

Your Pregnancy Guide



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Dear Mom,

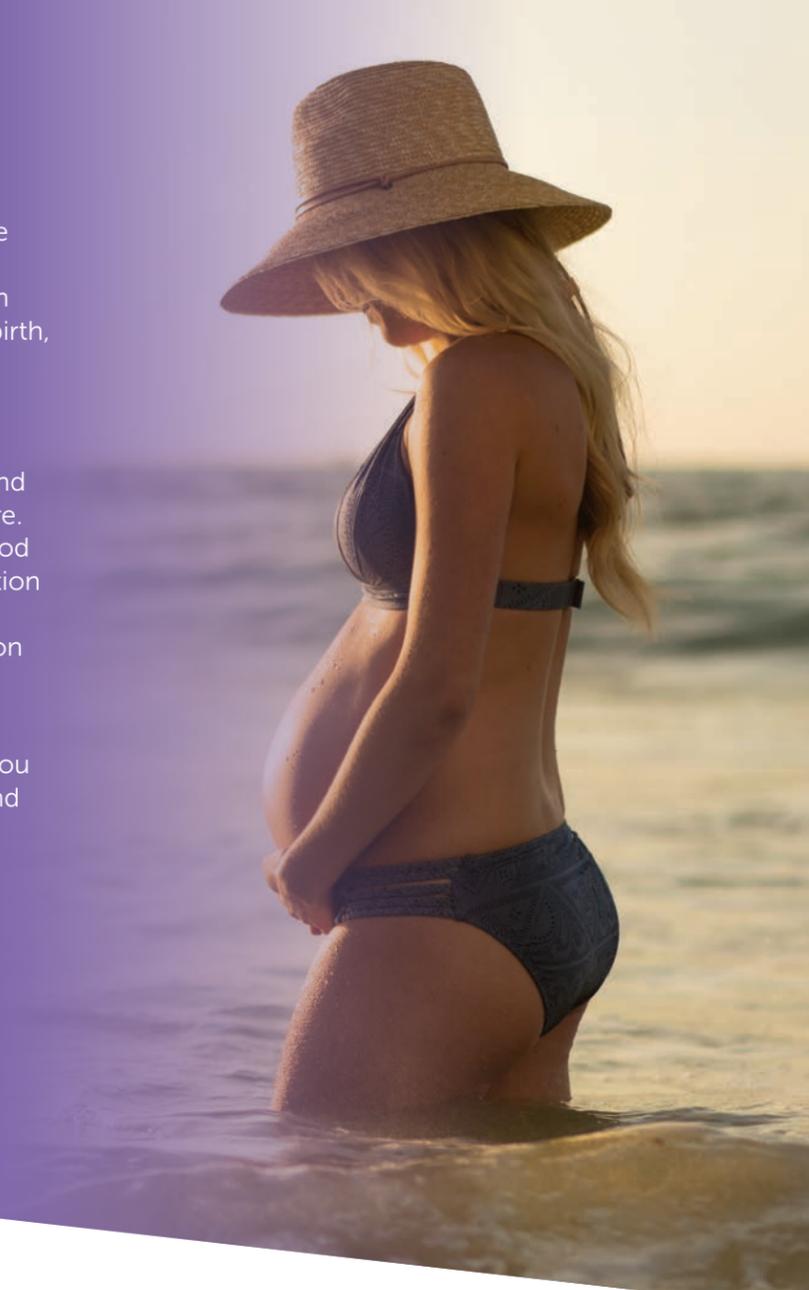
Congratulations on your pregnancy and welcome to MemorialCare Medical Group! Thank you for choosing us to share such a special life event with you for a safe and healthy pregnancy, labor and birth, and postpartum care.

These guidelines will help you to do just that, and answer the most commonly asked questions, address nutrition and exercise, prenatal testing, and a guide to when to come to the hospital and more. There is also a lot of information online, some good and some not. We caution you as online information is generalized for the entire population and not individualized care. Therefore, the best information is what you receive from your obstetrician (OB).

If you have any questions, concerns, or special needs, please let us know. We are here to assist you in the most pleasant birth experience possible, and look forward to sharing it with you.

Sincerely,

MemorialCare Medical Group OB Team



Who We Are

MemorialCare Medical Group consists of primary care and multi-specialties, dedicated to providing compassionate healthcare and outstanding service to our patients. Our OB team consists of board-certified obstetricians, board-certified nurse midwives and nurse practitioners. We are dedicated to providing you with a safe and enjoyable experience throughout your pregnancy and the birthing process.

Our Philosophy

Pregnancy is a natural physiologic process that should be a positive time for all involved, and therefore, we feel that there should be a good medical reason for any intervention made that interferes with that natural process. Decisions regarding your pregnancy and labor are made jointly with the medical team and you and your partner.

Our Goal

Giving birth is a life-changing event, and our goal is for you to have the safest, most enjoyable birth experience possible.

Prenatal Screening for Birth Defects and Genetically Inherited Diseases

The following is a guideline of what screening tests are currently available. These tests are optional, and only you can decide if they are right for you and your family. When thinking about an invasive test, it is important to balance the benefits against the risks.

The California Prenatal Screening Program

This is a California state program that performs a risk assessment of the baby for certain birth defects through blood drawn from the mother. If the test returns as positive, you will have the option for additional screenings or diagnostic tests to confirm the presence of the birth defect. This program includes the option of screening for fetal sex on all samples.

Cell-free DNA (cfDNA) screening

This is the first genetic screening test and consists of blood drawn from the mother between 10-21 weeks of pregnancy. The cfDNA screening test, also known as a noninvasive prenatal screening test (NIPT), is used to screen for certain chromosomal anomalies in a fetus:

Down syndrome (Trisomy 21): Intellectual disability.

Trisomy 18 & 13: Intellectual disabilities and severe physical birth defects.

Maternal serum alpha-fetoprotein (MSAFP) screening

This is the second genetic screening test and consists of blood drawn from the mother between 15-21 weeks of pregnancy. MSAFP screening identifies the risk of the following type of structural anomalies:

Open neural tube defects such as spina bifida (open spine) and anencephaly.

Screenings/testings for women who are 35 years old or older or have a history of fetal anomalies

Babies born to mothers aged 35 and over or mothers who have a history of family or previous fetal anomalies are at an increased risk for chromosomal anomalies. Because of this, additional tests are available. Again, these are optional and only you can make the decision if testing is right for you.

Genetic counseling: This is an appointment with a geneticist who will review both you and your partner's family history. The possibilities of having a child with genetic abnormalities based on your histories and statistics will help you to make an informed decision on which testing is right for you, your partner and your baby.

Non-invasive prenatal testing (NIPT): Provides accurate results for Trisomy 13, 18, 21 and gender through a blood test from the mother. Please discuss this with your OB provider if this test is appropriate for you.

Chorionic villus sampling (CVS): A small piece of the placenta is removed from the uterus with a needle to study for birth defects. Second trimester screening blood work is still needed.

Amniocentesis: A small amount of amniotic fluid (water around the baby) is drawn out of the uterus by a needle through the abdomen and studied for birth defects.

Fetal anatomy ultrasound scan

A routine ultrasound is done with every pregnancy between 18 and 22 weeks. This is the best time to check your baby for abnormalities by looking closely at all the major organs (brain, face, heart, kidneys, bladder, placenta, cord insertion, amniotic fluid, cervical length, arms and legs). If you desire to know the gender of your baby, it can normally be seen during this exam, but is not a guarantee.

If an abnormality is seen in the routine ultrasound or if a woman is 35 years old or older, a comprehensive ultrasound (Level II) may be done by a perinatologist. He or she will discuss the results with you while performing the ultrasound, thus you will know the results immediately.

Family carrier screenings

Every baby inherits his or her genes from their parents. These genes pass on family characteristics like hair and eye color, but they also sometimes pass along genetic diseases. Some of the most common are listed below. As with any genetic screening test, carrier screening is optional and only you can decide what is right for you and your family.

Cystic fibrosis (CF): Affects the lungs and pancreas. Children with CF have frequent lung infections and digestive problems.

Sickle cell anemia: Red blood cells change shape. This shape change can cause the cells to die early and block blood flow, causing pain and anemia.

Ashkenazi Jewish heritage: Ashkenazi Jewish families are at higher risk for certain inherited diseases, such as cystic fibrosis and Tay-Sachs. Tay-Sachs is a fatty substance in the brain that destroys nerve cells causing a loss in motor skills and mental functions. It will eventually cause the child to become blind, deaf, mentally retarded and paralyzed. These children usually pass away by the age of 5.

Fragile X syndrome: Causes intellectual disabilities and autism. Only the woman needs to be a carrier to have a baby at risk for this disease.

Spinal muscular atrophy: Results in progressive muscle weakness and paralysis.

Routine Lab Tests

First prenatal visit

- Blood type and antibody screen
- Complete blood count (CBC)
- Rubella
- Measles
- Varicella
- Hepatitis B
- Hemoglobin A1C
- HIV

Labs between 24 and 28 weeks of pregnancy

- One-hour glucose (gestational diabetes screening)
- CBC
- Syphilis
- Antibody screen, if indicated

Labs between 35 and 36 weeks of pregnancy

- Group beta strep culture
- CBC, if indicated

Cord Blood Collection

Cord blood is the baby's blood that is still in the umbilical cord and placenta at the time of birth and contains stem cells. Stem cells are highly concentrated in the cord blood, and when injected into a diseased or paralyzed patient, can migrate to different areas of the body to help repair. Cord blood collection does not cause harm to you or your baby and can be collected by the certified nurse-midwife (CNM) or OB who is assisting in your baby's birth.

After the baby is born, cord blood is collected, packaged and sent to the company you have preselected. The company's courier will be contacted to transport it to the storage bank. There are many cord blood banks in the U.S., and although we have some information in the office, an internet search will allow you to compare the different companies, storage banks and costs. This is not covered by insurance. Cord blood collection must be arranged at least two to four weeks prior to delivery to ensure the collection kit is delivered to your home in time.

Normal and Abnormal Changes During Pregnancy

Abdominal and pelvic pain

Normal: Ligaments that support your uterus, called round ligaments, can stretch and thicken slightly as your pregnancy advances. You may feel sharp shooting pain or general discomfort. This kind of pain is usually associated with sudden movements, and resolves with rest. During pregnancy, you will feel heaviness in your pelvis with your expanding uterus. When you get to the end of your pregnancy, you may feel the fetus "drop," and it will cause discomfort in your vagina. A maternity belt, which helps support the round ligament, may help alleviate the pelvic discomfort and heaviness of the uterus. In addition, gassiness and constipation can cause some abdominal discomfort.

Abnormal: Severe pain that lasts more than a few minutes and does not improve with pain medicine and rest, and pain that comes and goes at regular intervals may be contractions. If you have nausea or vomiting with the pain, that could be a sign of something else. Let your OB provider know if you have any of these symptoms. If the pain is associated with vaginal bleeding or leaking fluid, go to the hospital immediately.

Back pain

Normal: Up to two-thirds of all pregnant women will experience back pain, especially during the second half of the pregnancy. It is more common at night, and may hurt more when turning in bed, interfering with sleep. See the exercise section for exercises to help alleviate back pain.

Abnormal: Incapacitating pain may be a sign of disc herniation or sciatic nerve involvement, especially if it gradually worsens, or is associated with bowel or bladder problems. Notify your CNM or OB provider promptly if you are concerned.

Bloating, gassiness and constipation

Normal: Because of hormonal changes and increasing uterine size, many women feel more bloated, gassy or constipated than when they are pregnant. You can decrease these feelings by eating healthy, staying well hydrated and increasing your fiber intake. Fiber intake should be gradual over the course of the day (too much fiber in one sitting can actually increase gas). Limit gas-producing foods, like beans, broccoli and some fruits (prunes, raisins, etc.). If you have a food intolerance or sensitivity (like lactose), limit your intake of that food group. For constipation, first try increased water intake and a fiber supplement like Metamucil®. If that does not work, a stool softener like Colace® or Senokot® can help (see the safe medications in pregnancy list on pages 15 and 16).

Abnormal: Not having a bowel movement for several days. Having to strain excessively will lead to hemorrhoids (see page 7).

Breast tenderness and/or leaking

Normal: Breasts change during pregnancy to prepare for breastfeeding (which we highly encourage, if possible). Your breasts will become more sensitive from pregnancy hormones, may grow (a lot) and you may notice stretch marks or darkened veins. The nipples may grow, darken and become more sensitive as well. Use soft cotton bras with good support to help. Leaking of milk from one or both breasts is normal and is caused by hormonal changes and/or sexual stimulation. Leaking during pregnancy does not change whether or not you will be able to breastfeed.

Abnormal: Bloody nipple discharge is never normal. Areas of redness that are also tender to touch may be a sign of mastitis, or infection of the breast. If you have inverted nipples, there probably isn't anything wrong, but you may need special attention to make breastfeeding possible.

Dizziness

Normal: You may notice feeling dizzy, especially while standing. As the blood volume increases greatly in pregnancy, your heart needs to pump more and more blood to circulate in your body. Blood can pool in your legs and be slower to return to your heart than normal. This can cause dizziness, and some women even faint from being lightheaded. Being hypoglycemic (low blood sugar), from not eating, can cause dizziness or fainting too. To help prevent this, stay well hydrated and do not forget to eat. Rest often, and avoid standing for long periods. When you arise from bed or a chair, get up slowly.

Abnormal: Having abnormal body movements when you feel dizzy can be a sign of seizures instead of fainting.

Fatigue

Normal: Most women experience fatigue during their pregnancy. You are carrying extra weight and need to supply extra energy to your growing fetus, and you may not sleep as well, especially in the third trimester. You may be drinking less caffeine than before pregnancy, and you may be exercising less as well. The best way to increase your energy level is to eat healthy and get moderate exercise every day. Allow yourself time to be alone and relax, without stress of work or family.

Abnormal: Feeling as though you cannot get out of bed in the morning, or feeling helpless or hopeless is not normal. Extreme fatigue may be a sign of low levels of thyroid hormone, which your OB provider can check with a blood test.

Food cravings or aversions

Normal: Pregnant women may develop cravings or aversions to foods. These are different for different women, and even from pregnancy to pregnancy. Some people think food cravings or aversions are related to vitamin or mineral deficiencies, but this has not been shown in research studies. It is okay to follow your food cravings or aversions, as long as they are safe and do not interfere with a healthy diet.

Abnormal: Craving and/or eating dirt, ice, paint or any other nonedible items. This can be a sign of vitamin deficiencies, which needs to be corrected for a healthy pregnancy.

Hair changes

Normal: An increase in your hair growth – the hair on your head and other places on your body. You may notice you grow hair where you did not have hair before, like on your face, chest or abdomen. On the other hand, and less commonly, you may notice hair loss, or slowing hair growth. These changes are caused by the hormones of pregnancy, and should go away all by themselves after your pregnancy (usually within six months).

Abnormal: Extreme hair growth can be caused by uncommon medical conditions. If you think your hair growth is excessive, talk to your OB provider.

Hemorrhoids

Normal: Small hemorrhoids that get better with treatment. You may even have a small amount of blood in your stool or on the toilet paper, especially after a strenuous bowel movement. If you have hemorrhoids, try to avoid constipation. (Refer to the medications page for over-the-counter medications for constipation and hemorrhoids).

Abnormal: More than a few drops of blood, or hemorrhoids that are extremely painful when you are not using the bathroom. If you do not know if the blood is coming from your stool or from your vagina, you need to be examined by your OB provider.

Itching skin

Normal: Most women experience itching skin during pregnancy. It can be worse at night, and can even cause sleep disturbances. Usually it will resolve completely after pregnancy. In the meantime, you can take Benadryl® to help.

Abnormal: Excessive itching on your palms and your feet can be a sign of a problem with your bile acids, called cholestasis of pregnancy. It is important to tell your OB provider if you think you have this problem

because it can be associated with stillbirth toward the end of pregnancy. Itching with a rash should also be brought to the attention of your OB provider.

Leg cramps

Normal: Leg cramps are common, especially at night during the second half of your pregnancy. Dehydration may make them worse. Stretching exercises for your calves can help prevent these leg cramps. You can also try walking or leg jiggling. A warm or cold pack may help, whatever is more comfortable for you. Magnesium supplements may also help, but tell your OB provider if you take any extra supplements. Eating a banana before bed can help as well.

Abnormal: If you have a blood clot in your leg, your leg may be very painful and swollen. Movement of your leg and stretching will make the pain worse. The pain of a blood clot usually only occurs in one leg.

Mood swings

Normal: Most women feel emotional during pregnancy. Pregnancy can be a time of joy, but also a time of anxiety and concern. With all these changes in your body, it is normal to feel “not quite yourself.” Sleep is also usually worse during pregnancy, which can have a big impact on mood. Keep your OB provider aware of how you are feeling. They can help you determine if your symptoms seem normal or not so normal.

Abnormal: Severe mood swings – feeling extremely energetic for a few days or weeks (not wanting to sleep because you do not feel tired), then feeling extremely depressed for several days (you do not have energy to get out of bed or do minimal daily activities). Feeling very anxious or depressed most or all of the time may be an indication you need further evaluation. Feeling sad, hopeless or helpless is not normal.

Nasal congestion

Normal: Mucous membranes, including the mouth and nose, become congested during pregnancy. You may even experience bloody noses. These symptoms will resolve after pregnancy. During pregnancy, treatment with saline nasal spray and nasal decongestants may help. Please refer to the medication page.

Abnormal: Painful sinuses, associated with thick mucus drainage and a cold or cough, can be a sign of a sinus infection. Talk to your OB provider if you think you have a sinus infection.

Nausea, with or without vomiting

Normal: Most women will experience nausea at some point during their pregnancy. Certain vitamins and medications can help decrease the nausea. Eating small meals and having crackers by your bed to eat in the morning will help to settle your stomach. Avoid bothersome smells, and spicy and fatty foods. However, there is nothing wrong with your pregnancy if you do not have nausea.

Abnormal: If you are losing weight and cannot eat or drink anything, tell your OB provider right away.

Shortness of breath

Normal: Up to 70 percent of women experience a sensation of shortness of breath, or “air hunger,” during pregnancy. It is usually worse when sitting down. During pregnancy, elevated hormone levels cause your lungs to function differently, which is what is likely causing this sensation. You also may notice an increase in your chest circumference during pregnancy, caused by these hormonal changes and your expanding uterus, with an elevation of your diaphragm.

Abnormal: If your shortness of breath occurs all of a sudden, instead of gradually, it may be a sign of a medical problem. If you have chest pain with shortness of breath, or if you have wheezing or a cough, you should be evaluated by your OB provider to look for other causes immediately.

Skin changes – darkening on your face, nipples and stomach

Normal: Darkening of your skin is normal in pregnancy because of an increase in melanocytes, which are the cells that cause pigmentation. More than 90 percent of pregnant women will notice dark areas. Darkening of the skin around your nose and/or cheeks is called melasma, or the mask of pregnancy. The breast nipples may enlarge and darken. A dark line down your abdomen, called a linea nigra, is also common. These are all normal changes, and most will go away after pregnancy.

Abnormal: Any moles or freckles that change rapidly, are irregular in shape or color, or bleed, may be signs of early skin cancer. If you are concerned, ask your OB provider to evaluate them. You may be monitored through your pregnancy, or be referred to a dermatologist.

Skin rashes

Normal: Pregnancy is associated with many different types of rashes. Although most of these go away with minimal treatment, you should always show your OB provider any rash you may have.

Abnormal: Rashes are usually not dangerous. If your rash is painful or extremely red and hot, this may be a sign of an infection, and you should see your OB provider right away or your primary care provider. If it is after office hours, go to the urgent care center.

Stretch marks

Normal: About 90 percent of women get some sort of stretch marks during pregnancy. The severity of stretch marks is usually genetic. Stretch marks can cause mild itching and irritation. Keep your skin hydrated with lots of water intake and lotions to decrease these symptoms.

Abnormal: If your stretch marks look more like a rash, especially around your belly button, show your OB provider.

Urinary changes

Normal: Your urine may smell different during pregnancy because of hormonal changes, and certain vitamins in your prenatal vitamin may make your urine look more yellow than normal. You will also notice you need to urinate more frequently than before pregnancy, and you feel the urge to urinate with only a small amount of urine in your bladder. These are normal symptoms caused by the pressure of the enlarging uterus pressing against the bladder.

Abnormal: To have blood or pus in your urine or burning with urination. If you think your urine smells bad, like an infection, tell your OB provider. Having an untreated urinary tract infection can cause irritation to your bladder and your uterus. The infection can also move to your kidneys (pyelonephritis) if it is not treated.

Vaginal discharge

Normal: You will notice an increase in your vaginal discharge and mucus.

Abnormal: Soaking through pads or underwear. This could be a sign that your bag of water has broken. It is not normal for the discharge to smell or look like pus, or to cause pain or irritation.

Varicose and spider veins

Normal: Tiny red veins, known as spider veins, and enlarged, blue, sensitive veins, called varicose veins, are common during pregnancy. Pregnancy increases the volume of blood in your body, and slows blood flow from legs back to your heart. Both types of veins should improve after giving birth.

Abnormal: A blood clot in your leg. The dangerous types of clots usually develop inside your legs, so you cannot see them. If you have severe pain in one leg that gets worse with flexing your foot, or one leg is red and swollen, tell your OB provider right away.

Yeast infections

Normal: Yeast infections are much more common in pregnancy because of the change in your hormones. Yeast infections cause thick white discharge and itching. If you have had a yeast infection before, and have the same symptoms again, it is okay to use the three- or seven-day course of vaginal medication (MONISTAT® or Gyne-Lotrimin® or generic).

Abnormal: If the yeast infection does not go away within a few days of using the medication, you need to see your OB provider. You may have a yeast infection that does not respond to medication, or it may be a different kind of vaginal infection. If you have more than one yeast infection every three months, tell your OB provider before using the vaginal medication.

Morning Sickness

What is morning sickness?

Morning sickness is the nausea and vomiting (throwing up) that many women have during pregnancy. Symptoms can be mild or severe. Even though it is called “morning” sickness, symptoms can happen any time of day. Morning sickness usually gets better after the first few months of pregnancy.

Do all pregnant women get morning sickness?

No, but it’s very common. As many as 9 out of 10 pregnant women feel nauseous early in pregnancy. A smaller number actually throw up. A very small number of pregnant women get very severe nausea and vomiting and lose weight. This is called “hyperemesis gravidarum.”

When does morning sickness happen?

That depends on the woman and the pregnancy. Symptoms usually start during the first two months of pregnancy. They are often worst around the second and third months. Most women feel better by four or five months, or around the middle of pregnancy. But some women feel bad for much longer.

Is there anything I can do on my own to feel better?

Yes.

- Eat as soon as you feel hungry, or even before you feel hungry.
- Snack often and eat small meals – the best foods to eat have lots of protein or carbohydrates, but are low in fat. Good choices are crackers, bread and low-fat yogurt. You should also avoid spicy foods.
- Drink cold, clear beverages that are either fizzy or sour, like lemonade and ginger ale.
- Eat ginger-flavored lollipops.
- If drinking plain water makes you nauseous, try having water-rich foods like cucumber, melon, popsicles and celery instead.
- Smell or eat fresh lemon, mint or orange.
- Brush your teeth right after you eat.

- Do not lie down right after you eat.
- Take your vitamins at bedtime with a snack, not in the morning. If you can’t tolerate a pill, try the gummy prenatal vitamins (over-the-counter at any pharmacy).
- Avoid things that make you feel nauseous – that might include stuffy rooms, strong smells, hot places, loud noises or not sleeping enough. Try to figure out if some foods and drinks stay down better than others. Avoid foods and drinks that seem to make you feel sick. This is different for different people.

Should I call a doctor or nurse?

Please call us right away if you:

- Throw up every day or throw up over and over during the day. This is even more of a concern if there is blood in your vomit.
- Are losing weight.
- Have strong pain or cramps in your belly.
- Think you have lost too many fluids. This is called “dehydration.” Signs include not urinating very much, having dark yellow urine, or feeling dizzy when you stand up.
- If you can’t keep anything down, you might need to be given fluids through a tube that is put into one of your veins, called an “IV.” Plus, you might need to get a medicine to prevent nausea and vomiting.

Are there medicines I can take?

Yes. There are medicines that can help with nausea and vomiting that are safe in pregnancy.

- Pyridoxine (vitamin B6): 25 mg three times per day.
- Doxylamine (sample brand name: Unisom®): This medication causes drowsiness so only use at nighttime. Doxylamine-pyridoxine (brand name: Diclegis®): This is a prescription medicine that combines two ingredients, doxylamine and pyridoxine (vitamin B6).
- Diphenhydramine (sample brand name: Benadryl®): This is similar to doxylamine, and is sold over-the-counter under different brand names. It will make you sleepy.
- Other medicines: There are other medicines that can sometimes be used if the above don't work. Your doctor can help you figure out what treatments are best for you.
- There are also bands that you can wear on your wrists called "acupressure" bands. These bands are supposed to reduce morning or motion sickness. Some women feel better if they wear them.

Can morning sickness be prevented?

All women who might get pregnant or who are pregnant should take a prenatal vitamin every day. The vitamin should contain 400 mcg (micrograms) of folic acid. Taking vitamins before pregnancy and in early pregnancy might decrease nausea and vomiting.

Weight Gain and Nutrition During Pregnancy

Pregnancy is the time where it is especially important to make healthy food choices. You should always ask us how much weight you should gain during pregnancy and the answer is based on your prepregnancy weight.

It is especially important to eat a balanced diet during pregnancy with carbohydrates, protein, fruits, vegetables and dairy. Listed below are the approximate caloric requirements during each trimester and guidelines for daily food intake.

A good rule of thumb is that during pregnancy you should consume approximately 300 additional calories each day. This is the equivalent of a small glass of milk and half a sandwich, or a piece of fruit and five crackers with peanut butter.

Most vitamins and minerals will be provided in a healthy balanced diet, but we also recommend all pregnant women take prenatal vitamins. We are often asked if one brand of prenatal vitamin is better than others, but as long as they contain the necessary vitamins and minerals, there is no difference. If you have difficulty taking your prenatal vitamins due to nausea, we recommend you take them at night before you go to bed. You can also try taking gummy prenatal vitamins. The following are daily requirements for vitamins and minerals in pregnancy.

Prepregnancy weight	Body mass index (BMI)	Recommended weight gain
Underweight	<18	28-40 pounds
Normal weight	18-24	25-35 pounds
Overweight	25-29	15-25 pounds
Obese	>30	11-20 pounds

Key nutrients for you and your baby during pregnancy

Nutrient – dietary reference intake (DRI)	Why you and your baby need it	Best sources
Calcium (1,000 milligrams)	Helps build strong bones and teeth	Milk, cheese, yogurt, sardines
Iron (27 milligrams)	Helps red blood cells deliver oxygen to your baby	Lean red meat, dried beans and peas, iron-fortified cereals, prune juice
Vitamin A (770 micrograms)	Forms healthy skin and helps eyesight; helps with bone growth	Carrots, dark leafy greens, sweet potatoes
Vitamin C (200 international units, some experts recommend 400 IU during pregnancy)	Promotes healthy gums, teeth and bones; helps your body absorb iron	Citrus fruit, broccoli, tomatoes, strawberries

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Nutrient – dietary reference intake (DRI)	Why you and your baby need it	Best sources
Vitamin D (200 international units; some experts recommend 400 IU during pregnancy)	Helps build your baby's bones and teeth	Sunlight exposure; vitamin D fortified milk; fatty fish, such as salmon
Vitamin B6 (1.9 milligrams)	Helps form red blood cells; helps body use protein, fat and carbohydrates	Beef, liver, pork, ham; whole-grain cereals; bananas
Vitamin B12 (2.6 micrograms)	Maintains nervous system, needed to form red blood cells	Liver, meat, fish, poultry, milk (found only in animal foods*)
Folate (800 micrograms)	Needed to produce blood and protein; helps some enzymes function	Green, leafy vegetables; liver; orange juice; legumes and nuts

*Vegetarians who do not eat any animal foods should take a supplement.

Frequently asked nutrition questions

Q: I am a vegetarian. Will this be a problem in my pregnancy and is there anything I should watch out for?

A: Being a vegetarian should not pose any specific problems to your pregnancy, but we do recommend you pay extra attention to the amount of protein you are consuming. Good sources of vegetarian protein include beans, tofu, cottage cheese and eggs.

Q: How much fish can I consume during pregnancy? Are there types of fish I should avoid?

A: Fish provides an excellent source of protein and omega-3 fatty acids and can safely be consumed during pregnancy. To avoid too much consumption of mercury during pregnancy, we recommend you limit your fish and seafood intake to 12 oz. or less per week. Albacore tuna tends to have slightly higher levels of mercury, so if you include this in your weekly diet, we recommend you consume 6 oz. or less per week. Fish to avoid due to high mercury levels include shark, swordfish, king mackerel and tilefish.

Q: How much caffeine is safe to drink during pregnancy?

A: There are conflicting studies about miscarriage and caffeine use in pregnancy. Moderate caffeine use (200 mg, approximately two 8 oz. coffees per day) has not shown to increase risk of miscarriage or preterm birth. We recommend that if possible, you limit caffeine to one 8 oz. coffee per day. Caffeine can also lead to nausea, insomnia and dehydration that should all be avoided in pregnancy.

Q: Are there other foods I should avoid and why?

A: Unpasteurized milk, soft cheeses, deli meat, and raw or undercooked meats (including rare steak and sushi) can all carry bacteria called listeria. Listeria infections in pregnancy have been associated with miscarriage, preterm birth and stillbirth. For this reason, we recommend you avoid these foods. This does not mean you cannot eat out during pregnancy, we just recommend you order your steak cooked at least medium and that if you order sushi you opt for vegetarian rolls or cooked options.

Q: Can I drink alcoholic beverages?

A: We recommend that you avoid alcoholic beverages during your pregnancy.

Medications During Pregnancy

Ask your OB provider before you take medication while you are pregnant. Many medications and drugs cross the placenta, which can affect your unborn baby.

- A common cold should go away with time and comfort measures, like rest, hydration and cold medicine. A cold will not cause problems to your developing fetus.
- If you have a fever (temperature above 101), you need to see your OB provider right away for an evaluation. You should take Tylenol® to lower your temperature, especially if you are in the first trimester.

- Most antibiotics are safe during pregnancy.
- Some viruses or illnesses can be dangerous to a pregnant woman. They may cause birth defects, preterm labor or even stillbirth. These include: influenza, Parvovirus (Fifth disease), chicken pox, rubella and Listeria. There are more rare viruses that can cause problems as well, like West Nile virus. If you are exposed to any of these viruses, see your primary care OB provider right away for help.

Here is a list of common symptoms during pregnancy and over-the-counter medications that are considered safe:

Symptom	Medications
Allergies	<ul style="list-style-type: none"> • Claritin® or Benadryl® are safe, follow the label directions
Cold symptoms	<ul style="list-style-type: none"> • Increase water and fluid intake • Okay to use humidifier • Tylenol®, Benadryl®, Robitussin®, Afrin®, saline spray – all okay to use for limited time • Avoid SUDAFED PE® (phenylephrine)
Severe viral infections (flu)	<ul style="list-style-type: none"> • Get a flu shot for prevention • Try to avoid exposure to colds, flu and viruses • Flu and Tdap (Tetanus, Diphtheria and Pertussis (whooping cough)) are strongly recommended during pregnancy according to the CDC (Centers for Disease Control and Prevention)
Constipation	<ul style="list-style-type: none"> • Start with Metamucil® • Stool softeners such as Senokot® or Colace® are okay for occasional use • Increase fiber in your diet • Eat fruits such as watermelon, oranges, prunes, apricots and vegetables • Be sure to drink plenty of water throughout your pregnancy
Diarrhea	<ul style="list-style-type: none"> • Sips of clear fluids frequently • IMODIUM®

Continued >>

Symptom	Medications
Headache	<ul style="list-style-type: none"> • May take 325 mg of Tylenol® • Avoid aspirin and MOTRIN® • For migraines, discuss with your provider • Low blood sugar can sometimes cause a headache. To avoid, eat small meals or healthy snacks every two hours
Hemorrhoids	<ul style="list-style-type: none"> • Preparation H®, Anusol®, TUCKS® or witch hazel pads
Indigestion/heartburn	<ul style="list-style-type: none"> • TUMS®, Roloids®, Maalox®, Mylanta®, Prilosec®, Pepcid AC® • Papaya: extract which can be found in pill form • Peppermint, Peggie Pops • Zantac® 150 mg – speak to your certified nurse-midwife or obstetrician before taking
Nausea/vomiting	<ul style="list-style-type: none"> • Vitamin B6 (25 mg every eight hours) • Benadryl® (25 mg every eight hours) • Unisom® (over-the-counter) • For severe symptoms, prescription medications such as Diclegis® and Zofran® can be more effective

Herbal medications

The FDA does not regulate herbal medications, and many have not been studied during pregnancy. Some herbal medications, like St. John's Wort, may interfere with other medications you may be prescribed. Tell your OB provider about any medications you are using, including vitamins and herbal supplements. Together, you can decide which medications you can safely continue.

We do not recommend medical marijuana in any form during pregnancy as there is insufficient evidence that is safe for your baby.

Exercise During Pregnancy

As it is important to eat a healthy diet during pregnancy, it is also important to stay active. In fact, the American College of Obstetricians and Gynecologists recommends that pregnant women get 30 minutes

of exercise per day. That being said, there are some instances in pregnancy where exercise should be avoided. To be safe, you should check with your OB provider before starting any exercise program.

The benefits of exercise during pregnancy include:

- Reduces back pain, swelling and constipation
- Improves mood and energy level
- Reduces risk of gestational diabetes
- Improves posture
- Increases muscle tone and strength
- Helps with sleep

Body changes in pregnancy during exercising

Your body changes as pregnancy progresses in more ways than you might think and the following are changes to be aware of during exercise:

Joints: Become more relaxed which can lead to easier injury. Avoid bouncing or jerking motions to prevent joint injury.

Balance: As your uterus grows, your center of gravity will change which can lead to pelvic and back pain and make you more likely to lose your balance and fall. Take extra care while exercising for this reason.

Heart rate: Your heart rate will increase during pregnancy as a natural response to your increased weight and blood volume. Because of this, you may find that you fatigue easier during exercise. For this reason, we suggest your exercise be mild to moderate in intensity. Listen to your body and do not overdo it.

Exercises to avoid

Downhill skiing: Due to the risk of falling and abdominal trauma.

Horseback riding: Due to the risk of falling and abdominal trauma.

Contact sports (soccer, hockey, basketball, etc.): Due to the risk of abdominal trauma.

Racquetball: The quick start and stop motions could be harmful to your joints.

Scuba diving: The pressure changes can negatively affect your baby.

Exercises that are safe in pregnancy

Walking: This is a good place to start if you were not very active before pregnancy.

Running: If you were a runner before pregnancy, you can likely continue running but may find you have to decrease your mileage as pregnancy progresses. We recommend that you keep your pace to a level where you can still carry on a conversation without becoming too winded.

Swimming: This is an excellent form of exercise during pregnancy. With its minimal stress on your joints, it can also help with swelling and keep you cool.

Yoga: Most studios offer prenatal yoga. This is excellent exercise to help with relaxation and flexibility. You can attend non-prenatal yoga classes, but make sure you let the instructor know you are pregnant so they can modify poses for you if needed.

Cycling/elliptical/rowing: These are all excellent low-impact exercises for pregnancy. Just be aware of your growing uterus and worsening balance, and listen to your body for when it is time to stop.

Strength training: This will help to strengthen muscles and improve some of the aches and pains of pregnancy (especially back pain).

Specific recommendations

- Start out slowly. Warm up with a slow walk for 5-10 minutes followed by gentle stretching.
- Stay hydrated, especially if exercising in hot or humid weather.
- Wear comfortable clothing with a supportive bra.
- Keep your intensity to a level where you are able to carry on a conversation while exercising.
- You should not be losing weight during pregnancy. If you are, inform your OB provider so he or she can evaluate why this may be. You will likely need to modify your exercise routine if this is the case.
- Stop exercising and call your OB provider immediately if you experience any of the following: chest pain, increasing shortness of breath, leg pain or swelling, vaginal bleeding, leaking of fluid, decreased fetal movement or contractions.

Sex During Pregnancy

In most cases, sex is considered safe throughout pregnancy. As your pregnancy progresses, there may be times where your desire for sex is decreased or you feel more uncomfortable during sex. This is normal. We encourage you to experiment with different positions, which may be more comfortable, and to have open communication with your partner about your needs. There are some instances during pregnancy where sex should be avoided. Your OB provider should tell you if this is the case.

Preparing Your Pelvic Floor for Delivery

Your pelvic floor is a combination of muscles, ligaments and connective tissues that support the pelvic organs – the bladder, vagina, uterus and rectum. Childbirth often stretches and weakens these muscles. To alleviate additional pressure, practice pelvic floor exercises, eat high-fiber foods, and maintain a healthy weight.

Getting Back in Shape After Baby

It will take time after delivery to feel back to yourself. Taking care of a new infant is hard work and you are unlikely to feel like exercising right away. Check with your OB provider about when it is appropriate for you to resume normal activity. Start out with walking and slowly work your way into an exercise program that works best and is safe for you.

Common Reasons to Come to the Hospital

Listed below are some common reasons you may need to be seen on an urgent basis. Please contact our office or go to our urgent care center (check with your center for hours).

If you think something is an emergency, please go to the emergency room to be evaluated. Do not wait for the clinic to open in the morning to be seen by an OB provider if you do not feel comfortable waiting.

Unable to eat or drink anything because of nausea and vomiting

Early in pregnancy: Nausea and vomiting during pregnancy is very common early in pregnancy. Depending on how bad it is, your OB provider might give you extra medications to take at home, or you might be admitted to the hospital. Most women start feeling better in the second trimester (around 14-15 weeks).

Later in pregnancy: Quick onset of nausea and vomiting further along in pregnancy, especially when associated with abdominal or back pain, may be a sign of infection. Women also may start feeling nauseous when they are starting labor.

Pregnant women get the stomach flu or food poisoning the same as nonpregnant women, but are often more sensitive. If you have a few hours of nausea/vomiting/diarrhea, you can stay home and rehydrate yourself. If you have a fever, or your symptoms do not improve, come to the office or hospital for evaluation.

Trauma

Anytime you have direct abdominal trauma: Like a slip or fall onto your abdomen, or someone hits you (either accidentally or on purpose), you should be evaluated. Trauma to the abdomen can sometimes provoke contractions, and in extreme cases, labor (even preterm).

If you are in a traumatic car accident: You should be evaluated at a hospital. Even if you do not have direct trauma to your abdomen, the sudden stopping movement has potential to cause injury to your pregnancy (which is why pregnant women should not ride roller coasters).

Fever

A fever can be a sign of infection: Pregnant women can be more sensitive to infections. Some infections are more serious during pregnancy, like the flu. Let your OB provider know if you have a temperature greater than 101 Fahrenheit.

Vaginal bleeding

Bleeding is not normal in pregnancy; however, spotting generally is, especially after intercourse or a vaginal exam. Please follow the guidelines on the next page:

Early in pregnancy (first half)

For spotting, please call the clinic and let your OB provider know. He/she might want you to come to the office for an exam.

Heavy bleeding, especially with cramping pain, may be a sign of miscarriage. If the bleeding does not improve, or if you are using more than one pad per hour, come to the emergency room. Otherwise, call the office and make an appointment.

Later in pregnancy (second half)

Bleeding can be caused by a few different problems. For example, your cervix may be sensitive and may bleed after intercourse. Your placenta may be in an abnormal position. You may be in preterm labor or have dilation of your cervix.

Your OB provider will check for these problems. Sometimes, no problem can be found. In these cases, it is still important that you see your OB provider. He/she will give you some precautions to follow.

Rupture of membranes (breaking your bag of water)

- It is normal to have increased vaginal discharge throughout pregnancy, which increases as the pregnancy progresses. When your bag of water breaks, you will likely feel a warm gush of fluid initially, followed by continuous leaking, especially when you cough or sneeze. Some women cannot tell the difference between normal discharge and leaking fluid. Your OB provider can examine you to tell you the difference. Many women lose control of their bladders during pregnancy from the weight of the uterus on their bladder. If you think your bag of water has broken, please call the office to be evaluated.
- Most women whose bag of water breaks will go into labor spontaneously, but you should go the hospital as soon as possible. If you are preterm, come to the hospital right away. Call the hospital if you're unsure.

Decreased fetal movement/ baby not moving

- After 28 weeks, you should be doing fetal kick counts: once a day, usually at night, count how many times the fetus moves. It should move 10 times in two hours. There are many phone apps to help track fetal movement and remind you to do fetal kick counts.
- Anytime of the day, including during your counting, if the fetus is not moving like normal: rest, drink something cold and eat a snack. Then continue your fetal kick counts. If the fetus is sleeping, this should wake him or her up. If you still do not feel the fetus moving normally, come to the hospital for further evaluation.

Signs you are approaching labor

“Baby dropping” also referred to as lightening: As the baby’s head settles in your pelvis, it feels as if the baby has dropped lower in your abdomen putting a lot of pressure in your vagina. This can occur a few weeks to a few hours before labor begins.

Increased vaginal discharge: The mucus plug is released from cervix when the cervix starts changing. This mucus plug is usually blood tinged (slightly red or brown). This can occur several days before labor or when labor starts.

Contractions

- False labor contractions are also known as Braxton Hicks contractions. They can be uncomfortable or painful, and are usually felt in the front part of the uterus. You may notice them more later in the day. Time your contractions for one hour: if they are false labor contractions, they should be irregular and do not get stronger with time. They may stop with movement, position change or rest.
- True labor contractions last about 30 seconds to one minute, and come at regular intervals, increasing in strength and intensity over time.
- The 411 Rule: first baby – when your contractions are four minutes apart, lasting for one minute, for one hour, it’s time to come in for an evaluation. If this is your second or third baby, you may need to come in sooner.
- If you cannot walk or talk through your contractions, please come in for evaluation.

Labor and Delivery

Birth plans

We believe that giving birth is a natural process and that our birth plan encompasses this. However, if there is something we have not covered or you have questions, please feel free to discuss this openly with us. As stated

in the beginning, our goal is for you to have the safest, most enjoyable birth experience possible with a healthy mom and healthy baby.

What to bring

We have state-of-the-art birthing beds that allow for a variety of birthing positions. A squatting bar is available should you desire to use it. Water births and tubs are not available, nor are options of bringing your own. You are welcome to bring a birthing ball.

During labor, we will provide hospital gowns, sanitary pads and linen. You can bring a favorite pillow or blanket if you wish, but be prepared that it may get soiled during delivery.

Besides your toiletries including shampoo and conditioner, bring shower shoes such as flip flops, bathrobe, nursing bras, clothes to go home (you will still need maternity clothes), an outfit for your baby for both pictures and going home, and a car seat. Please note that it is your sole responsibility to secure your baby in the car seat and car and the nurses cannot do either. Additional items you may choose to bring include a paper fan for use during labor, laptop or tablets (free Wi-Fi is provided), cell phone chargers and cameras.

Vaginal exams

Vaginal exams are kept to a minimum, particularly after rupture of membranes and are done only to determine if you are in labor and to assure that adequate progress is being made toward delivery.

Fetal monitoring

No controlled studies have clearly demonstrated improved outcome with fetal monitoring. However, the consensus of expert opinion is that it is safer and it has thus become the standard of care to provide at least intermittent fetal monitoring while in labor.

While we generally will use continuous monitoring throughout labor, you may opt to have only intermittent monitoring as long as labor remains uncomplicated. If conditions warrant, you will be advised of the reason for continuous fetal monitoring.

IV fluids

Maternal and fetal conditions can change so rapidly in labor that IV access is essential for us to provide safe and effective treatment in the case of an emergency. While IV hydration has been shown in one study to shorten the course of labor, you may opt to have only a saline lock for IV access if the concept of an IV is troublesome to you.

Diet in labor

When you are in active labor, your stomach will quit emptying effectively, making you at risk for aspiration from vomiting if you have solid foods during labor. You may continue to have clear liquids throughout labor. However, it is safer and more comfortable for you if you do not consume solids once you are in active labor.

Pain management in labor

We consider any spontaneous vaginal birth to be a “natural” birth regardless of what pain management you have chosen during labor. We offer IM (injection), IV analgesia and epidural anesthesia, having 24-hour in-house anesthesia coverage for all births. We encourage you to choose the level of pain management you desire, but strongly encourage you to feel successful whether you require medication or not.

Pitocin®

Pitocin is a natural hormone that has been exactly duplicated chemically for use in obstetrics. We do not routinely administer Pitocin during any labor, and only do so if labor is not progressing satisfactorily toward delivery. If Pitocin becomes necessary, we will explain to you the reason before proceeding. Studies have clearly demonstrated a decrease in blood loss and risk

of postpartum (after delivery) hemorrhage with the administration of Pitocin after delivery. Therefore, we will routinely administer Pitocin after the baby is born and before abnormal bleeding develops.

Episiotomy

Studies have consistently demonstrated a decreased risk of major tears in the vagina and rectum and decreased healing time when the baby is allowed to deliver without an episiotomy. While the incidence of periurethral and small vaginal tears may be slightly increased, we do not routinely perform episiotomies even in first babies.

Vacuum-assisted delivery

The use of the obstetrical vacuum remains a viable option in a small minority of patients. Where immediate delivery is indicated due to fetal distress or where maternal exhaustion makes the prospects of a spontaneous delivery unlikely, the vacuum may be a reasonable alternative to cesarean in selected cases. In the event these situations arise, you will be counseled and given the option of a vacuum-assisted vaginal delivery.

Delivery of the placenta

Two approaches to delivery of the placenta have been advocated. The first is expectant or physiological delivery where no intervention is made for up to 30 minutes allowing the uterus to expel the placenta spontaneously. The second is active management with gentle traction on the umbilical cord while supporting the uterine fundus with the other hand. Studies in both the medical and midwifery literature consistently demonstrate a decreased blood loss, decreased risk of postpartum hemorrhage, and decreased risk of retained placenta with the active management of placental delivery.

Circumcision

Circumcision of male infants, while having no known medical benefit, is still practiced in the United States out of custom or tradition. Most insurance plans cover routine circumcision. Should you desire to have your infant son circumcised, we will make every effort to do this before you go home. We routinely use analgesia for the procedure. Please be sure to check with your insurance plan for coverage options. We also offer in-office circumcisions for a fee if your insurance doesn't cover. Payment is required before the circumcision is done, and can be paid anytime during the pregnancy at the registration desk of the office.

Hospital stay

The length of your postpartum stay in the hospital will be determined by medical necessity. State law gives all new moms the right to stay 48 hours for a vaginal birth and up to 96 hours for a cesarean birth. You may elect to go home sooner if you and the baby are both stable. Should the baby need to stay beyond your expected discharge, it will not be possible to extend your hospitalization unless medically indicated.

Usual plan of events during a vaginal delivery

Most of the time, your baby will be placed directly on your chest for skin-to-skin as soon as possible. A transitional nurse will care for your baby. After a few minutes, the partner in care (or whomever you designate, including yourself) will cut the cord. This also allows for delayed cord clamping. Provided the baby is doing well, the assessment, weighing and bathing will be done in the room. We encourage breastfeeding as soon as possible.

Usual plan of events during a cesarean section

Although we will do everything possible for you to have a vaginal birth, sometimes there are situations where a cesarean section is the safest way.

Frequently Asked Questions During Pregnancy

Q: Is it safe to color my hair?

A: We recommend avoiding hair dye during the first trimester (up to 14 weeks). After that, we think it is safe. Use safety precautions, like gloves.

Q: Are there any skin care products I should avoid?

A: Yes:

- Tretinoin (Retin-A®), if taken by mouth, is associated with birth defects. Using it on the skin might be okay because only small amounts get absorbed, but we recommend avoiding it completely.
- Topical benzoyl peroxide, salicylic acid, glycolic acid and azelaic acid have not been studied thoroughly in pregnancy, but are all likely safe to use in small amounts.
- Self-tanning lotions and professional spray tans use an ingredient called DHA to "tan" the skin. They have not been proven safe to use in pregnancy, so it is best to avoid them.

Q: Is sun exposure and/or a tanning bed safe?

A: They can be. Even if you are not pregnant, you should always use sunscreen when outside to prevent sun damage. Your skin during pregnancy is more sensitive to the sun's rays and you may notice a worsening of irregular dark spots called melasma on your face when exposed.

Q: Is it safe to get a bikini wax?

A: Yes. Your skin is more sensitive during pregnancy, so it may hurt more or cause more irritation than when you are not pregnant.

Q: Can I sit in a hot tub or sauna?

A: Hot tubs and saunas need to be avoided during your pregnancy as they raise the maternal body temperature to an unsafe level for your baby.

Q: Is it safe to go swimming?

A: Yes. Moreover, swimming is a great form of exercise. It can help to relieve back pain and reduce edema.

Q: Is it safe to travel?

A: During pregnancy, your risk for developing a blood clot in your leg is higher than when you are not pregnant. Stretch your legs often. Consider wearing compression stockings. In an airplane, second trimester is usually the safest time to travel. Risk of radiation, pressure changes, etc., are minimal if you travel seldom. Discuss with your OB provider before planning a trip.

In a car, wear a three-point seat belt. Place the lap belt across the hips, below the uterus. Shoulder belt goes between the breasts and to the side of the uterus.

Q: Why should I avoid cats?

A: You do not need to avoid cats completely. You do need to be careful though. Cats can spread a parasite called toxoplasmosis through their feces. Make sure you wash your hands thoroughly after petting a cat. Avoid contact with your face and mouth. Do not change the litter box.

Q: Is it safe to have dental work during pregnancy?

A: Yes. If you plan to have a dental procedure, please let us know. We will give you a note for the dentist with specific recommendations. Diagnostic X-rays with a lead shield are safe during pregnancy, but are not recommended for routine exams. Local anesthesia and antibiotics are safe during pregnancy. Routine dental cleanings are important and should be done at regular intervals.

Q: Is it safe to receive a COVID-19 vaccination during pregnancy?

A: COVID-19 vaccination is recommended for people who are pregnant. In addition, everyone who is age 18 or older, including those who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future, should get a booster shot. Getting a COVID-19 vaccine and booster can protect you from severe illness from COVID-19, and a healthy mom is important for a healthy baby.

References and Resources

Your best reference and resource is your OB provider. The internet may be an adjunct, but we caution you as to which websites you visit for prenatal information. A lot of what is found online is inaccurate or won't pertain to your condition/situation.

These are top recommendations as they are loaded with up-to-date information and also include information for partners, nutrition, fetal growth and delivery:

- What to Expect When You're Expecting (both web and app)
- babycenter.com
- WebMD
- American College of Obstetrics and Gynecology
- American College of Nurse-Midwives

Electronic record access

You can have access to your medical records, check labs, have access to your children's records and even email us. At your first visit, you will be provided an activation code to sign up with myChart.

Babyscripts® myJourney

Your OB providers have given you access to a mobile app to educate, engage and inspire you through every step of your pregnancy and postpartum journey. To help keep you and your baby safe, you will find the following within the app:

- A feed of daily customized content, from conception to your baby's first birthday
- Blood pressure monitoring
- Provider-approved resources
- Weight monitoring
- Care team contact information

Twistle

MemorialCare has partnered with Twistle, a healthcare application, to send messages, reminders, notes, health surveys, and other useful health education directly from your healthcare team to your mobile device after you leave the hospital.

Pregnancy guide

Our pregnancy guide is now conveniently located online. View it at [memorialcare.org/PregnancyGuide](https://www.memorialcare.org/PregnancyGuide) or scan the QR code below.



Choosing a Pediatrician

The OB team at MemorialCare Medical Group wants your prenatal care and birth experience to be one of the happiest moments of your life.

Upon the birth of your baby, we want to make sure your newborn gets the best possible care. The hospital team of pediatricians, nurses and newborn specialists will look after your newborn's health and well-being during your hospital stay and we want to continue the care for your baby with our excellent pediatricians. Please keep in mind that the pediatrician caring for your baby at the hospital may not be the same pediatrician you will see in the office. Once discharged, the covering pediatricians will inform you when to make the first well baby check-up visit at our offices.

This will typically take place within two to four days of discharge.

When you and your baby are ready to return home, the hospital team will refer you to a MemorialCare Medical Group pediatrician in your network. We can also help you make that first appointment with your new pediatrician. You may also make a "Meet the Pediatrician" appointment during your pregnancy. This is a very informative appointment that will include information on immunizations, feeding schedule, when and how to contact your pediatrician, and other important information.

If you have any questions, please feel free to contact one of our team members. Thank you for allowing us to care for you and your family.

Find a pediatrician affiliated with MemorialCare at [memorialcare.org/pediatricians](https://www.memorialcare.org/pediatricians).

Meet the pediatrician visit

MemorialCare Medical Group offers a complimentary "Meet the Pediatrician" visit to help you select the right doctor for you and your child. Once you have selected a pediatrician from our list, simply call the office and schedule your complimentary "Meet the Pediatrician" visit.

Our family practitioners have also received extensive training in pediatrics and are well qualified to care for your baby. Whoever you choose at MemorialCare Medical Group, you can rest assured you and your family are receiving quality healthcare services.

Recent awards

- Several physicians named as "Physicians of Excellence" by Orange County Medical Association.
- Over the years, honored as a top-rated medical group in California by Integrated Healthcare Association.
- Consistent "Star" Performer from the Office of the Patient Advocate of California.

Signature offerings

- Connect with your physician via our online secure patient portal, myChart.
- Over 1,500 specialty physicians available should your child need more than primary care.
- Open access to any of our primary care physicians.
- Lab and digital X-ray on-site at most locations.
- Telephone advice nurses available 24/7.
- Virtual urgent care visits available 24/7.



Pregnancy Visit Calendar

First visit	<ul style="list-style-type: none"> • Prenatal and genetics questionnaire • Confirm pregnancy with vaginal ultrasound • Pap smear • Prenatal labs • Measles and varicella screening • Register for prenatal classes at one of our MemorialCare hospitals
10-12 weeks	<ul style="list-style-type: none"> • First trimester genetics screening (optional) • Nuchal translucency ultrasound for genetic anomalies (optional)
15-20 weeks	<ul style="list-style-type: none"> • Second trimester genetics screening (optional)
18-22 weeks	<ul style="list-style-type: none"> • Dates and anatomy ultrasound
24-28 weeks	<ul style="list-style-type: none"> • Glucose testing for gestational diabetes • Anemia testing • RHOGAM® injection (Rh-negative patients only) • Syphilis screening • Tdap Immunization (27-36 weeks) • Order breast pump
36 weeks	<ul style="list-style-type: none"> • GBS (Group Beta Strep) vaginal culture
36-40 weeks	<ul style="list-style-type: none"> • Weekly appointments, monitor fetal kicks and signs of labor, ultrasound* for fetal position (*dependent on provider)
39 weeks	<ul style="list-style-type: none"> • Cervical check
41 weeks	<ul style="list-style-type: none"> • Twice-weekly, nonstress tests with amniotic fluid scan
Two-week incision check	<ul style="list-style-type: none"> • For cesarean section patients only
Six weeks after delivery	<ul style="list-style-type: none"> • Postpartum visit with pelvic exam

MemorialCare Maternity Centers

Our three MemorialCare Maternity Centers deliver nearly 10,000 babies each year by an award-winning, experienced team that treats you like family and helps you choose the birthing plan that's right for you.

Offering 24/7 coverage by physician specialists, including maternal-fetal medicine specialists, neonatologists and OB hospitalists for peace of mind. Specialty-certified nurses. Private birthing suites. And on-site Neonatal Intensive Care Units (NICUs) for newborns requiring extra care. Growing your family starts with a closer bond with your care team. That's why better care is born here.

Long Beach

The Cherese Mari Lauhere BirthCare Center at MemorialCare Miller Children's & Women's Hospital Long Beach features:

- Level IV Maternity Center and Level IV NICU
- Private rooms
- Extremely Low Birthweight Program for babies less than 2 pounds

Fountain Valley

The Childbirth Center at MemorialCare Orange Coast Medical Center features:

- OB Emergency Department
- Level II NICU
- Certified nurse-midwives

Laguna Hills

The Women's Hospital at MemorialCare Saddleback Medical Center features:

- Private Labor-Delivery-Recovery-Postpartum (LDRP) suites
- Natural birthing suites with hydrotherapy labor pools
- Level III NICU

Learn more about our MemorialCare Maternity Centers at [memorialcare.org/baby](https://www.memorialcare.org/baby).



Key Locations



-  MemorialCare Medical Centers
-  MemorialCare Miller Children's & Women's Hospital Long Beach
-  MemorialCare Medical Group (Pediatrics)
-  Children's Specialty Care Centers