

Pregnancy Guidelines

Round Rock OBGYN, PA

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4112 Links Lane, Suite 205 Round Rock, TX 78664

512-255-7762

This entire form is available under the “resources” tab at www.RoundRockOBGYN.com Additional educational links are also provided there for your convenience.

1. Do not take any medications, pills, or supplements without physician approval. The following medications are felt to be safe in pregnancy. Generally, use the smallest dose for the shortest duration and try to avoid medications in the first trimester if possible.
 - headaches, common aches and pains
 - Tylenol (acetaminophen)
 - Extra strength Tylenol
 - allergy symptoms, common cold, itchy/watery eyes (choose ONE of these medications):
 - chlorpheniramine,
 - tripeleennamine,
 - Benadryl/diphenhydramine
 - Claritin
 - Zyrtec
 - cough
 - Guaifenesin (plain Robitussin)
 - Guaifenesin with dextromethorphan (Robitussin DM)
 - nasal and sinus congestion:
 - saline nasal spray
 - oxymetazoline nasal spray (limit use to 3 days)
 - pseudoephedrine (Sudafed), use only if the above is not effective
 - heartburn:
 - Tums
 - Pepcid
 - insomnia:
 - doxylamine (no more than 3 nights unless approved by your doctor)
 - constipation:
 - colace (stool softener)
 - fiber supplements such as Konsyl or Metamucil
 - nausea:
 - emetrol
 - doxylamine
 - hemorrhoids:
 - Preparation H
 - Tucks

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2. Take your prenatal vitamin every day. Folic acid reduces the risk of birth defects and may reduce the risk of preterm delivery. Never take a vitamin with more than 4000-5000 IU of Vitamin A. High levels of Vitamin A are associated with birth defects.
3. Notify your physician if you are on a special diet such as a vegetarian diet. You may require additional dietary supplements or a nutritional consultation.
4. Try to avoid caffeine. Limit your consumption of caffeine to one caffeinated beverage per day. Caffeine consumption has been linked to birth defects.
5. Always wear your seatbelt in the car, even in the back seat. Wearing a seatbelt is safer for mother and baby.
6. NEVER use tobacco, alcohol, or illegal drugs. Placenta previa, placental abruption, low birth weight, and preterm rupture of membranes are associated with smoking. Alcohol use is associated with birth defects, mental retardation, and neurologic deficits.
7. **Vaginal bleeding, leakage of fluid from the vagina, and decreased fetal movement are concerning signs.** You should call the office immediately. After hours, you should proceed to the hospital immediately. After hours, you do **NOT** need to call this office or the hospital for these symptoms. You cannot be evaluated over the phone with these symptoms.
8. **If you are PRETERM and are experiencing 4 or more contractions in an hour, go to the hospital.**
9. At any point, if you feel that you may be in labor, proceed to the hospital and refrain from consumption of solid food.
10. Pregnant women have a higher risk of venous thromboembolism (blood clots). If you ever develop chest pain, shortness of breath, leg swelling, leg redness, and/or pain in your legs, please call the office. After hours, proceed directly to the hospital. You do **NOT** need to call the office first.
11. Toxoplasmosis is a protozoan infection that may complicate pregnancy. To reduce your risk of acquiring this infection, NEVER handle cat litter in pregnancy. If you have questions regarding this infection or the associated complications, speak to your physician.
12. Parvovirus B19 is a virus that causes the childhood illness erythema infectiosum. It is sometimes called “fifth disease” or “slapped cheek syndrome.” Maternal infection may cause fetal complications and rarely fetal death. You should avoid all contact with infected individuals when possible. If you are exposed to an individual with Parvovirus B19, contact this office immediately. Additional information is available at: <http://www.cdc.gov/parvovirusb19/pregnancy.html>
13. Pregnant patients should not use a hot tub for more than 10 minutes or saunas for more than 15 minutes.
14. In general, an additional 100-300 calories per day is recommended during pregnancy. If you are pregnant with twins an additional 600 calories per day is recommended. Pregnant patients are advised to eat small frequent meals throughout the day rather than two or three big meals per day.

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15. All meat should be completely cooked, especially chicken, pork, and hamburger. All dairy products and fruit beverages should state “pasteurized” on the label. Incompletely cooked meat and non-pasteurized dairy/fruit products may contain bacteria that may be harmful to both mother and baby. The FDA provides specific food guidelines to pregnant women. A few are listed below. For the complete list please refer to the following web address:

<http://www.fda.gov/Food/FoodborneIllnessContaminants/PeopleAtRisk/ucm312704.htm>

16. The following is a limited summary of the FDA guidelines for pregnant women.

- Do not eat hot dogs and luncheon meats, unless they are reheated until steaming hot.
- Do not eat soft cheese such as feta, brie, and Camembert, blue-veined cheese, queso blanco, queso fresco, and Panela unless it is labeled as made with pasteurized milk.
- Do not eat refrigerated pâtés or meat spreads. Canned or shelf-stable pâtés and meat spreads may be eaten.
- Do not eat refrigerated smoked seafood, unless it is contained in a cooked dish, such as a casserole. Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna, or mackerel, is most often labeled as "nova-style," "lox," "kippered," "smoked," or "jerky." These fish are found in the refrigerated section or sold at deli counters of grocery stores and delicatessens.
- Canned or shelf-stable smoked seafood may be eaten.
- Do not drink non-pasteurized milk or eat foods that contain non-pasteurized milk.
- DO NOT eat swordfish, shark, mackerel, or tilefish in pregnancy. Higher levels of mercury may be found in these fish. For specific guidelines regarding fish consumption in pregnancy please refer to the following web address:
- <http://www.fda.gov/Food/FoodborneIllnessContaminants/BuyStoreServeSafeFood/ucm110591.htm>

17. The recommended weight gain in pregnancy is dependent upon your pre-pregnancy weight. Guidelines are based on your BMI (body mass index). BMI is calculated using your height and weight. The National Institutes of Health provide a BMI calculator at <http://www.nhlbisupport.com/bmi>

- If your pre-pregnancy BMI is <19.8, the recommended total weight gain is 28-40 lbs.
- If your pre-pregnancy BMI is 19.8-26, the recommended total weight gain is 25-35 lbs.
- If your pre-pregnancy BMI is 26-29, the recommended total weight gain is 15-25 lbs.
- If your pre-pregnancy BMI is >29, the recommended total weight gain is at least 15 lbs.

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18. Obesity is defined as a BMI of 30 or greater. Obese patients have higher rates of preeclampsia, gestational diabetes, and cesarean delivery. The risk of surgical complications is also increased. These complications include higher rates of excessive blood loss, prolonged surgical time, wound infection, endometritis, and thromboembolism (blood clots).
19. If you are overweight, your doctor may recommend a nutrition consultation and you may be encouraged to follow an exercise program.
20. In the absence of either medical or obstetric complications, **30 minutes or more of moderate exercise per day on most if not all days of the week is recommended for pregnant women.** Activities with a high risk of falling or those with a high risk of abdominal trauma should be avoided. Women should not take up a new strenuous sport during pregnancy. Previously inactive women and those with medical or obstetric complications should discuss exercise with their physician first. Physically active women with a history of or risk for preterm delivery or poor fetal growth should reduce their activity in the second and third trimester. Pregnant women should avoid lying flat on their backs during exercise as much as possible. Stop exercising if you experience chest pain, vaginal bleeding, dizziness, headache, decreased fetal movement, amniotic fluid leakage, muscle weakness, calf pain or swelling, or regular uterine contractions.
21. First-trimester combined screening (blood work and sonogram), cystic fibrosis carrier screening, HIV testing, diabetes screening, and GBS testing are offered to all patients. The quadruple marker serum screening test and serum AFP testing may be offered to some patients. These tests are recommended, but the decision is ultimately yours.
22. All women REGARDLESS of age have the option of invasive prenatal diagnosis such as amniocentesis or chorionic villus sampling (CVS) for the detection of chromosomal abnormalities of the fetus. It is up to each individual patient to decide which testing (if any) she wants.
23. If you (or the father of the baby) are of Jewish or Mediterranean descent you may need additional testing. If you, the father of the baby, or anyone in either family has been diagnosed with a genetic or chromosomal abnormality please let us know at your first visit.
24. All pregnancies are at risk for Down Syndrome. The risk increases with the age of the patient. If the possibility of having a fetus with a chromosomal abnormality (Trisomy 13, 18, 21) is a concern, you may request additional invasive testing (see number 20). You may request to know your statistical risk of having a child affected with Down syndrome based on your age at any visit.
25. If you will be 35 years old or older at the time of your due date, please notify your physician. You qualify for additional testing and counseling. Advanced maternal age (AMA) is a term used to describe a woman who gives birth at 35 years of age or older. It is important to note that AMA patients are at higher risk for a number of conditions including a greater risk for miscarriage, cesarean delivery, placenta previa (abnormal placental location), multiple gestations (twins) and fetal chromosomal abnormalities (such as Down Syndrome).
26. Advanced paternal age, particularly after age 50 years, is associated with an increase in fetal disorders such as neurofibromatosis, achondroplasia, Apert's syndrome, and Marfan syndrome. Consultation with a geneticist or a perinatologist regarding advanced paternal age or these conditions and associated risks is available. Please notify your physician if you are interested.

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27. It is very important that pregnant women continue usual dental care in pregnancy. This dental care includes routine brushing and flossing, scheduled cleanings, and any medically needed/necessary dental work.
28. In the absence of maternal or obstetric complications, pregnant women can fly safely up to 36 weeks gestation. Pregnant women should continuously use their seat belts while seated. Support stockings, periodic movement of the lower extremities, and staying well hydrated are advised with air travel.
29. Most women with an uncomplicated pregnancy can continue to work until the onset of labor. Women with medical or obstetric complications of pregnancy may need to make adjustments based on the nature of their activities, occupations, and specific complications. If your job requires prolonged standing, potentially dangerous chemical/environmental exposure, or repetitive, strenuous, physical lifting please let us know.
30. **Regular prenatal visits are recommended and expected. Missed appointments could result in suboptimal care. It is your responsibility to notify this office immediately if you are unable to keep an appointment or if your phone number or address changes.**
31. The AVERAGE, LOW-RISK pregnancy receives 2 ultrasounds. Additional studies may be ordered if clinically indicated/needed. **There is no guarantee that an ultrasound will be able to accurately determine the sex of your baby. Ultrasounds performed in this office are NOT intended to evaluate for fetal abnormalities. If a fetal abnormality is suspected, we will arrange for an ultrasound examination with a high risk pregnancy specialist.**
32. Texas state law requires that all patients receive a copy of the pamphlet titled “Information on Umbilical Cord Blood Banking and Donation” (6-73). A copy of this pamphlet will be provided today and a link appears on our website. Additionally, the pamphlet can be accessed at the following link:
<http://www.dshs.state.tx.us/mch/ - Umbilical2>
33. You will also receive the state mandated booklet titled “Information for Parents of Newborns.” This pamphlet can be accessed at the following link:
http://www.dshs.state.tx.us/mch/Parents_of_newborn.shtm

I have received a copy of these guidelines, the pamphlet titled “Information on Umbilical Cord Blood Banking and Donation,” and the booklet titled “Information for Parents of Newborns.” All of my questions regarding this form, the pamphlet, the booklet, and my care have been answered to my satisfaction. By signing below I acknowledge my receipt and understanding of these guidelines. I understand that a copy of these guidelines and pamphlets is available online at <http://www.RoundRockOBGYN.com>

Name

Signature

Witness

Date