



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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Welcome to your pregnancy confirmation visit and congratulations on your pregnancy. This packet is a general guideline of what to expect in your pregnancy and how we a Clinic Sofia will support your through your journey. Much of this information, and more, is available on our website which is listed on the first page. We look forward to sharing this experience with you and working toward a health and safe delivery.

PROVIDERS, CALL AND HOSPITALS:

We currently have 5 doctors and 2 midlevel providers (PA and NP). We do have a call schedule and cover each other when on call. We do not share call with any other groups or providers, so you will have a Clinic Sofia doctor at your delivery. While we are excited to meet your new baby and will attempt to be at all our patient's deliveries, we cannot guarantee this to be the case. We plan for you to meet all the providers, so you will always have a familiar face at the time of delivery.

We have privileges at two hospitals, **Maple Grove Hospital** and **Fairview Southdale Hospital**. Hyperlinks to each facility are found on our pregnancy page of our website.

PRENATAL OFFICE VISITS:

Here is an example of the prenatal schedule for uncomplicated pregnancies. Earlier in your pregnancy, your visits may take a little more time while later visits might be more concise. If a pregnancy has more complications, you will be seen more frequently.

WEEK 6-8: Pregnancy Confirmation. You will see a provider and review information in a confirmation packet. A blood profile will be drawn at this visit for your blood type, antibody levels, starting hemoglobin and sexually transmitted infections. At this visit the screening tests for chromosome abnormalities will be discussed based on your age risk and family history.

WEEK 7-9: Viability ultrasound. Many providers, but not all, will order an ultrasound at this point in your pregnancy to confirm heartbeat and location of the pregnancy. If there is a twin or triplet pregnancy, this will likely be identified at this ultrasound.

WEEK 10-12: MD/NP visit: Initial OB. This includes a full physical exam. A breast and pelvic exam will be done as well as a collection of urine for culture and vaginal swabs. If you choose to do certain genetic screening, the blood will be drawn at this visit.

WEEK 12-14: MD visit: If you choose to do a NT first trimester ultrasound, this will be done at this time. We will be listening to fetal heart rate dopamine tones at this visit and each subsequent visit following.

WEEK 16: MD/NP visit: In addition to listening to the baby's heart rate, you can have the AFP (screening for spinabifida) 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. If normal and a low risk pregnancy, no other ultrasounds may be indicated in your pregnancy.

WEEK 24: MD/NP visit: Maternal and fetal assessment. You will receive instructions for the diabetes screening test.

WEEK 28: MD visit: At this visit you will do your 1-hour glucose screening test. If you are RH NEG, you will receive a rhogam injection. We will also give you a third trimester information packet that discusses various delivery preparation items. This includes fetal kick counts, pediatrician options, hospital registration and tours, prenatal classes, and preterm labor instructions.

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 and a cervical exam is performed.

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

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)
- 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 50-100mg 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

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 rare 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
Allergy	Allegra Benadryl Claritin Flonase Zyrtec	Use as directed on the package.
Cold and Congestion	Afrin Nasal Spray Mucinex	Use as directed on the package. Use as directed on the package.
Constipation	Colace (Docusate Sodium)-may be in your prenatal vitamins High Fiber Foods Metamucil/Citrucel Milk of Magnesia Miralax Psyllium Senokot	Use as directed on the package.
Cough	Robitussin Cough Throat Lozenges Zinc Lozenges	Use as directed on the package.
Diarrhea	Imodium	Use as directed on the package.
Headache	Acetaminophen/ Tylenol Aspirin	Use as directed on the package. 2 tablets every 4-6 hours as needed. Only if recommended by a Provider.

Hemorrhoids	Anusol-HC Preparation H	Use as directed on the package.
Heartburn	Antacids: Maalox Mylanta Tums EX Rolaids 500's Zantac	Take antacids 1/2 hour before meals and before bedtime. Use as directed on the package. Only if recommended by a Provider.
Morning Sickness	Vitamin B6 Unisom	B6 50-100mg: twice a day Unisom: once a day at night
Motion Sickness	Dramamine	Use as directed on the package.
Rash	Benadryl Lotion Caladryl Lotion Cortaid Cream	Use as directed on the package.
Vaginal Yeast Infection	Gynazole 1 Gyne-Lotrimin Monistat	Use as directed on the package.