

SCOTTSDALE OBSTETRICS & GYNECOLOGY, P.C.

(480) 945-4849 • FAX (480) 945-0989

ERIC M. REUSS, M.D., M.P.H.

Diplomate, American Board of Obstetrics and Gynecology

PRENATAL VISITS

All your prenatal visits will be with Dr. Reuss. During your confirmation of pregnancy visit an ultrasound (with a vaginal probe) will be performed to assess viability and to ensure we have a correct due date. Generally, a physical exam will be performed and a Pap smear, urine culture and cervical cultures obtained during that visit as well.

A few weeks later we will see you for your New OB visit. After ensuring everything is fine with your pregnancy bloodwork will be drawn and a plan established for your pregnancy.

Between your New OB visit and 30 weeks you will be seen every month. Between 18 and 20 weeks we will send you out for a formal anatomy ultrasound. Screening for gestational diabetes and anemia is typically performed between 24 and 28 weeks.

As we enter the 3rd trimester visits will increase in frequency. This is also the opportune time to begin to think about and prepare for delivery. From 30 weeks through 36 weeks visits occur every 2 weeks. After 36 weeks visits are every week.

NORMAL PHYSICAL CHANGES DURING PREGNANCY

You can expect changes in your physical and emotional states during your pregnancy. You may experience nausea, frequent urination, breast tenderness, fatigue, bloating and constipation. You can alleviate some of these symptoms by resting more during the day, eating many small meals (instead of three larger ones), and increasing your intake of fluids and fiber. The hormonal changes inside your body also may cause mood fluctuations. Fear and ambivalence are as common as excitement and joy during the early months of pregnancy.

DIET

Eating a well-balanced, nutritional diet throughout pregnancy is important. Select foods that are high in protein, fiber-rich carbohydrates, iron and calcium. You need approximately 300 extra calories daily during pregnancy. Substituting foods that are high in refined sugars and fats with more nutritionally "dense" foods, such as dairy products that are rich in calcium and protein, is ideal. If you cannot tolerate dairy, try tofu, beans, corn tortillas, dark-green leafy vegetables and fresh fruits. It is also important to drink more caffeine-free liquid, including eight or so glasses of water each

day. Avoid consuming caffeine-containing beverages, such as coffee, tea and sodas that contain more than 200mg of caffeine a day.

TESTING IN PREGNANCY

Various tests are obtained during the pregnancy. Most are routine but some are optional. Lab work can generally be drawn in the office.

BASIC PRENATAL LABS

These are blood and urine tests done at the beginning of your pregnancy. They include screening your blood for anemia, documenting your blood type and checking for certain infections as well as testing to see if you are immune to certain diseases.

CARRIER SCREENING TESTS

Expanded carrier screening is a blood test which looks to see if someone is a “carrier” for a genetic disease. A “carrier” does not have the disease rather they only have one abnormal gene which can be passed to offspring. On if an individual has two copies of an abnormal gene, one from each parent, would they have the disease in question. If both parents are a “carrier” for a disease there is a 1 in 4 chance the offspring will be affected. Carrier screening generally includes Cystic Fibrosis, Tay-Sachs disease, common types of Thalassemia, Spinal Muscular Atrophy, and Fragile X syndrome.

GENETIC TESTING

Screening tests provide probabilities (odds) of having a baby with certain conditions however screening tests cannot detect all cases of these conditions. Screening tests are performed through blood draws and ultrasound so there is no risk for miscarriage from these tests. There are generally two options for screening between 10 weeks to 20 weeks gestational age.

SCREENING TESTS

Option 1: Cell-free DNA Screening (Non-invasive Testing or NIPT)

- ✓ Blood test screens small pieces of fetal DNA from the pregnant woman’s placenta for Down syndrome, trisomy 18, trisomy 13, and missing or extra sex chromosomes

Option 2: Quad Screen

- ✓ Blood test between 15 and 20 weeks

DIAGNOSTIC TESTS

Diagnostic tests provide a definitive yes or no answer as to whether the baby has a known condition. They can test for conditions that were positive on a screening test or may be missed by screening tests. Two types of diagnostic testing are performed through obtaining very small samples of the placenta or amniotic fluid.

Diagnostic Test: CVS (chorionic villus sampling)

- ✓ Results obtained by analyzing a small sample of the placenta
- ✓ Performed by passing a catheter the cervix or by inserting a needle through the abdomen

Diagnostic Test: Amniocentesis

- ↳ Results obtained by analyzing a small sample of the amniotic fluid that surrounds the baby ☰
- ↳ Performed by inserting a needle through the abdomen *Note: while Diagnostic tests are invasive, the risk of a procedure-related pregnancy loss is a rare occurrence at 1 in 500 (0.2%).*

ULTRASOUND

Ultrasound uses sound waves too high for humans to hear to create pictures of the inside of the uterus much like an X-ray but without any harmful radiation. Ultrasound may be used to evaluate many aspects of pregnancy, but the most common use is as a routine test at 18 to 20 weeks of pregnancy to check the baby's physical features. Ultrasounds may be repeated later in the pregnancy depending upon individual risk factors or concerns.

THIRD TRIMESTER LABS: Hemoglobin and the Glucose Tolerance Test

Between 24 and 28 weeks of pregnancy you will be screened for gestational diabetes. During pregnancy placental proteins can result in your body becoming resistant to insulin which can alter your body's ability to manage dietary sugars. Those sugars easily cross the placenta and can cause excessive fetal growth. The initial screening is through a *1 Hour Glucose Tolerance Test*. If the result is elevated it does not mean that you have gestational diabetes. Though you will require further testing through a *3hr Glucose Tolerance Test* to confirm or rule out the gestational diabetes. Fortunately, the vast majority of women with Gestational Diabetes can still have a healthy baby and safe pregnancy by following a special diet and checking finger blood-sugar checks. When your blood is drawn for Gestational Diabetes we will also recheck your hemoglobin to check if you are anemic. In addition, if your blood type is Rh negative, you will receive a Rhogam injection at 28 weeks to prevent your immune system from developing antibodies to your baby's blood.

GROUP B STREP (GBS) TEST

Pregnant women are uniformly screened for this common bacteria around 36 weeks of pregnancy. The screening is performed by taking a vaginal and rectal (perineal) swab. Group B strep is harmless to the mother but may infect the baby during delivery, leading to potentially serious complications. By identifying mothers at risk, we may use antibiotics during labor to prevent exposing the baby to the group B strep bacteria.

EXERCISE GUIDELINES

- ↳ In the absence of complications, pregnant women are encouraged to engage in 30 minutes or more moderate exercise a day on most, if not all, days of the week. Both strength and cardio are important.

- ✓ After 20 weeks, pregnant women should avoid supine (on your back) positions during exercise. This is to prevent significant decrease in your blood pressure.
- ✓ Participation in a wide range of recreational activities appears to be safe. However, activities with a high risk for falling or abdominal trauma should be avoided during pregnancy, such as soccer, volley ball, gymnastics, horseback riding, downhill skiing and vigorous racquet sports.
- ✓ Scuba diving should be avoided throughout pregnancy.
- ✓ Exertion at altitudes is safe though one's toleration at higher elevations will diminish.
- ✓ Do the "talk test"—you should exert yourself during exercise, but should not reach an intensity level where you are unable to carry on a conversation without severe shortness of breath. Likewise, it is probably not exercise if you are able to sing or whistle while 'exercising'.

DENTAL CARE

Routine dental work and cleaning is fine. Avoid X-rays if possible. If an x-ray is necessary shielding your abdomen with a lead apron should be more than enough protection. If you need local anesthetic for dental work that too is fine. For any questions, have your dentist call us.

SEXUAL RELATIONS

Barring specific risks factors sex during pregnancy is healthy. Most sexual positions are safe. Oral sex is safe as well. Experiment to find what works best as your pregnancy progresses. Accept that your sexual desire may change during pregnancy.

TRAVEL DURING PREGNANCY

If your pregnancy is going well and you have no risk factors, you may safely travel up until sometime between 32 and 36 weeks of pregnancy. It will vary depending on where and for how long you are travelling for. Stay well hydrated before, during and after the trip. Foot swelling may be greater if you are flying. Stretch your legs every hour if you will be sitting for prolonged periods. If you have any questions regarding travel please let me know.

TREATING COMMON MEDICAL ISSUES DURING PREGNANCY

LOW GRADE FEVERS & HEADACHES

Tylenol (acetaminophen) is safe in pregnancy. NSAIDS such as ibuprofen can be taken until 30 weeks.

COLDS & FLU

Rest and plenty of fluids are best. Take acetaminophen (Tylenol[®]) for aches and fever. Throat lozenges and saline nasal spray (for example, Ocean Mist[®]) are fine, too. If your symptoms are still very bothersome most over the counter therapies are safe for short periods of time. They won't cure the virus but they will help with symptom relief.

DIARRHEA

For diarrhea, replace the fluids and electrolytes by drinking lots of liquids. Good choices include Gatorade, soup broth and Pedialyte[®]. If the diarrhea is severe, you may use Kaopectate[®] or Imodium[®].

HEARTBURN

Try eating slowly and do not lie down within an hour or two after eating. Antacids such as Tums, Mylanta or over-the-counter medications such as Pepcid (Famotidine) or Prilosec (omeprazole) can provide relief as well.

CONSTIPATION

The stool softener Metamucil[®] can often provide safe relief, as can increasing your daily fluid and fiber intake. Colace[®] (docusate) is another stool softener that can be taken once or twice a day to soften stools. Often Milk of Magnesia can aid with constipation when taken at night before bed.

Leg cramps at night:

Magnesium as a pill form, Magnesium oxide, can often help with nocturnal cramps. Dosing is usually 400mg before bed.

Advice About Eating Fish

What Pregnant Women & Parents Should Know

Fish and other protein-rich foods have nutrients that can help your child's growth and development.

For women of childbearing age (about 16-49 years old), especially pregnant and breastfeeding women, and for parents and caregivers of young children.

- Eat 2 to 3 servings of fish a week from the "Best Choices" list OR 1 serving from the "Good Choices" list.
- Eat a variety of fish.
- Serve 1 to 2 servings of fish a week to children, starting at age 2.
- 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.*

Use this chart!

You can use this chart to help you choose which fish to eat, and how often to eat them, based on their mercury levels. The "Best Choices" have the lowest levels of mercury.

What is a serving?



To find out, use the palm of your hand!

For an adult
4 ounces

For children,
ages 4 to 7
2 ounces

Best Choices

EAT 2 TO 3 SERVINGS A WEEK

Anchovy	Herring	Scallop
Atlantic croaker	Lobster, American and spiny	Shad
Atlantic mackerel	Mullet	Shrimp
Black sea bass	Oyster	Skate
Butterfish	Pacific chub mackerel	Smelt
Catfish	Perch, freshwater and ocean	Sole
Clam	Pickering	Squid
Cod	Plaice	Tilapia
Crab	Pollock	Trout, freshwater
Crawfish	Salmon	Tuna, canned light (includes skipjack)
Flounder	Sardine	Whitefish
Haddock		Whiting
Hake		

OR

Good Choices

EAT 1 SERVING A WEEK

Bluefish	Monkfish	Tilefish (Atlantic Ocean)
Buffalo fish	Rockfish	Tuna, albacore/white tuna, canned and fresh/frozen
Carp	Sablefish	Tuna, yellowfin
Chilean sea bass/Patagonian toothfish	Sheepshead	Weakfish/seatrout
Groupers	Snapper	White croaker/Pacific croaker
Hallbut	Spanish mackerel	
Mahi mahi/dolphinfish	Striped bass (ocean)	

Choices to Avoid

HIGHEST MERCURY LEVELS

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 these fish.

www.fda.gov/fishadvice
www.epa.gov/fishadvice

