

OBSTETRIC ORIENTATION AND GUIDELINES

Welcome! We are pleased you have chosen Heritage Women's Center as the medical partner for your prenatal care and delivery. This is an exciting time for you and your family. These guidelines represent our recommendations for a healthy, comfortable pregnancy.

Please take time to review and use as a reference prior to calling our triage nurses or the on call doctor.

Congratulations!

Our Obstetricians

Beth Bleecker, MD
Arielle Grand, MD
Nancy Lipsitz, MD
Craig Martin, MD

Heather Maune, MD
Bernadette Meadors, MD
Lauren Pinkard, MD, MPH
Erin Rebele, MD

Anne Rossell, MD
Allison Strnad, MD

Office Locations

Nashville (Bleecker, Grand, Lipsitz, Maune, Rebele, Rossell, Strnad)
Westgate (Martin, Meadors, Pinkard)

******You will typically see your primary physician when you come for appointments in the office. We all work as a team, as our goal is to help you have a healthy and safe pregnancy and delivery. If you need care after hours, the on call physician will be there for you. ******

Contacting the Office

Please make sure you have a Follow My Health (FMH) account, as we use this to report results and give instructions. FMH is NOT for urgent or emergent concerns. Allow 1 business day for a response.
<https://heritagemedical.followmyhealth.com/Login/Home/Index?authproviders=0&returnArea=PatientAccess#!/createNew>

Emergencies: Bleeding, severe abdominal pain, decreased fetal movement (after 24 weeks), or leakage of amniotic fluid. Call the regular office number. During office hours, a nurse will field the call and triage it accordingly. After hours, we have a physician available for emergencies via our answering service.

If you are full term (>37 weeks) and think you are in labor or leaking amniotic fluid, proceed to Labor and Delivery. Additional instructions will be given to you at your 35-36 week visit.

Urgent concerns: During office hours, call the office.

Non-urgent questions: Please record your questions for your next office visit. If it is time-sensitive, send a message through Follow My Health. Please allow 1 business day for responses to Follow My Health messages.

Hospitals

St. Thomas Midtown (Ascension)

Centennial Medical Center (HCA)

Please check with your insurance provider to see which hospital is covered. If you need assistance, our billing office can assist you.

We do not have privileges at other hospitals, so if you need to be evaluated urgently, please make every effort to go to obstetric triage at the hospitals listed.

FMLA/Employment Forms

- ☐ Drop off forms at the front desk.
- ☐ Fee for form completion: \$25
- ☐ Allow 2 weeks for completion. We will fax the form for you and return the paper copy to you. The form will also be scanned into your chart.
- ☐ As physicians, we want you to have the maximum amount of time possible for recovering and bonding with your new baby. Please familiarize yourself with your workplace policy. Also, be aware that any time taken prior to delivery may decrease your time off postpartum, when it is most needed.

Helpful Evidence-Based Websites

We want you to be proactive and involved in your care. For additional reading, we recommend using medical societies' websites as opposed to social media sites. We will be happy to discuss concerns with you at your appointments.

Additional reading can be found at the following sites:

www.mombaby.org

www.cdc.gov

www.acog.org

www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/basics/healthy-pregnancy

Routine Obstetric Office Visits

A typical schedule for an uncomplicated pregnancy includes a visit every 4 weeks until 32 weeks gestation. Between 32-36 weeks, every 2 week visits are typical. After 36 weeks, a weekly visit is planned.

- ☐ If you have a condition that requires extra ultrasounds or monitoring, we will make every effort to coordinate your visits for the fewest trips to the office per week.
- ☐ Ultrasound is used at your first visit, and again at 18-20 weeks for your anatomy ultrasound. Additional ultrasounds may be ordered for medical conditions requiring further information or monitoring.

MEDICATIONS

Please inform us about all prescription or over-the counter medications you are taking. MOST medications are safe during pregnancy, but below is a reference list of commonly used medications.

Recommended supplements:

- Prenatal Vitamin: generics are fine to use and gummies are fine as well, unless you are anemic. Please ensure your prenatal vitamin has at least 400 micrograms (mcg) of folic acid.
- DHA (may be included in your prenatal vitamin)

Over the counter medications for common problems (take as directed on the packaging - dosing does not change in pregnancy):

Fever or pain: Tylenol (acetaminophen). DO NOT TAKE NSAIDs (ibuprofen, naproxen, Aleve, Motrin, Advil, etc.).

- ☐ Call the office if you have a sustained fever or fever with abdominal/pelvic pain, foul smelling discharge, or shortness of breath.

Cold/virus/allergy: Read the medications carefully as some combinations aren't safe, especially if they include ibuprofen or naproxen (Aleve, Advil, Motrin, etc.). Tylenol (acetaminophen) is SAFE. Avoid Sudafed (pseudoephedrine) in the 1st trimester or if you have high blood pressure; avoid Afrin in the 2nd trimester. DO NOT take medications containing PHENYLEPHRINE.

Safe medications: humidifiers/steam, Vicks Vapor Rub, saline nasal spray, Rhinocort nasal spray, neti-pot, Plain Robitussin (guaifenesin), Mucinex (guaifenesin), Benadryl (diphenhydramine), Claritin (loratadine), Allegra (fexofenadine), Zyrtec (cetirizine), throat lozenges/sprays.

Constipation: Increase water intake (you should get 60-80 oz/day) and fiber (fruits, vegetables, whole grains or oatmeal). You may also start Metamucil or Benefiber. Colace (docusate) 100 mg twice daily is good to take as an over-the-counter stool softener. If these measures do not help, you may add milk of magnesia, dulcolax, or Miralax.

Diarrhea: Increase water intake and add Pedialyte, Gatorade, or coconut water. You may take Kaopectate or Imodium.

- ☐ Call if you have a persistent fever >100.4, or vomiting AND diarrhea for >12 hours.

Heartburn/GERD: Tums, Mylanta, or Maalox are the first medications to try. If you still have symptoms, Pepcid 20 mg twice daily is the next option. If your symptoms continue, then add Prilosec 20 mg daily or Prevacid 15 mg daily.

Hemorrhoids (symptoms: rectal pain, itching, bleeding with bowel movements): Tucks pads, Preparation H cream. Treat any constipation and avoid straining with bowel movements.

Nausea/vomiting in the first trimester: Usually this will improve after 12 weeks.

Meanwhile...

- ☐ Frequent snacking to avoid an empty stomach and keeping crackers by your bedside for a snack upon waking may help.
- ☐ Sip water or electrolyte drinks (Gatorade, coconut water) throughout the day.
- ☐ Bland, carbohydrate-based foods are usually best. Try adding in a citrus drink (lemonade) or sour candy, ginger candy, ginger ale, or tea.
- ☐ Begin taking Vitamin B6 25mg three times a day plus Unisom (doxylamine) at night.
- ☐ If you are doing the above and still unable to keep down liquids and food, please contact the office as you may need prescription strength medications. Look out for signs of dehydration: dark or decreased urine, dry mouth, dizziness. Call the office if you are concerned that you are dehydrated.

Flu exposure or Flu infection: Please call your PCP or our office for Tamiflu. This is safe in pregnancy.

Dental work: Local anesthetic (Novocaine/lidocaine without epinephrine) is safe to use for fillings or other dental work.

LIFESTYLE

Travel: No restrictions until 36 weeks, unless your physician specifically tells you otherwise. After 36 weeks, please plan for you and your support person to remain in the Nashville area.

- ☐ During air travel, you may use the security screening as usual.
- ☐ We advise wearing compression hose, staying hydrated, eating frequent snacks, and taking frequent breaks from sitting.

Exercise: We ENCOURAGE exercise in pregnancy. **Please exercise during your pregnancy unless we specifically advise against it.** It will help with weight gain, sleep, back/hip pains, and mental health! If you have not routinely exercised prior to pregnancy, then walking a few times a week is a great place to start (do not start an intense exercise regimen). In general, most exercise is safe, but please no contact sports, water skiing or downhill skiing, scuba diving, or extreme sports. It is okay to break a sweat! Prenatal yoga is a fantastic option to help with pregnancy discomforts.

Hair color/highlights/massage/nail services: All of these are permitted.

Medical procedures/dental care: Please inform us if you will be undergoing anesthesia or major procedures. We encourage regular dental checkups and treatment. Local anesthesia (novacaine, for example) is fine to use for dental work.

Manual Labor: Lifting up to 50 pounds is permitted unless your physician specifically tells you otherwise. Be cognizant of hydration and the need to take frequent breaks.

Sexual Activity: No restrictions unless you are otherwise advised by your physician. Sometimes intercourse during pregnancy can cause bleeding or spotting. Please call if the bleeding is sustained or associated with severe pain.

Insect repellent: DEET is safe to use but you do not need the maximum dose products (Deep Woods, etc.). Use as directed on the bottle. Please see the CDC website for a list of other options.

Seatbelts: Please wear a seatbelt with the lap belt across your hips as usual. Do not use a modified or “pregnancy seatbelt” as these are not safer than a standard seatbelt when used correctly.

FOOD RESTRICTIONS & DIETARY RECOMMENDATIONS

Most foods are safe during pregnancy! The important thing is to keep a healthy and balanced diet.

However, here are some restrictions to keep in mind:

-Avoid artificial sweeteners such as saccharin.

-Avoid alcohol.

-Fish and meat should be well cooked (not rare!).

-Avoid fish with high mercury levels: shark, ahi tuna, swordfish, mackerel, tilefish, Chilean sea bass are the most common. Fish oils are very good for you and 2- 3 servings per week are recommended. Fish such as freshwater salmon, tilapia, shrimp and scallops are safe in reasonable quantities. The FDA website has updated lists and includes more local fish information.

This CDC guide is helpful: <https://www.fda.gov/media/102331/download>

-Make sure your cheese is pasteurized. Most cheese is pasteurized in the United States, but be especially careful with queso, brie, gorgonzola, feta, and goat cheeses. Just check the label or ask your server! Any soft cheeses should be made with pasteurized milk.

<https://www.cdc.gov/listeria/pdf/hispanic-pregnant-women-soft-cheese-fotonovela-508c.pdf>

-Deli meat must be heated to steaming (microwave) prior to consumption.

-Pay attention to the news for Listeria outbreaks. Wash fresh fruits and vegetables before eating them.

-Caffeine: limit to 200mg per day (a typical 8-oz cup of coffee has about 95 mg unless it is Starbucks, which has a lot more!). In general, limit to 1-2 servings of caffeinated beverages per day.

WEIGHT GAIN

- You will be updated on your weight each visit.
- Current recommended weight gain is based on your starting BMI (prior to pregnancy). For normal weight: 25-35 pounds; for overweight: 15-25 pounds; for obese: 11-20 pounds.
- You will be screened for gestational diabetes at 24-28 weeks but you may require earlier testing if you are at an increased risk for diabetes.

GENETIC SCREENING

ANEUPLOIDY SCREENING (Genetic Testing)

Aneuploidy screening is an optional test that can be performed in every pregnancy. There are several different options for genetic screening. These tests screen for abnormalities of the chromosomes or genes of the specific pregnancy.

Screening tests are tests that can help to estimate whether your baby has aneuploidy. They do not tell you a definite diagnosis, and a positive or abnormal test would indicate further testing is needed. Available screening tests include:

- ☐ *Noninvasive Prenatal Testing (NIPT)* which is a maternal blood test that looks for pieces of fetal DNA. This test is recommended for mothers who will be over the age of 35 at time of delivery, however, anyone at any age can elect to have this test. This test screens for Trisomy 21 (Down Syndrome), Trisomy 18, Trisomy 13 (Patau syndrome), sex chromosome abnormalities, Triploidy (an entire extra set of chromosomes) and microdeletions of specific genes. You may also find out the sex of your baby with this test. The test can be done any time after 9 weeks. **It takes approximately 10 business days to receive the results.**
- ☐ *Ultrascreen* which includes an ultrasound and maternal blood test between 11-14 weeks. This test screens for the risk of Trisomy 21 (Down syndrome), Trisomy 18 (Edwards syndrome).

All patients have the option for diagnostic testing. This is a procedure done to take samples of cells or amniotic fluid to check for genetic abnormalities. This is done with a specialist and has its own risks and benefits. We recommend a detailed discussion with your provider if you are interested in this option.

Insurance may or may not cover these tests based on your specific plan. If this is a concern, we encourage you to contact your insurance company beforehand to ask about coverage.

CARRIER SCREENING

Carriers are individuals who have either no symptoms or mild symptoms of a genetic disorder, but they carry the gene variant for the disorder. That gene could be passed to their child. Carrier screening is voluntary and only needs to be done once in a person's life. The purpose of this testing is to identify couples at risk of having a child with a genetic disease and to help understand future medical management.

At Heritage Women's Center, we offer all patients carrier screening for at least a few specific genetic conditions. These genetic conditions include Cystic Fibrosis, Spinal Muscular Atrophy, Hemoglobinopathies, Fragile X, and Duchenne Muscular Dystrophy. Based on your ethnicity and family history, it may be important to screen for other syndromes. Please let your doctor know if you have genetic conditions that run in your family.

You can be screened for more conditions if you choose. There is screening available for over 270 genetic disorders. If you choose this expanded panel, it is likely that you will test positive for at least one gene. The next step is typically to test your partner for this same gene.

PLANNING FOR DELIVERY AND POSTPARTUM

Birth Plans

Not required! If it lessens your anxiety or helps you communicate your concerns with us and/or your support person, feel free to write down your plan and we will review it with you during an office visit. As obstetricians, we are exceedingly aware that plans sometimes need to change despite our best efforts. Our plan for you is a healthy mom and baby above all else.

Anesthesia

It is your choice whether to have an epidural or IV medications during labor or to labor without medications. We are fully supportive of your choices, but we will request that you have an IV (in case of emergencies or for other commonly needed medications or fluids) during labor.

Classes

- ☐ Register for classes through the hospital websites.
- ☐ We recommended classes for new parents: Infant Care/CPR, tour Labor & Delivery, Breastfeeding

Breastfeeding

The current recommendation is for 6 months of exclusive breastfeeding (giving your baby breastmilk and nothing else), and 12 months of breastfeeding total (in addition to adding in foods at 4-6 months). We want to provide you with all of the support you need to do the hard work in meeting these goals.

- ☐ Your insurance likely covers a breast pump for breast milk expression. You can order these during your pregnancy, usually after 28 weeks. We are happy to provide a prescription, if needed. Check with your insurance regarding which brands and types of pumps are covered for you.
- ☐ Breastfeeding classes for new parents are highly encouraged. We recommend bringing along your partner or support person.
- ☐ Both of our hospitals have lactation specialists on staff that can assist you with breastfeeding while in the hospital.

Vaccines

Vaccination during pregnancy is the standard of care for the following 2 vaccines:

- ☐ Flu vaccine: starting in August, the new influenza vaccine is available. Flu can become a very serious illness in pregnant women and babies, so it is critical for you to protect yourself and your baby. Please make sure that your partner and other caregivers for your baby receive this vaccine as well.
- ☐ TDAP (Tetanus, diphtheria, and pertussis): given in EVERY pregnancy in the third trimester (even if you have had it before). Please make sure that your partner and other caregivers for your baby are up-to-date, as whooping cough (pertussis) can be fatal for a newborn and babies cannot be vaccinated until they reach two months of age.

COVID-19 vaccination is recommended. We are following CDC and ACOG guidance on this topic. It is clear that vaccination is recommended. We will update you on new recommendations or data during your visits.

Labor Precautions-- specific instructions will be given to you at your 35-37 week visit.

- ☐ Pre-register for the hospital on their website.
- ☐ Directions are posted on the hospital websites. Both hospitals have dedicated entrances for Labor and Delivery and Obstetric Emergency.
- ☐ If you are having a planned Cesarean delivery, this will be scheduled at your 28-32 week visit.

Pediatricians

Please choose a pediatrician by 36 weeks and inform us of your choice. Heritage Medical Associates has five pediatric offices available.