 18
- This would routinely be offered to those who have not had a first trimester screen
- Typically this screening is done between weeks 15 and 20 of pregnancy
- Results are usually available in about 7 days

#### Ultrasound or Sonogram

- Uses sound waves to create computer images that can evaluate the growth and development of the baby
- An anatomy ultrasound is routinely performed at approximately 20 weeks of pregnancy
- Any differences or abnormalities that are found are discussed with a Maternal Fetal Medicine physician after the ultrasound. Our physician will explain the finding and discuss options for further screening, prenatal diagnosis, or special care. They may offer a visit with the genetic counselor for additional information and support.



# PRENATAL DIAGNOSTIC OPTIONS

Diagnostic testing is most often offered to patients who will be over 35 years at delivery, who have a positive screening results, or who have a child or other family member with a birth defect or genetic condition. Genetic counseling is provided to review these tests if they are being considered. These tests provide definitive answers about chromosome abnormalities and certain genetic disorders. Both tests obtain cells from the pregnancy without touching the baby, but each carry a small risk for complications. They are usually considered to be uncomfortable, not painful, and are short procedures. Other specialized tests can be added and will be discussed as an option with either procedure.

## CHORIONIC VILLUS SAMPLING (CVS)

- In CVS testing, a small sample of cells is taken from the placenta, either with a vaginal or abdominal approach, under ultrasound guidance
- The CVS is typically performed between 11 and 14 weeks of pregnancy
- The risk for a complication that may lead to miscarriage is less than 1 in 500 (less than 0.2 of 1%)
- Final results are typically available in about 10-14 days
- Follow-up screening for neural tube defects will be offered with MSAFP (see page 9)

## AMNIOCENTESIS

- In amniocentesis, under ultrasound-guidance, a thin needle is used to withdraw a small amount of amniotic fluid or 'birth' fluid around the baby
- The amniocentesis will not only diagnose chromosomal abnormalities, but can also diagnose neural tube defects
- The procedure is typically performed between 15 and 20 weeks of pregnancy
- The risk for complications that may lead to miscarriage is less than 1 in 1,000 (less than 0.1 of 1%)
- Final results are typically available in about 10-14 days

## WILL MY HEALTH INSURANCE COVER TESTING?

Most insurance plans will cover prenatal screening with first trimester screening or tetra screening. The cell free DNA screening and prenatal diagnosis are usually covered for patients at increased risk including those over 35 years old, pregnancies with abnormal screening or ultrasound, or known risk for a genetic disorder. It may be covered for low risk patients, however you would be advised to check with your insurance regarding coverage. You can be provided with codes to use in discussing this with insurance. Additionally, you may have deductibles and copays that will apply.

## ADDITIONAL QUESTIONS TO CONSIDER:

All of the referenced screening and testing is optional and there are some things you can think about as you make decisions on proceeding:

- Whether the results will impact your choices in pregnancy
- The accuracy of the screening or testing
- Any risks that may be associated with the testing

Please remember that your health care provider and genetic counselor are trained to focus on your particular situation and help you make the best decision for you.

## WHERE CAN I LEARN MORE?

### Cancer Genetic Counseling:

Individuals with a family history of cancer or related questions are encouraged to contact the Ruth Paul Cancer Genetics and Prevention Center at **202.677.6903** or [gwdocs.com/cancer-genetic-counseling](http://gwdocs.com/cancer-genetic-counseling).

You will learn more and have the opportunity to ask individual questions at your genetic counseling visit. However, these websites may be helpful:

- LabCorp educational resources [integratedgenetics.com/videos](http://integratedgenetics.com/videos)
- Exposures during pregnancy [mothertobaby.org](http://mothertobaby.org)
- Genetic counseling resources [nsgc.org](http://nsgc.org)
- NIH Genetics Home Reference [ghr.nlm.nih.gov](http://ghr.nlm.nih.gov)
- March of Dimes [marchofdimes.com](http://marchofdimes.com)



# COMMON 1ST TRIMESTER SYMPTOMS

## NAUSEA

Nausea can occur at any time of day and may come in the form of aversion to certain foods. It generally improves by the 13th or 14th week of pregnancy, but can continue into the 2nd trimester.

**TIPS:** Have a few crackers before getting up in the morning, eat several small meals a day so that your stomach is never empty, drink plenty of liquids. Try wearing a motion sickness band. Have gingerale or ginger tea, tablets or capsules. Try peppermint oil aromatherapy, flat coke or mixing 1 teaspoon of apple cider vinegar with 1 cup of water could also help. *See page 17 for over-the-counter medication options.*

## HEARTBURN

Heartburn may be an effect of sluggish digestion or the expansion of the uterus.

**TIPS:** Eat several small meals a day instead of three large ones, avoid triggers (fried foods, chocolate, peppermint, garlic, onion, citrus, ginger), drink plenty of fluids, and don't lay down for 1 to 2 hours after your evening meal. Antacids can be taken as needed (Tums, Mylanta, Maalox) or daily (cimetidine or famotidine) for relief. *See page 17 for over-the-counter medication options.*

## CONSTIPATION

Constipation affects at least half of all pregnant people and is caused by an increase in progesterone, which slows the digestive process.

**Tips:** Try to eat on a regular schedule, drink plenty of fluids, get some exercise daily. Eat high-fiber fruits such as prunes, bran cereal, vegetables and grains. Try fiber supplements (Metamucil, Citrucel) or a mild laxative (such as milk of magnesia).

**If you're concerned about any of these symptoms or any other side effects, please call your provider or care team.**

## DIZZINESS

Pregnancy causes dilation of blood vessels, resulting in lower blood pressure, which may cause dizziness. Dizziness may also be caused by dehydration, low blood sugar or anemia. We will do lab work to rule out these conditions.

**TIPS:** Get up slowly from lying or sitting down, walk at a slower pace, avoid prolonged standing, guard against over-heating (hot tubs, saunas), stay physically active, drink plenty of fluids, eat iron-rich foods (beans, red meat, green leafy vegetables, dried fruits).

## FATIGUE

Fatigue may be caused by demands on the circulatory system and increased progesterone, which makes you sleepy.

**TIPS:** Take naps during the day or go to sleep earlier, avoid taking on extra responsibilities, ask for support when you need it, exercise regularly, eat foods rich in iron and protein, avoid excess caffeine.

## VAGINAL DISCHARGE AND VAGINAL INFECTIONS

An increase in vaginal discharge is common in pregnancy due to increase in the turnover of vaginal lining cells and thickened cervical mucous. It will likely be present throughout the pregnancy. Please notify your provider or a member of your care team if the discharge develops an odor, becomes discolored or is irritating. Also, please call if you have pain with urination.

## HEADACHES

Headaches are one of the most common discomforts experienced during pregnancy. During the first trimester your body experiences a surge of hormones and an increase in blood volume. Stress, low blood sugar, lack of sleep, dehydration, or caffeine withdrawal may also cause headaches.

**TIPS:** Apply a cool compress to the base of your neck or forehead; maintain your blood sugar by eating smaller, more frequent meals; get plenty of sleep; rest in a dark room; have a small amount of caffeine; take acetaminophen (avoid ibuprofen). *See page 17 for over-the-counter medication options. Please call if you have a persistent headache.*





## COMMON 2<sup>ND</sup> AND 3<sup>RD</sup> TRIMESTER SYMPTOMS

### BRAXTON HICKS CONTRACTIONS

Braxton Hicks contractions are painless, random contractions of the lower abdomen and groin - often may feel like a tightening of the uterus. These are “warm-ups” to labor contractions and may occur during the 2nd and 3rd trimester. On the other hand, if you experience regular contractions (more than 3-4 in one hour), try to lay down and drink fluids, and call if they do not decrease or resolve with these measures.

### LEG CRAMPS

Leg cramps may occur especially at night and usually in the calves. Flex your toes up towards your leg if this happens and massage the calf until it resolves. Avoid pointing your toes when stretching.

### HEARTBURN AND CONSTIPATION

Please see 1st trimester symptoms.

### SHORTNESS OF BREATH

Shortness of breath may be due to your lungs processing more air than they did before pregnancy. Please call if you experience chest pain, especially if it is localized to one side or the other.

### ROUND LIGAMENT PAIN

The round ligaments support your uterus in your pelvis. As your uterus grows, the ligaments stretch and thicken to accommodate and support it. These changes can cause pain on one or both sides of the pelvis. Pain may start deep within the groin and move upward and outward towards the hips. It may also present as a dull ache after an active day. To help relieve discomfort, you may try warm baths, flexing your knees toward your abdomen, or lying on your side with a pillow under your belly. Decrease activity if necessary.

### HIP PAIN AND BACKACHES

As pregnancy advances, the baby gains weight and puts more pressure on your back, while hormones relax the joints between your pelvic bones. Sit in chairs with good back support, apply heat and/or ice to painful areas, wear supportive shoes. Call if the pain does not go away or is accompanied by other symptoms.

### SWELLING

Blood return from your veins is compromised during pregnancy and fluid retention may be evident in your feet, ankles, face, and hands. Drink plenty of fluids and elevate your feet at night.

### FREQUENT URINATION

Extra pressure on your bladder may cause you to urinate more often or leak urine, especially with laughing, coughing, or sneezing. Watch for signs of a bladder infection, such as burning with urination, fever, or blood in your urine, and call if these symptoms are present.

**If you're concerned about any of these symptoms or any other side effects, please call your provider or care team.**



# Vaccinations in Pregnancy

## KEY POINTS

Vaccinations can help protect you from certain infections and diseases that can harm you and your baby. The Tdap and influenza vaccines (flu shot) are recommended in pregnancy. Not all vaccines are safe to get during pregnancy, so you should speak to your provider or care team for more guidance.

## WHAT VACCINATIONS ARE RECOMMENDED DURING PREGNANCY?

- The Tdap vaccine protects you and your baby against contracting tetanus, diphtheria, and pertussis. It is recommended that you get the Tdap vaccine between 27 and 36 weeks of pregnancy.
- The flu shot protects you and your baby against contracting the flu. It is recommended that you get a flu shot every flu season, even when pregnant.

Before getting a vaccination, talk to your provider or care team and let them know if you have any allergies or have ever had an allergic reaction to a vaccine. An allergic reaction is a bad reaction to something you eat, touch, or breathe in. Usually allergies result in itching, sneezing, a rash or hives, or trouble breathing.

For more information, [cdc.gov/vaccines/pregnancy](https://www.cdc.gov/vaccines/pregnancy).



Common Vaccinations	Recommended During Pregnancy?
Flu shot (influenza)	Yes (does not include the nasal spray)
Tdap (tetanus, diphtheria, and pertussis)	Yes
Hepatitis A	Talk to your provider or care team
Hepatitis B	Talk to your provider or care team
HPV (human papillomavirus)	Talk to your provider or care team
MMR (measles, mumps, rubella)	No
Chickenpox (varicella)	No
Shingles (zoster)	No



# Nutrition

Healthy eating should be a part of your plan from the start. Eating a balanced diet and one rich in healthy foods can help improve pregnancy outcomes and decrease the risk of complications with your pregnancy. Your provider may have individualized recommendations based on your needs.

- Gain an appropriate amount of weight during your pregnancy
- Grow a baby appropriately sized for your body and pelvis
- Minimize nausea and dizziness by keeping your blood sugar at an even level
- Expand your blood volume to allow optimal circulation for you and your baby

## Recommended weight gain in a healthy pregnancy

Body Mass Index (BMI)	Recommended Range of Total Weight (lb)	Recommended Rates of Weight Gain in the 2nd and 3rd trimesters (lb per week)
Less than 18.5	28 - 40	1-1.3
18.5 - 24.9	25 - 35	0.8 - 1
25 - 29.9	15 - 25	0.5 - 0.7
30 and greater	11 - 20	0.4 - 0.6

Adapted from IOM Weight Gain Recommendations for Pregnancy. Assumes 1-4.4lb weight gain in the first trimester. BMI is calculated as weight in kilograms divided by height in meters squared.

## EATING RIGHT AND GETTING PLENTY OF FLUIDS DURING PREGNANCY EACH DAY

- High in protein
- Low in fat
- Low in sugar
- Contains calcium and vitamin D
- Contains iron (prevents anemia)
- Folic acid (reduces the risk of neural tube defects in baby)
- Plenty of water (at least a quart a day)

## YOUR DIET SHOULD INCLUDE:

- Whole grains foods (2-4 servings per day): whole grain bread, cereal, brown/wild rice
- Vegetables (3-4 servings per day): lettuce, spinach, peppers, cucumbers, carrots, broccoli,
- Fruits (3-4 servings per day): apples, bananas, pears, peaches, melon, prunes, mangoes tomatoes
- Milk, yogurt, cheese (2-4 servings per day): milk (skim or 1%), yogurt and cheese (fat free or low fat)
- Meat, poultry, fish, beans, nuts (2-4 servings per day): fish, eggs, chicken, beans
- Fats and oils (limited quantities): in cooking ingredients
- If you follow a special diet such as vegetarian, vegan, lactose-free, or gluten-free, you should talk with your provider or care team about healthy food choices to ensure proper nutrition for you and your baby. Dieting to lose weight is not recommended during pregnancy.

continued on next page →



## RECOMMENDED SUPPLEMENTS

- Prenatal vitamin with at least 400 - 800 mcg of folic acid.
- Fish Oil (DHA): 200-300 mg per day. This is often available in combined prenatal vitamins.



## FOODS TO KEEP TO A MINIMUM

- Caffeine: No more than 1 - 8 oz cup or 200 mg daily of coffee
- Sugary foods: soda, juice, cookies, cakes, ice cream
- White Foods: white bread, white rice, potatoes, pasta
- Junk Foods: chips, fries, fried foods



## NOT RECOMMENDED IN PREGNANCY

- Alcohol
- Nicotine
- Marijuana
- Illicit drugs

*If you are currently using any of these, please discuss ways to decrease or stop use with your provider*



## AVOID:

- Foods that may carry listeria or toxoplasmosis (things that can harm the pregnancy).
- Unpasteurized milk/soft cheeses, any unpasteurized beverages like cold-press juices, milk, and certain organic juices
- Deli meats (unless prepackaged or heated prior to eating)
- Smoked fish
- Raw or undercooked meats (all meat should be cooked to above medium temperature)

## FISH AND SEAFOOD

We recommend eating seafood 2 to 3 times per week. Seafood is an excellent protein source and contains omega-3 fatty acids, which help with your baby's neurological development and lowers your risk of heart disease. However some seafood is high in mercury, which can pose a risk to brain development in fetuses.

Below are basic recommendations:

Seafood that is Safe to Eat 2-3 Times a week	Seafood Safe to Eat Once a Week	Fish to Avoid
<ul style="list-style-type: none"> <li>Anchovies</li> <li>Canned LIGHT albacore tuna</li> <li>Catfish</li> <li>Clams</li> <li>Cod</li> <li>Crab</li> <li>Crayfish</li> <li>Flounder/Sole</li> <li>Herring</li> <li>Oysters</li> <li>Pollack/Fish sticks</li> <li>Salmon, wild, canned</li> <li>Sardines</li> <li>Scallops</li> <li>Shad (American)</li> <li>Shrimp</li> <li>Squid/Calamari</li> <li>Tilapia</li> <li>Trout</li> <li>Whitefish</li> </ul>	<ul style="list-style-type: none"> <li>Black sea bass</li> <li>Chilean sea bass</li> <li>Halibut</li> <li>Lobster</li> <li>Mahi-mahi</li> <li>Monk fish</li> <li>Rockfish/red snapper</li> </ul>	<ul style="list-style-type: none"> <li>King Mackerel</li> <li>Shark</li> <li>Swordfish</li> <li>Tilefish</li> <li>Tuna Steak (AHI)</li> </ul>
<p><b>Serving Size:</b> A fish serving is roughly the size of the thickness of your hand or about 8 ounces, uncooked (based on a 160-pound adult)</p> <p><b>Sushi</b> Sushi is safe as long as you avoid high mercury fish! We do recommend going to a reputable sushi restaurant to avoid risk of food borne illnesses. Seaweed is a great iron source!</p>		



# Exercise

## EXERCISE IS GENERALLY SAFE IN PREGNANCY

**Exercise everyday: for at least 30 minutes. We want to encourage you, as much as possible to stay active**

**Excellent options include:**

- Any routine exercise you were doing prior to pregnancy
- Brisk walking in fresh air: ideal for building the strong legs you will need for labor
- Swimming, elliptical, jogging, stationary biking
- Prenatal yoga
- Light weights (5-10 lb. hand-held weights) - will help you maintain appropriate muscle mass and strength in pregnancy

## IS PHYSICAL ACTIVITY SAFE FOR ALL PREGNANT PEOPLE?

Not everyone should exercise during pregnancy. Your provider will discuss avoiding exercise if you have:

- Heart problems that affect blood flow
- Preterm labor - preterm labor is labor that happens too early, before 37 weeks of pregnancy
- An insufficient cervix - this is a cervix that opens and/or shortens too early, before the baby is full term
- Lung disease
- Vaginal bleeding during the second or third trimester (from 4 months of pregnancy on) that doesn't go away
- Ruptured membranes (when your water breaks)
- Preeclampsia - this is a condition that can happen after the 20th week of pregnancy or right after pregnancy. It's when a person has high blood pressure and signs that some of their organs, like kidneys and liver may not be working properly.
- Placenta previa - this is when the placenta sits low in the uterus and covers all or part of, the cervix.

## WHEN YOU EXERCISE

**Drink lots of water, pay attention to your body and how you feel. Stop your activity and call your provider or care team if you have any of the following:**

- Vaginal bleeding
- Dizziness
- Trouble breathing
- Headache
- Chest pain
- Muscle weakness
- Pain or swelling in your lower legs
- Contractions
- Leaking amniotic fluid
- Your baby stops moving

## THINGS TO AVOID:

- Any activity that may hurt you or cause you to fall, such as horseback riding, downhill skiing, gymnastics, surfing, or bike riding
- Any activity or sport in which you may get hit in the belly, such as ice hockey, kickboxing, soccer, diving, basketball, or baseball
- Any exercise that makes you lie flat on your back, like sit-ups, after the 3rd month of pregnancy. Lying on your back can limit the flow of blood to your baby
- Scuba diving
- Exercise at high altitudes, (more than 6,000 feet)
- Activities or exercise in heated environments or hot, humid days to avoid overheating
- Stay out of saunas, hot tubs, and steam rooms



# THE EFFECTS OF PREGNANCY ON SLEEP



As your body changes throughout the course of your pregnancy, hormonal changes and physical discomforts can affect the quality of your sleep. During each trimester you will experience differences in sleep patterns, and it is important to recognize how these may change.

## Is it safe to sleep on my back during pregnancy?

Early in the pregnancy, sleeping on your back is safe. In the third trimester (starting around 28 weeks), it is not recommended that you lie flat on your back for a prolonged period of time because the weight of your uterus presses on the major vein in your back. When you are sleeping, it is hard to control your position. If you wake up on your back, you probably awakened because your body was telling you to shift position. Some people wake up feeling dizzy, short of breath, or with heart palpitations. These symptoms should resolve quickly if you shift to either side. As your pregnancy progresses, try to sleep on one side or the other, or use a cushion to ensure that you are not completely flat on your back to avoid nighttime awakenings and ensure proper blood flow to your baby.

## Is it safe to sleep on my stomach during pregnancy?

There is no problem with sleeping on your stomach in early pregnancy, as the uterus is protected by your pubic bone. As the pregnancy progresses, sleeping on your stomach will become uncomfortable, which is the cue to stop.

## What about sleeping on my side during pregnancy?

Sleeping on your side will promote good blood flow to your baby. You may also want to consider bending one or both of your knees and elevating your head slightly.

## Is it safe to use sleeping medications during pregnancy?

Some prescription sleep aids can be used in pregnancy but should be discussed with your OB provider before starting. These medications can be habit forming, and in general, are used sparingly in pregnancy. There are over-the-counter sleep aids that are safe to use during pregnancy, including Benadryl, Tylenol PM, and Unisom. These medications should be taken according to the directions on the package and should be discussed with your provider.

## PREGNANCY SLEEP TIPS

- Drink plenty of fluids during the day but cut down in the evening before bedtime to minimize getting up at night
- If approved by your physician or care team, exercise in the morning can give you energy during the day, help you to stay fit and improve circulation, and reduce nighttime leg cramps
- Maintain a consistent sleep routine. If you establish a soothing and comforting evening routine you'll be able to relax and get to sleep more easily. Try a cup of caffeine-free tea or hot milk, reading, or taking a warm shower
- Try stretching before bed to help ease muscle cramps
- Keep heartburn at bay. *See page 7 for tips.*
- Nap during the day. If you're not getting enough rest at night, take a nap to reduce fatigue. Find a quiet spot and relax, even if only for a half-hour.
- Support your body. Use a special pregnancy pillow or regular pillows to support your body. Try placing a pillow under your upper back or hips, or between your knees.
- Watch your diet. Completely eliminate caffeine if insomnia is a problem for you. If nausea is a problem, eat bland snacks throughout the day. Keeping your stomach slightly full helps keep nausea at bay.
- Be sure you are sleeping as many hours as you need to feel rested.

# MEDICATION USE IN PREGNANCY

Medication should not be used in pregnancy unless necessary. Those with underlying conditions may require continued medication use in pregnancy. Medications listed below have been shown to not cause birth defects. Most other medications fall into an “unknown category” meaning there have been no studies documenting their safety in pregnancy. Please speak with your provider about all your medications, including over the counter, herbs and supplements.

## MEDICAL CONDITIONS REQUIRING MEDICATION USE IN PREGNANCY

If you are unsure about continuing a medication in pregnancy, please contact our office to review your medical history. This can be done through the MyChart patient portal, by phone, or office visit. Do not discontinue any medication without consulting with your doctor.

### Asthma

Use your inhalers routinely or as needed. Asthma symptoms can worsen in pregnancy. Ventolin, Asthmacort, Proventil, Advair, Nasonex or Flonase help keep the breathing passages open. Claritin, Benadryl, and Zyrtec are antihistamines that are safe during pregnancy. Let your doctor know if your asthma is not responding to your routine inhalers. Occasionally oral steroids may be necessary.

### Depression

Your mental well-being is very important for a healthy pregnancy. If you are on antidepressants you may continue them under the advice of your doctor. Safe medications include Prozac, Zoloft, and Wellbutrin. Please monitor your mood and emotional symptoms closely for worsening of depression or postpartum depression.

### Diabetes

If you have Type I or Type II diabetes before pregnancy, continue managing your blood sugars closely. It is important to be closely monitored, alter your diet as needed, and check your blood sugars frequently. Your provider will discuss using oral medication or insulin as needed to keep your blood sugar in the appropriate range.

### High Blood Pressure

Continue your blood pressure medication. Blood pressure medications commonly used during pregnancy include Nifedipine, Labetolol, and Methyldopa. You may require a higher dose or change to different medication in pregnancy. Preeclampsia is more common in patients with pre-existing high blood pressure. Please discuss medications with your provider or care team. With the mobile Babyscripts app you can monitor your blood pressure, for more information please see [Babyscripts blood pressure FAQs](#).

### Thyroid Disease

Continue any regular thyroid medication (Synthroid, Thyroxine). Blood tests for thyroid may be monitored by your obstetrician, primary care doctor, or your endocrinologist during pregnancy. The thyroid medication dose may need to be adjusted. Please let your provider or care team know if you are on any overactive thyroid medication.

*continued on next page* ➔





## SAFE OVER-THE-COUNTER MEDICATIONS DURING PREGNANCY

We recommend that you try non-drug treatments first. See page 7-8 for tips for Common Symptoms. If you do not get relief, use the following over-the-counter medication guidelines. Always take these according to manufactures directions unless otherwise indicated. Ibuprofen and doses of Aspirin above 160mg per day should not be taken on a regular basis unless directed by your physician.

### Acne

- Benzoyl peroxide (gels, creams and washes)
- Salicylic acid (gels, creams and washes)

### Allergy relief

- Diphenhydramine (Benadryl)
- Loratadine (Claritin)
- Fexofenadine (Allegra)
- Cetirizine (Zyrtec)

Avoid 'D' versions- these have pseudoephedrine, which should not be used

### Anemia

- Iron supplementation, including:
- Ferrous Sulfate
- Floradix
- Fero-Sequels (contains a stool softener)
- Slo Fe (time release capsules)

### Cough

- Dextromethorphan/guaifenisin syrups (like Robitussin or Delsym)
- Cough drops
- Chloraseptic and or Phenol Throat Sprays

### Constipation

- Stool Softeners (Colace, Senokot)
- Fiber supplements (Metamucil, Benefiber)
- Polyethylene glycol 3350 (Miralax)
- Magnesium hydroxide (Milk of Magnesia)
- Fleet Enema

### Diarrhea

- BRAT diet (bananas, white rice, applesauce, tea and toast)
- Electrolyte Replacement: Pedialyte or Gatorade
- Loperamide (Immodium)

### Indigestion

- Calcium carbonate and/ or Magnesium hydroxide (Tums, Rolaids, Mylanta, Maalox)
- Famotidine (Pepcid)

### Headache, pain, or fever

- Acetaminophen (Tylenol) regular or extra strength

Do NOT take Ibuprofen (Motrin, Aleve, Advil). If you have a fever above 100.4 degrees, please call your provider's office.

### Hemorrhoids

- Phenylephrine HCL 0.25% cream (Preparation H)
- Hydrocortisone cream or suppository (Anusol)
- Witch Hazel wipes/ compresses (Tucks pads)

### Insomnia or difficulty sleeping

- Doxylamine succinate (Unisom)
- Diphenhydramine (Benadryl)
- Melatonin

### Motion Sickness

- Dimenhydrinate (Dramamine)

### Mouth sores

- Benzocaine gel (Orajel)

### Nausea

- Doxylamine succinate (Unisom)
- Vitamin B6 (50 mg 1-3x per day)

Use the above two in combination

- Phosphorated Carbohydrate Solution (Emetrol)

### Rashes or bug bites

- Hydrocortisone 1% cream (Cortaid, Lanacort)
- Diphenhydramine cream or tablets (Benadryl)
- Calamine lotion
- Oatmeal bath (Aveeno)

### Respiratory Infection

- Cough drops, anesthetic throat sprays or gargles
- Chest rubs (Vicks)
- Saline nasal spray
- Breathing steams

See Allergy Relief

### Sore throat

- Cepacol spray or lozenges
- Chloraseptic spray or lozenges
- Warm salt-water gargle

### Yeast infection

- Miconazole cream (Monistat)
- Clotrimazole cream (Gyne-Lotrimin)
- Seven-day treatment may be necessary in pregnancy

## ANTIBIOTICS

Antibiotics are commonly prescribed during pregnancy. Some antibiotics are okay to take during pregnancy, while others are not. Safety depends on various factors including the type of antibiotic, when in your pregnancy you take the antibiotic, how much you take, and for how long.

### Below is a sampling of antibiotics generally considered safe during pregnancy

- Amoxicillin, Ampicillin RX
- Augmentin RX
- Clindamycin RX
- Erythromycin RX
- Keflex RX
- Macrobid RX
- Metronidazole RX
- Zithromax RX

### Prescription medicine

Watch this video from the March of Dimes to learn more about taking prescription medicine during pregnancy:

[www.marchofdimes.org/pregnancy/prescription-medicine-during-pregnancy.aspx](http://www.marchofdimes.org/pregnancy/prescription-medicine-during-pregnancy.aspx)

# Checklists

## First Trimester Pregnancy Checklist

- Read through the Maternity Care Guide
- Watch the GW Prenatal Guide video
- Schedule appointments
- Sign up for MyChart
- Continue (or start) prenatal vitamins
- Initial prenatal lab tests
- Screening for chromosomal abnormalities (if desired)
- Screening for genetic carrier status (if desired)
- Influenza vaccine (if appropriate)
- COVID-19 vaccine
- Sign up for Babyscripts™ (this will be done at your first appointment)
- Request medical records (if needed)
- Think about breast/chestfeeding
  - Prenatal planning for breastfeeding
    - » <https://nestcollaborative.com/prenatal-planning-for-breastfeeding/>

## Second Trimester Pregnancy Checklist

- Influenza Vaccine (if not already done)
- Build your breast/chestfeeding plan
  - Establish your goals
  - Review your lactation consultation resources
  - Look up your insurance benefits for lactation consultation
- Consider signing up for Childbirth and Infant Care Preparation Classes
  - [www.breastfeedingcenter.org](http://www.breastfeedingcenter.org)
    - » Sampler
    - » Breastfeeding
    - » Infant and Child CPR
    - » Natural Childbirth
  - <https://www.birthingbasics.net/>
- <https://www.mamatotovillage.org/classes.html>
- <https://momease.com/>
- Start thinking about your birth preferences
  - Would you prefer an unmedicated birth or to have an epidural?
  - Would you prefer to have a doula as a support person?
- Think about postpartum birth control, if needed
  - If considering tubal ligation (permanent), you may need to sign paperwork
- Consider Cord Blood Banking or Cord Blood Donation
  - <https://www.acog.org/patient-resources/faqs/pregnancy/cord-blood-banking>
  - For donation: [www.cordforlife.org](http://www.cordforlife.org)

## Third Trimester Pregnancy Checklist

- TDaP Vaccine (27-36 weeks)
- Influenza Vaccine (if not already done)
- Set up your lactation consultation with Nest or other lactation consultant (typically covered by insurance at no cost to you). Some options include:
  - Nest Collaborative
    - » <https://book.nestcollaborative.com/1?partner=gw>
  - The Breastfeeding Center
    - » <https://www.breastfeedingcenter.org>
- Obtain your FREE breast pump (Check with insurance company for what you need from us: prescription, letter or a certification of due date)
- Discuss your birth preferences with your provider
- Hospital Registration ([www.gwhospital.com](http://www.gwhospital.com) → Services → Women's Services → Maternity Services → Maternity Preregistration)
  - Enter your demographic information
  - Print, read, and sign the consent forms
- Tour ([www.gwhospital.com](http://www.gwhospital.com) → Services → Women's Services → Maternity Services → Take a Free Prenatal Tour of the Women's Center)
- Look into a Pediatrician
- Car Seat
- Ask your insurance how to add your newborn to your insurance policy
- FMLA Documents
- Make a Postpartum Plan
  - Visit [www.newmomhealth.com](http://www.newmomhealth.com)

## Postpartum Checklist

- Make appointments
  - For you:
    - » between 1-3 weeks postpartum (if needed)
    - » between 4-8 weeks postpartum
  - For the baby: within one week of life
- Add the baby to your insurance
- Go to [www.newmomhealth.com](http://www.newmomhealth.com) for great resources
- Connect with a lactation consultant if needed: Some options include:
  - Nest Collaborative
    - » <https://book.nestcollaborative.com/1?partner=gw>
  - The Breastfeeding Center
    - » <https://www.breastfeedingcenter.org>
- Consider postpartum pelvic floor physical therapy- discuss with your provider

## Key Items for your stay at GW Hospital

### Remember:

1. If you think you are in labor (5-1-1), note decreased fetal movement, vaginal bleeding or your water breaks please call 202-741-2500 to inform the answering service. You will get a call back from the doctor or certified nurse midwife on call.
2. When you enter the hospital, do not check in. GO STRAIGHT TO THE THIRD FLOOR. Take a left off the elevators and you will see the entrance to Labor & Delivery.
3. See [www.gwhospital.com/patients/maps-directions](http://www.gwhospital.com/patients/maps-directions) for parking information

### Items for You:

- ID/ insurance card
- Hospital Registration Forms (see Third Trimester Checklist for registration Information)
- Comfortable clothes for labor- long t-shirt, comfortable dress, pajamas (hospital gowns are available)
- Comfortable shoes to walk around L&D
- Postpartum clothes- nursing pajamas or gowns
- Robe
- One clean outfit to go home in (second trimester clothes work best)
- Shampoo, soap
- Tooth brush
- Water shoes for the shower
- Cell phone charger, camera
- Water bottle
- Snacks for labor: clear liquids, light food, granola bars, fruits, nuts
  - \*\* We have birthing balls, sanitary products, and breastfeeding products

### Items for your New baby:

- One outfit to go home in
- Mittens (they scratch!)
- Car seat (please check with local fire department or DMV regarding installation)
  - \*\* We have everything else, diapers, wipes, pacifiers, shampoo, hats, and blankets











**Department of Obstetrics & Gynecology**  
[gwdocs.com/obgyn](http://gwdocs.com/obgyn)  
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**GW** Medical Faculty  
Associates