



Prenatal Information Packet

Thank you for choosing Clinic Sofia OB/GYN, PA for your obstetrical care. We are happy to be sharing this exciting time with you! We have taken the time to put together this packet for you, so please read through carefully and thoroughly, as it includes information on what to expect throughout pregnancy, appointments, screenings, billing information, delivery, registration with the hospital, and post partum depression. Hopefully, this packet of information will be a helpful reference for you in the upcoming months. If you have any additional questions, please call the main line at (952) 922-7600.

The clinic hours are Monday 8:30 am to 5:00 pm, Tuesday through Thursday 8:00 am to 5:00 pm, and Friday 8:00 am to 12:00 pm. After office hours, emergency calls will be handled by the physician on call who can be reached by calling the main line at (952) 922-7600.

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PRENATAL OFFICE VISITS:

During your pregnancy, you will have many visits with your Doctor (MD) and Nurse Practitioner (NP). You will be seen primarily by the physician who will deliver your baby although we encourage you to meet the other physicians too. Your early OB appointments will take more time than the subsequent appointments as we believe that education is essential to helping you through a healthy pregnancy, even if you have had a previous pregnancy.

Here is an example of the prenatal schedule for uncomplicated pregnancies. If a pregnancy has more complications, you will be seen more frequently.

WEEK 6-8: Pregnancy Confirmation. You will see a physician (MD) and review information regarding prenatal classes, nutrition, vitamins, and activity. A blood profile will be drawn at this visit for your blood type and other antibody levels. At this visit the screening tests for chromosome abnormalities will be discussed based on your age risk and family history.

All normal labs will be on our **PORTAL SITE**. For security reasons, you will need to register for the portal during your first visit. If you have any questions about registration for the portal, please call us at 952-922-7600.

Maternal and Fetal Assessments: At all OB visits you will be asked to collect a urine specimen. There are cups and instructions in all of the bathrooms. Additionally, at all OB visits you will have a blood pressure, weight, and urine specimen. The baby's heart rate will be listened to at each visit.

WEEK 10: MD/NP visit: Initial OB. This is a physical exam and assessment of uterine size as well as a pap test. Fetal heart tones by the doptone will be performed. Any additional questions regarding chromosomal screening or your blood tests will be discussed.

WEEK 12: MD visit: This is a time to listen to the baby's heart rate or to have a 1st trimester screening for chromosomal problems if you chose to have it done.

WEEK 16: MD/NP visit: In addition to listening to the baby's heart rate, you can have the AFP test if you choose.

WEEK 20: MD visit: An ultrasound study for fetal anatomy. You will go over the information with your physician after the ultrasound. You will receive instructions for the diabetes screening test.

WEEK 24: MD/NP visit: At this visit we will perform the glucose challenge test, a screening test for diabetes.

WEEK 28: MD visit: At this visit you will discuss "kick counts", baby doctor selection, hospital registration, prenatal classes, and preterm labor instructions. If you are RH NEG, you will receive a rhogam injection. You can schedule the rest of your appointments at this time.

WEEK 30: MD/NP visit: Maternal and fetal assessment

WEEK 32: MD visit: Maternal and fetal assessment

WEEK 34: MD visit. Maternal and fetal assessment

WEEK 36: MD visit. Labor and delivery details will be discussed in more detail. A vaginal culture for Group B Strep is performed.

WEEK 37-40: MD visit. Maternal and fetal assessment. Signs of labor will be discussed in more detail.

PRENATAL SCREENING:

At your first prenatal visit, we will obtain labs to screen for anemia, Hepatitis B, syphilis, and rubella, as all of these conditions may affect the baby. We also offer and encourage HIV testing because we now have the ability to decrease transmission of the virus to the fetus by treating HIV in pregnant women.

A **1st Trimester Screen (Nuchal Translucency ultrasound/lab)** may be performed between 11w3d and 12w6d. This is an early OB ultrasound and labs will be drawn to screen for chromosomal abnormalities, such as Down's Syndrome.

At approximately **16 weeks**, you might want the AFP blood test for open neural tube defects, such as spina bifida (failure of the bone to close over the spinal cord that may cause leg paralysis) and anencephaly (absence of the brain). If the test comes back abnormal, you will have an ultrasound and based on that additional testing will be offered.

Amniocentesis is a diagnostic test involving removal of an amniotic fluid sample with a needle under ultrasound guidance. This test carries a miscarriage risk of about 1 in 200-300 tests. Amnio tests for the number and arrangement of the chromosomes as well as screens for neural tube defects. Amniocentesis is offered for all mothers who are 35 or older at delivery. **CVS** is a test of placenta cells to detect abnormal chromosomes with the baby.

At **20 weeks** you will have an OB ultrasound. To obtain a convenient time, your appointment should be scheduled several weeks in advance. Keep in mind that the room is small and dark and because we want a relaxed environment for this, please do not bring children or more than one guest to this appointment. No video, camera, or recording devices are allowed. There is no guarantee to be able to determine the baby's sex at this time. **The ultrasound does not require a full bladder; you will still need to leave a urine specimen at this visit.**

At **24-28 weeks**, you are tested for gestational diabetes. This test involves drinking a sugar sample and taking a finger blood glucose specimen one hour later. We are testing how your body responds under normal conditions so you do not need to be fasting. Should your glucose level be elevated, you will need to take a three hour test and do need to be fasting. The results of the three hour test will determine any necessary follow up care. Gestational Diabetes occurs in approximately 5% of all pregnant women. The glucose level usually returns to normal after delivery, but may appear again in future pregnancies or in later years.

Additional testing includes a blood test on you to evaluate your genetic carrier status which can be performed at any time. At **10 weeks** of pregnancy, blood can be drawn from you and analyzed for the baby's chromosomes and gender. Your provider will discuss this testing in more detail at your first visit. While this test can be performed at any time in the pregnancy, **10 weeks** is the earliest time to draw the blood.

OB ULTRASOUND:

We recommend diagnostic ultrasound for most obstetrical patients usually from **18-22 weeks** of pregnancy. Occasionally, we will perform the ultrasound earlier if there is a question about the due date or if you have chosen to have the **1st Trimester Screen** with ultrasound measurement of the back of the baby's neck.

The examination consists of placing a special gel on the mother's abdomen and then moving a transducer across it. The returning echoes are electrically converted to a picture on a screen which can then be photographed. Actual fetal movements can be seen. Only **ONE** guest, besides the pt, will be allowed into the room. No video, camera, or recording devices are allowed.

Obstetrical ultrasound has become so useful that we feel its routine use is necessary to provide you with the best prenatal care. Other ultrasounds may be ordered by your provider if deemed medically necessary.

A routine exam usually shows:

- 1) The number of babies, 2)The fetal age, 3)The location of the placenta, 4)Fetal life (the pulsating heart is usually visible) and 5) Fetal position

Other uses are:

1. To help diagnose an early miscarriage
2. To detect ovarian cysts and uterine fibroid tumors
3. To look for certain congenital malformations
4. To detect tubal pregnancies
5. To investigate abnormal bleeding
6. To follow a fetus for growth evaluation

If you have any questions regarding this procedure, please ask your provider.

MORNING SICKNESS:

To prevent morning sickness, try the following suggestions until you find one that works.

- Eat a piece of bread or a few crackers before you get out of bed in the morning 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. Try one of these if you have to get up during the night. Have a protein snack at bedtime and in the morning.
- Eat several small meals during the day so your stomach doesn't remain empty for very long.
- Eat high protein foods (ex. eggs, cheese, nuts, meat, etc) as well as fruits and fruit juices. These foods help prevent low levels of sugar in your blood which can also cause nausea.
- Drink soups and other liquids between meals instead of with meals. Wait about 20" after you have eaten solids to drink the liquids.
- Avoid greasy or fried foods. They are harder to digest.
- Avoid spicy, heavily seasoned foods.

To remedy morning sickness, try these suggestions:

- "Sea-bands" placed on the wrist have been shown to be effective.
- Sip soda water when you begin to feel nauseated.
- Take deep breaths.
- Drink spearmint, raspberry, or peppermint tea.
- Vitamin B6 25mg in the morning or evening may help.

CONSTIPATION:

Constipation is a very common condition affecting pregnant women. Because this condition is so common, we have printed this sheet to help you achieve natural control of this problem. The digestive tract extracts the beneficial elements from food and then must eliminate the remainder as waste. The whole process takes 1-3 days, the time varying from one individual to another. Hormonal changes may slow this process and also the addition of iron in the prenatal vitamin exacerbates the condition.

The colon, also known as the large intestine, is the last 5 feet of the intestinal tract whose job is to absorb excess water from the fecal waste. This waste is propelled through the entire digestive tract by muscular contraction. If the contractions are too fast, the feces are liquid and if they are too slow, the feces are hard. To prevent constipation, the transit time and moisture level must be correct. Diet is very important to achieving balance. High residue foods, especially those with high fiber content, help provide the bulk to push waste through and to hold on to the necessary moisture. Foods high in fiber include:

- Bran, whole grains, cereals
- Raw fruit (apples, melon, peaches, etc.)

- Cooked or dried fruit
- Raw vegetables (broccoli, cabbage, celery, etc.)
- Cooked vegetables

Some Helpful Habits for Normal Bowel Movements

- Eat at regular hours and chew food thoroughly
- Drink plenty of fluid
- Exercise daily
- Answer the urge to stool when it comes

A high fiber diet may be an important part to preventing colon cancer. As you gradually increase the fiber in your diet, foods like bran and cabbage may initially produce an increase in gas and bloating. This tendency will usually subside in a few weeks. You should also try various high fiber foods to see which best agree with you. Another way of adding fiber and bulk to your diet is the use of Metamucil. This product is a natural grain product made from the husk of psyllium seeds. It is also sold under less expensive generic labels. Metamucil is a simplified way of normalizing bowel function that does not require you to radically change your diet. To be effective, however, you must take it daily.

ADDITIONAL NORMAL VS ABNORMAL PROBLEMS IN PREGNANCY:

Because of your increased blood volume and/or high levels of estrogen and progesterone, the following are additional common complaints that are normal in pregnancy:

- Shortness of breath
- Urinary frequency
- Fatigue
- Feet swelling
- Nasal dryness, stuffiness
- Nose bleeds
- Gums bleeding
- Insomnia
- Extremities falling asleep
- Varicose veins
- Corneal changes – eyes dry
 - Don't have an eye exam as the shape of the cornea is changed until 3 months after delivery or 6 weeks after breast feeding is discontinued
- Headaches
- Rib pain
- Dizziness
- Round ligament pain
- Back pain
- Breast pain

Complaints that you need to call the office about would be the previous mentioned things and:

- Persistent headache, especially after 28 weeks
- Blurred or spotty vision
- Sudden swelling of the face and hands
- Inability to keep food or liquids down for 2 days

INSTRUCTIONS FOR PRETERM LABOR PREVENTION:

Do these things to help prevent a preterm birth:

- Drink 8-10 glasses of liquid every day.
- Prevent and treat constipation.
- Empty your bladder frequently.
- Decrease stress in your life.
- Avoid strenuous activities if they produce contractions.
- Stop smoking.
- Do not prepare your nipples for breast feeding.
- Report signs of a bladder infection.
- Check daily for contraction and warning signs.
- Eat regular, nutritious meals.

Check twice daily for contractions (30 minutes each time):

- Lie on your left side with a pillow behind your back for support.
- Place your fingertips on your abdomen.
- When uterus feels tight and hard – then soft, that is a contraction.
- Note the time and the start of one tightening to the start of the next tightening.
- It is normal to have some contractions during pregnancy. If you feel more than six in an hour, it is too many.

Be aware of warning signs:

- Change in vaginal discharge. If discharge is watery or bloody mucous, call the clinic immediately!
- Increased pelvic pressure for an hour.
- Menstrual like cramps for an hour.
- Dull backache below waistline for an hour.
- Abdominal cramping for an hour, with or without diarrhea.
- “Something just doesn’t feel right” or “Something feels different.”

Do these things if any warning signs occur:

- Empty your bladder.
- Drink 3 glasses of water.
- Lie down on your left side for one hour.
- Check for contractions. Write down the time each one starts.

WEIGHT GAIN DURING PREGNANCY:

Prepregnancy weight category	Body Mass Index	Recommended Range of total weight (lbs)	Recommended range of weight gain in the 2nd and 3rd trimesters (Mean Range[lbs/wk])
Underweight	Less than 18.5	28-40	1 (1-1.3)
Normal Weight	18.5-24.9	25-35	1 (0.8-1)
Overweight	25-29.9	15-25	0.6 (0.5-0.7)
Obese (all classes)	30 and greater	11-20	0.5 (0.4-0.6)

****If you have additional questions regarding weight gain during your pregnancy, ask your Provider.**

*Reference ACOG and Institute of Medicine: weight gain during pregnancy

INSURANCE:

We provide services for many different health insurance plans; however it is imperative that you check the requirements of your plan regarding notification of hospitalization and policies regarding length of postpartum stays. Some questions to ask yourself and your insurance company before delivery are:

1. Do I need pre approval for delivery?
2. What hospital does my health plan require me to use? Our doctors deliver at Fairview Southdale Hospital or Maple Grove Hospital.
3. What is my approved length of stay for a vaginal delivery?
 - a. For a Cesarean delivery?
 - b. Does this begin with admission or baby's birth?
4. How do I obtain authorization for a longer stay if either my baby or I have complications? Can I stay if my baby has complications requiring additional days?
5. Is circumcision covered? Will the Pediatrician or the Obstetrician to do the circumcision?
6. Are home visits by a nurse covered?
7. How is my new baby added to my insurance policy and when does this take effect?
8. Are parenting classes covered?
9. Do they pay for the 20 week ultrasound?
10. Do they pay for a breast pump?

DISABILITY POLICY FOR PREGNANT PATIENTS:

The great majority of expectant mothers can continue to work until late in pregnancy without any problem. Sometimes, however, the physical changes entailed in pregnancy or the demands of a woman's job can create workplace difficulties. Please let us know if you have any concerns in this regard. We usually are able to suggest simple steps to deal with the fatigue, morning sickness, or aches and pains that can be particularly challenging while you are at work.

If you have more serious symptoms, or concerns about potential workplace hazards to you or your baby, we will evaluate the situation and respond accordingly. When medically appropriate, we will recommend that a pregnant patient be placed on disability leave from her job. Such leave is rarely required, however, and in the absence of a serious condition that would endanger the health of the mother or baby. Medical ethics prevent us from making such a recommendation. We will, however, do everything we can to reduce or eliminate pregnancy related difficulties you may be having at work. This includes contacting your employer, when appropriate, to recommend helpful adjustments or alterations to your duties. Society views pregnancy as a normal condition. Therefore, normal conditions accompanying pregnancy are not covered by disability insurance. Disability insurance coverage applies only to complications of pregnancy. Again, please tell us of any work related concerns you may have.

WHEN YOU GO INTO LABOR, CALL THE CLINIC DAY OR NIGHT: 952-922-7600

First time moms call when contractions are 5 minutes apart or less and/or if your water breaks or if the baby has decreased movement.

All other moms call when contractions are 7 minutes apart or less and/or if your water breaks or if the baby has decreased movement.

SAFE OVER-THE-COUNTER MEDICATIONS IN PREGNANCY

PROBLEM	MEDICATION	DOSAGE
Morning Sickness	Vitamin B6 Unisom	B6 25mg: twice a day Unisom: once a day at night
Cold and Congestion	Chlor-Trimeton Afrin Nasal Spray	Use as directed on the package, If symptoms do not improve, call the clinic.
Constipation	Metamucil, Citrucel Effer-Syllium Miralax High Fiber Foods Milk of Magnesia Colace (Docusate Sodium)-may be in your prenatal vitamins Senokot	Use as directed on the package.
Cough	Throat Lozenges Zinc Lozenges	Use as directed on the package.
Headache	Acetaminophen Tylenol (Regular, Extra Strength) Aspirin	Use as directed on the package. 2 tablets every 4-6 hours as needed
Hemorrhoids	Anusol-HC Preparation H	Use as directed on the package.
Heartburn	Antacids: Maalox Mylanta Tums EX Rolaids 500's Zantac, Pepcid, Tagamet	Take antacids 1/2 hour before meals and before bedtime. Use as directed on the package.
Allergy	Benadryl, Zyrtec, Claritin	Use as directed on the package.
Rash	Benadryl Lotion Cortaid Cream	Use as directed on the package.
Vaginal Yeast Infection	Monistat Gyne-Lotrimin Gynazole 1	Use as directed on the package.