



# Rocky Mountain OB-GYN

UNIVERSITY OF COLORADO

**(303) 399 – 0055**

<http://rmob.coloradowomenshealth.com/>

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WE WELCOME YOU TO THE WORLD OF  
PREGNANCY!

**Due Date:** \_\_\_\_\_

Pregnancy is generally 40 weeks or 10 lunar months. Calculated from the first day of your last menstrual period. You may deliver 3 weeks early or up to 2 weeks late. Plan on this range of time when thinking of your “due date.”

**Prenatal Visit Schedule:**

0 - 28 weeks of pregnancy → every 4 weeks

28 - 36 weeks → every 2 - 3 weeks

36 weeks until deliver → weekly

It is our suggestion that at some point during your pregnancy, you *rotate seeing the doctors*, so that you will be comfortable with whoever one is on call when you go into labor.

## Important Dates to Remember

- Initial Visit:
  - Review medical and birth history
  - Perform physical examination and Pap smear if needed
  - Blood tests including blood type, complete blood count, tests for infection including a urine culture
- **Optional** first trimester testing (**NOT covered by all insurance plans**, SEE NEXT PAGE):
  - **Carrier screening**: blood test to determine if you are a carrier for multiple inherited genetic disorders including: cystic fibrosis (CF), spinal muscular atrophy (SMA), Fragile X, Tay-Sachs, etc.
  - **Down Syndrome**: non-invasive testing with blood work (around 10 weeks) or ultrasound with blood test done (around 12 weeks)
- **Optional** at 16 weeks:
  - **Neural tube defects**: blood test screening for diseases such as spina bifida
  - **Down Syndrome**: blood test if no previous testing done in first trimester
- 20 week visit:
  - Detailed anatomy ultrasound. (**NOT covered by all insurance plans**)
- 28 week visit:
  - Screening blood test for *Gestational Diabetes* and *anemia*
  - Rhogam injection: only if you have a Rh negative blood type
- 28 - 32 weeks:
  - *TDAP* vaccine (Tetanus, Diphtheria, Pertussis)
  - Select pediatrician: referral lists provided at your request
  - Pre-register for Rose hospital
    - Pre-admission: call (303) 320 – 7422 or email [YourRoseBaby@HCAHealthcare.com](mailto:YourRoseBaby@HCAHealthcare.com) to schedule appointment
    - Call (303) 320 – 2798 to preregister over the phone
  - Take prenatal classes
- 36 weeks:
  - Group B Strep vaginal culture
  - Bedside ultrasound to check the position of your baby

Duration of visits will vary. Please feel free to ask questions at any time.

## Genetic Testing

Risks for a chromosome abnormality of the baby increases with maternal age, 50% are Down Syndrome (three copies of the 21 chromosome) and 50% are a variety of other abnormalities. If

Maternal Age	Trisomy 21	All Abnormalities	Maternal Age	Trisomy 21	All Abnormalities	Maternal Age	Trisomy 21	All Abnormalities
20	1/1923	1/526	30	1/885	1/384	40	1/109	1/63
21	1/1695	1/526	31	1/826	1/384	41	1/85	1/48
22	1/1538	1/500	32	1/725	1/322	42	1/67	1/39
23	1/1408	1/500	33	1/592	1/285	43	1/53	1/31
24	1/1299	1/476	34	1/465	1/243	44	1/41	1/24
25	1/1205	1/476	35	1/365	1/178	45	1/33	1/18
26	1/1124	1/476	36	1/287	1/149	46	1/25	1/15
27	1/1053	1/455	37	1/225	1/123	47	1/20	1/11
28	1/990	1/435	38	1/177	1/105	48	1/16	1/8
29	1/935	1/417	39	1/139	1/80	49	1/12	1/7

desired, you always have options for referral to High Risk OB (perinatologist) for consultation.

### **Tests available: (MAY NOT BE COVERED BY YOUR INSURANCE PLAN)**

**Non-invasive prenatal testing (NIPT):** Blood test drawn around 10 weeks of pregnancy. This is sequencing of placental/fetal DNA in maternal blood. This test can *screen* for abnormal copies of the 21, 18, and 13 chromosomes, and abnormalities of the sex chromosomes. Detection rate of Down Syndrome is 99% with a false positive rate of 0.5%.

**First trimester screen:** Specific ultrasound measurement of the nuchal translucency (NT) between 11 and 13 weeks of pregnancy, as well as a finger stick to measure different maternal hormonal markers. This test can *screen* the risk of abnormal copies of the 21, 18, and 13 chromosomes. Detection rate of Down Syndrome is 93% with a false positive rate of 5%.

- If you have chosen NIPT screening, you may choose to have an ultrasound at 12 weeks to measure the NT and to rule out other fetal structural abnormalities not screened for with the NIPT blood draw. **Insurance may NOT cover this additional ultrasound.**

**Quad screen:** Blood test of multiple maternal markers that assess the risk of abnormal copies of the 21 and 18 chromosomes. The test will also screen for neural tube defects, such as spina bifida, by measuring the alpha fetal protein (AFP). *The AFP test can be done alone to screen for neural tube defects* if prior screening has been done for Down Syndrome.

**Chorionic villus sampling (CVS):** Small needle placed into the placenta to remove cells to send for chromosomal analysis between 10 and 13 weeks. This test can *diagnose* abnormal copies of

all chromosomes, including abnormalities of the sex chromosomes. There is a very small risk of pregnancy loss associated with this procedure (0.22%).

**Amniocentesis:** Small needle placed through the maternal abdomen and into the amniotic fluid to remove cells to send for chromosomal analysis between 15 and 20 weeks. This test can *diagnose* abnormal copies of all chromosomes, including abnormalities of the sex chromosomes. There is a very small risk of pregnancy loss associated with this procedure (0.3%).

**Anatomy ultrasound:** Routinely performed around 20 weeks to evaluate the anatomy of the baby. Please note that ultrasound has limitations and CANNOT diagnose every abnormality. A normal ultrasound does not mean there is no chance of a baby having any problem.

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**NOT ALL TESTS COVERED BY INSURANCE.** If you would like to have screening done, please call your insurance company for your coverage benefits. **We cannot write preauthorization letters for genetic testing in pregnancy as this is optional testing in pregnancy.** These are the codes your insurance company needs:

Consult            99243

**First trimester screen**

Ultrasound	76813	single gestation	Blood Work	84704	free beta hCG
	76814	multiple gestation		84163	PAPP-A

**NT ultrasound only**

Ultrasound    76815

**Diagnosis:**

Supervision of first normal pregnancy Z34.0

Supervision of first subsequent pregnancy Z34.8

Advanced maternal age first pregnancy O09.519    (must be  $\geq 35$  at time of due date)

Advanced maternal age subsequent pregnancy O09.529    (must be  $\geq 35$  at time of due date)

Encounter for antenatal screening in pregnancy Z36

## **Suggested Interventions for Nausea and Vomiting of Pregnancy**

### **Prevention:**

- Eat small amounts of foods every 2 - 3 hours
- Eat high protein foods, such as meat, fish, chicken, eggs, beans, peanut butter, and dairy products. Such foods will provide important nutrients (including B vitamins) and may help prevent low blood sugar, which can contribute to nausea. Carbohydrates, such as fruit juices, breads, rice, cereals, pastas, and potatoes provide important nutrients also. The goal is to avoid low blood sugar by eating ample proteins with carbohydrates.
- Fluids between meals, rather than at the time of the meal
- Avoid spicy, fatty or fried foods
- Eat lightly seasoned foods, salt to taste
- Sit upright after meals to reduce the tendency for gastric reflux
- Have a snack (yogurt, milk, or a sandwich) before going to bed each night
- Eat immediately upon rising
- Get out of bed slowly. Give yourself extra time to get ready in the morning

### **Remedies:**

- Rest as much as possible, fatigue contributes to nausea
- Slowly sip a carbonated beverage when feeling nauseated
- Fresh air may help. Take a short walk or try sleeping by an open window. When cooking, open windows or use an exhaust fan to get rid of odors.
- Drink herbal teas (spearmint, raspberry leaf, peppermint, chamomile, ginger root)
- Vitamin B6: 25 mg once in the morning, afternoon and evening
- Unisom: take 25 mg every night before bed

If you cannot keep any foods or fluids down, please call the office.

### **Here is some other information that may be helpful to you:**

**Travel:** You may travel until 34 - 36 weeks. Check with your airline to determine if you need a note from your doctor before your flight. Drink many fluids and walk/stretch at regular intervals. You may go to the mountains during your pregnancy, but try to limit your activity to below 10,000 feet due to the decreased oxygen at higher elevations. As always, stay hydrated and use plenty of sunscreen. **AVOID areas affected by ZIKA virus** (<https://www.cdc.gov/zika/>) during pregnancy. Zika virus can cause severe birth defects.

**Diet:** Your goal weight gain during your pregnancy is 25 - 35 pounds if normal weight entering pregnancy. Watch what you are eating and avoid junk foods. Minimize your use

of sweeteners, such as NutraSweet and Splenda. You need 400 mcg folic acid, 27 mg iron, 1000 mg of calcium, and 600 international units of vitamin D per day.

**Caffeine:** Minimize your use to 200 mg per day (1 - 2 cups of caffeine products per day found in coffee, tea, soda, chocolate, ice cream, etc).

**Fish:** You may eat 8 - 12 ounces (2 average meals) per week of fish low in mercury (e.g. salmon, shrimp, catfish, tilapia, cod). Canned light tuna has less mercury than albacore. AVOID shark, swordfish, king mackerel, and tilefish.

**Cheese/Meats:** AVOID foods that are high risk for listeria infection, including deli meats and hot dogs (okay if heated to steaming just prior to serving), unpasteurized dairy products, soft cheese, pates or meat spreads, raw or undercooked meats (including raw sushi), and refrigerated smoked seafoods. Soft cheeses made with pasteurized milk are safe in pregnancy.

**Water:** Drink 2 - 3 quarts of water a day (8 - 12 glasses or 64 - 96 ounces).

**Smoking/Marijuana/Drug use:** Do not smoke in pregnancy and avoid secondhand smoke. It causes small babies, premature birth and or bleeding in pregnancy. Infants are at increased risk of dying from sudden infant death syndrome (SIDS). Drug use can lead to preterm birth, birth defects or stillbirth.

**Alcohol:** Do not drink alcohol in pregnancy. No research is available indicating how much alcohol does not jeopardize the fetus. Many women have inadvertently had alcohol early in pregnancy without subsequent problems for the baby, but the best policy is none while attempting pregnancy and certainly, once aware of pregnancy.

**Exercise:** Regular exercise (150 minutes per week) helps prevent gestational diabetes and decreases your risk of postpartum depression. Recommended activities include walking, swimming, elliptical or stair machines, stationary bike and modified yoga or pilates. Avoid contact sports (boxing, soccer, basketball, etc.) or activities that may result in a fall (skiing, horseback riding, road cycling, etc.). Avoid becoming overheated (hot yoga). No scuba diving, but snorkeling is okay. Avoid exercises while lying on your back after 12 weeks. Do not exercise to exhaustion. Drink lots of water while exercising.

**Constipation:** Constipation is common throughout pregnancy. It can be a result of hormonal effects and/or mechanical pressure. Start by increasing the fiber in your diet (fresh fruit, vegetables, whole grain breads, high fiber cereals). Increase your water intake to 2-3 quarts daily. Begin a stool softener (see-enclosed list). Avoid laxatives. Calcium carbonate (like Tums) can make constipation worse. Blood in your stool may be a sign of straining or hemorrhoids – notify us at you next visit or sooner if symptoms worsen.

**Hot Tubs:** Avoid saunas, steam baths, hot tubs (>100°), and electric blankets as they may be harmful to the fetus' neurological development.

**Cats:** Avoid changing the litter box or gardening with outdoor cats.

**Hair Dye:** No evidence suggests any fetal effects.

**Lying on Back:** Avoid lying flat on your back after the first trimester. The pressure of the uterus can decrease blood return from your legs to your heart. If you feel nauseated or light-headed after lying on your back, move slightly to your side to shift your uterus.

**Painting:** Latex painting is generally safe in pregnancy. Use in a well-ventilated room. Avoid using a sprayer. Avoid lead and oil based paints.

**Headaches:** Headaches are common in pregnancy. You may take two plain or extra-strength Tylenol every 6 hours. If your headaches are one-sided or associated with blurred vision, please call the office.

**Side/back pain:** Many women experience side pain during pregnancy, especially when exercising, stretching, or lifting. This is usually ligament pain caused by a growing uterus pulling on the ligaments. For relief, you may use heat, rest, Tylenol, or massage. For back pain wear shoes with good arch support, and consider a pregnancy or maternity belt for support.

**Heartburn:** Indigestion and heartburn are very common in pregnancy. Please see the list of safe OTC medications.

**Vaginal Discharge:** It is normal to have thicker vaginal discharge. Do not douche in pregnancy. If you leak clear watery fluid, please call the office.

**Fetal Movement:** Expect fetal movement around 20 - 24 weeks. After 28 weeks, make a “mental note” of daily fetal movement. You should feel your baby move at least 12 movements per day. Easy times to monitor for movement are at bedtime (lying on your left side) or just after a meal. If you feel less than 12 movements in a day, please call the office.

**Cord Blood Banking:** Blood that is collected from the umbilical cord and placenta after birth. It contains stem cells that could be useable to treat some types of diseases. Most often, the stem cells could be useable to treat *another person's* disease, such as a sibling. Private cord blood banks can store cord blood for a yearly fee (insurance does not cover). A collection kit obtained prior to delivery (about 6 weeks before your due date). Feel free to ask your provider more questions during your pregnancy.

**Preterm Uterine Contractions (less than 37 weeks):** Stay well hydrated. Listen to your body and rest intermittently. If, in spite of rest and fluids, you experience **ANY** of the following, please call the office:

- Six or more contractions in 1 hour
- Change or increase in pelvic pressure (pressure on your pubic bone, groin, and legs is normal in late pregnancy)
- Change in low backaches

- Intermittent cramping low in the abdomen often accompanied by loose stool
- Changes in vaginal discharge, such as watery brown or pink tinged

**CAUTION: Use all medications sparingly during the first 12 weeks.**

**\* Do not use any aspirin or NSAIDs (ibuprofen, Advil, motrin, naproxen, Aleve)**

**Acceptable over-the-counter (OTC) medications during pregnancy:**

ALLERGIES/ALLERGIC REACTION:	Claritin, Benadryl, Zyrtec
ANTACID/ HEARTBURN:	Maalox, Roloids, Tums, Mylanta, Gaviscon, Zantac (up to 150 mg, 2x daily)
CONGESTION/SINUSITIS:	Saline nasal spray, Mucinex
CONSTIPATION:	Metamucil, Fibercon, Citracal, Colace, Senokot Plain, Milk of Magnesia, Miralax
COUGH:	Robitussin DM
DIARRHEA:	Immodium
ENEMA:	Fleets (contact your doctor first)
FEVER:	Extra-strength Tylenol (1000 mg every 6 hours)
GAS:	Phazyme 125, Mylicon 80
HEADACHE:	Extra-strength Tylenol (1000 mg every 6 hours), magnesium 100 – 200 mg daily
HEMORRHOIDS:	Anusol HC cream, Tucks pads, Preparation H
MOTION SICKNESS:	Benadryl
NAUSEA:	Vitamin B6 (25 mg 3 times a day), Ginger
PAIN:	Extra-strength Tylenol (1000 mg every 6 hours)
SORE THROAT:	Chloroseptic spray or drop, Cepacol lozenges, Gargle with warm salt water
YEAST INFECTION:	Monistat, Gynelotrimin, Mycelex



\*\*Follow the directions on the package for all medications unless we instruct you otherwise

**Please call the office right away (including NIGHTS OR WEEKENDS) if you have any of the following symptoms below: (303) 399 – 0055**

**Early in Pregnancy:**

- Heavy vaginal bleeding
- Vomiting that does not subside, especially if unable to keep fluids down
- Burning or painful urination
- Severe pelvic or abdominal pain

**Late in Pregnancy:**

- 5-1-1 Rule: Contractions which occur every 5 minutes, last 1 minute, having continued for 1 hour
- Heavy vaginal bleeding (like a period)
- Ruptured membranes/break the “bag of water,” even if you do not have any contractions
- Decreased fetal movement
- You **do not** need to call if you pass your “mucous plug”

**CALL ROSE LABOR AND DELIVERY (303) 320 – 2435 if you are experiencing regular painful contractions or heavy vaginal bleeding.**