

# Your Guide to Pregnancy



Compassionate Care for Every Stage of  
Your Pregnancy

(703) 878 0740

[www.aboutwomenobgyn.com](http://www.aboutwomenobgyn.com)

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# Welcome to Pregnancy

Congratulations on your pregnancy! We welcome you to About Women Ob/Gyn. We thank you for choosing us as your healthcare provider. Our providers and staff are all dedicated to your health, and we look forward to getting to know you over the course of the upcoming months.

This booklet is provided to you to help guide you throughout your pregnancy and help you answer some common questions you may have along the way. We encourage you to keep it nearby as a resource throughout your pregnancy. Thank you for placing your trust in our care.

## Your Delivering Providers

Like many OB/GYN practices, About Women Ob/Gyn is a group practice. Our providers have days they work in the office, days they are on-call for deliveries at the hospital, days they perform surgeries, and days they are off. Your primary provider may not be on-call on the day of your delivery. Therefore, we encourage you to schedule your regular prenatal visits with as many of the providers as possible if you would like the opportunity to meet all of the providers who may deliver your baby.



Marc Alembik, MD



Jocelyn Ajala, MD



Héctor Colón, MD



William Hall, MD



Ahan Hunter, MD



Misti Gray, CNM

# Office Information

## Office Hours and Locations

Woodbridge Office: **Monday through Thursday 7:00am-5:30pm, Friday 7:00am-3:30pm**  
(Saturday appointments available)

2296 Opitz Blvd, #440

Woodbridge, VA 22191

Lorton Office: **Monday through Thursday 7:00am-4:30pm, Friday 7:00am-3:30pm**  
(Saturday appointments available)

8998A Lorton Station Blvd

Lorton, VA 22079

Stafford Office: **Monday through Thursday 7:00am-5:30pm, Friday 7:00am-3:30pm**  
(Saturday appointments available)

95 Dunn Drive, #205

Stafford, VA 22556

## How to Contact Our Office

You may call our main number **(703) 878 0740**, Monday through Thursday 7:00am to 5:30pm and Friday 7:00am to 3:30pm for emergency and non-emergency questions and concerns. A nurse can be reached at Option 2 for any questions or concerns. If you need to contact the office on weekends or after business hours, you may call the same number. Our answering service will direct you to our on-call physician. **Please use this option only for emergencies!**

**Patient Portal:** Your patient portal can be set up electronically through your email (just ask the front desk)! This is great for non-urgent questions for your provider. You can also review labs, request prescriptions, and much more.



Woodbridge Office



Stafford Office



Lorton Office

# Midwifery Services

About Women Ob/Gyn consists of physicians, midwives, and nurse practitioners who specialize in providing obstetrical and gynecological care. With extensive experience in the field, our providers are well-equipped to meet your needs.

We believe that collaborative care between midwives and physicians yields the very best outcomes for pregnant women and their babies. Our full-scope midwifery service provides in-hospital, midwifery-managed prenatal care and deliveries for the women in Prince William and surrounding counties. We only deliver at Sentara Northern Virginia Medical Center in Woodbridge, VA.

*With you every step of  
the way.*



# Overview of Your Prenatal Visits

**Pregnancy Confirmation visit, 7-10 weeks from the first day of your last period:** At this visit, you'll have a transvaginal ultrasound to determine pregnancy dating, based on the size of your baby. You'll get to see your baby's heartbeat and have your questions answered as well. We'll review your medical history and discuss expectations for your pregnancy. It is important to discuss any familial genetic conditions and any chronic medical problems you may have.

**First OB visit, 12 weeks:** At this visit you will have new-OB labs drawn. These include labs for blood type, anemia, immunity to rubella, infection screening (gonorrhea, chlamydia, syphilis, HIV and Hepatitis B), and a urine check to make sure there is no bacteria in your bladder. If desired, you have the option to get genetic screening at this appointment too.

*\*\*\* See detailed page about what genetic screening options are available to you.*

**Between now and 28 weeks,** we would like you to schedule a visit every four weeks. Around 28-30 weeks, your visits will increase to every two weeks, then after 36 weeks your visits will be once a week until you deliver. We will request to see you more often if you are considered a high risk pregnancy. During each visit you will have your weight, blood pressure, urine, and baby's heartbeat checked.

**20 weeks:** At this visit we will get an in-depth look at your baby with an anatomy ultrasound, followed by an office visit. Most people will feel the baby's movements by this point in their pregnancy.

**24-28 weeks:** 1-hour gestational diabetes screening & anemia testing is done. Rhogam is given to all moms who are RH negative. By 28 weeks, you should feel 10 baby movements every 2 hours.



# Overview of Your Prenatal Visits

**32-34 weeks:** If you haven't chosen a pediatrician by this point, you will want to do that soon. We recommend getting a TDAP shot to protect your baby from pertussis (whooping cough) around this time.

**36+ weeks:** Weekly visits. If you reach 41 weeks ( or 40 weeks if you're over 35 years old), you will have a biophysical profile: a test that looks at baby's movements, fluid levels, breathing movements and fetal tone. We recommend all babies be born by 41 weeks.

**36-38 weeks:** Group beta strep culture is collected during this time. Birth plan is discussed.

## Genetic Screening Options and Information

Genetic Screening is a way of giving an estimate, compared with the typical population, of the chances of having a baby with a genetic abnormality. These screenings aren't diagnostic. This means we could get a false positive (high risk of abnormality where no abnormality exist) or a false negative (normal screening where there is a genetic abnormality).

### Required Prenatal Screenings

As these screenings are recommended, per ACOG guidelines, you can check with your insurance company to see what your out-of-pocket expense may be.

#### ❖ HEMOGLOBIN ELECTROPHORESIS

**Insurance Code:** CPT 83020

**Description:** A blood test that measures different types of a protein called hemoglobin in your red blood cells. It's sometimes called "hemoglobin evaluation" or "sickle cell screen."

### ❖ **CYSTIC FIBROSIS (CF 97)**

**Insurance Code:** CPT 81220

**Description:** ACOG recommended – A disease that causes changes in mucus production, causing problems in the lungs & digestive tract. While treatable, it is expensive and can decrease life expectancy. CF is inherited in a recessive manner, which means that both parents must be carriers to have an affected child. When both parents are carriers, there is a 25% chance with each pregnancy that the child will be affected. Genetic counseling and CF molecular testing are recommended for the reproductive partners and at-risk family members of CF carriers.

## Optional Prenatal Screenings

### ❖ **FIRST TRIMESTER SCREENING**

**Timing:** 11-13w6d

**Description:** This test gives an estimated risk for Down Syndrome (Trisomy 21), Trisomy 13 and 18 (severe chromosomal abnormalities). This has a 90-95% detection rate with a 5% false positive rate. This test includes the following:

Nuchal Translucency (NT): Specialized ultrasound to measure thickness of back of fetal neck (Insurance Code: CPT 76813)

Maternal blood test that includes biochemical markers (Insurance Code: CPT 84163, 84702, 86336)

### ❖ **QUAD SCREEN**

**Timing:** 15-21w6d

**Insurance Code:** CPT 82105, 82677, 84702, 86336

**Description:** This is a maternal blood test to check four biochemical markers that reports the risk of Down Syndrome (Trisomy 21), Trisomy 13, Trisomy 18 and Spina Bifida (Neural Tube Defect).

### ❖ **SINGLE AFP**

**Timing:** 15-21w6d

**Insurance Code:** CPT 82105

**Description:** Single maternal blood test to check the risk for Spina Bifida alone. This test is only performed for patients who elect the first trimester screening or other genetic screening test, or only want to screen for this single condition.

### ❖ **FRAGILE X**

**Insurance Code:** CPT 81244

**Description:** Fragile X syndrome (FXS) is a genetic condition that causes intellectual disability, behavioral and learning challenges, and various abnormal physical characteristics. Though FXS occurs in both genders, males are more frequently affected than females, and generally with greater severity.

### ❖ **SPINAL MUSCULAR ATROPHY CARRIER TESTING (SMA)**

**Insurance Code:** CPT 81401

**Description:** Carrier testing is recommended for patients in the general population, patients with a family history of SMA, patients planning a pregnancy or are already pregnant. Prenatal diagnosis is available for at-risk pregnancies, when both parents are carriers or when severe joint contractures are found on fetal ultrasound.

### ❖ **MATERNIT 21 PLUS**

**Timing:** 10+ weeks

**Insurance Code:** CPT 81420

**Description:** This is a NON-INVASIVE maternal blood test that detects fetal DNA fragments that can determine specific chromosomal abnormalities (Trisomy 21,18, and 13 +sex chromosomes).

**Candidates for this test include:**

- Advanced maternal age (>35)
- Previous pregnancy affected by chromosomal abnormality
- Abnormal genetic screening test or sonogram findings during this pregnancy
- Maternal chromosomal abnormality (e.g. balanced Robertsonian Translocation)

### ❖ **INHERITEST PANEL (SMA, CF AND FRAGILE X)**

**Insurance Code:** CPT 81401, 81220, 81244

**Description:** SMA - Carrier testing is recommended for patients in the general population, patients with a family history of SMA, patients planning a pregnancy or are already pregnant. Prenatal diagnosis is intended for at-risk pregnancies, when both parents are carriers or when severe joint contractures are found on fetal ultrasound. CF - is inherited in a recessive manner, which means that both parents must be carriers to have an affected child. When both parents are carriers, there is a 25% chance with each pregnancy that the child will be affected. Genetic counseling and CF molecular testing are recommended for the reproductive partners and at-risk family members of CF carriers. Fragile X - syndrome (FXS) is a genetic condition that causes intellectual disability, behavioral and learning challenges, and various abnormal physical characteristics. Though FXS occurs in both genders, males are more frequently affected than females, and generally with greater severity.

Contact LabCorp ([integratedgenetics.com/transparency](https://www.integratedgenetics.com/transparency) or call **844.799.3243**) and they will check your insurance expense for the Inheritest Panel and compare it to their Patient Engagement Program which can cost as little as \$299. We strongly advise our OB patients to take advantage of this complimentary service so that you are fully aware of any out-of-pocket expenses related to genetic testing prior to doing the testing!

# Supplements & Prenatal Vitamins

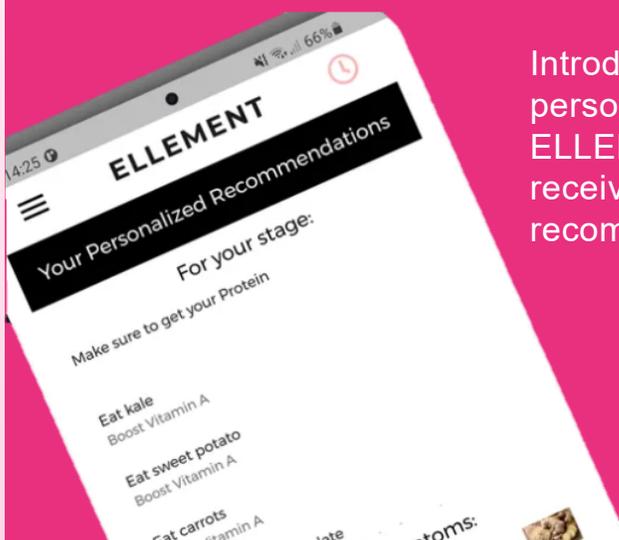
**Prenatal Vitamins** - We recommend prenatal vitamins that contain folic acid and DHA (omega fish oil) prior to conception, throughout pregnancy, and in the postpartum period. Please note that some gummy chewable may not contain iron which is necessary for pregnancy. Please check with your provider before taking any other vitamins, herbs, or over the counter supplements, as some may be unsafe during pregnancy. Beware of counterfeit and low-quality supplements. Order or buy from a reputable seller.

**Essential fatty acids** in the form of a fish oil benefits your baby's developing nervous system and eyes. Be sure your fish oil is filtered for heavy metals (mercury, lead, cadmium, etc.). A flavor-controlled fish oil is a good idea as well. If you do not consume fish, you can look for a supplement made from golden algae.

**Vitamin D3** supplement benefits your bones and immune system and your baby's bones and growth. 4,000 IU (international units) every day is a good amount for pregnancy and nursing. Adding vitamin K2 (in the form of MK-7) will help you assimilate your vitamin D.

**Magnesium** helps with constipation, leg cramps, headaches, reflux, blood sugar, heart palpitations, insomnia, anxiety, and depression. Aim for 350mg a day and with severe symptoms, twice a day.

## GET THE ELLEMENT APP



Introducing the first-ever- pre-natal supplement system personalized by stage and symptom. Use the ELLEMENT mobile app to easily track symptoms and receive personalized nutritional and supplement recommendations.

The content on ELLEMENT is not intended to be substitute for professional medical advice, diagnosis or treatment. Always seek the advice of your physician with any questions you may have regarding medical condition.

# Nutrition & Pregnancy

## Recommendation for weight gain

It is not necessary to “eat for two” during pregnancy. It is true that you need extra calories from nutrient rich foods to help your baby grow. You generally need to consume only 100-300 more calories per day than you did before pregnancy to meet the needs of your growing baby.

Excessive weight gain in pregnancy increases the risk of several pregnancy complications such as gestational diabetes, high blood pressure, preeclampsia, cesarean delivery, and postpartum weight retention.

Pre-Pregnancy BMI	Recommended Total Weight Gain
BMI <19	28-40 pounds
BMI 19-24.9	25-35 pounds
BMI 25-29.9	15-25 pounds
BMI >30	11-20 pounds

## Key Nutrients during pregnancy

Nutrient	Importance
Calcium (1000mg)	Helps build strong bones & teeth
Iron (27mg)	Helps create the red blood cells that deliver oxygen to the baby and also prevents fatigue
Vitamin A (770mcg)	Forms healthy skin, helps eyesight, helps with bone growth
Vitamin C (85mg)	Promotes healthy gums, teeth, and bones; helps your body absorb iron
Vitamin B6	Helps form red blood cells, helps body use protein, fat and carbohydrates
Vitamin B12 (2.6mcg)	Maintains nervous system, needed to form red blood cells
Folate (600mcg)	Needed to produce blood and protein; helps some enzymes

# Ultrasounds

We recommend an ultrasound around 19-20 weeks in the pregnancy to evaluate fetal anatomy. Additional ultrasounds may be performed based on the medical need. Insurance will typically cover additional ultrasounds only if there is a medical need. The ultrasounds are performed either in the Woodbridge office (depending on the insurance you have) or at any radiology place that accepts your insurance.

## 3D/4D Ultrasound (optional packages)

### Just can't wait...pink or blue?

**\$75**

**14+ weeks**

**Visit includes:** Gender determination, 2 color images, 6-8 black & white images

### Check on me

**\$125**

**Between 28-32 weeks – 20min DVD**

**Visit includes:** 6 color images, view 3D/4D imaging by screen with photos, 15% discount toward future sessions

### Growing & Glowing

**\$155**

**Between 28-32 weeks – 30min DVD**

**Visit includes:** 8 color images, 5 black & white images, CD with high resolution 3D images, 20% discount toward future sessions

### Twice is Nice

**\$235**

1<sup>st</sup> session **between 25-28 weeks** (movement and basic images)

2<sup>nd</sup> session **between 31-33 weeks** (facial features and growth)

**Visit includes:** 4 color images, 2 black & white images, CD with high resolution 3D images,

# Common Symptoms of Pregnancy

**Nausea/Vomiting** – feeling nauseous during the first three months of pregnancy is very common. For some women, it can last longer, while others may not experience it at all. The best plan for this is to eat small, frequent meals that are low in refined carbs (flour, sugar). Ginger, lemon, and peppermint can be very soothing. Many insurance plans require that you have tried over-the-counter medicine to manage nausea and vomiting before a prescription medication will be approved. Diclegis and Bonjesta are the only FDA-approved prescription for nausea and vomiting in pregnancy.

**Constipation** – is a common complaint which can be related to hormone changes, low fluid intake, increased iron, or lack of fiber in your diet. Try to include whole grains, fresh fruits, vegetables, and plenty of water.

**Spotting** – light bleeding can be common, especially in the first 12 weeks of pregnancy. It may occur after intercourse, cervical exams, vaginal ultrasounds, or strenuous activity or exercise. If the bleeding is heavy or is accompanied by pain, contact us immediately.

**Discharge**– an increase in vaginal discharge that is white and milky is common in pregnancy. If the discharge is watery or has a foul odor, call the office.

**Cramping**– experiencing some cramps and contractions are normal. When they occur, empty your bladder, drink 1-2 glasses of water and try to rest. If you are less than 36 weeks pregnant and having more than six contractions in an hour after trying these measures, contact the office.

**Dizziness**– you may feel lightheaded or dizzy at any time during your pregnancy. Try eating a protein/carbohydrate snack or laying down on your left side and drink 1-2 glasses of water. If symptoms persist, contact the office.

**Swelling**– because of the increased production of blood and body fluids, normal swelling, also called edema, can be experienced in the hands, face, legs, ankles, and feet. Elevate your feet, wear comfortable shoes, drink plenty of fluids, and limit sodium. If the swelling comes rapidly, or is accompanied by headache or visual changes, contact us immediately.

**Aches and Pains**- as your baby grows backaches are common. You may also feel stretching and pulling pains in the abdomen or pelvic area. Practice good posture and try to rest with your feet elevated.

# Safe Medications

During pregnancy women can be more susceptible to ailments like cold and flu and other conditions. Only certain medications are safe during pregnancy. The following are considered safe. Follow the labels for dosage and directions. Call the office or use the patient portal with questions.

Analgesics	Tylenol, regular, extra strength, or generic, Datril, Exprin (by Giant), Panadol
Antacids	Gaviscon, Maalox, Mylanta, Mylanta II, Riopan, Roloids, Tums
<p>Cold Remedies</p> <p>Always check over-the-counter cold medications for alcohol, sugar, caffeine, or aspirin. All medications should be taken as directed and for no longer than seven days. If symptoms persist, call the office.</p>	<p>Actifed, Allerest, Allergy Relief Medicine (ARM), Benadryl Plus, Benadryl Tablet, capsules, liquid, Chlor-Trimeton, Chlor-Trimeton LA, Claritin, Comtrex, Robitussin DM, Sine-Off (without aspirin), Sinutab, extra strength, maximum strength (not Sinutab Allergy), Sudafed, Sudafed Plus Tablets, liquid Sudafed, Sudafed 12 hour, Throat Lozenges, Triaminic, Triaminic Cold, Nite Lite, Syrup, PM, 12 Hour, Tylenol Sinus</p>
Constipation	<p>Colace 50mg (one or two, twice daily)            Fibercon, Metamucil, Adequate exercise helps. Walking is a good exercise during pregnancy., Eat plenty of fresh fruit, green leafy vegetables, and fiber, Increase water intake 8–10 eight-ounce glasses daily            If none of these measures help, call our office for further instructions.</p>
Diarrhea	<p>BRAT diet (banana, rice, applesauce, tea/toast), Immodium AD (use no longer than 48 hours, and take no more than four caplets or eight teaspoons (40 ml) in 24 hours.; Kaopectate            If diarrhea persists, call the office for further instructions</p>
Hemorrhoids	Anusol, Preparation H, Sitz Bath, Soaking in warm bath, Tucks
Nausea/ Morning Sickness	<p>Emetrol (don't use if diabetic), Ginger Root (2 tablets, 2-4 times per day), Small, frequent meals            Vitamin B6 (50mg twice daily), 8–10 eight-ounce glasses of water per day (8 oz. glasses)</p>

# Foods to Avoid during Pregnancy

**Deli Meats (AKA Cured Meats):** Risk for listeriosis; Listeria is very rare, however, the problem for pregnant women is they are more susceptible to get it; and their developing babies are more vulnerable to serious complications.

**Cantaloupe and Honeydew:** Risk for listeriosis; Avoid during pregnancy

**Unpasteurized and/or soft cheeses (IE. Brie, Goat Cheese):** May contain E. coli or Listeria; Hard cheeses like cheddar and provolone are fine.

**King mackerel, marlin, orange roughy, shark, swordfish, tilefish (Gulf of Mexico), and tuna (big eye):** Contain high levels of mercury; Avoid during pregnancy

**Raw or undercooked FISH (sushi):** May contain parasites or bacteria; Pregnant women are advised to eat only cooked fish to avoid potentially harmful organisms.

**Unpasteurized fruit/vegetable juices:** May contain E. coli.; Drink pasteurized juice

**Unpasteurized MILK/dairy products:** May contain bacteria such as Campylobacter, E. coli, Listeria, or Salmonella; Drink pasteurized milk

**Raw or undercooked SPROUTS, such as alfalfa, clover, mung bean, and radish:** May contain E. coli or Salmonella. Bacteria can get into sprout seeds through cracks in the shell; these bacteria are nearly impossible to wash out; Cook sprouts thoroughly.

**Liver and liver-based foods:** High levels of Vitamin A; Avoid liver and liver products, such as liver pâté and liver sausage

**Limit Herbal products and supplements, except for ginger:** The practitioner has no control over the strength or purity of the individual herbs; Herbal preparations can interact with commonly prescribed medications and lead to dangerous side effects.

**Caffeine:** Limit caffeine to 200mg/day; Drinking a lot of caffeine has been linked to miscarriage and low birth weight

# Alcohol & Smoking

There is no safe amount of alcohol, so we recommend avoiding all alcohol during pregnancy. Drinking alcohol can cause birth defects and abnormal brain development.

**If you smoke, so does your baby.** This is a very important fact of pregnancy. Here are some known complications from smoking during pregnancy :

- ❖ **Low birth weight baby:** Low birth weight can be caused by prematurity (birth less than 37 weeks), poor growth or a combination of both. Prematurity is increased in women who continue to smoke throughout their pregnancy; and is the number one cause of neonatal death and chronic illness in babies.
- ❖ **Placenta previa:** Low-lying placenta that covers part or all of the opening to the uterus. Placenta previa blocks the exit of the baby from the uterus causing the mother to bleed.
- ❖ **Placental abruption:** The placenta tears away from the uterus causing the mother to bleed.
- ❖ **Preterm premature rupture of membranes:** The water breaks before 37 weeks of pregnancy, which is associated with an increase of preterm and low birth weight births.



# High Blood Pressure in Pregnancy

There are **chronic hypertension** (hypertension that was present before the pregnancy) and **gestational hypertension** (hypertension that develops after 20wks of pregnancy).

Both types of hypertension can progress to a condition called **preeclampsia**. This condition is characterized by high blood pressure and excess protein in the urine after 20 weeks of pregnancy.

## ❖ Risk Factors for Preeclampsia

- Have a personal or family history of preeclampsia
- Are pregnant with their first child
- Are younger than 20 or older than 40
- Were obese before the pregnancy
- Are carrying multiple fetuses
- Have certain medical conditions, including chronic high blood pressure, diabetes, kidney disease, rheumatoid arthritis, or lupus

## ❖ Sign & Symptoms of Preeclampsia

- A sudden, rapid weight gain
- Severe or constant headaches
- Vision problems, including blurred vision
- Pain in the upper part of abdomen, especially on the right side
- Decreased urine output
- Swelling of the face and hands

Regular visits with your healthcare professional are the best way to track your blood pressure and the level of protein in your urine.

# Preeclampsia

# Useful Information

## ❖ Kegel Exercises

- Designed to strengthen the pelvic floor muscles. These muscles surround the openings of the urethra, vagina, and rectum.
- Kegels can strengthen pelvic floor muscles for labor, delivery, and post-delivery bladder control.
- Once you know which muscles to exercise, you should begin by contracting them continuously for 5-10 seconds with a 10-second rest period between each contraction. An example schedule would be sets of 10, three to four times a day.

## ❖ Tdap Vaccine

- Tetanus, diphtheria, and pertussis are very serious diseases. Tdap vaccine given to pregnant women can protect newborn babies against pertussis.
- Pregnant women should get a dose of Tdap during **every pregnancy**, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.
- A person who has ever had a life-threatening allergic reaction after a previous dose of any diphtheria, tetanus or pertussis containing vaccine, OR has a severe allergy to any part of this vaccine, should not get Tdap vaccine.

## ❖ Virginia Birth-Related Neurological Injury Compensation Program

- The program is one of the only two in the United States and is devoted to managing a fund that provides benefits for children who suffer a qualifying birth-related neurological injury. That means that if an injury is covered by the Program, the child and his or her family are not entitled to compensation from a malpractice lawsuit. Instead, the child is eligible for a lifetime of benefits from the Virginia Birth-Related Neurological Injury Compensation Program.
- **ABOUT WOMEN OB/GYN DOES PARTICIPATE IN THE VIRGINIA BIRTH-RELATED NEUROLOGICAL INJURY COMPENSATION PROGRAM.**

# Common Questions

## **When Will I Feel My Baby?**

Sometimes between 16-25 weeks of pregnancy, mothers will start feeling movements. At first, movements will be infrequent. As your baby grows, you will feel movements 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 20-30min after breakfast and dinner. If you are concerned about movements, eat or drink something with sugar or caffeine, lie on your side and press your hands on your belly. If you have concerns about feeling baby movements or notice a decrease in movements, contact the office.

## **Why Do I Feel So Tired?**

It's normal to feel tired. You may even notice that you need more sleep than usual. Try to get at least 8-10 hours per night. Try to sleep on left your side to allow for maximum blood flow to baby. Lying on your back may 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.

## **Can I Use a Jacuzzi?**

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

## **Can I Travel?**

In general, traveling is safe for uncomplicated pregnancies. We do recommend staying at home when reached 36 weeks. When you do travel, make sure to take breaks to standup/walk around every two hours.

## **Dental Care?**

Your teeth and gums may be more sensitive during your pregnancy. Inform the dentist of your pregnancy. If x-rays are needed, shield your abdomen. Contact our office with any questions regarding dental care.

## **Can I Exercise?**

30 minutes of exercise is recommended daily in uncomplicated pregnancies. This could include walking, jogging, biking, aerobics class, yoga, swimming. Drink plenty of fluids. After 20 weeks, avoid lying flat on your back and avoid activities with a high risk of falling or trauma to your belly.

# When should you call us...

At About Women Ob/Gyn, we understand that pregnancy can be overwhelming. We have a provider on-call 24/7 so you always have access to care for urgent concerns. For non-urgent concerns, please reach out through the patient portal or call the office.

## First Trimester (Up to 12 weeks)

- Period-like cramping lasting > 2 hours not relieved by Tylenol, drinking water, and warm bath
- Bright-red bleeding, like a period ( *\*\*Light spotting, such as some pink on toilet paper after sex or exercise can be a normal response of increased blood flow of cervix*)
- Signs of urinary or vaginal infection: burning with urination, malodorous discharge
- **Debilitating pain: You should go to the emergency room!**

## Second Trimester (13-27 weeks)

- Pre-term labor signs: continuous cramping >2 hours not relieved by Tylenol, drinking water, and taking a warm bath
- Bright-red bleeding, like a period ( *\*\*Light spotting, such as some pink on toilet paper after sex or exercise can be a normal response of increased blood flow of cervix*)
- NEW onset difficulty breathing, worst headache of your life, headache with vision changes, swelling around your eyes, pain near your right rib that is not resolved by change of position, Tylenol, hydration
- Signs of urinary or vaginal infection: burning with urination, malodorous discharge
- **Debilitating pain: You should go to the emergency room!**

## Third Trimester (28+ weeks)

- Decreased fetal movement. If you're unsure if your baby is moving well, lay on your side, put your hands on your belly, drink a cold/sugary/caffeine drink, and count movements. We want at least 10 wiggles/kicks/punches in 2 hours. If less than this, go to the hospital for monitoring.
- Bright-red bleeding, like a period ( *\*\*Light spotting, such as some pink on toilet paper after sex or exercise can be a normal response of increased blood flow of cervix*)
- NEW onset difficulty breathing, worst headache of your life, headache with vision changes, swelling around your eyes, pain near your right rib that is not resolved by change of position, Tylenol, hydration
- Water breaking: This can be a gush or a continuous trickle. Call the office #. Depending on how far along you are, your GBS status, the color of your fluid, you may need to go to the hospital
- Signs of urinary or vaginal infection: burning with urination, malodorous discharge
- **Debilitating pain: You should go to the emergency room!**

# Preparing for Labor & Delivery

## Hospital Affiliation

We are affiliated with Sentara Northern Virginia Medical Center, Woodbridge located at 2300 Opitz Blvd, Woodbridge VA 22191. Contact us at 703-878-0740, option 2 if you think you are in labor.

## Pain Control & Labor

**Epidural-** This safe and popular option is administered by a nurse anesthetist or an anesthesiologist and requires a fine, thin catheter or tube to be placed in your back during active labor. Medicine slowly drips through the tubing to provide pain relief throughout labor. It is removed after delivery.

**Nubain/Stadol/Fentanyl –** These narcotics are given through an injection or IV and help to take the edge off strong contractions.

## Choose a pediatrician for your baby

You will need to decide on a pediatrician for your baby by the time you deliver. Your baby is commonly seen within 1 week after birth. You will need to contact the doctor's office prior to delivery and make sure they are accepting your insurance and are taking new patients. We can provide you with a list of doctors if you have trouble locating one.

## Learn more about breastfeeding

Human milk is perfectly designed nutrition for babies. Babies who are breastfed get fewer infections and are hospitalized less. Mothers that breastfeed tend to burn up to 500 calories a day, which can help with weight loss. Breastfeeding can also reduce woman's risk of breast cancer. If you have difficulties breastfeeding, you are more than welcome to contact our office. Our nurse practitioner, Laurie Carpenter, is our expert in lactation, and she is here to help you learn the art of breastfeeding.

## Consider circumcision

A circumcision is the removal of excess foreskin from the penis of baby boys. We can perform this optional procedure in the hospital after the baby is born. Please let your provider know your wishes.

# Labor & Delivery

## How Do I Know If I Am In Labor?

The chart below will help determine if you are in labor. If you have signs of true labor, contact our office at 703-878-0740 or head straight to the hospital.

True Labor	False Labor
Contractions are regular, get closer together and last 40-60 seconds	Contractions are irregular, do not get closer together and last 20 to 40 seconds
Contractions continue despite movement	Contractions may stop when you rest or walk; or may change with change of position
Pain/discomfort usually felt in back and moves around to front	Pain/discomfort often felt in abdomen
Contractions steadily increase in strength	Contractions usually are weak and do not get stronger
Cervix dilates	Cervix does not dilate
Bloody show may be present	Usually, no bloody show is present

## PRETERM LABOR

Preterm labor can become an issue in your second trimester.

If you are having rhythmic sensation in your back, your belly or your upper thighs 6 or more times in an hour, stop what you are doing.

- ❖ Drink 32 ounces of water
- ❖ Empty your bladder
- ❖ Lie on your side for an hour

If you are still having 6 or more rhythmic sensations or contractions in an hour, please call.

Fatigue and dehydration will cause contractions. Staying hydrated and resting regularly will prevent many situations of concern in pregnancy.

# Labor & Delivery

## Induction

Your due date is considered 40 weeks. Anticipate delivery sometime the week before or after your due date. We recommend additional testing for your baby after 40 weeks. We want labor to happen spontaneously, however if this doesn't happen, we will discuss induction of labor after 40 weeks. Induction is the process where we give medication to soften your cervix and then a medication to stimulate contractions.

## C-Section & Recovery

A C-section may be planned or unplanned. Nurses, anesthesia staff, and your physician will be with you in the operating room. Your blood pressure and heart rate will be monitored, and a nurse will listen to your baby's heart rate. Your baby will be delivered in a short period of time once surgery begins. Once delivered, it will take approximately 45-60min to complete surgery. The immediate recovery period is similar to the recovery period of vaginal birth. Rest to conserve your strength.



# Postpartum Instructions

1. Make an appointment to see the doctor for a check-up 6 weeks after vaginal delivery, 2 weeks after c-section for an incision check and then at 6 weeks postpartum.
2. Refrain from douching, tampons, and swimming until after your 6 weeks check-up.
3. If breastfeeding, continue your prenatal vitamins daily, eat a well-balanced diet, and increase your fluid intake to 10-12 glasses daily.
4. If not breastfeeding, continue to wear a good supportive bra, bind if necessary, use ice packs, take Tylenol for discomfort, and call the office if the problem persists or worsens.
5. Vaginal bleeding may continue for 6-8 weeks while the uterus goes back to pre-pregnancy state. You may have spotting and/or menstrual like flow. If the bleeding or cramping increases to greater than a period, take two Advil and get off your feet. If bleeding is persistently heavy, call the office.
6. Avoid lifting anything heavier than your baby at least until after your post-partum check-up.
7. Exercise- Avoid sit-ups, jumping jacks, aerobics until after your 6 weeks check-up. You may do simple abdominal tightening exercises, kegal exercises, walking.
8. Constipation is very common. Drink 6-8 glasses of liquids every day. Citrucel, Metamucil, and stool softeners may be used.
9. Hemorrhoids are usually more symptomatic after delivery. If they are problem for you, we can prescribe medications to relieve symptoms.
10. Post-partum Blues- sadness, crying and blues are normal responses to hormonal changes in your body after delivery. Please let us know if you need additional assistance if you think the blues have turned into depression.
11. Abstain from intercourse until your 6 weeks postpartum visit. Contraception options will be discussed at that visit.

## Postpartum Depression

40-80% of women experience mood changes after delivery. This most commonly starts 2-3 days after delivery and usually goes away by two weeks. It is important to eat properly, get adequate sleep, and reduce stress during this time to help with the symptoms. Sometimes the symptoms require treatment, especially if mom is not bonding or enjoying her baby; unable to care for herself or the baby; feeling excessive sadness, depression, or anxiety. Please schedule an appointment if you think a problem is occurring.

# Pediatricians

## **AAA Pediatrics**

2200 Opitz Blvd, #335 Woodbridge, VA 22191

Ph: (703) 468-8815

## **All Pediatrics**

Alexandria Office: 1500 North Beauregard St, #200, Alexandria, VA 22311

Ph: (703) 436-1200

Lake Ridge Office: 4500 Pond Way, #220, Woodbridge, VA 22192

Ph: (703) 491-4131

Lorton Office: 9010 Lorton Station Blvd, #100, Lorton, VA 22079

Ph: (703) 436-1200

## **Kids First Pediatrics of Stafford**

2765 Jefferson Davis Highway, #201, Stafford, VA 22554

Ph: (540) 288-8821

## **NOVA Pediatrics**

Springfield Office: 6120 Brandon Ave, #308, Springfield, VA 22150

Ph: (703) 451-3333

Woodbridge Office: 1483 Old Bridge Road, #201, Woodbridge, VA 22191

Ph: (703) 491-2141

## **Pediatric Partners of Stafford**

1100 Soaring Eagle Drive, Stafford, VA 22556

Ph: (540) 720-2126

## **PW Pediatrics**

4001 Prince William Parkway, #200, Woodbridge, VA 22192

Ph: (571) 402-7130

## **Woodbridge Pediatrics**

1924 Opitz Blvd, Woodbridge, VA 22191

Ph: (703) 494-1144

# Resources

## PATIENT PORTAL

You may access your chart online at our website [www.aboutwomenobgyn.com](http://www.aboutwomenobgyn.com). If you are not a member, please ask our front desk staff to send you an invitation email. Click on the link provided in the email and follow the instructions to create an account. Initially, use desktop or laptop computer to enroll. One of the steps will ask you to enter an “invitation code”, that code is the last 4 digits of your social security number.

## SCHEDULING LINE

Our scheduling department can help you schedule your next visit or re/schedule an appointment if needed. You may reach them during business hours at our main number: 703-878-0740, OPTION 1

## TRIAGE NURSE LINE

Our nurses can help you with minor problems and with assessing whether you need to see a provider for your concern. You may reach them during business hours at our main number: 703-878-0740, OPTION 2

## AFTER HOURS HELP

If you need to contact the office on weekends or after business hours, you may call our main number: 703-878-0740. Our answering service will direct you to our on-call physician. **Please use this option only for emergencies!**





Woodbridge Office  
2296 Opitz Blvd, #440  
Woodbridge, VA 22191

Lorton Office  
8998A Lorton Station Blvd  
Lorton, VA 22079

Stafford Office  
95 Dunn Drive, #205  
Stafford, VA 22556

**Phone:** 703-878-0740      **Fax:** 703-878-3933

[www.aboutwomenobgyn.com](http://www.aboutwomenobgyn.com)



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