



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 postpartum 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 at Clinic Sofia will support you 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 towards a healthy and safe delivery.

PROVIDERS, ON-CALL, HOSPITALS:

We currently have 6 doctors and 1 midlevel provider (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 deliver. While we are excited to meet your new baby and will attempt to be at each of our patients' 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**.

PRENATAL OFFICE VISITS:

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

WEEK 5-7: Telehealth Pregnancy Confirmation. You will see a provider via a telehealth visit and review information in the confirmation packet. At this visit, the various tests for chromosome abnormalities will be discussed based on your age risk and family history. If seen at this time, will be a Telehealth Visit.

WEEK 7-9: Pregnancy Confirmation with Viability/Dating Ultrasound: You will be a provider in office and will review information in the confirmation packet. Blood will be drawn at this visit for your blood type, antibody levels, hemoglobin, and sexually transmitted infections. An ultrasound will be performed this point in your pregnancy to confirm gestational age, heartbeat, and locations of the pregnancy.

WEEK 10-12: MD/NP visit: Initial OB. This includes a full physical exam with a breast and pelvic exam done as well as a collection of urine for culture and vaginal swabs. If you choose to do Carrier testing or NIPT genetic testing, you will have a blood draw at this visit. Fetal heart tones using a Doppler will be performed and this and subsequent visits.

WEEK 12-14: MD visit: If you choose to do a nuchal translucency and/or 1st trimester anatomy ultrasound (with or without concurrent blood testing), that will be done at this time. Fetal heart tones by Doppler will be performed if no US.

WEEK 16: MD/NP visit: In addition to listening to the baby's heart rate, you can have the Quad Screen blood test or the AFP testing alone (for spina bifida) if you choose.

WEEK 20: MD visit: This is the "big" ultrasound study of fetal anatomy. You will review the results with your physician after the ultrasound. If the pregnancy is normal and low-risk, 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 diabetes screening test and a check for anemia. You will receive the TDAP vaccine. If you are Rh negative, you will also receive a Rhogam injection. We will give you a 3rd trimester information packet that discusses various delivery preparation items including 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 is performed and weekly cervical checks will be started.

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

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

NORMAL CHANGES IN PREGNANCY:

NAUSEA AND VOMITING IN PREGNANCY:

To prevent nausea, 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 nausea/vomiting, 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. Ginger tea/lozenges may be helpful as well.
- Unisom and Vitamin B6 as directed on page 7.

CONSTIPATION:

Constipation is a very common condition affecting pregnant women. Since 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 as may 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 contractions. If the contractions are too fast, bowel movements will be liquid and if they are too slow, bowel movements will be 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.) or 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 have a bowel movement 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 CHANGES 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

POTENTIALLY CONCERNING, ABNORMAL CHANGES IN PREGNANCY:

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

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

If your personal history is significant for risk factors for Pre-Eclampsia, your provider may recommend a baby Aspirin (81 mg) daily from 12 weeks through delivery.

COMMONLY ASKED SAFETY CONCERNS:

Safe during pregnancy:

- Exercise – this is *encouraged* during pregnancy so long as violent bouncing (e.g. trampolines) is avoided
- Fish consumption – two to three servings of fish with a high DHA and low mercury content is safe
- Hair dyes – although data is limited, systemic absorption of hair dye is minimal and thus presumed safe
- Sexual intercourse – provided the patient is not bleeding, doesn't have a placenta previa, and the amniotic membranes are still intact (i.e., water isn't broken), then there is no restriction regarding sexual intercourse
- Travel – airline travel is safe though destinations may have infection risks. While there is no exact gestation age at which patients must stop travel, this should be discussed with your doctor prior to travel in 3rd trimester
- Swimming – swimming pool usage is safe in pregnancy (though see below for hot tubs)

Decrease during pregnancy:

- Artificial sweeteners – data regarding saccharin is conflicting, though low consumption is likely safe
- Caffeine – low-to-moderate intake does not appear to be associated with adverse outcomes

Avoid during pregnancy:

- Hot tubs – although data is limited, hot tub usage should be avoided in 1st trimester due to spina bifida risk
- Alcohol – there is no known threshold between safe and unsafe amount of alcohol in pregnancy and therefore should be avoided
- Smoking, vaping, nicotine – women should not smoke cigarettes during pregnancy though if unable to quit entirely, attempt to reduce as much as possible and nicotine replacement (lozenge, gum) is appropriate to help
- Marijuana – while there are no known adverse outcomes, long-term neurodevelopmental data is lacking

OB ULTRASOUND:

Occasionally, we will perform an ultrasound earlier if there is a question about the due date or if there is a history of recurrent miscarriage. You will have an ultrasound at around **12 weeks** of pregnancy if you have chosen to have the **1st trimester screen** with ultrasound measurement of the back of the baby's neck or general early anatomy. We will recommend a diagnostic ultrasound for most obstetric patients usually from **18-22 weeks**.

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

Obstetric ultrasound is safe and has become so useful that we feel its routine usage 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:

- The number of babies
- The fetal age
- The location of the placenta
- Fetal life (the pulsating heart is usually visible)
- Fetal position

Other uses are:

- To help diagnose an early miscarriage
- To detect ovarian cysts and uterine fibroids
- To look for certain congenital malformations and anomalies
- To detect tubal pregnancies
- To investigate abnormal bleeding
- To follow a fetus for growth evaluation

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

WEIGHT GAIN DURING PREGNANCY:

Pre-pregnancy 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:

- Do I need pre-approval for my delivery?
- What hospital does my health plan require me to use? (Recall, Clinic Sofia delivers at Fairview Southdale Hospital and Maple Grove Hospital)
- What is my approved length of stay for a vaginal delivery? What about for a Cesarean delivery? Does this time begin at admission to the hospital or at delivery of the baby?
- How do I obtain authorization for a longer stay if either my baby or I have complications? Can I stay if I am doing well but my baby has complications requiring additional days?
- Is circumcision covered? Will the pediatrician be doing the circumcision in the hospital or in their office?
- Are home visits by a nurse covered?
- How is my new baby added to my insurance policy and when does this take effect?
- Are parenting classes covered?
- Will the 20-week ultrasound be covered?
- Will a breast pump be covered?

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 common in pregnancy but 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, though, and in the absence of a serious condition that would endanger the health of the mother or the 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 inform us of any work-related concerns you may have.

SAFE OVER-THE-COUNTER MEDICATIONS IN PREGNANCY AND BREASTFEEDING

PROBLEM	MEDICATION	DOSAGE
Allergy	Allegra Benadryl Claritin Zyrtec	Use as directed on the package
Cold and Congestion	Afrin Nasal Spray Flonase Mucinex	Use as directed on the package, but call the clinic if symptoms do not improve
Constipation	High fiber foods Metamucil Psyllium Colace (your PNV may contain this) Miralax Milk of Magnesia 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/Fever/Pain	Acetaminophen/Tylenol	Use as directed on the package 2 tablets every 4-6hr as needed
Hemorrhoids	Anusol-HC Preparation H	Use as directed on the package
Heartburn	Antacids: Maalox Mylanta Tums (EX) Rolaids 500's Pepcid Prilosec Tagamet	Use as directed on the package Take antacids ½ hour before meals and before bed
Nausea and Vomiting in Pregnancy	Vitamin B6 Unisom	B6: 25-100mg twice a day Unisom: once nightly before bed
Motion Sickness	Dramamine	Use as directed on the package
Rash	Benadryl lotion Caladryl lotion Cortaid (hydrocortisone) cream	Use as directed on the package
Vaginal Yeast Infection	Gynazole 1 Gyne-Lotramin Monistat	Use as directed on the package
Sleep/Insomnia	Melatonin Unisom Benadryl	Use as directed on the package