

Expecting With



Carson Medical Group

Your Guide to a Healthy Pregnancy

Helping you make good
decisions for a healthy baby
and a healthy you.





Carson Medical Group

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Welcome

Carson Medical Group is Here for You

Pregnancy and childbirth are life changing! At Carson Medical Group, we strive to make your experience positive and memorable. Understanding the value of great communication, we encourage you to let us know your desires and expectations. We are honored that you have entrusted Carson Medical Group with your prenatal care, and we look forward to being there as your family grows.

Being well informed is important for a smooth pregnancy. This booklet contains basic pregnancy information and answers to commonly asked questions. We encourage expectant families to read and learn more about pregnancy and your baby's growth. Books, apps, and reputable websites are great resources for pregnancy related information.

Below are resources that have been reviewed and recommended by your doctor:

Books

- *Your Pregnancy and Childbirth: Month to Month*
The American College of Obstetricians and Gynecologists
- *What to Expect When You're Expecting*
Heidi Murkoff
- *Your Pregnancy Week by Week*
Glade B. Curtis, Judith Schuler
- *Real Food for Pregnancy*
Lily Nichols

Websites

- CarsonMedicalGroup.com
- ACOG.org/patients
- MarchofDimes.org/pregnancy

Phone App

- Text4Baby



We Welcome Your Calls

Your doctor, medical assistant, and OB educator are happy to assist you when further information is needed. Additionally, we urge you to take advantage of childbirth education classes as you approach the completion of your pregnancy.

Contact Us

Phone

775.883.3636

The Patient Portal

CarsonMedicalGroup.com
(Select the Patient Portal tab)

The Healow App

(Available in the App Store)



Helpful Timeline

This brief timeline takes you through the course of normal pregnancy care. During your visits, we will check your blood pressure, urine, and weight. We will also listen to the baby's heartbeat, review any lab work, and measure your tummy (after 20 weeks). Please come prepared with any questions or concerns you may have.

Weeks 1 - 8

- Take pregnancy test
- Schedule prenatal checkup

Weeks 8 - 12

- Meet your doctor, first prenatal checkup (week 8 - 10)
- First trimester ultrasound
- Routine laboratory testing, elective genetic screening labs
- Discuss elective prenatal screening options

Weeks 12 - 16

- Doctor visit with pelvic exam

Weeks 16 - 20

- Doctor visit
- Standard mid-pregnancy ultrasound (week 20)
- Elective genetic screening labs

Weeks 20 - 24

- Doctor visit
- Select a pediatrician/physician for the baby
- Research and sign up for childbirth classes

Weeks 24 - 28

- Doctor visit
- Routine laboratory testing
- Tdap vaccine (given in office)
- Rhogam shot if indicated

Weeks 28 - 32

- Doctor visits (two this month)
- Start childbirth classes
- Baby-proof house

Week 30

After the 30 week mark of your pregnancy, you will need to pre-register at the hospital:

Carson Tahoe Regional Medical Center

1600 Medical Parkway
Carson City, Nevada 89703

Register at the Hospital Admitting Desk

Monday - Friday Saturday - Sunday

5:30 AM - 5:00 PM 8:00 AM - 4:30 PM

If you have questions about pre-registering at the hospital, please call 775.445.8000



Routine prenatal care is very important for you and your baby. Please come to all of your appointments as recommended by your doctor. If you have any difficulties accessing care, please inform us and we will do our best to make accommodations.

Weeks 32 - 36

- Doctor visits (two this month)
- Group B strep test (week 35 - 37)
- Car seat inspection (see page 17)
- Pack hospital bag
- Pack baby bag

Weeks 36 - Delivery

- Doctor visits (weekly until delivery)



Nutrition and Weight Gain in Pregnancy

Healthy nutrition is an important part of a successful pregnancy. Everything you eat helps nourish your body and helps your growing child. Try to eat mostly fresh, unprocessed foods, including vegetables, fruits, whole grains, beans, nuts, legumes, low-fat dairy, and unprocessed lean meats. Drink mostly water and skim or low-fat milk and limit your soda intake. Limit or avoid processed, high fat, fried, junk, or fast food. www.ChooseMyPlate.gov is a great resource for healthy meal planning.

Taking a prenatal vitamin daily can help ensure you are getting the proper amount of vitamins and minerals that your body and the baby's developing body need. Many nutrients can come from a healthy diet; however, we recommend a prenatal vitamin that includes the following (you can add these supplements if not included in the prenatal vitamin):

- 400 mcg folic acid
- 27 mg iron
- 1300 mg calcium
- 600 IU vitamin D
- 1000 mg fish oil

Water intake is very important during pregnancy. Not getting enough water can lead to cramping, dizziness, constipation, headaches, leg cramps, and many other symptoms. It is recommended that pregnant women drink 10 cups or 2.3 liters of fluid each day. Water is the best fluid to drink. Always carry water with you and try adding fruit for flavor.

Weight gain during pregnancy is expected and is healthy if you gain the recommended amount of weight. Below is a table describing the amount of weight you should plan to gain based on your pre-pregnancy Body Mass Index (BMI).

Weight Gain Recommendations for Women Pregnant With One Baby

If before pregnancy, you were...	You should gain...
Underweight BMI less than 18.5	28 - 40 pounds
Normal Weight BMI 18.5-24.9	25 - 35 pounds
Overweight BMI 25.0-29.9	15 - 25 pounds
Obese BMI greater than or equal to 30.0	11 - 20 pounds

Calculate Your BMI and More Information About Healthy Weight

The Centers for Disease Control (CDC) website has great sources to help you calculate your BMI and track your weight during pregnancy. It also provides information on how to get extra calories based on your starting weight range. We suggest you take time to explore this website and the links that it provides.

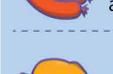
<https://www.CDC.gov/reproductivehealth/maternalinfanthealth/pregnancy-weight-gain.htm#tracking>



Food Safety

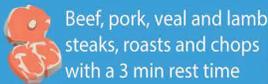
FOOD SAFETY for Baby and Me

Learn the food safety steps that will keep expecting moms safe from foodborne illness.

FOODS TO AVOID WHILE PREGNANT		
Foods to Avoid	Here's Why	Foods to Eat
 Raw seafood	May contain parasites or bacteria	 Fish cooked to 145 °F
 Unpasteurized juice, cider and milk	May contain <i>E. coli</i> or <i>Listeria</i>	 Pasteurized versions are safer alternatives.
 Soft cheese and cheese made from unpasteurized milk	May contain <i>E. coli</i> or <i>Listeria</i>	 Hard cheese & cheese made with pasteurized milk
 Undercooked eggs	May contain <i>Salmonella</i>	 Eggs with firm yolks
 Premade deli salads (egg, pasta, chicken, etc.)	May contain <i>Listeria</i>	 Make these dishes at home
 Raw sprouts	May contain <i>E. coli</i> or <i>Salmonella</i>	 Cook thoroughly
 Cold hot dogs and luncheon meats	May contain <i>Listeria</i>	 Reheat to steaming hot or 165 °F
 Undercooked meat and poultry	May contain <i>E. coli</i> , <i>Salmonella</i> , <i>Campylobacter</i> , <i>Toxoplasma gondii</i>	 Meat and poultry at or above the USDA recommended internal temperature

SAFE INTERNAL COOKING TEMPERATURES

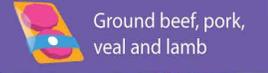
145 °F 

 Beef, pork, veal and lamb steaks, roasts and chops with a 3 min rest time

 Fish

160 °F 

 Egg dishes

 Ground beef, pork, veal and lamb

165 °F 

 Whole, ground, or pieces of chicken, turkey and duck

DANGERS OF LISTERIA AND TOXOPLASMA GONDII

Listeria monocytogenes

Pregnant women are **10 times more likely** to get Listeriosis.



Toxoplasma gondii

50% of Toxoplasmosis infections in the U.S. are acquired from food.



These foodborne illnesses can infect your baby even if you do not feel sick.

Listeriosis can cause:

-  Miscarriages
-  Premature labor
-  Low-birth weight
-  Infant death

Toxoplasmosis can cause babies to develop:

-  Hearing loss
-  Blindness
-  Intellectual disability
-  Brain or eye problems later in life

REMEMBER 

CLEAN  **Clean:** Wash hands and surfaces often.

SEPARATE  **Separate:** Keep raw meat and poultry separate from ready-to-eat foods.

COOK  **Cook:** Cook foods to the proper internal temperature.

CHILL  **Chill:** Get leftovers to the fridge within 2 hours of being cooked.



For more food safety tips, go to FoodSafety.gov

ADDITIONAL SOURCE: CDC



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Sushi and Fish

Sushi

The concern with eating raw and undercooked fish during pregnancy comes from the risk of foodborne bacteria or parasites. Recent studies have shown fish that typically make up sushi (tuna, salmon, yellow tail, snapper, and flounder) rarely carry parasites. In developed countries the risk of infection from sushi is likely not significant.

Fish

Eating fish can be good for your health and your baby's health. Consuming fish during pregnancy has been shown to improve neurodevelopment in children. A healthy diet that includes fish has also been shown to decrease the risk of pre-term birth. However, some fish contain larger amounts of mercury and can be harmful if regularly consumed. Below is a table to help you determine the best choices when you are choosing which type of and how much fish to eat.

This chart can help you choose which fish to eat, and how often to eat them, based on their mercury levels.

What is a serving? As a guide, use the palm of your hand.



For an adult 1 serving = 4 ounces

Eat 2 to 3 servings a week from the "Best Choices" list (OR 1 serving from the "Good Choices" list).



For children, a serving is 1 ounce at age 2 and increases with age to 4 ounces by age 11.

If you eat fish caught by family or friends, check for [fish advisories](#). If there is no advisory, eat only one serving and no other fish that week.*

Best Choices <small>EAT 2 TO 3 SERVINGS A WEEK</small>			OR	Good Choices <small>EAT 1 SERVING A WEEK</small>		
Anchovy	Herring	Scallop		Bluefish	Monkfish	Tilefish (Atlantic Ocean)
Atlantic croaker	Lobster, American and spiny	Shad		Buffalofish	Rockfish	Tuna, albacore/white tuna, canned and fresh/frozen
Atlantic mackerel	Mullet	Shrimp		Carp	Sablefish	Tuna, yellowfin
Black sea bass	Oyster	Skate		Chilean sea bass/Patagonian toothfish	Sheepshead	Weakfish/seatrout
Butterfish	Pacific chub mackerel	Smelt		Grouper	Spanish mackerel	White croaker/Pacific croaker
Catfish	Perch, freshwater and ocean	Sole		Halibut	Striped bass (ocean)	
Clam	Pickering	Squid		Mahi mahi/dolphinfish		
Cod	Plaice	Tilapia				
Crab	Pollock	Trout, freshwater				
Crawfish	Salmon	Tuna, canned light (includes skipjack)				
Flounder	Sardine	Whitefish				
Haddock		Whiting				
Hake						
Choices to Avoid <small>HIGHEST MERCURY LEVELS</small>						
				King mackerel	Shark	Tilefish (Gulf of Mexico)
				Marlin	Swordfish	Tuna, bigeye
				Orange roughy		

* Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants. State advisories will tell you how often you can safely eat those fish.

www.FDA.gov/fishadvice
www.EPA.gov/fishadvice



This advice supports the recommendations of the 2015-2020 Dietary Guidelines for Americans, developed for people 2 years and older, which reflects current science on nutrition to improve public health. The Dietary Guidelines for Americans focuses on dietary patterns and the effects of food and nutrient characteristics on health. For advice about feeding children under 2 years of age, you can consult the [American Academy of Pediatrics](#).

† THIS ADVICE REFERS TO FISH AND SHELLFISH COLLECTIVELY AS "FISH" / ADVICE REVISED JULY 2019



Do's and Don'ts in Pregnancy

Everyone wants to know “what can I still do” and “what can't I do while I'm pregnant?” The good news is there are many things you can still safely do while you are pregnant. Below are guidelines to help you make healthy choices.

Exercise

Exercise is good for you and your growing baby. We encourage you to continue exercising during pregnancy. If you have not been exercising, we recommend you start a low impact routine. Pregnant women should try to achieve 20 to 30 minutes of moderate intensity exercise 4 to 5 times per week.

Warning signs: Stop if you start cramping or bleeding vaginally. Avoid contact sports or high impact exercise that could physically harm your growing abdomen such as: skiing, horseback riding, rock climbing, and scuba diving.

Work

Avoid prolonged sitting or standing. Limit lifting to 25 - 35 lbs, unless you are accustomed to this sort of heavy work prior to pregnancy. Be sure to have adequate ventilation and try to avoid extremes in temperature.

Helpful tip: If you have certain risk factors, your doctor will advise you. Please give us plenty of notice and bring in your FMLA forms if this will need to be addressed.

Travel

Airline travel is considered safe in an uncomplicated pregnancy. The best time to travel is between weeks 14 and 28. Travel up to 36 weeks is generally safe and allowed by commercial airlines. Stay well hydrated, wear compression socks, walk periodically, and/or contract your calf muscles while sitting. As your pregnancy progresses, the risks increase. You will need to balance the benefit of the trip with the potential risk of a complication at your destination.

Helpful tip: If you have certain risk factors, your doctor may advise you not to travel. Be aware of the potential infection exposures (including Zika virus) as well as available medical care at your destination.

Visit [CDC.gov/zika](https://www.cdc.gov/zika) for information on travel to areas known to have this virus.

Sexual Intercourse

Although it may become more difficult and uncomfortable as your baby grows, there are no restrictions unless you develop warning signs or if your doctor gives you direction to stop.

Warning signs: Vaginal bleeding, leaking amniotic fluid (your water breaks), placenta previa.

Hot Tubs and Swimming

Swimming is recommended as a good form of exercise. Avoid hot tubs during the first trimester. Only 10 minutes at a time after your first trimester; do not submerge your whole body.

Helpful tip: Some studies suggest that prolonged time in a sauna or hot tub may increase the mother's core body temperature and may lead to birth defects.

Vaccines

Flu vaccine – During flu season (October - May) we recommend all pregnant women receive the flu vaccine, as getting the flu while you are pregnant increases the risk of complications for both mother and baby.

Tdap vaccine – During your third trimester we will offer you this vaccine to protect your baby from whooping cough after he or she is born. We recommend this vaccine also be given to all caregivers who will have close contact with your baby.



Dental Care

Routine dental care is encouraged during pregnancy. Cleaning, extraction, scaling, root canals, fillings, and x-rays are all part of routine care. Please notify your dentist of your pregnancy when you schedule your appointment. Some dentists require a note from your doctor for medical clearance.

Helpful tip: Your gums may be more sensitive and some bleeding with flossing or brushing is normal.

Hair Dyes

Because absorption through the skin is minimal, hair dye is presumed safe in pregnancy.

Insect Repellent

If you are in an area with high risk for insect-borne illness, topical repellents (including DEET) are recommended.

Car Safety

Always wear both the lap and shoulder belt. The lap belt should be placed across the hips and below the belly. Never disable your car's airbags.

Caffeine

Low to moderate caffeine consumption in pregnancy does not appear to be associated with adverse outcomes. Limit caffeine intake to less than 200 mg each day (the amount contained in a typical 12 ounce cup of brewed coffee).

Alcohol

There is no safe amount of alcohol during pregnancy, therefore we do not recommend alcohol use. Large amounts of alcohol intake in pregnancy are associated with fetal malformations and developmental delays, including fetal alcohol syndrome. It may also cause miscarriage or stillbirth.

Helpful tip: If you are having a difficult time avoiding alcohol, talk with your doctor. www.AA.org is a good website for help and the main phone number for Alcoholics Anonymous is 212-870-3400.

Cigarettes

Smoking cigarettes is not only harmful to your health, but it can cause many complications for your baby. Miscarriage, placental abruption, preterm birth, low birth weight, and stillbirth are some of the possible complications. Nicotine products such as patches or gum are appropriate as part of a quitting smoking strategy.

Helpful tip: If you are addicted to cigarettes, talk with your doctor. 1-800-QUIT-NOW is the national network for quitting smoking. They can help connect you to counselors in our area.

Marijuana

We recommend avoiding marijuana use in pregnancy due to concerns regarding fetal neurodevelopment. Marijuana passes through your bloodstream to your baby and may cause disruption of brain development, smaller size at birth, higher risk of stillbirth, and a higher chance of preterm birth.

Helpful tip: If you are having a difficult time avoiding marijuana, talk with your doctor. If you think you are addicted and want to quit, you can call 800-662-HELP or visit www.SAMHSA.gov.

Environmental Toxins

To protect yourself and your baby from harmful chemicals, it is a good idea to avoid pesticides, herbicides, and strong chemicals. If you are concerned that you may have been exposed to a toxic substance, call, text or chat with the experts at MotherToBaby.org (Call: 866.626.6847 or Text: 855.999.3525).



Safe Medications for Pregnancy & Breastfeeding

Discomfort	Safe Medications	Natural/Home Remedies
Allergies	<ul style="list-style-type: none"> Loratadine (Claritin) 10 mg daily (not Claritin D) Cetirizine (Zyrtec) 10 mg daily Diphenhydramine (Benadryl) 25 mg every 6 - 8 hours 	<ul style="list-style-type: none"> Household air purifier Wear a mask when doing house/ garden work
Congestion	<ul style="list-style-type: none"> Dayquil as directed on package Saline nasal spray Afrin 12 hour nasal spray at bedtime (no more than 3 days in a row) 	<ul style="list-style-type: none"> Neti Pot to irrigate sinuses Humidifier/cool mist vaporizer Drink plenty of fluids
Constipation	<ul style="list-style-type: none"> Fiber products: Metamucil, Citracal, Fibercon, or Benefiber Stool softeners: Colace 1 tablet 2 - 3 times a day or Senekot 1 tablet 1 - 3 times a day Laxatives: Milk of Magnesia, Ex-Lax, Correctol, or Miralax Enema: Fleets 	<ul style="list-style-type: none"> Increase fluids Increase fiber intake (prunes) Regular exercise
Cough/ Sore throat	<ul style="list-style-type: none"> Dextromethorphan (Robitussin) every 4 - 6 hours as needed Any sore throat lozenge or cough drop 	<ul style="list-style-type: none"> Warm salt water gargles Drink plenty of fluids
Diarrhea	<ul style="list-style-type: none"> Imodium liquid or capsules as directed on box (May use after 24 hours of diarrhea) 	<ul style="list-style-type: none"> Clear fluids BRAT diet: bananas, rice, applesauce, toast
Fever	<ul style="list-style-type: none"> Acetaminophen (Tylenol) 650 - 1000 mg every 4 hours as needed (do not exceed 3,000 mg in 24 hours) 	<ul style="list-style-type: none"> Drink Plenty of fluids Rest * Call our office if over 100.4
Gas	<ul style="list-style-type: none"> Simethicone (Gas-X, Mylicon) after meals and at bedtime 	<ul style="list-style-type: none"> Heating pad on low setting Avoid troublesome foods
Heartburn	<ul style="list-style-type: none"> Tums Ex or Ultra 1 - 2 tabs (Max: 8 per day) Mylanta or Maalox if already burning Pepcid AC after eating 	<ul style="list-style-type: none"> Smaller frequent meals Elevate head when lying flat Avoid acidic foods
Hemorrhoids	<ul style="list-style-type: none"> Annusol HC cream Preparation H ointment and/or suppository Tucks pads Cortisone cream 	<ul style="list-style-type: none"> Warm sitz bath Witch hazel
Insomnia	<ul style="list-style-type: none"> Benadryl 25 mg Tylenol PM Unisom 	<ul style="list-style-type: none"> Chamomile tea Warm bath Decrease light in room
Nausea/ Vomiting (not morning sickness)	<ul style="list-style-type: none"> Dramamine Emetrol 	<ul style="list-style-type: none"> Small frequent meals Crackers or dry toast Ginger tea, ginger ale
Pain/Headache	<ul style="list-style-type: none"> Acetaminophen (Tylenol) 650 - 1000 mg every 4 hours as needed (do not exceed 3,000 mg in 24 hours) 	<ul style="list-style-type: none"> Icy Hot cream Warm bath or shower Heat or ice
Rash	<ul style="list-style-type: none"> Benadryl cream Benadryl by mouth Hydrocortisone cream 	<ul style="list-style-type: none"> Aveeno lotion Oatmeal bath
Yeast Infection	<ul style="list-style-type: none"> Monistat OTC 3, 5, or 7 day treatment 	<ul style="list-style-type: none"> Wear cotton underwear, change out of wet/sweaty underwear Reduce or eliminate sugar in diet Eat yogurt with live active cultures

Remember, CMG Plus is here for your non-OB related health concerns. CMG Plus is a walk-in clinic for our patients offering extended hours with complete access to your health history. See back cover for contact information and hours.



Weeks 0-13

Your pregnancy is divided into three trimesters to total 40 weeks. Your first few months of pregnancy, weeks 0 - 13, are called your first trimester. This period of time brings many changes for you and your developing baby. Breast tenderness, fatigue and nausea are a few of the physical changes you may experience. It is normal for your emotions to fluctuate between excitement and anxiety. The first trimester for your baby is a time of rapid growth and development. Your baby will start to develop major organs including the brain and heart. This is the time when your baby's spinal cord begins to form and fingers and toes even start to take shape.

During your first trimester, you will establish prenatal care with your doctor. Your doctor will teach you what to expect throughout your pregnancy. What you learn can help you take the best care of yourself and your baby.

Laboratory Testing

Throughout your pregnancy you will have the opportunity to learn about your health and your baby's health through laboratory testing. Your doctor will use these results to best manage your care. The following lab tests are routinely done during your first trimester:

Blood Tests:

- Complete blood count (CBC)
- Blood type
- Antibody screen
- Urinalysis with possible urine culture
- Rubella
- Hepatitis B
- Syphilis (RPR)
- Human immunodeficiency virus (HIV)

Pelvic Exam:

- Pap smear
- Gonorrhea
- Chlamydia

Optional Genetic Screening and Testing

You also have the option to pursue genetic screening and/or testing. You will meet with our OB educator to explore these options as well as to go over general pregnancy education. The following pages give a more thorough explanation of genetic screening and testing options.

Morning Sickness

Morning sickness can happen any time of day. It affects 70 - 85% of pregnant women in their first trimester. Below are some suggestions that can help improve or relieve nausea related to morning sickness.

- Eat crackers or dry toast before you get up out of bed
- Eat small frequent meals high in protein, try bland foods
- Stay well hydrated
- Try ginger tea or ginger capsules (250 mg as needed)
- Take your prenatal vitamin at bedtime
- Wear sea sickness bands on your wrists
- Take half a Unisom with vitamin B6 (up to four times a day). Unisom may cause drowsiness. If you cannot tolerate the drowsiness, you may still take vitamin B6 without Unisom up to four times a day.



Prenatal Genetic Screening and Testing

Advances in medicine now provide expecting parents with many options for prenatal genetic screening and testing. We understand that this topic can be very confusing and even overwhelming. It may be difficult to decide which test to do, if any at all. We are here to help walk you through the process of making an informed decision.

Two types of genetic screening tests are available during pregnancy - prenatal screening tests and carrier tests.

What Can We Screen For?

Prenatal screening provides the likelihood the baby could be affected by certain genetic or chromosomal disorders (Down syndrome, trisomy 18, trisomy 13, and open neural tube defects such as spina bifida).

Down Syndrome

Down syndrome causes mental delay and can be associated with physical abnormalities such as heart defects and other organ complications.

Increased risk: as mother ages

Trisomy 13 & 18

Trisomy 13 (Patau syndrome) and trisomy 18 (Edwards syndrome) cause life-threatening physical abnormalities. It is not likely a baby will survive with one of these disorders.

Increased risk: as mother ages

Spina Bifida

Open neural tube defects occur early in pregnancy causing serious abnormalities in the brain, spinal cord, or spine. This type of disorder can be caused by poor maternal absorption of folic acid.

Increased risk: family history, obesity, diabetes, and certain medications

Prenatal Screening Test Options

Prenatal screening test options include blood tests and/or ultrasounds which are noninvasive and have no risk to your baby. Each screening test has a different detection rate and risk of false-positive or false-negative results. These tests are an option for each pregnancy.

First Trimester Screen

For first trimester screening, you will be referred to a perinatologist (an obstetrician who specializes in high-risk pregnancies) for an ultrasound and blood test. These tests determine your baby's risk of Down syndrome and trisomy 18, and may also detect other chromosomal, major structural, or placental disorders.

Timing: between 10-14 weeks of pregnancy

Approximate detection rate: 87%

Second Trimester Screen

A blood test called the AFP Tetra (quad screen) can be performed. The results indicate your baby's risk of Down syndrome, trisomy 13, trisomy 18, or an open neural tube defect.

Timing: between 15-20 weeks of pregnancy

Approximate detection rate: 81%

Integrated/Sequential Screen

A perinatologist will combine the first and second-trimester screening results.

Approximate detection rate: 88-96%

Cell-Free DNA/Noninvasive Prenatal Testing (NIPT)

A blood test called cell-free DNA or noninvasive prenatal testing (NIPT) indicates your baby's risk of Down syndrome, trisomy 13, and trisomy 18. This test can also provide information about your baby's sex as well as some sex chromosome abnormalities.

Timing: between 10-38 weeks of pregnancy

Approximate detection rate: 99%



Carrier Testing

Carrier testing provides genetic information about reproductive genetic mutation risks. Typically carriers are healthy, but when two parents are carriers of the same recessive disorder their children have a 25% chance of being affected by the disorder.

The two common disorders to screen for in a carrier test are cystic fibrosis (which affects the lungs and digestive system) and spinal muscular atrophy (which causes progressive muscle loss). Your ethnic background may indicate testing for other disorders as well. If desired, testing can also be done for over 100 different disorders.

Carrier testing is performed using a simple blood test that can be done at any time, even if you are not pregnant. Typically testing is done on the mother first, and if the test is positive, the father will be tested. This is a one-time test and does not need to be repeated for each pregnancy.

Diagnostic Tests

You may select to complete prenatal diagnostic testing if screening, your age, family history, or medical history puts your baby at increased risk of having a genetic disorder. This type of testing may be selected by all pregnant women, even those who do not have risk factors. These tests are performed by a perinatologist and carry a slight risk of miscarriage. The test requires taking a sample from either the placenta or the amniotic fluid. Diagnostic testing is optional; however, it is the only way to confirm a diagnosis during the pregnancy.

Which Test Should You Choose?

It is important to make an informed decision about prenatal testing, especially if you're screening for fetal conditions that can't be treated. Before going forward consider these questions:

How will the results affect my pregnancy?

Normal results can ease your anxiety. However, if prenatal testing indicates that your baby might have a birth defect, you could be faced with difficult decisions — such as whether to continue the pregnancy. On the other hand, you might welcome the opportunity to plan for your baby's care in advance.

Will the results shape my prenatal care?

Some prenatal tests detect problems that can be treated during pregnancy. In other cases, prenatal testing alerts your health care provider to a condition that requires immediate treatment after birth.

How accurate are the results?

Prenatal screening isn't perfect. The rate of inaccurate results, known as false-negative or false-positive results, varies from test to test.

What are the risks?

Weigh the risks such as potential anxiety, pain, or possible miscarriage against the value of knowing the results.

What is the expense?

Insurance coverage varies. If the test isn't covered by your insurance plan, are you willing and able to cover the cost of the test on your own?

The Decision is Yours

Prenatal testing can provide information that influences your prenatal care. Remember some screening tests may introduce anxiety and the need for careful personal decisions. Although recommended by your obstetrician, prenatal testing is not required and ultimately, the decision to proceed is yours.

If you are considering prenatal testing, discuss the risks and benefits with our OB nurse educator and your obstetrician. We can provide you with more thorough information and recommendations. If your pregnancy is considered high-risk, or if you have a known family history of genetic disorders, we may refer you to a genetic counselor. A referral is available at your request.



Weeks 14-27

Months four to six mark your second trimester. This is the time in your pregnancy where you may feel physically more like yourself again. During the second trimester, you may develop breast tenderness, a growing belly, and skin changes. Your baby will begin to move and hear.

Regular doctor visits remain very important during the second trimester. Write down your questions and bring them with you to your appointments.

Laboratory Testing

Laboratory testing continues in your second trimester. Additional labs and treatment may be necessary based on your risk factors and blood type. Routine blood tests include:

- Complete blood count (CBC)
- Glucose tolerance test (diabetic testing)
- Optional testing/screening (Quad/Tetra screen or AFP) as desired

Fetal Movement

If this is your first baby, you might start feeling the first flutter of movement around 20 weeks gestation. Some women, particularly those who have had a child in the past, may feel the baby move sooner. Movements can sometimes be described as flutters, bubbles, rolling, or stretching in your uterus.

Prenatal Classes

Your second trimester is the time to schedule prenatal classes. Check the hospital website for class times and dates and for contact information: www.CarsonTahoe.com/childbirth-support.

Preterm Labor

Preterm labor is labor any time before 37 weeks. Preterm labor can happen without warning even if you have no known risk factors; however, your doctor will let you know if you are at increased risk. It is important to listen to your body.

When to call your doctor

Call your doctor right away if you notice any of these signs or symptoms:

- Uterine tightening, cramping or contractions (greater than 6 per hour or closer than every 10 minutes)
- Leaking of clear fluid either as a gush or constant trickle
- Vaginal bleeding

If you are concerned, please call

**Monday - Friday
8:00AM - 4:30PM**

Carson Medical Group
775.883.3636

All Other Times
Labor & Delivery
775.445.5130



Weeks 28-40

The third trimester marks your last few months of pregnancy. This time can be physically and emotionally challenging. Changes during the third trimester may include backaches, swollen ankles, and increasing anxiety. Your baby will likely start to open his or her eyes and start gaining more weight.

During the third trimester, you will start to meet with your doctor more frequently. He or she may check for cervical changes and assess the baby's position. Continue to write down and ask questions; we want you to feel as prepared as possible for your labor and delivery.

Laboratory Testing

Group Beta Strep (GBS) Test – We test all women for this bacteria between 35 and 37 weeks of pregnancy using a small Q-tip swab. If you are found to be GBS positive, or have other risk factors related to GBS, we will plan to give you IV antibiotics during labor. This will help prevent your infant from developing GBS disease.

You can find more information about GBS at the CDC website:

www.CDC.gov/groupbstrep/about/fast-facts.html

Fetal Movement

Once you have reached 28 weeks of pregnancy, you should be feeling the baby move regularly every day. If you are not feeling your baby move like normal, please call us right away. After hours please call the hospital labor and delivery unit. Your doctor will give you information on fetal kick counts and may request that you come in for an evaluation.

For more information and a link to download a kick count app, visit:

<https://www.CountTheKicks.org/how-to-count-kicks/>



Labor

Sometimes it can be difficult to determine when you are in labor. Labor contractions occur in a regular pattern and get closer over time. You may feel pain in your back or pelvis that is similar to menstrual cramping and increases in intensity over time. Braxton Hicks or “practice” contractions can start weeks before labor actually begins. These “practice” contractions can be very painful. Every woman feels pain differently and each pregnancy can differ as well. See the table below to help determine if your contractions are true labor contractions.

Type of Change	False Labor	True Labor
Timing of Contractions	Often irregular and do not get closer together (Braxton Hicks)	Come at regular intervals and, as time goes on, get closer together; each lasts about 30 - 70 seconds
Change with Movement	Contractions may stop when you walk or rest or may even stop with a change of position	Contractions continue, despite movement
Strength of Contractions	Usually weak and do not get much stronger (may be strong and then weak)	Increase in strength steadily
Pain of Contractions	Usually felt only in the front	Usually starts in the back and moves to the front

When Should I Go to the Hospital?

You should plan to go to the hospital in any of the following situations:

- If your water breaks (a gush or constant trickle of clear fluid)
- If you have “true labor” contractions at least every 5 minutes, lasting 1 minute each, for at least 1 hour (remember 5-1-1)
- If the baby is not moving like normal
- If you are bleeding from your vagina (bright red or heavy)
- If you have constant or severe pain with no relief between contractions

Where to Call When You’re in Labor

Call the hospital labor and delivery unit to let them know you are coming or if you have questions.

Monday - Friday

8:00AM - 4:30PM

Carson Medical Group

775.883.3636

All Other Times

Labor & Delivery

775.445.5130



Carson Medical Group

A Baby-Friendly Center

What Does Baby-Friendly Mean?

- Your baby will immediately be placed skin to skin with you after delivery and will remain on your chest for at least one hour or until he or she is done feeding. Skin to skin contact helps your baby to regulate heart rate, breathing and temperature along with improving bonding and decreasing fussiness. Skin to skin contact also encourages your baby's interest in feeding and helps stimulate the release of hormones to support the breastfeeding mother. (Medical care will not be delayed. If your baby needs extra medical attention, he or she will be immediately evaluated by the nurses and a physician will be consulted.)
- Routine baby measurements and medications will be delayed until your baby has finished feeding and bonding while skin to skin with you.
- Your baby will room-in with you 24 hours per day. This encourages bonding and allows you to more comfortably care for your new baby in a setting with trained professionals readily available to answer your questions and provide valuable information.
- For a vaginal delivery, you will labor, deliver, recover, and go home from the same room. For a cesarean delivery, you will spend the first 1 - 2 hours post-delivery in the recovery room with your baby and will then be transferred together, to the room you were admitted to, for the remainder of your stay.
- All of the nurses have received special training in breastfeeding and are there to help you succeed.
- Pacifiers and formula are only given per your request or if medically necessary.
- International Board Certified Lactation Consultants are available upon request or as ordered by your doctor.
- This facility has passed a detailed on-site inspection and has spent years attaining this highly esteemed designation.

For more information on the Baby-Friendly Hospital Initiative please visit:
www.BabyFriendlyUSA.org

Carson Tahoe Health

Our physicians deliver babies and admit our patients to Carson Tahoe Hospital, a Baby-Friendly Facility.

Working together with the hospital staff, the Women's and Children's Center continues to merit the highly respected international designation as a Baby-Friendly birth facility.

The nurses work closely with your Carson Medical Group physicians to provide the best care possible. They are there to support you through your labor and delivery, vaginal or cesarean, and to assist you with feeding and caring for your baby.

The Baby-Friendly Hospital Initiative was launched by Unicef and the World Health Organization to give mothers the information, confidence and skills necessary to successfully initiate and continue breastfeeding their babies or safely feed with formula.



What to Expect for Your Delivery

Anticipating the arrival of your new baby is an exciting time and not knowing what to expect is normal. We recommend packing your hospital bag several weeks before your actual due date (see packing list on page 18). Remember to follow any special instructions your doctor has given you and if you have questions, ask.

Arriving at the Hospital

If you arrive at the hospital between 5:00 AM and 9:00 PM, use the front door of the hospital and take elevator “B” to the 3rd floor. Turn to your left for Women’s Services and use the intercom to let the staff know you are there.

If you arrive at the hospital between 9:00 PM and 5:00 AM, please use the emergency room entrance. Staff will escort you to Women’s Services.

Once you arrive to the labor and delivery floor, you will be escorted to the triage room where you will be evaluated for labor. The nurses will assess you and report to your doctor (or the on-call doctor for Carson Medical Group if after hours). If you are admitted, you will be moved to a labor room where you will remain throughout your stay. If you have a scheduled cesarean section or induction, you will be escorted directly to your room.

Once you are admitted, the nurses will go over your plan of care with you. They will be monitoring you and your baby and keeping your doctor updated. Please discuss any special requests or concerns with your doctor ahead of time.

Note that the hospital policy is to allow one visitor with you while you are in the triage room and three visitors/ support people in your room once you are admitted. Children under 12 are only permitted if they are siblings of the baby. There is a couch for your support person to stay overnight as you desire.

Your Delivery

Your delivery, whether vaginal or cesarean, will be attended by your doctor or the doctor on call for Carson Medical Group. There will be a nurse present for you and one for your baby. The OB tech will assist the doctor and based on your risk, additional staff may be present.

We encourage you to attend Carson Tahoe’s Childbirth Education courses to best prepare you for your birth experience. Sign up online at CarsonTahoe.com/childbirth-support.

Birth Certificate, Birth Confirmation, and Social Security Card

After your baby is born, the hospital staff will gather information for your baby’s birth certificate. The hospital sends that information to the state health department. If you are not married, Nevada state law requires both parents to sign a “Declaration of Paternity” before the father’s name can be added to the birth certificate.

The hospital will mail you a separate packet that contains a birth confirmation sheet. This sheet is not the official birth certificate; however, this sheet will enable you to begin obtaining your baby’s health insurance. The packet also includes instructions for obtaining your baby’s official birth certificate and social security card.

For questions about the birth certificate or social security card process, please call Carson Tahoe Regional Medical Center’s birth clerk at 775.445.8000.

Going Home

We want to send you home feeling confident in caring for yourself and for your new baby. Most new mothers go home at least 24 hours after a vaginal delivery and at least 48 hours after a cesarean delivery. Your doctor and your baby’s doctor will check in with you each day. Please communicate with your nurses so they can keep your doctors informed if changes or questions arise.

Vaccinations

Part of going home is ensuring that you and your baby will have the best chance at staying healthy. Therefore, your doctors at Carson Medical Group recommend the following vaccinations which will be offered by your nurse:

- Tdap vaccines (to prevent whooping cough) are recommended for you and for everyone who will be near your baby during the first 6 months. If you did not receive this vaccine during pregnancy, we encourage you and one other caregiver (i.e. your partner) to be vaccinated before discharge.
- Flu vaccines are offered to new mothers October - June. If you did not receive this vaccine during pregnancy, we encourage you to get it. Other caregivers may get this vaccine outside of the hospital.
- Rubella vaccines are recommended for all mothers who are not immune. The nurses will have this information about you from our office.
- Pneumococcal vaccines (to prevent pneumonia) are recommended for everyone with a history of asthma or for anyone who smokes.



Medical Care for Your Newborn

Carson Medical Group has pediatricians and family medicine physicians who are happy to care for your new baby in the hospital and beyond. You may choose to set up an interview before delivery to meet your baby's future doctor or you will meet the on call physician the day your baby is born. Please see our website for a full list of physicians.

Carson Medical Group Pediatricians and Family Medicine Physicians

Pediatrics 775.885.2229
Family Practice 775.882.1324

For a complete provider listing visit:
CarsonMedicalGroup.com



Preventative Care

Carson Medical Group Pediatricians and Family Practice Physicians recommend that all babies receive the following medications in the hospital after delivery:

- Vitamin K (to assist the baby's immature liver with clotting)
- Erythromycin (to prevent bacteria from causing blindness)
- Hepatitis B vaccine (1st in a series of 3 to prevent hepatitis B)

Infant Car Seats

You will need to show the hospital staff your rear-facing car seat for your baby's first ride home from the hospital. Plan to get a car seat well before your due date. Practice using the seat in your car before your baby arrives.

Tips for Buying a Car Seat

- Know whether your car has the LATCH system (hooks manufactured into the seats of your car, designed specifically for car seats)
- Try locking and unlocking the buckle and try changing the lengths of the straps when you are in the store
- Try the seat in your car to make sure it fits
- Read the labels to check weight requirements
- Do not buy a used car seat if you do not know its history (never use a car seat that has been in a car crash)
- Check the expiration date on used seats and monitor the date on the new ones

Newborn Care Classes

Newborn Care classes are also offered at Carson Tahoe Hospital.

Visit their website to register:

www.CarsonTahoe.com/childbirth-support

Local Car Seat Safety Checks

Did you know that 3 out of 4 car seats are installed incorrectly?

The following local centers offer car seat safety inspections by appointment:

Ron Wood Family Resource Center

2621 Northgate Lane, Suite 62
Carson City, Nevada
775.884.2269

RonWoodCenter.org

REMSA Education & Training

400 Edison Way, Suite B
Reno, Nevada
775.858.5700

REMSAHealth.com/outreach/point-of-impact



Expectant Parent Checklist

It is a good idea to pack what you'll need at the hospital well in advance of your due date. Some suggested items are listed below:

Mother

- Picture ID
- Insurance card
- Phone and charger
- Medication list with dosages
- Sleepwear
- Bathrobe
- Socks/slippers
- Underwear
- Loose fitting & comfortable maternity clothes to wear home
- Nursing bra/pads
- Toothbrush & toothpaste
- Shampoo
- Lip balm
- Lotion
- Hairbrush
- Deodorant
- Breath mints
- Non-perishable snacks
- Book /magazine
- Eyeglasses/contact lens supplies
- Music with audio cord for built-in speakers

Support Person

- Picture ID
- Phone and charger
- Camera and charger
(Please note: videotaping the delivery is not permitted)
- Toothbrush & toothpaste
- Comfortable clothes
- Book/magazine/music
- Non-perishable snacks
- Money for snacks and vending machines

Newborn

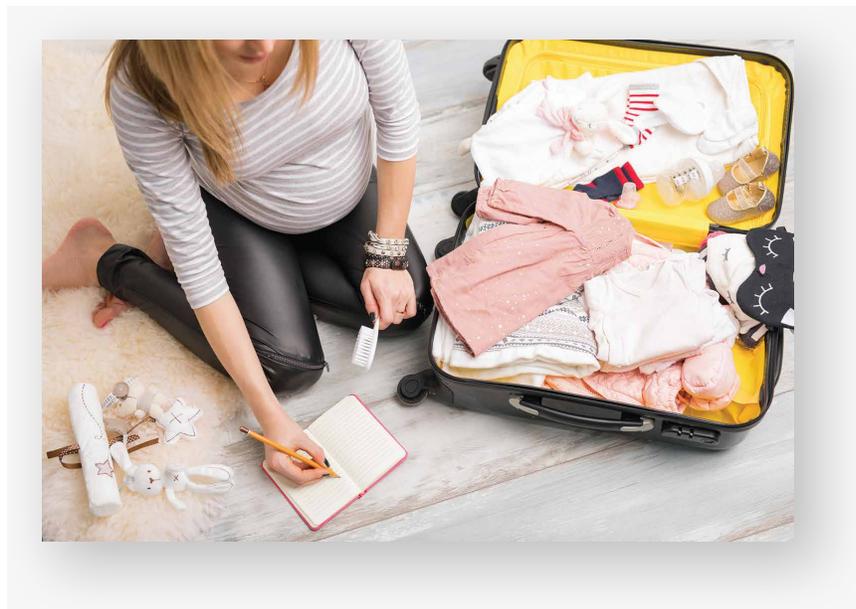
- Infant car seat
- Two onesies
- Newborn hat
- Socks
- Burp cloth
- Receiving blankets
- Going home outfit

What Not to Bring

- Jewelry
- Valuables

The Hospital Provides

- Diapers
- Wipes
- Breast pump if needed
- Receiving blankets to use while there
- Newborn hat
- Baby shampoo
- Medications



Postpartum

The postpartum period is the time following the birth of your baby. Often new mothers will be extremely tired, sore, and emotional. This is all very normal. You, your baby, and your family are all adjusting to a new normal. Your body just went through delivery and your hormones are adjusting.

The amount of time you spend in the hospital will depend on your health and your baby's health. If you had a vaginal delivery, plan to spend at least 24 hours in the hospital, if not longer. You will need to follow up with your doctor 6 weeks after delivery. If you had a cesarean section, plan to spend at least 48 hours in the hospital, if not longer. You will need to follow up with your doctor 2 weeks and 6 weeks after delivery.

The lining of the uterus that your body sheds after delivery is called lochia. After delivery, the lochia will be heavy, bright red, and may contain small clots. With time, the flow should get lighter and change to pink or brown. After a couple of weeks, lochia is often light-brown or yellow. However, it is normal for lochia to lighten and then develop a surge of bright red. This discharge may continue for up to 6 weeks. Remember to use sanitary pads only during this time; do not put anything in your vagina unless instructed by your doctor.

Your body goes through many normal changes as it starts to return to its pre-pregnancy state; however, not all discomforts are normal. Please call your doctor if you experience any of these symptoms:

- Fever more than 100.4
- Nausea and vomiting
- Pain or burning during urination
- Increased bleeding (soaking through a maxi pad in an hour for two consecutive hours)
- Severe pain in your lower abdomen
- Pain, swelling, and tenderness in your legs
- Chest pain and coughing or gasping for air
- Red streaks on your breasts or painful new lumps in your breasts
- Pain that doesn't go away or that gets worse from a perineal tear, episiotomy, or abdominal incision
- Redness or discharge from a perineal tear, episiotomy, or abdominal incision
- Vaginal discharge that has a foul odor
- Severe headache with visual changes (seeing spots or stars)

*Our doctors encourage you to wait until your 6 week checkup before resuming sexual intercourse. If you are not going to wait, talk to your doctor about birth control. Some women can become pregnant during this time period even while breastfeeding.

Breastfeeding

Carson Tahoe Hospital has excellent resources for breastfeeding. You can ask breastfeeding questions or request a consult with a Certified Lactation Consultant by calling the **Breastfeeding Warmline at 775.445.5122.**

The hospital also holds weekly sessions for breastfeeding support. Visit their website for more information:

www.CarsonTahoe.com/childbirth-support



Postpartum Depression

The Postpartum Blues

About 2 - 3 days after childbirth, some women begin to feel depressed, anxious, and upset. You may feel angry with your new baby, your partner, or your other children. You also may cry for no clear reason, have trouble sleeping, eating, and making choices, or question whether you can handle caring for a baby. These feelings, often called the postpartum blues, may come and go in the first few days after childbirth. The postpartum blues usually get better within a few days or 1 - 2 weeks without any treatment. If symptoms last longer it is important to notify your health care provider.

Postpartum Depression

Women with postpartum depression have intense feelings of sadness, anxiety, or despair that prevent them from being able to do their daily tasks. Postpartum depression can occur up to 1 year after having a baby, but it most commonly starts about 1 - 3 weeks after childbirth. There are many factors that can contribute to the cause of postpartum depression.

If you think you may have postpartum depression, or if your partner or family members are concerned that you do, it is important to see your health care provider as soon as possible. Those closest to you are often the first to recognize the signs. Do not wait until your postpartum checkup to talk to your doctor. Postpartum depression can be treated with medications called antidepressants. Counseling is also used to treat depression, often in combination with medications.

If you have a history of depression at any time in your life or if you are taking an antidepressant, tell your health care provider early in your prenatal care. Your health care provider may suggest that you begin treatment right after you give birth to prevent postpartum depression. If you were taking antidepressants before pregnancy, your health care provider can assess your situation and help you decide whether or not you should continue taking medication during your pregnancy.

Postpartum Depression Information

Useful information about postpartum depression can be found on the following websites:

National Women's Health Information Center

www.WomensHealth.gov/mental-health/illnesses/postpartum-depression.html

Postpartum Support International

www.Postpartum.net

Medline Plus

<http://www.NLM.NIH.gov/medlineplus/postpartumdepression.html>

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Your Pregnancy and Childbirth: Month to Month. (2016). Washington, DC: American College of Obstetricians and Gynecologists Washington, DC.





Notes



Contact Information

Important OB Phone Numbers

CMG Obstetrics & Gynecology
Carson City • Minden • Reno

775.883.3636

Carson Tahoe Regional Medical Center
Labor & Delivery

775.445.5130

CMG Additional Specialties & Services

Pediatrics 775.885.2229
Family Medicine 775.882.1324
Ear, Nose and Throat 775-884.3687
CMG Plus (walk-in clinic) 775-283-4004

Lab Draw Services

Medical Parkway

Monday - Friday: 8:00 AM - 12:00 PM & 1:00 PM - 4:30 PM

Mountain Street

Monday - Friday: 7:00 AM - 12:00 PM & 1:00 PM - 4:00 PM



Carson Medical Group

For additional service information visit our website

CarsonMedicalGroup.com