Common Questions

When will I feel my baby move?

Sometimes between 16-25 weeks of pregnancy, mothers will begin to feel movement. Initially, movements will be infrequent and may feel like butterfly flutters. As your baby grows, you will feel movement more often. It is recommended to start counting fetal movements beginning at 28 weeks once daily until you get 10 movements within 2 hours. A good time to do this is 20-30 minutes after breakfast and dinner. If you are concerned about movement, eat or drink something with sugar of caffeine, lie on your side and press your hands on you belly. If you have concerns about feeling baby movements or notice a decrease in movements, contact the office.

Why am I so tired? What's the best sleep position?

It's normal to feel more tired. You may also notice you need more sleep than usual. Try to get at least 8-10 hours per night. Listen to your body.

Try to sleep on your side to allow for maximum blood flow to baby. Lying on your back can cause your blood pressure to drop. You may also find it helpful to put a pillow behind your back and between your knees to improve comfort. As your pregnancy progresses, use more pillows and frequent position changes to stay comfortable.

Can I use a Jacuzzi?

Using a Jacuzzi or whirlpool bath is not recommended during the first trimester and should be limited to 15 minutes or less in the second and third trimester with the water temperature not exceeding 100 degrees

Can I travel?

Traveling is safe during pregnancy for uncomplicated pregnancies. After 36 weeks, we recommend staying close to home. When you do travel, be sure to take breaks to stand up/walk around at least every two hours. If traveling by vehicle, wear a seat belt, positioning it under your abdomen as your baby grows. If you are involved in a car accident, please call the office immediately. You may need to be monitored.

Can I care for my pets?

If you have cats, please let us know. Avoid changing the litter box or use gloves to change it. Toxoplasmosis is a rare infection that you can get from cat feces.

What do I need to know about dental care?

Your teeth and gums may experience sensitivity throughout the pregnancy. Inform the dentist of your pregnancy and shield your abdomen if x-rays are necessary. Contact our office with any questions about dental care.

Can I go to the salon for treatments?

Hair coloring and nail care should always be done in large, well-ventilated areas. If possible, avoid treatments in the first trimester.

Can I exercise?

30 minutes of exercise is recommended daily in uncomplicated pregnancies. This could include walking, jogging, biking, aerobics class, yoga, swimming, etc. Weight training is acceptable. Listen to your body during exercise and drink plenty of fluids. After 20 weeks, avoid lying flat on you back and avoid activities with a high risk of falling or trauma to your belly (i.e. snow skiing, kickboxing, horseback riding).

Can I have sex?

You can have sex unless you are having complications or sex becomes too uncomfortable. There are times when exercise and sex should be avoided. This includes vaginal bleeding, leaking amniotic fluid, preterm labor, chest pain, regular uterine contractions, decreased fetal movement, growth restricted baby, headache, dizziness, or general weakness.

Greenbrier Obstetrics and Gynecology, P.C.

713 Volvo Parkway.

Suite 200

Chesapeake, Virginia 23320

Telephone (757) 547-4500

Fax (757) 547-4502

Anesthesia/Analgesia Plans:

There is "natural" delivery that involves breathing and massage to lessen the pain of delivery (recommend birthing class). Some patients may desire medications via the IV for pain management. The IV pain medications lessen the pain but do not take all the pain away. The medicines can make you sleepy and dizzy and are not given close to delivery. Another option for pain relief is the epidural (please see epidural pamphlet).

Fetal Movement Monitoring:

Please call the office immediately if you are greater than 28 weeks gestation and are experiencing decreased fetal movement. Your health care provider will probably give you a kick count sheet. This is a way to monitor the baby's movements each day.

Labor Signs:

Please call the office if you experience decreased fetal movement, leaking of fluid (possible rupture of membranes), increased pressure or low back pain, or tightening in the abdomen (uterine contractions 4-6 times in an hour).

Vaginal Birth after Cesarean Section (VBAC):

Of women who try VBAC, 50-70 % are successful and able to deliver vaginally. The remainder of women will require a repeat Cesarean during labor. Successful, uncomplicated vaginal birth after cesarean carries the lowest risk to both mother and baby when compared to an elective cesarean or cesarean done during labor. Women who deliver vaginally benefit from shorter hospital stays, lower risk of infection or the need of a blood transfusion, and faster recovery. Vaginal delivery avoids major abdominal surgery and its risks.

Women who choose VBAC, but then need a cesarean during labor have a greater risk of complications than an elective cesarean without labor. This risk of complications during trial of labor increases with the number of previous cesarean sections. The most serious complications of attempting a VBAC is uterine rapture(tearing), which occurs in less than 2% of cases Uterine rupture may result in bleeding and may require a blood transfusion, major surgery, and possibly hysterectomy. Though uncommon, complications associated with surgery for uterine rupture include infection, bleeding, and injury to bladder or bowel. In cases of uterine rupture, fetal injury (including brain damage or death) may occur.

Pregnancy Induced Hypertension (PIH):

High blood pressure during pregnancy is sometimes called PIH, preeclampsia, or toxemia. PIH during pregnancy can become dangerous to you and your baby. If you have completed your 20th week of pregnancy and have any of the signs and symptoms listed below notify our office right away:

- Sudden weight gain(more than a pound per day)
- Headache not relieved with Tylenol or rest
- Swelling of face; swelling of lower extremities which does not respond to rest or elevation
- Blurred vision or spots before your eyes
- Nausea and vomiting or epigastric discomfort

Post-Term Counseling:

Postdates is pregnancy exceeding 42 weeks from the first day of the last menstrual period. Postdates pregnancy could possibly be accompanied by oligohydramnios (abnormally small amount of amniotic fluid) or meconium (stained amniotic fluid). Should your pregnancy exceed 41 weeks we may recommend additional monitoring such as daily fetal kick counts, weekly not-stress tests or an ultrasound to check your amniotic fluid.

Circumcision:

Male circumcision is the removal of the foreskin of the penis. Many people have strong ideas about this based on family tradition or religious beliefs. Although there is no absolute medical indication for routine circumcision there are some possible benefits as well as possible complications.

Possible Medical Benefits:

- Decreased incidence of urinary tract infection
- Decreased transmission of sexually transmitted diseases (STD's)

Possible Complications: (rate is less than 1%)

- Bleeding
- Infection
- Cutting too much or too little of the foreskin

- Injury to the top of the penis
- Side effects cause by local anesthesia (if it is used)

Breast of Bottle-feeding:

Breastfeeding is a wonderful start for your baby. It is easier to switch from breast to bottle feeding, than it is from bottle to breastfeeding. Breast milk is the perfect food for babies and gives your baby all the food he/she needs for the first few months of life

- Breast milk gibes your baby antibodies that help protect from illness
- Breastfeeding can help you and your baby feel close
- Breastmilk is always ready and always the right temperature
- Breastfeeding is free!!!

Breastfeeding may not “come naturally” to you at first. However, almost any woman can breastfeed with help. Breastfeeding takes commitment and my not be for everyone. If for some reason you chose not to breastfeed there are many formulas that are also a good choice. If you have a certain formula that you would like to feed your baby let the hospital know. Consult your pediatrician for further recommendations.

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Carrier Screening in Pregnancy for Common Genetic Diseases

Cystic Fibrosis, Spinal Muscular Atrophy, and Fragile X are a few common serious disorders that can occur even without a family history. These three tests are one time only simple blood tests that screen to determine if you are a carrier of the specific gene. A carrier is a person who has a gene that increases the risk to have children with a specific genetic disease. People do not know they are carriers until they have a blood test or an affected child. A negative test result significantly lowers, but does not completely eliminate the risk of being a carrier. Carrier testing is not able to detect all the genetic abnormalities that cause a particular disease.

Theses test can be done either when you are planning a pregnancy or after you have become pregnant. The details of each genetic disease is listed below and are seen in all ethnicities and considered the most common.

Cystic Fibrosis (the most common inherited disease of children and young adults): CF is a disorder of mucus production and produces abnormally thick mucus leading to life threatening lung infections, digestion problems, poor growth and more. Symptoms range from mild to severe. The carrier frequency is 1 in 24 to 1 in 97 and both parents need to be carriers for a child to be affected (25% chance). One in 3500 children born are affected. Recommended follow up to a positive result: test partner.

Spinal Muscular Atrophy (SMA) (the most common inherited cause of early childhood death): SMA is a progressive degeneration of lower motor neurons. Muscle weakness is the most common type with respiratory failure by the age of 2 years old. Muscles responsible for crawling, walking, swallowing and head and neck control are most severely affected. The carrier frequency is 1 in 47 to 1 in 42 in the US and both parents need to be carriers for a child to be affected (25% chance). One in 11,000 children are affected. *Recommended follow up to positive result: test partner.*

Fragile X Syndrome (the most common inherited cause of developmental delays): Unlike CF and SMA, this is an x-linked genetic disease and only carried in the mom. Unfortunately, 1 in 250 females are

carriers and a child has a 50% chance of being affected if this is the case. 1 in 4000 boys are affected with Fragile X and 1 in 8000 girls are affected. Approximately 1/3 of all children born with Fragile X also have autism and hyperactivity. *Recommended follow up to a positive result: genetic counseling and prenatal diagnosis.*

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CONSENT FOR CYSTIC FIBROSIS, SPINAL MUSCULAR ATROPHY, AND FRAGILE X

My signature below indicates that I have read, or had read to me the information on Greenbrier Obstetrics and Gynecology, P.C.: Carrier Screening in Pregnancy for Common Genetic Diseases form and I understand it. Before signing this consent form, I have had the opportunity to discuss carrier testing further with my doctor, someone my doctor has designated, or with a genetics professional. I have all the information I want, and all of my questions have been answered.

INSURANCE COVERAGE: Coverage of these tests is subject to copays, coinsurance, and deductibles. Certain insurances may require pre-authorization and criteria to be met.

I have decided that:

□ I want CF carrier testing.

□ I do not want CF carrier testing

□ I want SMA carrier testing.

□ I do not want SMA carrier testing.

□ I want Fragile X carrier testing.

□ I do not want Fragile X carrier testing.

Patient's Name Printed Date

Patient's Signature Witness

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Available Genetic Testing

First Trimester Screening: This is an optional noninvasive evaluation that combines a maternal blood screening test with an ultrasound evaluation of the fetus to identify risk for specific chromosomal abnormalities, including Down Syndrome Trisomy-21 and Trimsomy-18. In addition to screening for these abnormalities, a portion of the test (known as the nuchal translucency) can assist in identifying other significant fetal abnormalities, such as cardiac disorders. The First Trimester screening is performed between the 11th and 13th week of pregnancy at Maternal Fetal Medicine (MFM). The blood screen measures two pregnancy related hormones: HCG and PAPP-A. The ultrasound evaluation measures nuchal translucency (fluid beneath the skin behind bay's neck). The screening test does not detect neural tube defects. An additional blood test is drawn at 16-21 weeks for open spina bifida. It is important to realize that a positive result does not equate to having an abnormality, but rather serves as a prompt to discuss further testing such as the Non Invasive Prenatal Testing (NIPT), chorionic villus sampling (CVS) or amniocenteses.

Sequential Screening: This test is done at Maternal Fetal Medicine (MFM) for pregnant woman at increased risk for fetal chromosomal abnormalities due to advanced maternal age (patients currently age 35 and up or age 35 at the time of delivery) or personal/family history of chromosomal abnormalities. This includes the First Trimester Screening (First trimester blood test and ultrasound) and a second trimester blood work sample at 16-21 weeks of pregnancy.

Serum Integrated Screening I and II: This test provides information about the risks for having baby with Down syndrome, trisomy 18, or an open neural tube defect. The test requires two blood samples from you, one taken between 10-13 weeks, and the second one between 15-21 weeks of pregnancy. These two blood tests are calculated, and your risk assessment will be available after the second blood work is completed. This has an estimated Down syndrome detection rate of 88.1% with a false positive rate of 6.0%. A negative result means that the chance of you have ia baby with Down syndrome, trisomy 18, or an open neural tube defect is low. It is important to realize that an abnormal or positive result does not

equate to have an abnormality, but rather serves as a prompt to discuss further testing such the Non Invasive Prenatal Testing (NIPT), Chronic Villus Sampling (CVS) or amniocentesis.

Tetra Screening/AFP: This is a blood test which can identify a patient who may be at an increased risk of having baby with Down syndrome, trisomy 18, or an open neural tube defect. It is done between 15-21 weeks of your pregnancy, though the optimal time is between 16-18 weeks. Detection rate is 81% with a false positive rate of 5%

MaterniT21 (Sentara and Quest): This test is intended for pregnant women at increased risk for fetal chromosomal abnormalities due to advanced maternal age (patients currently age 35 and up or age 35 at the time of delivery, fetal ultrasound abnormality suggestive of aneuploidy, personal or family history of chromosomal abnormalities, abnormal serum screening test or twin pregnancy at age 32. MaterniT21 is a simple safe and accurate non-invasive prenatal blood test for fetal chromosomal abnormalities for Trisomy 18, 21, 18 and several sex chromosome abnormalities. The test also offers an optional analysis for fetal sex. This test can be performed as early as 10 weeks gestational age. An additional blood test is done 16-21 weeks for open spina bifida.

Informaseq (Labcorp): This is a simple, safe, and accurate non-invasive prenatal blood test for fetal chromosomal abnormalities, Trisomy 13, Trisomy 18, Trisomy 21, and several sex chromosome abnormalities. It is intended for pregnant women at increased risk for fetal chromosomal abnormalities due to advanced maternal age (patients currently age 35 and up or age 35 at the time of delivery), fetal ultrasound abnormality suggestive of aneuploidy, persona or family history of chromosomal abnormalities, abnormal serum screening test or twin pregnancy at age 32. The test also offers an optional analysis for fetal sex. This test can be performed as early as 10 weeks of pregnancy. Detection rate for Trisomy 21 is greater than 99.9%. An additional blood test is done at 16-21 weeks for open spina bifida.

Chorionic callus sampling: Often referred to as CVS, is a diagnostic test for identifying chromosome abnormalities and other inherited disorders. This test can be done between 11-14 weeks of pregnancy at Maternal Fetal Medicine (MFM). It involves removing some chorionic villi cells from the placenta at the point where it attaches to the uterine wall. The CVS procedure collects larger samples and provides faster results than amniocentesis. It detects chromosome abnormalities (i.e. Down syndrome) and genetic disorders (i.e. cystic fibrosis). This test is different from amniocentesis in that it does not allow for testing for neural tube defects. Although CVS is considered to be a safe procedure, it is recognized as an invasive diagnostic test that does pose potential risks. Miscarriage is the primary risk related to CVS occurring 1 out of every 100 procedures.

Amniocentesis: Amniocentesis is a diagnostic test that may be recommended by your health care provider following an abnormal serum screening result. It detects chromosome abnormalities, neural tube defects and genetic disorders such as Down syndrome, cystic fibrosis, and spina bifida. It is done between 16-22 weeks of your pregnancy at Maternal Fetal Medicine (MFM). An ultrasound is used as a guide to determine a safe location for the needle to enter the amniotic sac so the fluid may be safely removed. A sample of amniotic fluid is collected through the needle. The procedure takes about 45

minutes, although the collection of fluid takes less than five minutes. The amniotic fluid, which contains cells shed by the fetus, is sent to the laboratory for analysis.

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CONSENT FOR AVAILABLE GENETIC TESTING

My signature below indicates that I have read, or had read to me, the information on **Greenbrier Obstetrics and Gynecology, P.C.: Available Genetic Testing** form and I understand it. I have also read or had explained to me the specific disease(s) or condition(s) tested for, and the specific test(s) I am having, including the test descriptions, principles and limitations. I have had the opportunity to discuss the purposes and possible risks of this testing with my doctor or someone my doctor has designated. I know the genetic counseling is available to me before and after the testing. I have all the information I want and all of my questions have been answered.

INSURANCE COVERAGE: Coverage of these tests is subject to copays, coinsurance, and deductibles. Certain insurances may require pre-authorization and criteria to be met.

I choose to be tested for:

□First Trimester Screening

□Sequential Screening

□Serum Integrated Screening I and II

□Tetra Screening/AFP

□MaterniT21

□Informaseq

□Chorionic villus sampling (CVS)

□Amniocentesis

□I decline all genetic testing

Patient's Name Printed Date

Patient's Signature Witness