

Leon W. Lewis MD, P.C.

Hepatitis C: An infection caused by a virus that can be spread by sharing needles used to inject drugs.

Human Immunodeficiency Virus (HIV): A virus that attacks certain cells of the body's immune system. If left untreated, HIV can cause acquired immunodeficiency syndrome (AIDS).

Immune: Protected against infectious disease.

Intravenous (IV) Line: A tube inserted into a vein and used to deliver medication or fluids.

Measles–Mumps–Rubella (MMR) Vaccine: A shot given to protect against measles, mumps, and rubella. The shot contains live viruses that have been changed to not cause disease. The shot is not recommended for pregnant women.

Obstetric Care Provider: A health care professional who cares for a woman during pregnancy, labor, and delivery. These professionals include obstetrician–gynecologists (ob-gyns), certified nurse–midwives (CNMs), maternal–fetal medicine specialists (MFMs), and family practice doctors with experience in maternal care.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Preeclampsia: A disorder that can occur during pregnancy or after childbirth in which there is high blood pressure and other signs of organ injury. These signs include an abnormal amount of protein in the urine, a low number of platelets, abnormal kidney or liver function, pain over the upper abdomen, fluid in the lungs, or a severe headache or changes in vision.

Rectum: The last part of the digestive tract.

Rh Factor: A protein that can be found on the surface of red blood cells.

Rubella: A virus that can be passed to the fetus if a woman becomes infected during pregnancy. The virus can cause miscarriage or severe birth defects.

Sexually Transmitted Infections (STIs): Infections that are spread by sexual contact. Infections include chlamydia, gonorrhea, human papillomavirus (HPV), herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Syphilis: A sexually transmitted infection (STI) that is caused by an organism called *Treponema pallidum*. This infection may cause major health problems or death in its later stages.

Trimester: A 3-month time in pregnancy. It can be first, second, or third.

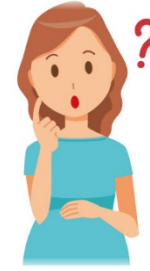
Tuberculosis (TB): A disease that affects the lungs and other organs in the body. TB is caused by bacteria.

Urinary Tract Infection (UTI): An infection in any part of the urinary system, including the kidneys, bladder, or urethra.

Vaccine: A substance that helps the body fight disease. Vaccines are made from very small amounts of weak or dead agents that cause disease (bacteria, toxins, and viruses).

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

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Frequently Asked Questions During Pregnancy

Congratulations on your pregnancy. The physicians and the staff would like to make this experience a joyful one. We will work together as a team to meet our goal. The following is information to help guide you through your pregnancy.

Prenatal care is the health care you get while you are pregnant. It includes medical care, education, and counseling. The earlier you get prenatal care, the better your chances are for a healthy pregnancy and baby.

At your First Prenatal Care Visit, your health care professional will ask you many questions. You will be asked the date of the first day of your last menstrual period. Your health care professional uses this date to figure out how many weeks pregnant you are and estimate when your baby will be born (your due date). You will have a complete physical exam, which may include a pelvic exam. You will have a urine test and some blood tests. You may be tested for certain sexually transmitted infections (STIs).

Subsequent visits will be every 4 weeks until 28 weeks of pregnancy, then you will be seen every 2 weeks until 36 weeks, at which time you will be seen weekly until you deliver.

Birth classes are offered at both Huntsville Hospital and Crestwood Hospital. It is recommended that you attend these classes if possible.

Vitamins: An important vitamin for pregnant women is a B vitamin called folic acid. Getting enough folic acid before and during pregnancy may help prevent major birth defects of the fetus's brain and spine. During pregnancy, you should get 600 micrograms of folic acid daily. Iron also is important. More iron is needed during pregnancy to make extra blood that carries oxygen to your fetus.

Exercise is important during pregnancy. Exercise can help give you more energy, ease some of the discomforts of pregnancy, and make you stronger for labor and delivery. Most teens should exercise 30 minutes or more on most, if not all, days of the week. The 30 minutes do not have to be all at one time. For example, you can do three 10-minute periods of exercise.

Nutrition during pregnancy is important. A well-balanced meal is a must. Avoid uncooked meats and meat by products. Unpasteurized cheeses should be avoided. Deep salt water fish such as shark, swordfish, and tuna should be avoided because of the mercury content.

Weight: how much weight you should gain during pregnancy depends on your weight before you were pregnant. If you were underweight, you need to gain as much as 40 pounds. If you were a normal weight, you should gain 25–35 pounds. If you were overweight or obese, you need to gain as little as 11 pounds.

Travel in most cases, pregnant women can travel safely until close to their due dates. But travel may not be recommended for women who have pregnancy complications. If you are planning a trip, talk with your obstetrician–gynecologist (ob-gyn) or other health care professional. And no matter how you choose to travel, think ahead about your comfort and safety. The best time to travel is mid-pregnancy (14 to 28 weeks). During these weeks, your energy has returned, morning sickness is improved or gone, and you are still able to get around easily. After 28 weeks, it may be harder to move around or sit for a long time.

Before making any plans to travel while coronavirus (COVID-19) is spreading, talk with your ob-gyn or other health care professional. Together you can talk about whether your travel is essential or could be avoided. If it is essential that you travel, together you can make a plan to help you minimize risk. For more information, visit the COVID-19 travel website of the Centers for Disease Control and Prevention (CDC): www.cdc.gov/coronavirus/2019-ncov/travelers/index.html. You also can read about COVID-19 and pregnancy at www.acog.org/COVID-pregnancy.

Notify Your Doctor of the Following

Our office is available to answer any problems or questions 24 hours a day, 7 days a week. If our physicians are not available, then there will be other physicians who will be providing coverage for our patients. Please do not hesitate to call. If the physician does not return your call within a reasonable amount of time, then please call the answering service again.

Any symptoms not relieved by the listed treatments on the previous page.

Bleeding: If bleeding occurs, you need to call our office.

Swelling: Swelling during pregnancy is normal. However, if you notice a large amount of swelling over a short period of time which does not go down with bed rest, especially when associated with headache, abdominal pain, or visual disturbances, you need to notify us immediately.

Burning or pain with urination: Bladder infections are common in pregnancy and can lead to serious complications if not treated. It is important that you notify us if you think you may have a bladder infection.

Abdominal pain or cramping: It is sometimes difficult to tell the difference between normal discomforts of pregnancy and danger signals. If you have a sudden onset of abdominal pain not relieved by rest, call the office immediately. Any pain associated with fever, vaginal bleeding, backache, or leaking of clear fluid should be reported to our office.

Headaches: Headaches during early pregnancy are common. Headaches, significant swelling, upper abdominal pain, and spots before your eyes, especially when they occur during the third trimester needs to be reported to the office immediately.

Fluid discharge: An increase in vaginal discharge is normal. However, leakage of clear fluid or discharge associated with itching, burning, or odor needs to be evaluated.

Fever: Notify the office when you run a fever.

Fetal movements: When the baby is moving, it is a reassuring sign. However, when there is a sudden decrease in fetal movement, it may signal possible problems with the baby. It is important that you notify the office immediately.

Fetal kick counts: If you have concerns that the baby might not be moving as much, you may perform kick counts. You lie down on either side after breakfast and dinner, and with your hand on your abdomen, count the baby's movement. Your baby should move at least 10 times in 2 hours. If this is not the case, then call the office.

Contractions: Mild contractions are said to feel like "menstrual cramps" or "balling up" sensations. As the contractions get stronger, it becomes more and more painful. Please notify the office if you think you are having contractions.

Glossary

Acquired Immunodeficiency Syndrome (AIDS): A group of signs and symptoms, usually of severe infections, in a person who has human immunodeficiency virus (HIV).

Anemia: Abnormally low levels of red blood cells in the bloodstream. Most cases are caused by iron deficiency (lack of iron).

Antibiotics: Drugs that treat certain types of infections.

Antibodies: Proteins in the blood that the body makes in reaction to foreign substances, such as bacteria and viruses.

Bacteria: One-celled organisms that can cause infections in the human body.

Birth Defects: Physical problems that are present at birth.

Cells: The smallest units of structures in the body.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Chlamydia: A sexually transmitted infection caused by bacteria. This infection can lead to pelvic inflammatory disease and infertility.

Chromosomes: Structures that are located inside each cell in the body. They contain the genes that determine a person's physical makeup.

Complications: Diseases or conditions that happen as a result of another disease or condition. An example is pneumonia that occurs as a result of the flu. A complication also can occur as a result of a condition, such as pregnancy. An example of a pregnancy complication is preterm labor.

Diabetes Mellitus: A condition in which the levels of sugar in the blood are too high.

Fetus: The stage of human development beyond 8 completed weeks after fertilization.

Gene: Segments of DNA that contain instructions for the development of a person's physical traits and control of the processes in the body. The gene is the basic unit of heredity and can be passed from parent to child.

Genetic Counselor: A health care professional with special training in genetics who can provide expert advice about genetic disorders and prenatal testing.

Gestational Diabetes: Diabetes that arises during pregnancy.

Glucose: A sugar in the blood that is the body's main source of fuel.

Gonorrhea: A sexually transmitted infection that can lead to pelvic inflammatory disease, infertility, and arthritis.

Group B Streptococcus (GBS): A type of bacteria that many people carry normally and can be passed to the fetus at the time of delivery. GBS can cause serious infection in some newborns. Antibiotics are given during labor to women who carry the bacteria to prevent newborn infection.

Hepatitis B: An infection caused by a virus that can be spread through blood, semen, or other body fluid infected with the virus.

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Urine Culture: This test looks for bacteria in your urine, which can be a sign of a UTI. Sometimes UTIs do not cause symptoms. Your urine will be tested early in pregnancy and later in pregnancy. If the test shows bacteria in your urine, you will be treated with antibiotics. After you finish treatment, you may have a repeat test to see if the bacteria are gone.

Rubella: (sometimes called German measles) can cause birth defects if a woman is infected during pregnancy. Your blood can show whether you have been infected with rubella or if you have been vaccinated against this disease. If you had this infection before or you have been vaccinated against rubella, you are immune to the disease. Rubella is easily spread. If your blood test shows you are not immune, avoid anyone who has the disease while you are pregnant. There is a vaccine, but it contains a live virus and is not recommended for pregnant women. If you have not been vaccinated, you can get the measles-mumps-rubella (MMR) vaccine after the baby is born.

Hepatitis: is a virus that infects the liver. Pregnant women who are infected with hepatitis B or hepatitis C can pass the virus to their fetuses. All pregnant women are tested for hepatitis B virus infection. If you have risk factors, you also may be tested for the hepatitis C virus. If you are infected with hepatitis B or hepatitis C, you might need special care during pregnancy. Your baby also may need special care after birth. You can breastfeed if you have either infection. A vaccine is available to protect the baby against hepatitis B. The vaccine is given as a series of three shots, with the first dose given to the baby within a few hours of birth.

Sexually Transmitted Diseases: STIs can cause complications for you and your fetus. All pregnant women are tested for Gonorrhea and chlamydia during her first visit. Tests for these infections may be repeated later in pregnancy if you have certain risk factors. You will also be tested for gonorrhea if you are 25 or younger or you live in an area where gonorrhea is common. If you have an STI, you will be treated during pregnancy and tested again to see if the treatment has worked. Your sex partner or partners also should be treated.

Human Immunodeficiency Virus: HIV attacks cells of the body's immune system and causes acquired immunodeficiency syndrome (AIDS). If you have HIV, there is a chance you could pass it to your fetus. While you are pregnant, you can take medication that can greatly reduce the risk of passing HIV to your fetus. You also can get specialized care to ensure that you stay as healthy as possible throughout your pregnancy.

Tuberculosis: Women at high risk of TB should be tested for it. Those at high risk include people who are infected with HIV or who live in close contact with someone who has TB.

Screening Test vs. Diagnostic Testing

When done during pregnancy, screening tests assess the risk that the fetus has certain common birth defects. A screening test cannot tell whether the fetus actually has a birth defect. There is no risk to the fetus from screening tests. Diagnostic tests can detect many, but not all, birth defects caused by defects in a gene or chromosomes. Diagnostic testing may be done instead of screening if a couple has a family history of a birth defect, belongs to a certain ethnic group, or already has a child with a birth defect. Diagnostic tests also are available as a first choice for all pregnant women, including those who do not have risk factors. Some diagnostic tests carry risks, including a small risk of pregnancy loss.

You are not required to have a Screening or testing for birth defects. Screening and testing are a personal choice. Some couples would rather not know if they are at risk of having a child with a birth defect or whether their child will have a birth defect. Others want to know in advance. Knowing beforehand allows the option of deciding not to continue the pregnancy. If you choose to continue the pregnancy, knowing beforehand gives you time to prepare for having a child with a disorder. This means you can organize the medical care your child may need. Talk with your ob-gyn, other obstetric care provider, or genetic counselor about your test results. Most babies with birth defects are born to couples without risk factors. But the risk of birth defects is higher when certain factors are present. Risk factors include:

- Having family history of birth defects
- Being 35 or older
- Belonging to certain ethnic groups
- Having diabetes before pregnancy

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Medicine Guidelines During Pregnancy

If you were taking prescription medicines before you became pregnant, please ask your healthcare provider about the safety of continuing these medicines as soon as you find out that you are pregnant. *Please note: No drug can be considered 100% safe to use during pregnancy.* Alcohol, tobacco, marijuana, and other drugs can harm you and your baby. If you use any of these substances, now is a good time to quit. If you want to stop, but cannot, ask your health care professional. He or she can help you find ways to quit.

Your healthcare provider will weigh the benefit to you and the risk to your baby when making his or her recommendation about a particular medicine. With some medicines, the risk of not taking them might be more serious than the potential risk associated with taking them. Be sure to discuss the risks and benefits of the newly prescribed medicine with your healthcare provider.

Allergy, *ONLY after 13 weeks*

- Diphenhydramine (Benadryl®)
- Loratidine (Claritin®)
- Cetirizine (Zyrtec®)

Cold and Flu

- Diphenhydramine (Benadryl)
- Dextromethorphan (Robitussin®)
- Guaifenesin (Mucinex® [plain])
- Vicks Vapor Rub® mentholated cream
- Mentholated or non-mentholated cough drops
- (Sugar-free cough drops for gestational diabetes should not contain blends of herbs or aspartame)
- Pseudoephedrine ([Sudafed®] after 1st trimester)
- Acetaminophen (Tylenol®)
- Saline nasal drops or spray
- **Note:** Do not take the "SA" (Sustained Action) form of these drugs or the "Multi-Symptom" form of these drugs. Do not use Nyquil® due to its high alcohol content.

Heartburn-Occasional use *ONLY*

- Famotidine (Pepcid AC®)
- Aluminum hydroxide/magnesium hydroxide (Maalox®)
- Calcium carbonate/magnesium carbonate (Mylanta®)
- Calcium carbonate (Titalac®, Tums®)

Type of Remedy: Diarrhea

- Loperamide ([Imodium®] after 13 weeks, for 24 hours only)
- Clear liquid diet
- No dairy products for 48 hours
- Kaopectate

Eyes

- Visine

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Hemorrhoids

- Phenylephrine/mineral oil/petrolatum (Preparation H®)
- Witch hazel (Tucks® pads or ointment)
- Anusol
- Sitz baths

Backache and Ligament Pain

- Tylenol
- Bedrest
- Exercise
- Abdominal support
- Pelvic rock

Constipation, *Occasional use only!*

- Methylcellulose fiber (Citrucel®)
- Docusate (Colace®)
- psyllium (Fiberall®, Metamucil®)
- polycarbophil (FiberCon®)
- polyethylene glycol (MiraLAX®)
- Increase fluids
- Fruits/vegetables
- Prune juice

First Aid Ointment

- Bacitracin
- Neomycin/polymyxin B/bacitracin (Neosporin®)

Headache

- Acetaminophen (Tylenol)

Insect repellent

- N,N-diethyl-meta-toluamide (DEET®)

Nausea and Vomiting

- Emetrol
- Mylanta, Maalox
- Eat crackers/dry toast
- Eat small frequent meals

Rashes or Skin Changes

- Diphenhydramine cream (Benadryl)
- Hydrocortisone cream or ointment for persistent rashes
- Oatmeal bath (Aveeno®)
- Lotion, creams, or cocoa butter

Sleep

- Diphenhydramine (Unisom SleepGels®, Benadryl)
- Tylenol PM

Vaginal/Yeast Infection

- Miconazole (Monistat®) externally ONLY

Vaccines

- TB skin test
- TDAP
- Flu shot

Please note: No drug can be considered 100% safe to use during pregnancy.

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Tests Done During Pregnancy

Certain lab tests are part of routine care during pregnancy. Some of these tests are done with a blood sample. Others use a urine sample or a sample of tissue taken from your vagina, cervix, or rectum. These tests can help find conditions that may increase the risk of complications for you and your fetus. Many problems found by these tests can be treated during pregnancy. Gender scans are not covered by insurance.

Quad Test: Offered during your 15-16th weeks of pregnancy. This test is optional. It is a screening tool for Down's Syndrome and neural tube defects such as Spina Bifida.

Genetic Testing / Amniocentesis: Either a blood test or amniocentesis can be performed to determine whether your baby is at risk for chromosome abnormalities. This is usually offered to all mothers who will be 35 years old or older at the time of delivery and those who are at increased risk for chromosome abnormalities.

Ultrasound: An ultrasound will usually be performed from 6-weeks of pregnancy to confirm your due date. Ultrasounds may be done at other times during your pregnancy if there is a medical reason to do so.

Gestational Diabetes Screen: A blood test will be done around the 28th week of pregnancy. It is a screening test for gestational diabetes. You are not required to fast with this test. You will be given a measured amount of sugar solution to drink, and your blood will be drawn one hour later. Further testing may be required if your test results are abnormal.

Non-Stress Testing: This is a test to assess fetal well-being and can be performed in the office. The fetal heart is monitored with an external transducer. The testing can last 20-40 minutes.

Complete blood count (CBC): A CBC counts the number of different types of cells that make up your blood. The number of red blood cells can show whether you have a certain type of anemia. The number of white blood cells can show how many disease-fighting cells are in your blood. The number of platelets can reveal whether you have a problem with blood clotting.

Blood type and Rh factor: During the first trimester of pregnancy you will have a blood test to find out your blood type, such as type A or type B. The Rh factor is a protein that can be found on the surface of red blood cells. If your blood cells have this protein, you are Rh positive. If your blood cells do not have this protein, you are Rh negative.

- If a woman is **Rh negative** and her fetus is Rh positive, the woman's body can make antibodies against the Rh factor. These antibodies can damage the fetus's red blood cells. This usually does not cause problems in a first pregnancy, when the body makes only a small number of antibodies. But it can cause issues in a later pregnancy.
- If you are **Rh negative**, you may be given medication during pregnancy to help prevent the development of Rh antibodies. If you are Rh negative and have already made a certain number of Rh antibodies, you might need special tests and monitoring throughout pregnancy. Your baby also may need treatment after birth.

Urinalysis: is a test of your urine for:

- Red blood cells, to see if you have a urinary tract disease
- White blood cells, to see if you have a urinary tract infection (UTI)
- Glucose, because high levels of blood sugar can be a sign of diabetes mellitus
- This test also measures the amount of protein in your blood, which can be compared to levels later in pregnancy. High protein levels may signal preeclampsia, a serious complication that can occur later in pregnancy or after the baby is born.

Also, pregnant women typically are tested for specific diseases and infections early in pregnancy, including:

- Rubella
- Hepatitis B and hepatitis C
- Sexually transmitted infections (STIs)
- Human immunodeficiency virus (HIV)
- Tuberculosis (TB)

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