



Your Guide to
Pregnancy



CAPITAL
WOMEN'S
CARE®

"Working Together for Women's Health"

Congratulations!

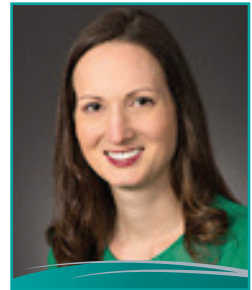
We hope your pregnancy will be a healthy and happy prelude to the new arrival. This booklet is provided to help answer common questions you may experience along the way. We encourage you to keep it nearby as a resource throughout your pregnancy. Like many OB/GYN practices, CWC is a group practice. Our providers have days they work in the office, days on call for deliveries, and days off. Your chosen provider may not be on call on the day you are in labor. We encourage you to schedule your regular prenatal visits with as many of the providers as possible so you have the opportunity to meet everyone. Although our Nurse Practitioners and Certified Nurse Midwives do not deliver, you may schedule prenatal visits with them as well. We currently deliver at Holy Cross Hospital. A hospital brochure has been provided for you. Thank you for placing your trust in our care.



Andrew Block, MD



Roy Brooks, MD



Lauren Ng, MD



Asha Barrett, MD



Meredith Tussing,
CNM, WHNP-BC



Anne Seifert, CNM

Office Information

Office Locations and Hours

Office hours are Monday - Friday 8:00 - 4:00pm. We are located in:

Silver Spring

2101 Medical Park Drive, Suite 200E
Silver Spring, Maryland 20902-4053

Rockville

121 Congressional Lane, Suite 100
Rockville, Maryland 20852

Laurel

7350 Van Dusen Road, Suite 330
Laurel, Maryland 20707-5264

How to contact us

You may call our main number at **(301) 468-0073** during normal office hours. After hours, you may call the same number and you will be connected with our answering service.

Table of Contents

Prenatal Visits	4-5
Baby's Growth	6
Prenatal Testing, RH Factor	7
Vaccinations	8
Medications Safe in Pregnancy	9
Nutrition in Pregnancy	10
Normal Discomforts in Pregnancy	11-12
When to Call the Office	13
Preparing for Delivery	14-15
Postpartum Instructions	16
Resources	17
Pediatricians	18
Additional Notes and Questions for my Doctors	19

Your Prenatal Visits

Because pregnancy is a time of great change for your body as well as the fetus, you will be visiting our office on a regular basis. During your regular visits, your weight, blood pressure and urine will be checked. Your abdomen is measured to check fetal growth and we will listen to your baby's heartbeat beginning around week 14.

Please bring this book with you to each of your scheduled prenatal visits, so that we may document the dates on which your visits occur.

FIRST VISIT

DATE:

This is a confirmation of pregnancy visit that includes a physical exam, lab work, and possible US. Labs: CBC, Hepatitis B, Syphilis, Rubella Immunity, Thyroid Screening, Blood Type, Rh status, beta HcG, progesterone, varicella, HIV, Pap smear, & STI screen.

10-13 WEEKS

DATE:

Optional NT, NIPT, first trimester screen, and carrier screening. Weight, Fetal Heart tones at 12-13 weeks. **Visits will be every 4 weeks.**

16 WEEKS

DATE:

Weight, Blood Pressure, Fetal Heart Tones, Option: MSAFP for neural tube defect screening.

20 WEEKS

DATE:

Routine Ultrasound to check anatomy; (can find out gender of fetus if desired). Weight, Blood Pressure, Fetal Heart Tones.

24 WEEKS

DATE:

Weight, Blood Pressure, Fetal Heart Tones. Discuss 1 hour diabetes screen, Glucola pack given for next visit.

28 WEEKS

DATE:

Weight, Blood Pressure, Fetal Heart Tones. Lab work: 1 hour glucose and CBC

*Patients that are Rh negative with a negative Antibody screen receive a Rhogam injection.

Visits will be every 2 weeks.

30 WEEKS

DATE:

Weight, Blood Pressure, Fetal Heart Tones. Review prior lab results. Receive Tdap Vaccine.

32 WEEKS

DATE:

Weight, Blood Pressure, Fetal Heart Tones.

High risk patients may begin weekly visits with US.

34 WEEKS

DATE:

Weight, Blood Pressure, Fetal Heart Tones.

36 WEEKS

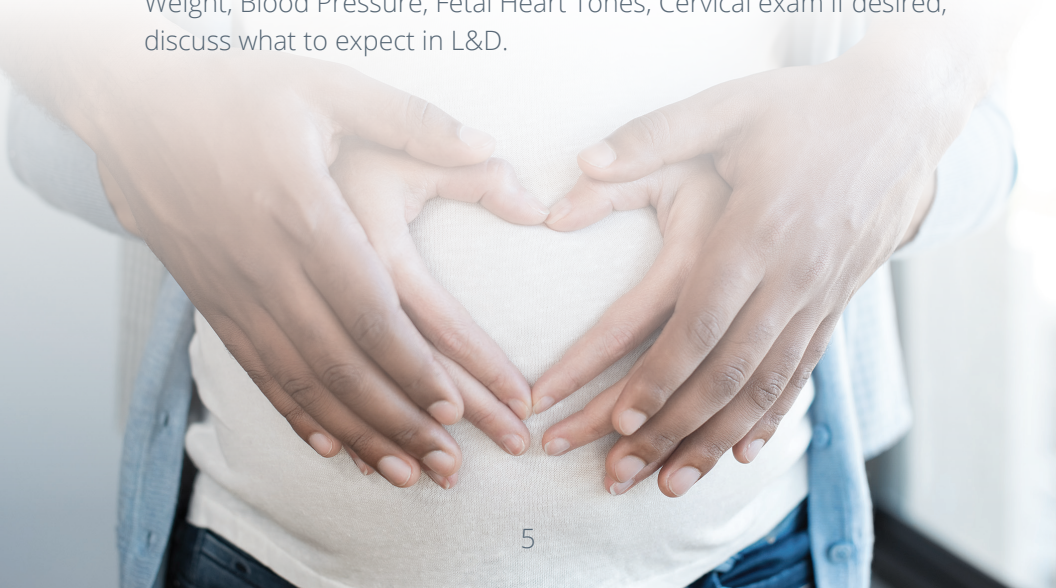
DATE:

Weight, Blood Pressure, Fetal Heart Tones, Cervical exam and Group B Strep culture. **Visits will be weekly until delivery.**

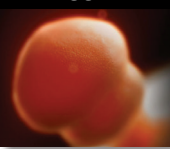







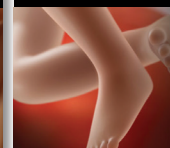

37-40 WEEKS

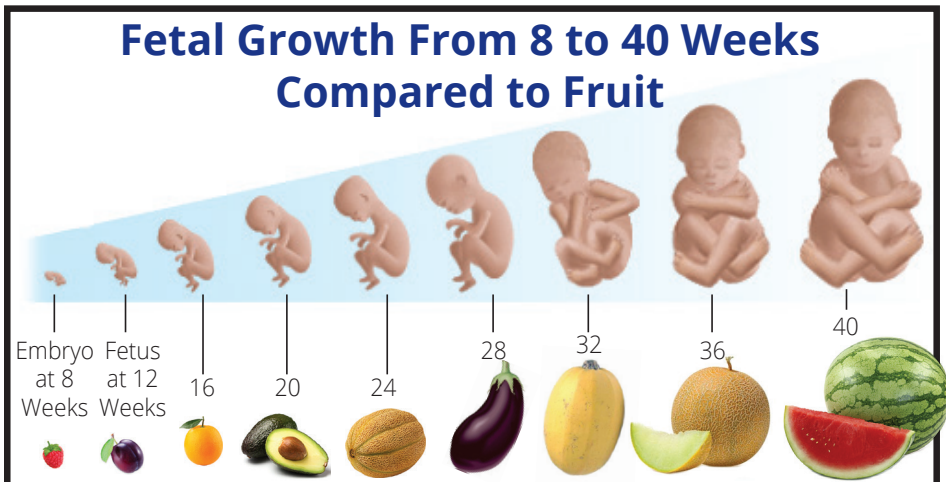
DATE:

Weight, Blood Pressure, Fetal Heart Tones, Cervical exam if desired, discuss what to expect in L&D.



Your Baby's Growth

<p>Week 4</p> 	<p>Week 8</p> 	<p>Week 12</p> 	<p>Week 16</p> 	<p>Week 20</p> 
<p>Your baby's body now has three distinct layers from which all of his organs will develop</p>	<p>Your baby's tiny fingers and toes start to develop</p>	<p>Your baby's facial features continue to become more defined, particularly his nose and chin</p>	<p>Your baby's skeletal system and nervous systems start to coordinate movement</p>	<p>Your baby's skin thickens and develops layers under the vernix</p>
<p>Week 24</p> 	<p>Week 28</p> 	<p>Week 32</p> 	<p>Week 36</p> 	<p>Week 40</p> 
<p>Your baby's movements can reveal to your doctor more about your baby's development</p>	<p>Your baby is starting to take 20- to 30-minute naps</p>	<p>Your baby's movements could start to change</p>	<p>Although your baby's bones are hardening, his skull remains soft and flexible for birth</p>	<p>A surge of hormones in your baby's body could play a part in initiating labor</p>



Prenatal Testing

Your family history or ethnic background may indicate a greater risk of a condition that could affect you or your pregnancy. You will have the option to test for the potential of some genetic diseases. Questions you may have regarding these tests can be discussed with your physician.

■ **First Trimester/Nuchal Translucency**

– this ultrasound and blood test is performed between 11-14 weeks. The test determines high or low risk for Down syndrome, Trisomy 13 and 18.

■ **Cystic Fibrosis Screening** – this blood screening test will determine if you are a gene carrier. Further testing is then required if the test is positive to find out if the baby has Cystic Fibrosis.

■ **Glucose Tolerance Test** – this blood test will screen for gestational diabetes.

■ **Group B Step** – culture screen for a bacterial infection commonly found in pregnant women.



The RH Factor

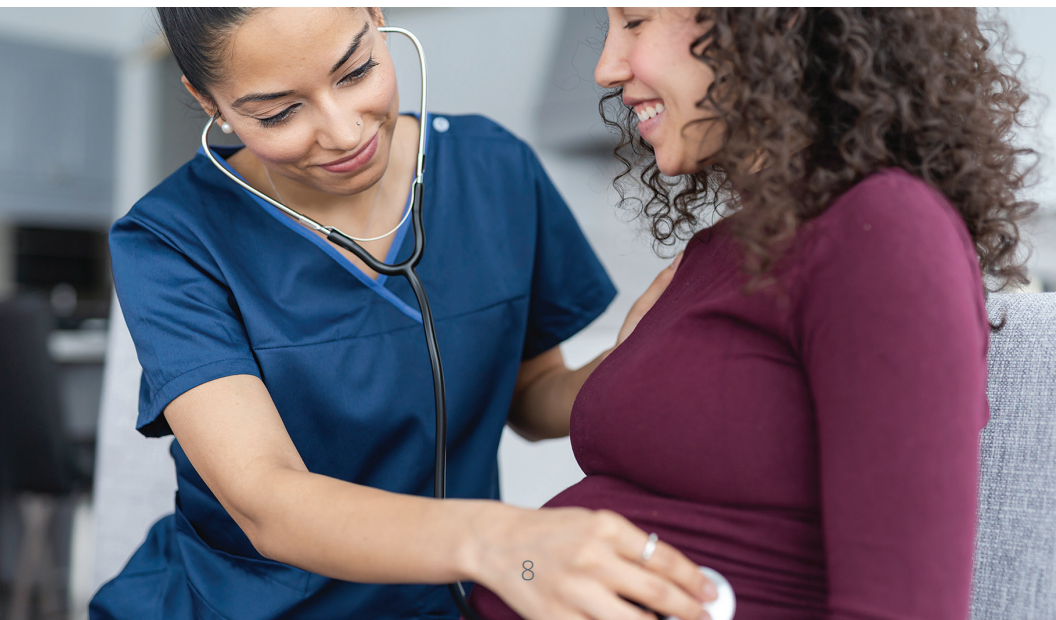
We will test your blood for the Rh factor. If your blood type is Rh negative, then you may be at risk for Rh disease, which affects about 10% of patients. Rh disease is a pregnancy complication in which your immune system attacks the baby's blood and can result in a life threatening situation for the baby if left unknown. Fortunately, it can be prevented with a Rhogam shot which is given around 28 weeks gestation.

Vaccinations in Pregnancy

There are several vaccines that are recommended during your pregnancy. During flu season, it is important for pregnant and postpartum patients to receive the Influenza Immunization. In pregnancy it is recommended in any trimester or after delivery. Pregnant women are at increased risk of more serious illness and maternal vaccination is the most effective strategy to protect your newborn.

The Tdap vaccine protects against tetanus, diphtheria and pertussis (whooping cough). This vaccine is recommended for all pregnant women from 27-36 weeks regardless of when you had your last vaccine. Each pregnancy we recommend a new Tdap vaccine to protect your baby from whooping cough in the first few months of life. We also recommend your family members be current on their Tdap vaccine which is given every 10 years in non-pregnant adults.

The COVID-19 vaccine is recommended by CDC, ACOG, and SMFM for any trimester of pregnancy. There are currently three available including Moderna, Pfizer, and Johnson & Johnson. Since the data on these vaccines and COVID-19 changes daily, we recommend you speak with one of the providers regarding our recommendation.



Medications Safe in Pregnancy

Acne

Benzoyl Peroxide, Clindamycin,
Topical Erythromycin, & Salicylic Acid

Cough/Fever/Flu

Cough Drops, Robitussin (plain
& DM), Delsym, Tylenol, Dayquil,
Theraflu

Gas

Gas-X, Mylicon, Phazyme, Beano

Headaches

Cold Compress, Acetaminophen,
Tylenol (Regular or Extra Strength)
NO Ibuprofen, Motrin or Aleve

Heartburn

(Avoid lying down for at least 1
hour after meals), Aciphex, Maalox,
Mylanta, Pepcid, Milk of Magnesia,
Prilosec, Rolaids, Tagamet,
Tums (limit 4/day)

Sleep Aids

Benadryl
Chamomile Tea
Unisom, Tylenol PM

Sore Throat

Cepacol
Cepastat
Salt Water Gargle w/ warm water
Throat Lozenges

Colds/Allergies

Benadryl, Claritin, Zyrtec, Claritin-D,
Chlor-Trimeton, Dimetapp, Drixoral
Non-Drowsy, Mucinex, Sudafed/
Sudafed-12 Hour, Sudafed PE,
Tylenol Cold & Sinus, Vicks VapoRub,
Zicam

Constipation

Colace, Miralax, Senokot, Ducolax,
Suppository, Fibercon, Metamucil

Hemorrhoids

Anusol/Anusol H.C., Hydrocortisone,
OTC Preparation H, Tucks, Witch
Hazel pads

Nasal Spray

Saline Nasal Spray

Nausea

Vitamin B6 25mg 3 times daily,
Unisom 1/4 or 1/2 tablet at bedtime,
Dramamine, Emetrol, Ginger Root
250mg 4 times daily, Sea Bands -
Acupressure

Yeast Infection

Gyne-Iotrimin, Monistat-7, Terazol-7
Avoid 1 Day Creams

Nutrition in Pregnancy

The first step toward healthy eating is to look at your daily diet. Having healthy snacks that you eat during the day is a good way to get the nutrients and extra calories that you need. Pregnant women need to eat an additional 100-300 calories per day, which is equivalent to a small snack such as half of a peanut butter and jelly sandwich and a glass of low fat milk.

Prenatal Vitamin – We recommend a daily prenatal vitamin to help provide the best balance of nutrition for you and your baby. Either an over the counter or prescription vitamin is fine. If vitamins are causing nausea, try taking them at night with a snack. If constipation is an issue, increase the fiber in your diet, drink more fluids and increase activity. An over-the-counter stool softener may be added if needed.

Foods to Avoid

- Raw or undercooked meat
- Raw Shellfish
- Smoked seafood
- Shark, swordfish, mackerel, tilefish
- Alcohol
- Soft Cheeses
- Unpasteurized Milk
- Unwashed produce

Foods to Limit

- Caffeinated Drinks (200mg maximum)
- Deli meats (must be heated)
- Excess sugars and artificial sweeteners

Exercise

Exercise is encouraged during pregnancy. If you were active prior to your pregnancy, you may continue any exercise regimen you had before, but you should avoid activities that increase your risk of falls or injury. Walking, swimming, and yoga are great forms of exercise during pregnancy. After 20 weeks, it is best to avoid lying flat on your back, as the baby's weight can interfere with blood circulation. Make sure to stay well-hydrated and stop exercising if you notice shortness of breath, dizziness, blurry vision, chest pain, or severe abdominal or pelvic pain.

Normal Discomforts in Pregnancy

During pregnancy it is not uncommon to experience discomfort. Some are unique to each trimester, some will come and go, others may remain after delivery. We are always happy to discuss these further with you during your prenatal visits.

■ **Nausea or Vomiting** – feeling nauseous during the first three months of pregnancy is very common. For some women, it can last longer, while others may not experience it at all. Try to eat 5-6 smaller meals a day in order to keep your stomach full at all times. Try bland foods like plain crackers, toast, dry breakfast cereals as well as carbonated drinks like ginger ale or 7-Up. Ginger is a natural treatment for nausea. Peppermint can also be used. Some over the counter medications are also safe such as Vitamin B6 and Unisom. If the symptoms become severe or you are unable to keep fluids down without vomiting for more than 12 hours, contact the office.

■ **Constipation** – is a common complaint which can be related to hormone changes, low fluid intake, increased iron in your vitamins or lack of fiber in your diet. Try to include whole grains, fresh fruit, vegetables and plenty of water. There are also safe over the counter medications. If you develop hemorrhoids, try sitz baths 3-4 times per day for 10-15 minutes each time.

■ **Dizziness** – you may feel lightheaded or dizzy at any time during your pregnancy. Try lying down on your left side and drink 1-2 glasses of water and try to rest. If you faint or the symptoms persist, call the office.

■ **Heartburn** – you may experience heartburn throughout the pregnancy, especially during the latter part of your pregnancy when your baby is larger. Try to eat 5-6 smaller meals a day, avoid drinking fluids with meals and avoid lying down for 30-60 minutes after eating. Some over the counter medications are also safe for use.

■ **Swelling** – because of the increased production of blood and body fluids, normal swelling can be experienced in the hands, face, legs, ankles and feet. Elevate your feet, wear comfortable shoes, drink plenty of fluids and limit

sodium. Support/compression stockings can also help. If the swelling comes on rapidly, or is accompanied by headache or visual changes, contact us immediately.

■ **Vaginal Discharge** – an increase in vaginal discharge that is white and milky is common in pregnancy. If the discharge is watery or has a foul odor, call the office.

■ **Braxton-Hicks Contractions** – experiencing some cramps and contractions are normal. When they occur, empty your bladder, drink 1-2 glasses of water and try to rest. If you are less than 36 weeks pregnant and having more than 6 contractions per hour, call the office.

■ **Urinary Frequency** – varies throughout the pregnancy, this is normal. If urinary frequency is accompanied by burning, low back pain, blood, or has a bad odor call the office to schedule an appointment.

■ **Aches and Pains** – as your pregnancy progresses it is common to feel different aches and pains. Backaches and stretching or pulling pains in the pelvic area are the most notable. These are due to the pressure of a growing baby, weight increase, stretching of ligaments, and the loosening of joints. Practice good posture, rest when you feel the need to, and wear supportive shoes. Using Tylenol, ice, heat, and supportive devices (belly bands, K-Tape) are all OK to use. If the pain continues to become worse or you think you may be in labor, please call the office.



When to Call the Office

We welcome your questions. If possible, please hold routine questions for your regular prenatal visits. If you have questions that need to be addressed, please call our office during regular hours. Our staff can answer many of your questions or will find out the necessary information from one of our providers and will relay the information to you. If your questions require that you speak directly to a provider, please be aware we generally return calls during the late afternoon when we have finished seeing patients. If you have an emergency, please tell our receptionist the nature of your problem and it will be handled immediately.

- You have vaginal bleeding
- You have a severe, continuous headache and/or vision changes, chest pain
- You experience sudden and rapid weight gain, puffy face or hands
- You experience persistent uterine cramping, backaches, or contractions of any frequency prior to 36 weeks (one month before your due date or earlier).
- You do not feel your baby move for several hours after 28 weeks or if you think there is a significant decrease in your baby's activity (less than 10 movements per hour during a time of regular activity)
- You are having regular painful contractions every five minutes or less for one hour and are more than 36 weeks.
- Your bag of water breaks, regardless of presence/absence of contractions. Repetitive leakage or a gush of fluid from the vagina.
- If you have a temperature greater than 101 degrees.
- Abdominal trauma or car accident
- You think you have a bladder infection

Preparing for Delivery

Our providers deliver at Holy Cross Hospital located in Silver Spring, MD. We encourage you to pre-register at the hospital around 30 weeks, this will expedite your admissions process when you go into labor. Please visit **holycrosshealth.org**, click on **Find a Specialty**, then **Maternity services**.



Under this section you will also find information regarding hospital tours, prenatal classes, breastfeeding classes, and checklists. We encourage you to fully explore the site for hospital information prior to delivery. We are happy to discuss any questions you have regarding what to expect at your prenatal visits.

Pediatrician

You will need to decide on a Pediatrician for your baby before you deliver. You may use the Holy Cross Hospital website or utilize the list we have provided here. You will need to contact the pediatrician's office prior to delivery to make sure they accept your insurance and are taking new patients.

Labor

Your provider will give you individual guidelines as to when to call us. The guidelines will depend upon where you live and how fast your labor is expected to proceed. In general, signs of labor include contractions that are five minutes apart, lasting for one minute, for more than one hour, a large gush of fluid or continuous leakage of fluid, or if you have vaginal bleeding that is more than spotting. If you lose your mucous plug (thick mucus discharge) you do **NOT** need to call. If you are more than three weeks before your due date, call immediately if your bag of water breaks or if you have evidence of regular labor. Prior to labor, we will discuss what to expect at the hospital for delivery. Each labor and delivery is unique and because of this we will discuss a collaborative plan each step of the way with you.



Postpartum

The recovery period in the hospital will depend on how you deliver. The stay is usually 2 nights for a vaginal delivery, 3 nights for a cesarean delivery. During your stay you will be monitored to ensure you and your baby are healthy. The nursing staff will also help to prepare you for what to expect not only during your stay, but for when you arrive home. After delivery, we will see you again in the office 2 and 6 weeks after delivery if you had a cesarean, 6 weeks only if you had a vaginal delivery.

Breastfeeding

Whether you breastfeed or not is a very personal choice and is your decision to make. The hospital offers breastfeeding classes you can take prior to or after delivery. They also have highly skilled lactation consultants available to help during your stay.

Circumcision

Male circumcision is an elective surgical procedure that is performed either during your stay at the hospital or after at our surgical center. If this is something you would like to discuss further we recommend discussing it during your prenatal visits or with your pediatrician of choice.

Postpartum Instructions

In general, we recommend you take 6-8 weeks to recover from your delivery. Recovery is a process and we encourage you to take the time to allow yourself to heal and get into a new routine with your baby. In the first two weeks, we recommend you rest, avoid strenuous activity, heavy lifting, and excessive social activity. If you feel good, you may slowly increase your activity each day. Moderation is key and slowing down temporarily is OK.

Stitches

If you had stitches after your vaginal delivery, you may still have soreness after being discharged from the hospital. For comfort we recommend:

- Sitz bath
- Dermaplast spray
- Witch Hazel pads (cooled in the refrigerator)
- perineal ice packs
- using a peri bottle after using the bathroom or with urination

Mood

After delivery, it is normal for your emotions to fluctuate. In fact, it is not uncommon for mothers to experience “baby blues”. The “baby blues” are usually characterized by feeling happy one minute, sad or overwhelmed the next. The feelings do not keep you from taking care of your baby or inhibit the feeling of bonding. These feelings usually start around day 3-5 after delivery and last around 2 weeks.

Postpartum depression can also happen after the delivery. This is characterized by severe persistent sadness, anxiety, aggression, detachment, depression, helplessness, or not wanting to take care of yourself or baby. Postpartum depression also does not have a timeline, it lasts longer than two weeks, sometimes for a year or longer.

While we will screen you for these symptoms during your visits with us postpartum, we encourage you to call us if you or your family members feel you may be depressed.



Resources

Breastfeeding

Strong Ties

14812 Physicians Lane, Unit 161
Rockville, MD 20850
301-260-5655

Lactation Room

Offers office visits (works with Strong Ties), in home, and virtual consults
301-529-5433

Metropolitan Breastfeeding

4927 Auburn Avenue
Suite 100
Bethesda, MD 20814

10630 Little Patuxent Parkway
Suite 128
Columbia, MD 21044
301-943-9293



Pediatricians

Med Pediatrics

7350 Van Dusen Rd.
Suite 110
Laurel, MD 20707
301-498-8880

Potomac Pediatrics

15204 Omega Dr.
Suite 100
Rockville, MD 20850
301-279-6750

A Plus Pediatrics

50 W. Edmonston Dr.
Rockville, MD 20852
301-284-1234

Pediatric Associates of Montgomery County

12520 Prosperity Dr.
Suite 350
Silver Spring, MD 20904
301-622-5666

14955 Shady Grove Rd.
Suite 380
Rockville, MD 20850
301-424-6181

Bethesda Pediatrics

11325 Seven Locks Rd.
Suite 238
Potomac, MD 20854
301-299-8930

Discovery Pediatrics

10313 Georgia Ave.
Suite 303
Silver Spring, MD 20902
301-681-7020





CAPITAL
WOMEN'S
CARE®

"Working Together for Women's Health"

Silver Spring

2101 Medical Park Drive, Suite 200E | Silver Spring, Maryland 20902-4053

Rockville

121 Congressional Lane, Suite 100 | Rockville, Maryland 20852

Laurel

7350 Van Dusen Road, Suite 330 | Laurel, Maryland 20707-5264

(301) 468-0073

