



## **Office Overview**

Seven physicians:

- **Dr. Ingrid Wilbrand-Conley**
- **Dr. Joanne Votel**
- **Dr. Patricia Kohls**
- **Dr. Laure Waschbusch**
- **Dr. Reetu Syal**
- **Dr. Kathryn Goralski**
- **Dr Megan McEllistrem**

We deliver at *St. John's Hospital*

Doctors deliver their own patients during regular business hours except on their day off; rotate call for evenings and weekends.

There may be times your provider is out of the office for emergency or delivery. You may be asked to reschedule or see another provider.

One physician assistant:

- **Laura Powers, P.A.-C**

You may see any of the care providers at some point in your pregnancy and after delivery.



Triage Nurse:

- **Pam P, RN**

RN, Patient Educator:

- **Nancy A, RN**

**651-770-3320**

**Monday-Friday 8:30-4:30**

We receive your messages after your chart is attached. We answer calls in order of priority. Please be patient on call-backs. We **will** get back to you as soon as possible.

Please be concise and clear in your message. Leave all vital information, especially how many **weeks** pregnant you are, and the phone number we can reach you.

What is an **URGENT** call for early pregnancy?

- Heavy bleeding
- Rupture of membranes
- Excessive pain
- Prolonged vomiting

After hours phone calls:

- Doctor on call or office voicemail: **651-770-3320**
- St. John's Labor and Delivery: **651-232-7550**



## **Office Visits and Guidelines for Uncomplicated Pregnancy**

### **First Trimester**

- 6-8 weeks: First OB visit with RN in classroom setting and Prenatal Profile blood work  
*Schedule Nuchal Translucency Testing (NT) - optional*
- 6-8 weeks: Genetic testing options appointment with physician assistant **if age 35 or older at the time of delivery** (viability ultrasound followed by clinic visit)
- 10-12 weeks:** First Provider OB visit, (urinalysis/urine culture, Pap Smear, and pelvic exam)  
*Schedule 16 week provider visit*
- 12-13 6/7 weeks: Nuchal Translucency testing (NT) - optional

### **Second Trimester**

- 16 weeks:** Provider visit, hemoglobin, (AFP or optional Quad screen)  
*Schedule ultrasound, 22 week provider visit, mid-pregnancy class & 26 week provider visit*
- 20-22 weeks: Anatomy screen ultrasound
- 22 weeks:** Provider visit
- 24-28 weeks:** Provider visit, hemoglobin, glucose challenge test (GCT), urinalysis, antibody screen if Rh negative. Mid Class visit with RN while waiting for GCT results.  
*Schedule 30 week provider visit.*
- 28 weeks: Rh negative patients receive BayRho – no physician visit necessary

### **Third Trimester**

- 30 weeks:** Provider visit - *Schedule 34, 36, 38, 39, 40 week provider visits*
- 34 weeks:** Provider visit
- 36 weeks:** Provider visit, hemoglobin, urinalysis, pelvic exam, and group B strep culture
- 38 weeks:** Provider visit, pelvic exam
- 39 weeks:** Provider visit, pelvic exam
- 40 weeks:** Provider visit, pelvic exam

### **Postpartum Visit**

- Two weeks if had c-section – schedule postoperative appointment with nurse practitioner or physician assistant.
- Six weeks after delivery (vaginal or c-section) – postpartum visit – you may schedule with either your doctor, NP or PA.
- Please schedule these appointments as soon as you get home from the hospital.

**Appointment Line 651-747-3235**



## Prenatal Profile Lab Work

- Blood type and RH factor
- Antibody screen
- Rubella—to check immunity to German measles
- HBV—to determine exposure/immunity to Hepatitis B
- HIV—to detect the virus –

## Other Optional Labwork

- Chicken Pox—to test immunity if no history of active infection
- Fifth Disease- to test immunity, exposure, or active case
- Toxoplasmosis – antibody to test immunity

Note: These results will be available at your next office visit. If there is something abnormal, we will call you.

## Routine visits:

- Urine checked at 1<sup>st</sup> appt, 24-26 wk appt., 36 wk appt, and as needed
  - Tested for sugar and protein, or infections.
- Other lab tests may be done throughout your pregnancy depending on your medical history, sexual history, family background, ethnic background, or exam result and risk factors



## **Screening for Birth Defects**

See handout in folder.

When is this type of testing indicated?

- Maternal age of 35 at time of delivery
- Family or personal history of birth defects
- Previous child with a birth defect
- Use of certain medicines around the time of conception
- Insulin-dependent diabetes prior to pregnancy

What tests are available?

First Trimester:

**Nuchal Translucency** testing is completed between 12-13.6 weeks.

- Done in our office
- Includes blood work and an ultrasound
- Screens for Down's and Trisomy disorders only, not neural tube defects
- All results called to you as soon as they are available—allow 4-5 business days
- See Ultra Screen flier in folder for more information

Second Trimester:

**Quad Screen** testing is completed between 16-18 weeks.

- Done at our office
- Blood work only
- Screens for Down's syndrome, Trisomy disorders, and neural tube defects
- If a first trimester NT screen has already been done, then only an AFP (alpha-feto protein) will be checked.

An abnormal screening result does NOT diagnose an abnormality with your fetus.

If a screening test result shows an increased risk for having a baby with a certain defect, further tests can help diagnose the problem. In most cases the baby is healthy. A detailed ultrasound or amniocentesis may be discussed.



CVS (chorionic villi sampling):

- A test between 10-12 weeks done by a Perinatologist to diagnose genetic chromosomal abnormalities
- Involves sampling of placental tissue

Amniocentesis:

- A test between 15-18 weeks done to diagnose chromosomal defects
- Involves retrieval of some amniotic fluid for evaluation with US guidance and intrauterine needle

Cystic Fibrosis Carrier Testing (see handout in folder):

- Definition of CF - a genetic disorder that is a life-long illness that causes problems with digestion and breathing. It does not affect intelligence or appearance.
- CF carrier testing is to see if a couple is at increased risk for giving birth to a child who will have CF.
- Lab work only for mother. If positive carrier, then test father. Mother and father would both be genetic carriers to increase the chance (25%) of having a child with CF.

Note: It is best to check with your insurance company if you are considering a Prenatal Testing option.

If you are under 35, you may schedule your appt.

If you are 35 or over, please schedule a consult appt with a NP or PA first to discuss options.



## **PHYSICAL CHANGES IN PREGNANCY**

### **Breast changes**

- Become tender and sensitive
- May have a 2 pound increase
- The body's way of preparing for breastfeeding
- Relief:
  - Good support bra, can wear 24 hrs.

### **Nausea and vomiting**

- Facts:
  - Occurs in 50-75% of all pregnancies
  - "Morning sickness" can occur all day, anytime
  - Does not always end with first trimester, but most do
- Causes:
  - Increase in hormones-mainly HCG, which increases to maintain early pregnancy, and a decrease at the end of the first trimester, thus nausea subsides.
  - Secretory cells in stomach increase production of gastric juices
  - Bowels slow down
- Relief:
  - Small frequent meals and snacks
  - Avoid spicy or greasy food
  - Avoid smoking, caffeine and coffee (increases gastric acid)
  - Rest
  - Exercise
  - Drink fluids between meals rather than during meals
  - Take prenatal vitamins at night
  - Do not brush your teeth until you've been up awhile
  - Increase proteins in diet
- Medications suggested (handout in folder)
  - Vitamin C 500 mg once a day
  - Vitamin B6 50 mg, one 3 times a day
  - Unisom tablets, ½ -1 tab at bedtime, and/or ½ tab in the a.m. and mid-afternoon
  - Dramamine
  - Sea bands



- Inform your doctor if:
  - you cannot keep any solid food or liquids down for 24 hours
  - you are losing weight
  - you have a fever above 100

### **Fatigue**

- Cause:
  - The energy necessary to grow another human being
- Relief:
  - Nap/rest when you can
  - Exercise periodically

### **Urinary frequency**

- Common due to increased body fluids r/t hormone changes
- Enlarging uterus pushing on bladder
- Important to watch for signs of infection
  - Fever, burning, extreme urgency, small void amounts
- Relief: Nothing you can do to decrease frequency
  - Do NOT decrease fluid intake
  - Drink 10-12 glasses of fluid per day
  - Void when you have the urge

### **Heartburn/Indigestion**

- Occurs in 80% of pregnant women
- Caused by:
  - Increase in hormones and gastric juices
  - Relaxation of the sphincter of the stomach
  - Lack of room in abdomen due to growing uterus
- Relief:
  - Same as for nausea/vomiting
  - Sit up for 1 hour after eating
- Medications:
  - OK for Tums, Maalox, Gaviscon, Pepcid AC, etc
  - NO Pepto-Bismol or Alka-Seltzer (contain aspirin)

### **Constipation**

- Very common throughout pregnancy
- Caused by:
  - Decreased GI motility, prenatal vitamins, iron supplements, lack of exercise



- Relief:
  - Drink 10-12 glasses of fluids daily
  - Try drinking warm fluids
  - Exercise
  - Avoid straining
  - No enemas unless discussed with RN or MD
  
- Medications:
  - Colace or Pericolace
  - Metamucil
  - Citrucel
  - Fibercon

### **Hemorrhoids**

- Caused by:
  - Constipation and/or straining with BM's
- Relief:
  - Avoid constipation
  - Warm sitz baths
  - Well balanced diet
  - Drink 10-12 glasses of fluids daily
- Medications:
  - Anusol, Preparation H

### **Headaches**

- Caused by:
  - Increased blood volume
  - Emotional tension
  - Hormone changes
- Relief:
  - Rest
  - Avoid eye strain
  - Regular meals and snacks
  - Tylenol (no Advil/ibuprofen or aspirin)-see handout
  -
- Call MD if seeing spots, blurred vision, dizziness or vomiting w/headache



### **Faintness**

- Cause:
  - Body takes time to adjust to increased blood volume
- Relief:
  - Avoid sudden position changes, get up slowly
  - Do not skip meals
  - Keep adequate fluid intake
  - Avoid stuffy rooms or overlong hot showers

### **Heart Palpitations/SOB**

- Normal!
- Usually in 3<sup>rd</sup> trimester
- Cause:
  - Baby's size pushing on diaphragm
  - Increased blood volume
- Relief:
  - Tall posture
  - Sleep elevated with pillows
  - Hands over head for temporary relief
  - Stay calm, take slow deep breaths
  - Check your heart rate, it should be less than 120/min

**Note: If you have chest pain and SOB, GO TO THE ER!**

### **Uterine cramps**

- Caused by:
  - Baby growing, stretching of round ligaments
  - Dehydration
  - "Overdoing it"
- Relief:
  - Avoid heavy lifting, especially in later pregnancy
  - Apply heat
  - Rest
  - Tylenol
- If uterine cramps with spotting or bleeding, please call clinic or hospital



### **Round Ligament Pain**

- Ligaments hold uterus in place
- Stretch with the growing baby
- Usually common after the 8<sup>th</sup> week
- Sharp intermittent pain in lower abdomen
- Relief:
  - Avoid lifting heavy objects
  - Apply heat
  - Tylenol
  - Use belly support bands as tummy grows

### **Backache**

- Causes:
  - Poor posture with increased breast weight and tummy girth
  - Weak musculature
- Relief:
  - Correct posture
  - Pelvic exercises
  - Firm mattress
  - Tylenol
  - Warm heat
  - Massage
  - Side lying or position changes
- To Call:
  - Backache associated with burning or frequency of urination

### **Leg Cramps**

- Causes:
  - Pressure of uterus on pelvic nerves that supply lower extremities
  - Calcium imbalance
  - Fatigue
  - Sudden stretching
- Relief:
  - Examine leg for inflammation first
  - Stretch muscle
  - Massage, but could enhance pain
  - Support hose
- To call:
  - Inflammation and extreme area specific pain could indicate a blood clot. Seek help immediately



### **Swelling**

- Causes:
  - Increased blood volume
  - Prolonged standing or sitting
  - Hot weather
  - Excess salt in diet
- Relief:
  - Elevate legs
  - Support hose
  - Adequate protein in diet
  - Drink recommended amount of fluids
  - Avoid high salt foods (watch preservatives)
  - Eat natural diuretic foods like watermelon, asparagus, strawberries, green tea
- To call:
  - Sudden increase in edema (swelling) associated with headache, visual changes, shakiness, or nausea/vomiting.

### **Varicose Veins**

- Causes:
  - Genetic
  - Standing or sitting in one position for a long period of time
- Relief:
  - Change positions
  - Walk
  - Elevate legs and hips
  - Avoid crossing legs at the knee
  - Full length support hose

### **Bleeding nose/gums**

- Causes:
  - Increased vascularity of mucus membranes
  - Increased blood volume
- Relief:
  - Nosebleed - apply pressure to nose bridge
  - Gums – use soft toothbrush, rinse with salt water



### **Vaginal discharge**

- Produced by cervix
- Causes:
  - Increased blood flow to vagina
  - Increased hormones
- Suggestions:
  - Bathe daily
  - Avoid nylon underpants, wear cotton
  - No douching
- Call if:
  - Foul smell
  - Change in color (yellow, green, bright red)
  - Itching, burning or pain
  - Blisters, bumps or open sores

### **Emotions**

- Causes:
  - Hormones
  - Lack of sleep
  - Nausea and feeling ill
  - Stress
- Relief:
  - Communication
  - Journal
  - Counseling
  - Personal time

### **Sexuality**

- Libido may increase or decrease.
- There are many ways to express intimacy.
- Intercourse is ok unless you've been advised by your physician to be on "pelvic rest."
- Indications for pelvic rest would be vaginal infection, pre-term labor, history of miscarriage, vaginal bleeding.

Note: For up to 5 days after intercourse, it is possible and normal to experience a small amount of pink or brown discharge after voiding or wiping. This relates to the increased vascularity inside your vagina and on your cervix.



## **NUTRITION IN PREGNANCY**

- Average weight gain 25-35 lbs. Depends on pre-pregnant weight.
- Weight gain is secondary importance to the QUALITY of your diet.
- Do not skip meals or depend on vitamins to get your supplementation.
- Suggest some type of Prenatal Vitamin –Prescription or over the counter
- Calcium 1200-1500 mg/day
- Iron (27 mg) in PNV and foods adequate unless anemic
- Do not take iron and calcium at the same time. Calcium blocks iron absorption.
- Folic Acid 400 mg/day
- Fluids 10-12 glasses/day
- Second trimester needs in pregnancy:
  - Singleton—100-300 calories/day
  - Multiples—300+ calories/day

### Protein sources:

- Help with growth, maintenance, and repair of tissue
- Should come from animal sources, legumes
- Need 6-7 oz or 60 grams daily

### Milk & milk products:

- Low-fat, but calcium rich products
- Need 4-5 servings daily

### Carbohydrates:

- Provide needed vitamins (A, C, folic acid) and minerals (iron and magnesium), and fiber
- Whole grain if possible
- With a variety of fruits and vegetables, should comprise more than half of the food you eat in pregnancy
  - Servings
    - Carbs 9
    - Fruits 3
    - Vegetables 4



#### Vegetarian:

- Follow a nutritious, well balanced diet with sufficient calories and a possible supplement of Vitamin B12.
- Possible protein sources are nuts, seeds, beans, legumes, hard cheese, eggs, and yogurt.
- May consider discussing diet with a registered dietician.

#### Fish:

- Provides protein, omega fatty acids and some vitamins.
- Can have 12 oz (2 meals) a week—including shrimp, canned light tuna, salmon, Pollock, and catfish.
- No swordfish, shark, king mackerel or tilefish due to mercury and heavy metals.
- Limit albacore (white tuna) to 6 oz/wk
- Do not eat refrigerated smoked seafood unless in a cooked dish.

#### Food Additives:

- Salt
  - No restriction unless by MD order
  - Watch preservative sodium also
- Caffeine—Under 400 mg/day
  - Coffee—150 mg
  - Tea—35-50 mg
  - Pop—35-55 mg
- Aspartame-safe. Use moderately
- Saccharin-avoid
- Splenda-no contraindications noted yet.

Do not eat hot dogs, lunch meats or deli meats unless they are reheated to steaming hot.

Do not eat soft cheese like feta, brie, camembert, blue-veined cheeses.

Do not eat refrigerated pate or meat spreads.

Do not eat sushi.

[www.cdc.gov/foodsafety](http://www.cdc.gov/foodsafety)

**FRESH IS BEST**

**WASH WELL**



## **EXERCISE IN PREGNANCY**

### Benefits:

- Increases energy and stamina
- Emotional release
- Less aches and pains with pregnancy
- Improved sleep
- More efficient labor
- Increased metabolic rate and some control over your shape
- Improved blood flow

### Guidelines:

- Heart rate less than 140
- Keep core body temp from rising (don't over exert!)
- Avoid exercise that would have potential for falling
- Walking and swimming are great for pregnancy!
- Yoga and Pilates are safe, can moderate moves with pregnancy.
- Continue fluid intake during and after exercising.
- Warm up, stretch after, and cool down.
- Stretch again before bedtime (avoids leg cramps).
- Stop the exercise if you feel pain.
- Be sure you've eaten before exercise to keep blood sugar adequate.
- Avoid lying on your back for extended periods of time later in pregnancy.
- Moderate your exercise rate and type in later pregnancy.



## **CHEMICALS IN PREGNANCY**

### Alcohol:

- No amount of alcohol is known to be safe
- Stays with the fetus twice as long as you
- Crosses placental barrier very quickly
- Can cause fetal alcohol syndrome and IUGR
- Can cause low birth weight and stillbirth

### Smoking:

- Same risks for second hand smoke
- Causes blood vessels to constrict which decreases blood flow to the fetus, which decreases oxygen and nutrients to fetus.
- May cause low birth weight, miscarriage, and preterm labor.
- Increases risk of fetal/infant respiratory problems

### Recreational Drugs:

- No drug is safe
- Stays with baby twice as long as you, can affect baby many times over
- Causes abnormalities, miscarriage, premature and stillbirth, addictions, low birth weight, placental abruption.

### Prescription Medications:

- Do not stop any prescribed medication before checking with MD or RN.
- Some prescriptions are OK to continue throughout pregnancy.
- Can check with your Primary Care MD (General MD) if they are prescribing.

### Over the Counter Medications:

- See Pink handout in folder—keep handy
- Natural herbs and remedies are not monitored by FDA, therefore safety is unknown.
- No Aspirin, unless told by MD
- No ephedrine/pseudoephedrine products

### Paints, stains, glues:

- Latex and water based paints OK—ventilate well, avoid fumes
- No oil based paint, varnishes, or carpet glue



## **MISCELLANEOUS**

### Dental work:

- X-ray and Novocain ok if necessary dental work
- No Nitrous oxide

### Travel:

- Long distances—stretch/move every 1-2 hrs to avoid risk of clots
- If nearing 36 weeks—have OV prior and take copy of records with you
- Check with airline for their restrictions
- Check with your physician regarding whether an exam is needed

### Seat Belts:

- Always use seatbelts
- As your girth grows, place belly band below belly, shoulder strap b/t breasts

### Tanning:

- Tanning beds ok, please use the fan
- Lotions ok to use

### Sauna/hot tubs:

- Do NOT use
- Raises core body temp

### Skin Care Items:

- No Retin A, Accutane or Botox
- Benzoyl Peroxide or antibiotics for acne—check with MD at 1<sup>st</sup> OB

### Hair Care:

- Ok to perm, color, and highlight
- May respond differently due to hormones



## **MISCARRIAGE**

**Occurrence:**

15-25% of all pregnancies

**Signs:**

Heavy bleeding, significant cramping, large clots, possible tissue

**Causes:**

Not usually known or able to find out why.

**To do:**

- Call MD, RN or hospital
- Need to be triaged per phone to determine further needs or give further orders of care.
- Follow up clinic appt necessary.
- May need Rhogam if RH negative and greater than 6 wks OB

Grief counseling is available.