



## **Pregnancy FAQ**

### **Who can call if I have medical questions?**

You can call the office and ask for your Doctor's MA:

Dr. Hartley's MA: Meghann

Dr. Bankston's MA: Alma

Dr. Evans' MA: Monica

Dr Sullivan's MA: Lorena

Portal: non-urgent medical questions can be sent over the portal. Portal messages are only seen during normal business hours. Please allow 3 business days for a response.

### **Who do I call after hours when the office is closed?**

Call our main office line, **972-612-8829**, and follow the prompts to reach our answering service. The answering service will page the doctor on call. If you have not received a call from a physician within 15 minutes, please call the answering service back.

### **If I experience bleeding or cramping, what do I do?**

Bleeding during pregnancy needs to be checked. Call the office or doctor on call. Minor spotting after a pap or cervix check can be normal, but if you are concerned, call the office.

### **What do you consider an emergency?**

Obstetrical emergencies include bleeding, cramping worse than menstrual cramps, 4 contractions an hour prior to 37 weeks, decreased fetal movement after 28 weeks, fluid leaking, any fall while pregnant, any car accident and a fever of 100.4F or higher. If you are wondering if you need to call us, then you definitely need to call us! The usual emergencies such as chest pain, difficulty breathing, severe abdominal pain etc, also apply!

### **What do I do if I get sick while I am pregnant?**

If you have a fever, a rash, vaginal bleeding, pain, known contact with a sick person, if you suspect you have an infection, or are having nausea/vomiting/diarrhea and think you may be dehydrated, you need to be seen quickly. After hours, call the main office line at **972-612-8829**, and have the answering service page the doctor on call. The doctor will decide whether your issue can wait until office hours, or whether you need to go to urgent care the hospital ER/L&D.

### **How many visits will I need? Are these really necessary?**

In a normal, uncomplicated pregnancy, you will need 16 visits. You will have one visit to verify your pregnancy, and another at 8w. You will come every 4w until 28w, then every 2 weeks until 36 weeks, then you will be seen weekly until delivery. You will need to be seen 6 weeks after delivery for a postpartum visit. These are all essential appointments to ensure your health and the health of your unborn child.

**Will I need to change my habits regarding sex, exercise, nutrition?**

- Sex is generally safe during pregnancy unless you experience bleeding, or other complications, in which case you will be placed on pelvic rest.
- Exercise is encouraged during pregnancy. Whatever you were doing prior to pregnancy is generally ok to maintain during pregnancy. The exception to this is that if you engage in exercise that involves a risk of falling or a risk of sustaining hard impacts. When in doubt, ask your doctor.
- Nutrition is important during pregnancy, please refer to the nutrition education provided in your OB folder.

**How much weight should I gain?**

The recommended weight gain during pregnancy varies, but generally 15-35lbs is expected depending on your initial BMI.

**How many sonograms will I get? Can guests come with me for the sonos?**

Most women will have 2 sonograms. The first is at ~8w and verifies dates and the viability of the pregnancy. The second is at ~20w and checks fetal anatomy for abnormalities and measures rate of growth. Gender can usually be determined at this sono if desired. We also offer elective 3D/4D sonograms at a competitive rate. Guests are welcome at your sono visits, and there is room for 2 additional people. If you have more people who want to attend, please call ahead to see if we can accommodate your group. We are unable to accommodate unsupervised young children during sonograms, so on these days you may need to make arrangements in advance.

**Who will deliver my baby?**

Our office has 4 physicians. You will rotate through the doctors in our office, so you should get a chance to meet Dr. Hartley, Dr. Evans and Dr. Bankston and Dr Sullivan.

**What happens if my doctor is called out to a delivery during my appointment time?**

If possible, another provider will see you. If another provider is not available, you can either wait until the doctor returns from the delivery or reschedule. Luckily, rescheduling is uncommon. We thank you in advance for your patience and flexibility!

**Do I have any travel restrictions?**

Generally speaking, in a normal pregnancy, you are able to travel until the 27<sup>th</sup> week. We do not recommend travel in the 3<sup>rd</sup> trimester. If this is necessary, please call the office to discuss. Also, if you are traveling more than 3 hours, or going overseas, please call for travel instructions.

**Can I go to the dentist?**

Absolutely! In fact, we recommend getting your teeth cleaned at least once during pregnancy, and if you have morning sickness, it can help with nausea. You can have fillings and dental work as needed as well, please call if you need more information or if your dentist requires a letter from us.

## Over the Counter Medications for Pregnancy

Symptom	Medication
Allergies	Zyrtec 10mg, Claritin, Sudafed, Alavert, Allegra, Benadryl
Constipation	Metamucil, Citrucal, Colace, Ducolax, Milk of Magnesia, Miralax, Benefiber, Surfak, Pericolace
Cough	Robitussin DM, Halls, Tylenol, Sudafed (avoid if high blood pressure)
Diarrhea	Imodium A-D, Kaopectate, Pepto-Bismol
Gas	Gas-X, Mylicon, Phazyme, increase physical activity
Headache	Tylenol, Caffeine in small amounts, Vicks to temples
Fever	Tylenol, Increase clear liquids, call if >100.2
Heartburn	TUMs, Zantac, Mylanta, Maalox, Pepcid, prilosec, prevacid, Roloids
Hemorrhoids	Tucks pads, Preparation H, Anusol, Which hazel
Insomnia	Unisom/doxylamine, Benadryl, avoid caffeine 6h before bedtime
Itching (skin)	Cortaid, Lanacort, Caladryl lotion
Motion sickness	Dramamine
Nausea	Ginger, Emetrol, Ginger Ale, Atomic Fireballs, Unisom/Doxylamine 1/2 tab two times a day with Vitamin B6
Sinus/nasal congestion	Sudafed (avoid if high blood pressure), Actifed Cold & Sinus (avoid in first trimester), Teldrin, Afrin Nasal Spray, Vicks Vaporub, Benadryl, Mucinex
Sore throat	Cepacol lozenges, Chloraseptic spray, warm salt water gargle
Yeast infection	Gyne-Lotrimin, Monistat, Vagistat-1
*Dental work*	Novocaine-YES, NO epinephrine, NO nitrous gas

Please call 972-612-8829 for any medications not on the list.

## Obstetrical Schedule

- Overview of schedule for uncomplicated pregnancies:
  - Pregnancy confirmation visit: as soon as you call us with your positive test, congratulations!
  - 8w-28w: every 4 weeks
  - 28w-36w: every 2 weeks
  - 36-40w: every week
- Pregnancy Confirmation Visit
  - Complete urinalysis
  - Urine pregnancy test (follow up blood testing may be ordered)
  - Pap smear
  - Chlamydia/Gonorrhea testing
- First Obstetrical visit (~8w)
  - Sonogram to verify dates
  - Complete urinalysis
  - Blood typing, CBC (blood count to check for anemia), comprehensive metabolic panel (vitamin levels/kidney liver testing), TSH (thyroid screening), maternal carrier screening such as hemoglobin electrophoresis (if at risk for sickle cell anemia) and cystic fibrosis screening, rubella immunity verification, antibody screen
  - Urine culture for asymptomatic infections
  - Immunity testing for toxoplasmosis, parvovirus or varicella infections if indicated
  - Mandated HIV/Syphilis/hepatitis B testing
- Every OB visit
  - Urine test for glucose and protein
  - Doppler after 11w (listen to heartbeat) unless sono performed
- 10-13 weeks
  - Nuchal Translucency (NT) sono if requested
  - Fetal Cell Free DNA testing
- 15-20 weeks
  - Penta screening if requested (2<sup>nd</sup> trimester)
  - AFP test if genetic testing was performed (check for open neural tube defects)
- 20 weeks
  - Sonogram to screen for fetal malformation
  - Level 2 sono with perinatologist if needed
- 28 week visit
  - 1 hour Glucose tolerance test (check for gestational diabetes)
  - CBC to check for anemia and repeat mandated Syphilis testing
  - Tdap immunization
  - Indirect Coombs and Rhogam shot for Rh negative moms
  - Register at hospital, start birthing classes if applicable
- 36 week visit
  - Group B Strep testing via vaginal swab
  - CBC to check for anemia
  - Repeat mandated HIV testing

## **Prenatal Screening options**

*ACOG recommends all women, regardless of age, be offered invasive and noninvasive prenatal testing for aneuploidy. Aneuploidy is an abnormal number of chromosomes that increases risk for birth defects and/or cognitive impairment.*

### **NONINVASIVE TESTING (screening ONLY)**

- **SEQUENTIAL SCREEN** (NT Sono plus blood work x2)
  - Gathers information from a sonogram and 2 blood tests and compares information to a woman's risk based on her age and background. Results are ~90% detection of Down syndrome, trisomy 18 and ~80% detection of open spina bifida.
  - Nuchal translucency measurement at 11-13w
  - Bloodwork in both 1<sup>st</sup> and 2<sup>nd</sup> trimester
- **QUAD SCREEN**
  - Measures levels in a woman's blood that are produced during pregnancy to determine possibility that the baby has Down syndrome, trisomy 18, 13 or open spina bifida. Results are about ~80% detection.
  - Results listed as an odds ratio (ie 1:500 chance)
- **FETAL Cell-Free DNA TESTING** (genetic screening)
  - Bloodwork at 10w+, fetal DNA is extracted from a woman's blood
  - Screening ONLY, detection results with accuracy of >98% for trisomy 13, 18, and 21. However, false positives/negatives do occur. Highest detection rate is in high risk pregnancies, this is not recommended for low risk pregnancies.
  - Add on AFP during second trimester to check for neural tube defects
  - Reports back on gender if desired
  - Does NOT replace diagnostic testing

### **INVASIVE TESTING (diagnostic)**

- **CVS-Chorionic Villi Sampling**
  - Performed at 11-13w
  - Under ultrasound guidance, a tiny part of placenta is removed and tested directly
  - ~1% risk of miscarriage
  - ~99.9% accurate
- **Amniocentesis**
  - Performed at 15-20w
  - Under ultrasound guidance, a needle is placed through the woman's abdomen into the uterus and amniotic fluid is removed and tested directly
  - ~1% risk complications
  - ~99.9% accurate

**How to Determine if Your Insurance Will Cover Common  
Prenatal Screening Tests/Maternal Carrier Screening**

- Call your insurance company with the following code that best matches your condition from the list below:
  - **z34.01:** Normal pregnancy, mother is younger than 35 on due date
  - **z34.81:** Second or greater pregnancy, mother is younger than 35 on due date
  - **o09.511:** First pregnancy, mother is 35 or older on the due date
  - **o09.521:** Second or greater pregnancy, mother is 35 years old or older on due date
  - **o35.2xx0:** Hereditary disease in family possibly affecting fetus
  - **z82.79:** Family history of genetic disorder or birth defects
  - **z31.438:** Genetic testing of female for procreative management (carrier screening only)
  
- Now provide your insurance company with all of the **CPT codes** related to your desired test from the list below:

Test	CPT Code	Description
<b>Sequential Screen</b>	<b>76813</b>	Fetal nuchal translucency measurement (NT sono)
	<b>86336</b>	Inhibin A
	<b>84163</b>	PAPP-A
	<b>82106</b>	AFP
	<b>84702</b>	HCG
	<b>82677</b>	estriol
<b>Penta/Quad Screen</b>	<b>86336</b>	Inhibin A
	<b>82106</b>	AFP
	<b>84702</b>	HCG
	<b>82677</b>	estriol
	<b>82397</b>	h-HCG (Penta Screen only)
<b>Cell-Free DNA -QNatal -Chromomap</b>	<b>81420</b>	Tests for fetal chromosomal aneuploidy (e.g. trisomy 13, 18, or 21)
	<b>82106</b>	AFP Add on test in second trimester that can help detect open neural tube defects (e.g. open spina bifida)
<b>Maternal Carrier Screening</b>	<b>81220</b>	Cystic fibrosis carrier screening
	<b>81401</b>	Spinal Muscular Atrophy (SMA) screening

## Nausea and Vomiting of Pregnancy

Nausea and vomiting of pregnancy often occurs during the early months of a pregnancy. Although it is frequently referred to as “morning sickness,” it can occur at any time of the day or night. Usually it disappears about the third month of pregnancy.

Nausea/vomiting of pregnancy is the result of the influence of increased amounts of estrogen and progesterone. Because of the increasing levels of these hormones, the secretory cells in the stomach increase their production of gastric juices. At the same time, the bowel slows down its ability to empty the stomach’s contents. This then causes a feeling of nausea, and in some cases, vomiting.

To **PREVENT** NVP, try the following suggestions until you find one that works for you:

- Eat a piece of bread or a few crackers before you get out of bed in the morning (put them close to your bed the night before), or when you feel nauseated.
- Get out of bed slowly. Avoid sudden movements.
- Have some yogurt, cottage cheese, juice or milk before you go to bed or before you get up. Or try one of these if you have to get up during the night.
- Eat several small meals during the day so your stomach does not remain empty for long.
- Drink soups and other liquids between meals instead of with meals.
- Avoid greasy, fried or spicy foods.
- Eat high protein foods (eggs, cheese, nuts and meats). These foods can help prevent low blood sugar, which can also aggravate nausea.

To **REMEDY** morning sickness, try these suggestions:

- Sip soda water (carbonated water).
- Take deep breaths.
- Drink spearmint, raspberry leaf, or peppermint tea; or try lemon water.
- Get fresh air. Take a walk, sleep with a window open, use an exhaust fan or open a window when you cook.
- Emetrol (an over-the-counter medication).
- There are scuba diver wrist bands which you can purchase at most dive shops. They look like sweat bands worn by tennis players, but work on acupressure theory.
- Ginger capsules (250 mg four times daily) or Vitamin B6 (25 mg three to four times daily).

If nausea/vomiting persists after trying these remedies, you can call to request a prescription for Diclegis. Alternately, you can put together the Diclegis ingredients with over the counter B6 and Unisom-doxylamine. Take as follows:

-one 50mg Vitamin B6 tablet and 1 Unisom-doxylamine at night

-one 50mg Vitamin B6 tablet and ½ Unisom-doxylamine in the morning

-one 50mg Vitamin B6 tablet and ½ Unisom-doxylamine in the afternoon

***For persistent vomiting, or if you are unable to keep water/fluids down, please contact the office to avoid serious dehydration.***

## Foods to Avoid during Pregnancy

Don't Eat These Foods	Why	What to Do
Soft cheeses made from UNPASTEURIZED DAIRY, including Brie, feta, Camembert, Roquefort, queso blanco, and queso fresco	May contain <i>E. coli</i> or <i>Listeria</i> .	Check the label and make sure that the cheese is made from pasteurized milk. Or stick with hard cheeses such as cheddar or Swiss.
Raw EGGS, including RAW COOKIE DOUGH or CAKE BATTER	May contain <i>Salmonella</i> .	Cook eggs, avoid sunny side up or over easy eggs. Bake the cookies and cake. Don't lick the spoon!
Certain kinds of FISH such as shark, swordfish, king mackerel, and tilefish (golden or white snapper)	Contains high levels of mercury	Eat up to 12oz a week of fish and shellfish that are lower in mercury, such as shrimp, salmon, Pollock and catfish. Limit consumption of tuna to 6oz per week. SEE NEXT PAGE
Raw or undercooked FISH (Sushi)	May contain parasites or bacteria.	Cook fish to 145F
Unpasteurized MILK	May contain bacteria	Drink pasteurized milk.
Raw SHELLFISH, such as oysters and clams.	May contain <i>Vibrio</i> bacteria.	Cook shellfish to 145F
Raw or undercooked SPROUTS, such as alfalfa, clover, mung bean, and radish.	May contain <i>E. coli</i> or <i>Salmonella</i> .	Cook sprouts thoroughly or avoid.
Processed meats: HOT DOGS, LUNCHMEATS, DELI MEATS, Refrigerated Pâté	Contains preservatives. May contain <i>Listeria</i>	Avoid if possible. Heat these foods until steaming hot prior to consumption.



# 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?



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	Pickeral	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)
Buffalofish	Rockfish	Tuna, albacore/white tuna, canned and fresh/frozen
Carp	Sablefish	Tuna, yellowfin
Chilean sea bass/Patagonian toothfish	Sheepshead	Weakfish/seatout
Grouper	Snapper	White croaker/Pacific croaker
Hallibut	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 those fish.

[www.fda.gov/fishadvice](http://www.fda.gov/fishadvice)

[www.epa.gov/fishadvice](http://www.epa.gov/fishadvice)



## **Safety Planning During Pregnancy**

Pregnancy is a time of change. Pregnancy can be full of excitement but also comes with an added need for support. It's natural to need emotional support from a partner, as well as perhaps financial assistance, help to prepare for the baby and more.

If your partner is emotionally or physically abusive toward you, it can make these months of transition especially difficult. Thankfully, there are resources available to help expecting women get the support needed for a safe, healthy pregnancy.

According to the [CDC](#), intimate partner violence affects approximately 1.5 million women each year and affects as many as 324,000 pregnant women each year. Pregnancy can be an especially dangerous time for women in abusive relationships, and abuse can often begin or escalate during the pregnancy.

### **How can you get help?**

- If you're pregnant, there is always a heightened risk during violent situations. If you're in a home with stairs, try to stay on the first floor. Getting into the fetal position around your stomach if you're being attacked is another tactic that can be instrumental in staying safe.
- Doctor's visits can be an opportunity to discuss what is going on in your relationship.
- If your partner goes to these appointments with you, try to find a moment when they're out of the room to ask your care provider (or even the front desk receptionist) about coming up with an excuse to talk to them one-on-one.
- If you've decided to leave your relationship, a health care provider can become an active participant in your plan to leave.
- If possible, see if you can take a women-only prenatal class. This could be a comfortable atmosphere for discussing pregnancy concerns or could allow you to speak to the class instructor one-on-one.

Local resources:

Hope's Door Shelter Crisis Line: 972-422-7233

Genesis Women's Shelter 24 hour hotline: 214-946-4357

National Domestic Violence Hotline: 1-800-799-7233

## Pediatric Referral List

### **Cook Children's Pediatrics Plano**

**(972) 596-2131**

([cookchildrens.org/services/primary-care/plano](http://cookchildrens.org/services/primary-care/plano))

Dr. Russell R. McDonald  
Dr. Scott L. Katz  
Dr. Vuong Dao  
Dr. Tina Manshadi

### **Pediatrics Specialists of Plano**

**(972) 473-7777**

([psopkids.com](http://psopkids.com))

Dr. Charles Goebel  
Dr. Jenelle Wong  
Dr. Jeffery Berkowitz  
Dr. Fatimah Ahmed

### **West Plano Pediatrics**

**(972) 608-0774**

([westplanopediatrics.com](http://westplanopediatrics.com))

Dr. Laurie F. Berger  
Dr. Elizabeth Leon  
Dr. Angela Mix  
Dr. Ashley Gair  
Dr. Rixney Reed  
Dr. Donna Schultz

### **North Dallas Pediatrics**

**(972) 985-0381**

([northdallasped.com](http://northdallasped.com))

Dr. Carolyn Evans

### **TLC Pediatrics Allen**

**(972) 985-0381**

([tlcpedi.com](http://tlcpedi.com))

Dr. Daniel Moulton  
Christie Camizzi, CPNP

### **Cook Children's Lake Forest McKinney**

**(972) 548-0758**

([cookchildrens.org/services/primary-care/lake-forest](http://cookchildrens.org/services/primary-care/lake-forest))

Dr. Daniel Vernier  
Dr. Rita Joe-Yu  
Dr. Wuroh Timbo

### **Cook Children's Windhaven Frisco**

**(972) 403-5437**

([cookchildrens.org/services/primary-care/windhaven/](http://cookchildrens.org/services/primary-care/windhaven/))

Dr. Monica Herrera  
Dr. Danny Kim  
Dr. Lilly Han  
Dr. Julie Messner

### **Olive Branch Pediatrics**

**(469) 303-8550**

([olivebranchpediatrics.com](http://olivebranchpediatrics.com))

Dr. Jaeon Abraham  
Dr. Kenosha Hobson

### **Children's Health Primary Care Plano**

**(469) 303-8380**

([childrens.com/locations/primary-care-parker-road](http://childrens.com/locations/primary-care-parker-road))

Dr. Theresa A. Shouse  
Dr. Adolfo Flores  
Dr. Preetha Kandaswamy  
Dr. Mevelling Lim