SOGA
SOUTHERN OBSTETRICS & GYNECOLOGIC ASSOCIATES

Weight Gain in Pregnancy

At your first visit on:_____, your BMI was calculated to be :_____

IOM (Institute of Medicine) Guidelines for Recommended Weight Gain			
Pre-pregnancy weight category	**BMI (body mass index)**	**Recommended total weight gain**	**Weekly weight gain in $2^{nd}/3^{rd}$ trimesters**
Underweight	< 18.5	28-40 #	1 #
NORMAL	18.5 – 24.9	25-35 #	1 #
Overweight	25 – 29.9	15-25 #	0.5 – 0.7 #
Obese	>30	11-20 #	0.4 – 0.6 #

Nutrition

Take vitamins only in the doses recommended by your doctor. Perhaps more than any other single vitamin, make sure you have an adequate intake (generally, 400 micrograms a day) of folic acid, a B vitamin that can reduce the risk of certain birth defects, such as spina bifida. Most prenatal vitamins include not only folic acid and other vitamins, but also iron, calcium, and other minerals, and the fatty acids docosahexaenoic acid (DHA) and arachidonic acid (ARA). Fatty acids are "good" fats, and DHA in particular accumulates in the brain and eyes of the fetus, especially during the last trimester of pregnancy. These fatty acids are also found in the fat of human breast milk. Make sure your doctor knows about any other supplements you may be taking, including herbal remedies.

Eating for "Two…" is not correct. You're eating for "1.1"!

When it comes to your diet, do some planning to ensure that you're consuming balanced meals. Make sure that they contain protein, vitamins, minerals, fats, and some carbohydrates. This is no time for fad or low-calorie dieting. You need adequate calories and nutrients to help your baby develop and grow normally. There are a few variables that factor into the total calories a person needs each day. A calorie calculator, such as the one available through www.acefitness.org or www.calculator.net, can help you determine approximately how many calories you need. When starting the pregnancy at a healthy weight, you generally need to consume about 200 more calories per day than you did before you became pregnant. If you start your pregnancy under or overweight, discuss your dietary needs with your provider.

SOGA
SOUTHERN OBSTETRICS & GYNECOLOGIC ASSOCIATES

Physical activity

Discuss a fitness program with your doctor. Your doctor may suggest a moderate walking or swimming regimen, fitness DVDs or perhaps prenatal yoga or Pilates classes. Drink plenty of water while working out. Take it particularly slow during the first few workouts—even just five to ten minutes a day is beneficial and a good place to start if you haven't been exercising regularly. If you have an established fitness routine, you may be able to continue throughout the pregnancy. Pay attention to your body. Discontinue any exercise or movement that hurts or feels too intense, try a modification or ask your provider for guidance.

There are general health risks of excess weight, poor nutrition, and lack of exercise during pregnancy.

Problems with Labor and Delivery

Obese women have a higher rate of preterm delivery due to the above complications. There is an increase in labor time and an increased Cesarean Section rate. If a Cesarean Section is necessary, obese patients also have an increased risk of surgical complications including: excessive blood loss, longer operative time, wound infections, blood clots, and anesthesia problems. Because of the potential anesthesia problems, you may be asked to see the hospital anesthesia personnel for a consultation to discuss those additional risks.

Obese patients also have a risk of larger babies which increase the risk of shoulder dystocia (the baby's head comes out but the shoulders get stuck), broken bones in baby, bigger vaginal tears in mom, and increased risk of Cesarean Section for delivery.

Diabetes

Women who are overweight have a higher risk of diabetes at all times, but these rates can be as much as six times greater for pregnant women. Due to this general increased risk, we will check you as soon as we know you are pregnant to make sure you didn't have diabetes, which hadn't been diagnosed, prior to becoming pregnant. This involves getting a glucose challenge test which will require you to drink a sugar-containing drink and have your blood tested one hour later. If your test is normal you will be tested again later in the pregnancy. If your test is abnormal, the sooner we know about the diabetes, the sooner we can take steps to limit its effect on your pregnancy.

High Blood Pressure

Obesity increases the risk of high blood pressure in all people but the effect is increased in pregnancy. This can be present in the beginning of your pregnancy or it can develop during pregnancy. If you have or develop high blood pressure it can cause your baby to have problems which could require early delivery. This would also increase your risk of developing pre-eclampsia or toxemia, a condition that could require prolonged hospitalization or early delivery. We will monitor you closely for this condition and it may require additional testing.

SOGA
SOUTHERN OBSTETRICS & GYNECOLOGIC ASSOCIATES

Obstructive Sleep Apnea

This condition is common in the obese patient and it can start or get worse with pregnancy. During sleep the airway can be closed off causing periods where no air can get through. This results in snoring, gasping for air, and frequently poor and interrupted sleep. If you experience any of these please let us know so you can be tested for this treatable condition. You are your baby's only source of oxygen, and if it is decreased for you, it is also decreased for your baby.

What YOU can do to help

You can't change where you started, but you can limit the weight you gain with this pregnancy. Pregnancy is certainly not the time to lose weight, but a combination of good nutrition and daily exercise can help you achieve the weight goal suggested above.

What WE will do to help

We will provide you with nutrition information, offer you a referral to a dietician if necessary, and give you information about using exercise facilities in the area. Special testing may be ordered in the third trimester to monitor your baby's growth and movement.

Antenatal Testing

Non-Stress Test (NST):
NST's monitor the baby's heart rate and for contractions. You'll sit in a recliner with two monitors placed over the uterus. An NST typically takes about 20-30 minutes. They're done once or twice weekly.

Biophysical Profiles (BPP):
BPP's are ultrasounds performed to monitor the baby's movements. They're done weekly.

Estimated Fetal Weight (EFW):
EFW's are ultrasounds performed to monitor growth, and can be performed at the same time as a BPP. They're done every 2-4 weeks.

NST's can be performed in our office at the Highland, Greenville, and Salem locations. You may also choose to have them at St. Joseph's Hospital in Breese or Highland and at Holy Family Hospital in Greenville.

Ultrasounds and biophysical profiles can be scheduled with an ultrasound technician in our Breese office. You may also chose to have your testing completed at an imaging center or hospital radiology department. We encourage you to check with your insurance provider regarding your benefits and coverage prior to scheduling your appointments.

SOGA
SOUTHERN OBSTETRICS & GYNECOLOGIC ASSOCIATES

It's always our preference that you take as few medications as possible during pregnancy; however, we understand that you may develop symptoms or ailments that require treatment. The following is a list of medications felt to be safe during pregnancy. Please remember, no medications are actively tested on pregnant women so the safety data comes from years of collected data on any post-pregnancy reported complications. We always recommend that any medication be used in the smallest recommended dose for the shortest amount of time. If these medications don't improve your symptoms, talk to your provider about other options. Please follow either the package guidelines or your provider's instructions for taking these medications. Included is a handout for non-medication treatment options.

SOGA Safe Medications During Pregnancy

Symptom	Medication	
Pain	○Tylenol	○Excedrin
Nausea	○Bonine ○Ginger ○Emetrol ○Pyridoxine 25mg (Vit B6) with ½ Unisom tablet taken 3 times a day	○Dramamine ○Benadryl
Constipation	○Colace (daily) ○Metamucil or Fibercon (daily) ○Milk of Magnesia	○Miralax (as needed) ○Glycerin suppositories ○Citracel
Cough	○Robitussin ○Mucinex ○Sucrets	○Chloroseptic ○Saline Nasal Spray ○Benadryl
Diarrhea	○Immodium	○Probiotics
Gas	○Gas-X	○Mylicon
Heartburn/Indigestion	○Amphojel ○Gelusil ○Maalox ○Milk of Magnesia	○Tagamet HB or Pepcid AC ○Tums ○Axid
Hemorrhoids	○Tucks ○Preparation H	○Anusol
Insomnia	○Unisom ○Benadryl ○Melatonin	○Tylenol PM ○Tryptophan ○Rosehips
Nasal Congestion/ Allergies	○ Sudafed or Actifed **(after first 14 weeks)** ○Zyrtec ○ Benadryl	○Claritin ○Chlor-Trimeton ○Allegra
Lice	○Rid	
Yeast Infection	○Monistat - 7	
Toothache	○Orajel	

SOGA
SOUTHERN OBSTETRICS & GYNECOLOGIC ASSOCIATES

Common Questions and Use of Over-the-Counter Products in Pregnancy

Product	Answer
Hair Color	It is ***alright*** to use all hair colors
Self-Tanning Products	There are no studies to show that self-tanning products are safe or unsafe in pregnancy. ***Use of this product is at your own risk***.
Spray-On (Mystic) Tanning	We ***do not*** recommend the use of spray-on tanning products due to the risk of inhaling toxic fumes.
Vicks® Vaporub	It is ***alright*** to use Vicks® Vaporub externally, ***do not*** use in nose.
Acne Creams	It is ***alright*** to use topical, over-the-counter acne creams that **DO NOT** contain retinol, benzyl peroxide, or Differin
Muscle Creams	Due to the medication in these products we ***do not*** recommend use during pregnancy
Paint or Paint Fumes	If painting is necessary do so in a well-ventilated area. ***Do not*** use a ladder and paint only areas that you can reach comfortably to avoid the risk of falling.
Cleaning Products	If you use cleaning products do so in a well-ventilated area. Wear rubber gloves to avoid absorbing chemicals through the skin.
Sunscreen	Please use SPF 30. Reapply often
Insect Repellant	It is r***ecommended*** to use topical, over-the-counter DEET insect repellant
Exposure to a person who recently received the Shingles Vaccine	As per CDC guidelines, as of October 1, 2013, it is safe during pregnancy to be exposed to those who've recently received the shingles vaccine.
Chiropractor, Massage Therapy and Acupuncture	Yes, you may receive treatments throughout your pregnancy as long as the practitioner or therapist knows you are pregnant
Travel During Pregnancy	It is safe to fly until you reach 36 weeks of pregnancy. Get up from your seat at least every 60 minutes. Any time you drive for long distances, stop and walk around at least every 60 miles or 60 minutes.

SOGA
SOUTHERN OBSTETRICS & GYNECOLOGIC ASSOCIATES

Genetic Testing

SOGA offers genetic testing to all our pregnant patients. About one in 700 babies is born with Down's syndrome (the most common chromosomal abnormality). This condition, where there is an extra copy of chromosome 21, is not preventable but we can in some cases identify women who might be at increased risk for this condition.
Prenatal genetic screening tests are done on a voluntary basis. The choice is yours. Some patients want to know if this condition is present to help them better prepare for a child which may have special needs. Some patients would choose to terminate a pregnancy where Down's syndrome or another chromosomal abnormality would be present. Other patients prefer not to know this information, feeling that it would not change their behavior or choices.

Prenatal Genetic Screening Tests:

Patients can undergo screening either in the first trimester (11-13 weeks of pregnancy), during the second trimester (15-20 weeks of pregnancy) or a combination of the two.

- **First trimester screening:** This screening test involves a blood test and a specialized fetal ultrasound (measuring the thickness of the fetal neck fold). This information is used to calculate a risk rate for this pregnancy. A rate of greater than 1 in 280 is considered to be the cutoff to suggest further testing. There is no risk number that would guarantee that a baby does not have Down's syndrome. This test correctly identifies about 85% of the babies with Down's syndrome. There are about 5% who will be felt to have an increased risk when they are in fact normal. The advantage of the early testing it that if a patient would choose termination it can be done in a much safer and private manner before 14 weeks of pregnancy, and is the most sensitive of the testing offered.

- **Second Trimester Screening:** This testing is done at 15-20 weeks of the pregnancy. This test is a blood test alone with modifications based on patient age, weight, history. The risk rate calculated also has a cutoff of 1 in 280. Those pregnancies with a greater risk would be offered further testing. This test also has an additional benefit and includes a test which can help detect babies with any type of open spinal cord abnormalities or other conditions where the abdominal wall didn't close. The detection rate for Down's syndrome is about 80% with this test and it has a false positive rate of about 7%.

- **Integrated testing:** The two tests can be combined to increase the accuracy of detection and to decrease the false positive rate. This test shares the disadvantage of the second trimester screening in that the information is not available until after 16-20 weeks, making some choices more difficult. Pregnancies identified to be at increased risk for Down's syndrome can undergo testing give the exact chromosomal count for the baby.

If you need further information about any of these choices please ask your physician or staff. The following web sites may also be helpful:

www.acog.org American College of Obstetrics and Gynecology

www.marchofdimes.com March of Dimes

SOGA
SOUTHERN OBSTETRICS & GYNECOLOGIC ASSOCIATES

Noninvasive Prenatal Testing (NIPT)

Did you know that pieces of your baby's DNA circulate in your bloodstream? Noninvasive prenatal testing (NIPT) involves a simple blood screening that analyzes that DNA (It's called cell-free DNA, or cfDNA) to pinpoint baby's risk for a number of genetic disorders, including Down syndrome.

Genetic Screenings vs Tests

NIPT is a prenatal screening, which looks at DNA from your baby's placenta in a sample of your blood to identify whether you're at increased risk of giving birth to a child with a genetic disorder. A screening like NIPT cannot, however, determine for sure whether your baby actually has a chromosomal disorder, only the likelihood of having that condition. But even though it can't tell for sure whether your baby has a genetic abnormality, it is highly accurate – 97 to 99 percent accuracy for three of the most common conditions, according to a recent study.

The results of an NIPT screening can help you and your doctor decide next steps, including whether to have a diagnostic test like chorionic villus sampling (CVS) or amniocentesis ("amnio"). These genetic tests analyze a baby's own genetic material, collected from the amniotic fluid or placenta, to tell with 100 percent certainty whether a baby has a chromosome abnormality. However, they are invasive, which means they slightly increase the chance of miscarriage.

How NIPT is done

Because an NIPT involves only a quick blood draw with a needle and syringe, it's safe for you and your baby. All you'll need to do is offer up your arm at the doctor's office or a lab. Your sample is then sent to a lab, where a technician will look at the cfDNA in your blood for signs of abnormalities.

Once the results of your NIPT are back, your doctor will likely pair them with the results of your first-trimester ultrasound or nuchal translucency screening to determine whether further testing is needed. If it's positive, your doctor may recommend following up with amniocentesis or CVS to confirm the result and check for other problems NIPTs can't detect.

What NIPT screens for

There are multiple companies that offer noninvasive prenatal testing, however, all NIPTs screen for the most common chromosomal disorders:

- Trisomy 21 (Down syndrome)
- Trisomy 18 (Edwards syndrome)
- Trisomy 13 (Patau syndrome)

NIPT also detects your baby's Rh blood type and gender, so be sure to let your doctor know if you want to be surprised on delivery day!!

Since the test looks at a sample of your blood, some researchers think it may eventually also be a screening tool for moms, too. In one study, some NIPT results indicated a baby was at risk for a genetic problem. But later it was clear the baby was not at risk and the results were actually indicating the early onset of a cancer in the mom. The findings need further research before practitioners begin using the test for this purpose – but because the test could potentially detect early-stage cancer before symptoms are apparent, it could help women get further diagnostic tests and care earlier, when it's more effective.

When it's done

NIPT can be performed any time after 9 weeks into your pregnancy – earlier than any other prenatal screening or diagnostic test. In comparison, nuchal translucency screening is done between weeks 11 and 13; CVS is done at 10 to 13 weeks; the quad screen is completed between weeks 14 and 22; and amniocentesis is usually performed between weeks 16 and 18.

The accuracy of NIPT

Research suggests that NIPTs create fewer false alarms than standard first-trimester blood screenings (like first trimester bloodwork or quad screening) that measure hormones and special proteins in Mom's blood. Other research has shown that NIPTs are more accurate than those same standard screenings in predicting the risk of Down syndrome (NIPTs are 99 percent accurate) and Edwards syndrome. The American Congress of Obstetricians and Gynecologists (ACOG) says NIPT needs to be further evaluated before it will recommend the screening for all pregnant women.

Who it's for

ACOG now recommends that doctors discuss all screening options with all pregnant women – regardless of age or risk – to figure out which one, if any, is most appropriate. The decision is a personal one, and this counseling phase is important. Just because a test was right for a friend doesn't mean it's right for you. Be sure to ask your health care provider to spend some time going over all your choices. Considering how quickly the science is evolving, the guidelines about which screening are best for you may change.

What this means for you

Before you go through with an NIPT, double-check with our insurance company to find out if it's fully covered – and if not, what it will cost you.

Also, while getting this test done is far from scary (unless you really hate needles), you may be nervous about seeing the results. If this is the case for you, consider talking to your doctor or to a genetics counselor about what positive test results could mean for you and your baby. For many parents, knowing as much as possible as soon as possible is better. Finding out about potential conditions early on allows you to prepare for a special needs baby and make plans to deliver at a facility that can better address your and your baby's health needs right away.

SOGA
SOUTHERN OBSTETRICS & GYNECOLOGIC ASSOCIATES

What test will I have?

Natera: Panorama

Panorama screens for common genetic conditions that are caused by extra or missing chromosomes in the baby's DNA. Because Panorama uses a unique technology to truly distinguish between the mother's and the baby's DNA, is it the only NIPT that test for tripody, and has the highest accuracy in determining the sex of the baby (optional). Some conditions, such as Down Syndrome, are caused by extra copies of a specific chromosome. Others, such as microdeletions, occur when a chromosome is missing a small piece of genetic information. Microdeletions affect pregnancies equally, regardless of maternal age.

Conditions screened:

Panorama Prenatal Panel: (Includes Zygosity for twins)

- Trisomy 21 (Down syndrome)
- Trisomy 18 (Edwards syndrome)
- Trisomy 13 (Patau syndrome)
- Monosomy X (Turner syndrome)
- Klinefelter syndrome
- Triple X syndrome
- Jacob's syndrome
- 22q11.2 deletion syndrome

Panorama Extended Panel (Not available for twins or egg donors)

- All of the above testing PLUS
- Prader-Willi syndrome
- Angelman syndrome
- 1p36 deletions syndrome
- Cri-du-chat syndrome

Please refer to the Natera: Panorama website for more information on pricing and payment options.
https://www.natera.com/womens-health/pricing-billing

Information gathered from whattoexpect.com
F:Forms/patienthandouts/noninvasiveprenataltesting/12-17

SOGA
SOUTHERN OBSTETRICS & GYNECOLOGIC ASSOCIATES

Cystic Fibrosis

Cystic fibrosis (CF) is a genetic disorder that causes problems with breathing and digestion. It is caused by an abnormal gene that is passed from parent to child. There is no cure for CF, but it can be treated. Testing can be done to see if a person carries the gene and if there is a risk of passing it on to a child.

About Cystic Fibrosis

Cystic fibrosis is a lifelong illness that can affect all of the organs of the body. It often causes problems with digestion and breathing. It does not affect a person's looks or mental ability. In some cases, CV poses a serious risk to a person's health and shortens life span. Despite their physical problems, many people with CF attend school, have careers, and lead full lives.

CF usually is diagnosed in the first few years of a child's life. But, if CF is mild, it can be diagnosed later in life.

Cause

Cystic fibrosis is a genetic disorder caused by an abnormal gene that is passed from parent to child. For a recessive disorder, such as cystic fibrosis, both parents must carry a copy of the abnormal gene for the problem to occur in their child. A person who has one copy of an abnormal gene for a recessive disorder is a carrier for that disorder, even though he or she may show no signs of it. If both parents are carriers, each of their children has a 25% chance of having the disorder. Put another way, this couple has a 1-in-4 chance of having a child with CF.

Symptoms

The symptoms of CF can vary in type and severity. Many people with CF produce a thick, sticky mucus in their bodies. This mucous builds up and clogs the lungs, which makes it hard to breathe, and can lead to infection. It also can affect the digestive organs, making it hard for the body to break down and absorb food. Most males with CF are sterile and cannot father children.

Treatment

New drugs and treatments have improved the outlook for people with CF. But, CF is still a lifelong disease. To treat lung problems, most children with CF need to have physical therapy for about a half hour every day. This helps clear mucus from the lungs. It is easy to do and can be done by parents or other family members.

Risk Factors

The risk of being a CF carrier is higher in certain races and ethnic groups. It occurs more often in white people than in other racial groups. The risk also is increased in families with a history of CF.

Testing

Carrier testing can be done to find out if a person has a copy of the CF gene. The test is done on a blood sample.

Carrier testing can be done for couples planning a pregnancy to assess their risk. Carrier testing also is available to all pregnant women. If testing shows that a couple is at high risk, more testing can be done during pregnancy to see whether their baby will have CF.

Couples can choose to test one partner, then the other if one is a carrier, or both partners may be tested at the same time. During pregnancy, screening both partners at the same time can be helpful if the couple thinks they might be at high risk and would consider further prenatal testing to see if the fetus has CF.

The decision to be tested is a personal one. Factors to consider are the level of risk and how the results will affect further decisions.

Chances of Having a Baby With CF

If both partners are CF carriers, there are 3 possible outcomes:

1. There is a 1-in-4 (25%) chance the child will have CF. Stated another way, there is a 3-in-4 (75%) chance that the baby will not have CF. This is true even if the parents already have other children with or without CF; or
2. There is a 1-in-2 (50%) chance the baby will be a carrier, like you and your partner. Being a carrier usually will not affect the health of the baby, but she or he could be at risk for having a child with CF in the future; or
3. There is also a 1-in-4 (25%) chance that the baby will not have an abnormal copy of the CF gene-that is, the child neither has the disease nor is able to pass on the disease to children.

Test Results

One Partner Normal

If your test results are normal, the chance that you are a CF carrier is small. There are some rare CF gene defects that the test does not detect. For this reason, you could be told your test result is normal, and you could still be a carrier. The likelihood of this is very small.

One Partner Positive

If the test shows that one partner is a carrier, the next step is to test the other partner. Both parents must be CF carriers for the baby to have CF.

If one parent has a normal test result, the chance that the baby will have CF is small. Because the risk is small, if one partner is a carrier but the other has a normal result, no further testing is recommended.

If the father is not available for a carrier test, a genetic counselor may be able to help you decide whether to have prenatal testing.

Both Partners Positive

If two people who are both CF carriers have a baby, there is a 25% chance that the baby will have CF. However, it is more likely that the baby will be a carrier, like the parents, and will have the gene but will not have the disease. It also is possible that although the parents are both carriers, the baby will not be a CF carrier.

If CF testing shows that both parents are carriers, genetic counseling may be useful. The genetic counselor can give you more information and help you decide if you want to test the developing baby for CF. Couples also may want to share this information with family members to help them plan their pregnancies.

Follow-up Tests

If both partners are CF carriers, further prenatal testing can be done to see if the baby has CF. This testing is not recommended when only one partner is a carrier. Parents may want to know if the baby will have CF so that they can prepare for the care of a child with special health care needs, or they may choose to end the pregnancy.

Prenatal tests done to detect CF and other disorders are chorionic villus sampling (CVS) and amniocentesis. Chorionic villus sampling can be performed after 9 completed weeks of pregnancy. A tiny piece of the placenta is removed and sent to a lab. It is grown in a culture for about 7 days. The cells are then checked for the presence of the abnormal CF gene.

Amniocentesis is performed at 15-20 weeks of pregnancy. A needle is used to take a small sample of amniotic fluid from around the baby that contains some of the baby's cells for testing. In the lab, the baby's cells from the amniotic fluid are grown in a special culture. This usually takes about 10-12 days. Next, the cells are studied to detect the presence of the abnormal CF gene.

For couples who are using in vitro fertilization to become pregnant, there is another testing option. Tests can be done on the fertilized egg to check whether the CF gene is present. This test is called preimplantation genetic diagnosis because it occurs before the fertilized egg is implanted in the mother's uterus.

The results of these prenatal tests are highly accurate. However, they cannot always tell you how severe or mild the disease will be, if the baby has the disorder. Even when both parents are CF carriers, there is a 75% chance that the test results will show the baby does not have CF.

Your Choices

There is no cure for cystic fibrosis. There are two choices when it is found that a developing baby has CF.

1. Continue the pregnancy and prepare for a child with CF. Couples can use this time to learn as much as possible about the disease, current treatment options, and the experiences of other families who have a child with CF.
2. End the pregnancy. Each state has its own laws on pregnancy termination. You should discuss this decision with your doctor. You also may want to talk with your partner, counselors, and close friends.

Resources are available to help you learn more about CF and your chances of having a baby with CF. Although there is no cure for CF, research on more effective treatments is under way.

Future Pregnancies

If a test shows that you are a CF carrier, the result is definite and will not change. If both partners are carriers, it means that in each pregnancy the baby will have a 25% (1-in-4) chance of having CF. If you want to know whether your baby will have CF, you will need to have amniocentesis or CVS in each pregnancy.

When thinking about future pregnancies, couples who are both CF carriers have several choices to consider:

- They can accept this level of risk and have other children
- They can have prenatal testing, such as amniocentesis or CVS
- They can choose to have no more children
- They can adopt
- They can use donor sperm or donor eggs (but the donor should be tested for CF carrier status).
- They can use in vitro fertilization with their own sperm and eggs, and then use preimplantation genetic diagnosis to see if the fertilized egg has CF or is a CF carrier.

Discuss these options with family, friends, and your physician or counselor when you are considering future pregnancies. If you are a carrier and have a new partner for a future pregnancy, you should consider testing the new partner.

Finally…

You can find out if you are a CF carrier with a simple screening test. If both you and your partner are carriers, there is a chance your child will have CF. Early prenatal testing can tell you if your developing baby has CF. You can discuss your options with your doctor or get a referral to a genetic counselor.

You can start protecting your baby from **whooping cough** before birth

Information for pregnant women

When you get the whooping cough vaccine during your 3rd trimester, your baby will be born with protection against whooping cough.

Whooping cough (sometimes called pertussis) is a serious disease that can cause babies to stop breathing. Unfortunately, babies must be 2 months old before they can start getting their whooping cough vaccine. The good news is you can avoid this gap in protection by getting the whooping cough vaccine (also called the Tdap shot because it protects against tetanus, diphtheria, and pertussis) in your third trimester, preferably between your 27th and 36th week of pregnancy. By getting vaccinated, you will pass antibodies to your baby so she is born with protection against whooping cough.

Why do I need to get a whooping cough vaccine while I am pregnant?

The whooping cough vaccine is recommended during your third trimester so that your body can create antibodies and pass them to your baby before birth. These antibodies will help protect your newborn right after birth and until your baby gets his own first whooping cough vaccine at 2 months of age. During the first few months of life, your baby is most vulnerable to serious complications from this disease.

Is this vaccine safe for me and my baby?

Yes. The whooping cough vaccine is very safe for you and your baby. The most common side effects are mild, like redness, swelling or pain where the shot is given in the arm. This should go away within a few days. You cannot get whooping cough from the vaccine. The vaccine does not contain any live bacteria.

Doctors and midwives who specialize in caring for pregnant women agree that the whooping cough vaccine is safe and important to get during the third trimester of each pregnancy. Getting the vaccine during pregnancy does not put you at increased risk for pregnancy complications like low birth weight or preterm delivery.

If I recently got this vaccine, why do I need to get it again?

The amount of antibodies in your body is highest about 2 weeks after getting the vaccine, but then starts to decrease over time. That is why the vaccine is recommended during every pregnancy – so that each of your babies gets the greatest number of protective antibodies from you and the best protection possible against this disease.

Are babies even getting whooping cough anymore in the United States?

Yes. In fact, babies are at greatest risk for getting whooping cough. We used to think of this as a disease of the past, but it's making a comeback. Recently, we saw the most cases we had seen in 60 years. Since 2010, we see between 10,000 and 50,000 cases of whooping cough each year in the United States. Cases, which include people of all ages, are reported in every state.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

www.cdc.gov/whoopingcough

American Academy of Family Physicians — Strong Medicine for America
American Academy of Pediatrics — Dedicated to the Health of All Children™
American College of Nurse-Midwives — With women, for a lifetime®
The American College of Obstetricians and Gynecologists — Women's Health Care Physicians

February 2015

Mom, only you can provide your newborn baby with the best protection possible against whooping cough.

You may have heard that your baby's father, grandparents, and others who will be in contact with your baby will need to get their whooping cough vaccine as well. This strategy of surrounding babies with protection against whooping cough is called "cocooning." However, cocooning might not be enough to prevent whooping cough illness and death. This is because cocooning does not provide any direct protection (antibodies) to your baby, and it can be difficult to make sure ***everyone*** *who is around your baby has gotten their whooping cough vaccine. Since cocooning does not completely protect babies from whooping cough, it is even more important that you get the vaccine while you are pregnant.*

How dangerous is whooping cough for babies?

Whooping cough is very serious for babies. Many babies with whooping cough don't cough at all. Instead it can cause them to stop breathing. About half of babies younger than 1 year old who get whooping cough are hospitalized. Since 2010, about 10 to 20 babies die from whooping cough each year in the United States. Most whooping cough deaths are among babies who are too young to be protected by their own vaccination.

How could my baby be exposed to whooping cough?

Whooping cough spreads from person to person when coughing or sneezing or when spending a lot of time near one another where you share breathing space, like when you hold your newborn on your chest. Some people with whooping cough may just have a mild cough or what seems like a common cold. Since symptoms can vary, children and adults may not know they have whooping cough and can end up spreading it to babies they are in close contact with.

Why is the vaccine recommended during pregnancy instead of in the hospital after my baby is born?

When you get the whooping cough vaccine during pregnancy, you will pass protective antibodies to your baby before birth, so both you and your baby have protection.

The whooping cough vaccine used to be recommended for women to get in the hospital after giving birth. This helped prevent moms from getting whooping cough and passing it on to their babies. Unfortunately, the babies did not benefit from the protective antibodies and could still get whooping cough from others.

Is it safe to breastfeed after getting the whooping cough vaccine?

Yes, in fact you can pass some whooping cough protection to your baby by breastfeeding. When you get a whooping cough vaccine during your pregnancy, you will have protective antibodies in your breast milk that you can share with your baby as soon as your milk comes in. However, your baby will not get protective antibodies immediately if you wait to get a whooping cough vaccine until after you give birth. This is because it takes about 2 weeks after getting vaccinated before your body develops antibodies.

Where can I go for more information?

Pregnancy and Whooping Cough website:
www.cdc.gov/pertussis/pregnant

Immunization for Women website:
www.immunizationforwomen.org/immunization_facts/vaccine-preventable_diseases/pertussis

Vaccines during Pregnancy website:
www.midwife.org/omot-vaccines-during-pregnancy

American Academy of Family Physicians website:
www.aafp.org/patient-care/immunizations/disease-population.html

Tdap Vaccine Information Statement (VIS):
www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html

Ask your doctor or midwife about getting the **whooping cough vaccine** during your 3rd trimester.

SOGA
SOUTHERN OBSTETRICS & GYNECOLOGIC ASSOCIATES

FIFTH'S DISEASE

Fifth's disease is caused by a virus called Human Parvovirus B19. Children with this illness may not have any symptoms initially but they usually show signs which are characteristic of the disease. Children usually have a sore throat and a slight runny nose. You may then see a bright red rash on both cheeks that gives an appearance of "slapped cheeks" and this can last from 1-3 days. This is followed by a rash that has a light pink lace-like pattern on the arms and legs, especially the upper arms and thighs, and occasionally moves onto the trunk and buttocks. This lacy rash can come and go over the next 1-5 weeks and fluctuates in intensity with warm baths, exposure to sunlight and increase in environmental temperatures. Greater than 50% of children will develop a rash 10-14 days after they have been exposed. Because this disease is contagious *before* the rash appears, once the rash is present the child is no longer infectious.

When an adult develops Fifth's disease they usually develop different symptoms. They may get a mild pink color on their cheeks and usually do not develop a rash. Adults develop joint pain, especially of their knees, and this pain may last 1-3 months. Studies have shown that 50% of adults tested have evidence of past infection and have acquired long-term immunity against the disease.

When you are pregnant, the question of concern is if the baby can be harmed if you are exposed to the virus. If you have immunity to the disease you do not have to be worried about potential problems. If you come into contact with someone who has the virus and you are immune, your immune system will protect the baby from the virus. If you are exposed to the virus and you are not immune, testing would determine if you have been infected. If you become infected, your baby is then at risk of acquiring the virus. If your baby does become infected, there is a risk of less than 10% that there would be any ill effects. It is very difficult to eliminate exposure especially since individuals who have the illness are infectious before displaying any symptoms. However, you can decrease transmission of the infection by using good hand washing and properly disposing of any tissue soiled with respiratory secretions.

You must contact us if during your pregnancy you become exposed to someone with Fifth's disease during the contagious period (before the rash appears) or if you develop any symptoms of the illness itself. We will order a blood test to determine if you already have immunity or if you have been infected. If you do show that you have been recently infected with the virus, the physicians will discuss a plan with you at that time. This will usually only involve ultrasound evaluations but may require further testing.

Should you have questions regarding this potential problem, please ask the physician at your next visit.

SOGA
SOUTHERN OBSTETRICS & GYNECOLOGIC ASSOCIATES

Your Baby and Your Pet

Congratulations, you're expecting a baby! If your family already includes a pet, you'll need to help that *first* "baby" adjust to the new one you'll soon bring home. You can help your pet cope with this big change in much the same way parents help children understand that a new brother or sister will be joining the family. By following the tips in this brochure, you can ease your pet's stress, help him or her welcome your new baby, and ensure that your pet stays where he or she belongs – with you and your growing family.

How will my pet react?

No matter how much you plan ahead, the addition of a new family member may be difficult for your companion animal. Remember, your dog or cat was your "baby" before your human child arrived. Despite your good intentions, you may not be able to spend as much time together after the baby's arrival, so gradually accustom your pet to spending a little less time with you, but be sure it's quality time.

Drastically decreasing attention or frequently scolding, ignoring, or isolating your pet *after* the baby is born may cause negative associations with the baby and stress to your pet and you. If your pet is close with you only, encourage other family members or pet-friendly neighbors to develop a closer relationship to provide extra attention while you're busy with the baby.

How can I prepare my pet?

Here are several suggestions to make introducing your pet and baby safer and smoother for all.

- Months before your baby arrives, take your pet to the veterinarian for a routine health exam and necessary vaccinations.
- Spay or neuter your pet. Not only do sterilized pets have fewer health problems associated with their reproductive systems, but they are also calmer and less likely to bite.
- Consult with a veterinarian and pediatrician if the thought of your newborn interacting with the family pet makes you uncomfortable. Address any pet training and behavior problems. If your pet exhibits fear and anxiety, now is the time to get help from your veterinarian.
- If your pet's behavior includes gentle nibbling, pouncing, or swatting at you and others, redirect that behavior to appropriate objects.
- Get your pet used to nail trims
- Train your pet to remain calmly on the floor beside you until you invite him or her on your lap, which will soon cradle a newborn.

- Consider enrolling in a training class with your dog, and practice training techniques. Training allows you to safely and humanely control your dog's behavior and enhances the bond between you and your pet. For more information, ask The Humane Society of the United States (HSUS) for the information sheet *Choosing A Dog Trainer*.
- Encourage friends with infants to visit your home to accustom your pet to babies. Supervise all pet and infant interactions.
- Accustom your pet to baby-related noises months before the baby is expected. For example, play recordings of a baby crying, turn on the mechanical infant swing, and use the rocking chair. Make these positive experiences for your pet by offering a treat or playtime. CD-ROMs of baby sounds are available at www.preparingfido.com.
- To discourage your pet from jumping on your baby's furniture, apply double-stick tape to it. If the baby's room will be off-limits to your pet, install a sturdy screen door. Introduce these new items months ahead of time.
- Use a baby doll to help your pet get used to the real thing. Carry around a swaddled baby doll, take the doll in the stroller when you walk your dog, and use the doll to get your pet used to routine baby activities, such as bathing and diaper changing.
- Talk to your pet about the baby, using the baby's name if you've selected one.
- Sprinkle baby powder or baby oil on your skin so your pet becomes familiar with the new smells.
- Finally, plan ahead to make sure your pet gets proper care while you're at the birthing center. Ask the HSUS for more information sheets on choosing a pet sitter or boarding kennel.

What do we do after the baby is born?

Welcoming a new baby is exciting for your family. Remember when you brought home your dog or cat? But before you bring your baby home for the first time, send something from the hospital with the baby's scent (such as a blanket) for your pet to investigate. When you return from the hospital, your pet may be eager to greet you and receive your attention. Have someone else take the baby into another room while you give your pet a warm, but calm, welcome. Keep some treats handy so you can distract your pet. After your initial greeting, you can bring your pet with you to sit next to the baby; reward your pet with treats for appropriate behavior. Remember, you want your pet to view associating with the baby as a positive experience. To prevent anxiety or injury, never force your pet to get near the baby, and always supervise any interaction.

Life will no doubt be hectic caring for your new baby, but try to maintain regular routines as much as possible to help your pet adjust. And be sure to spend one-on-one quality time with your pet each day – it may help relax you, too.

With proper training, supervision, and adjustments, you, your new baby, *and* your pet should be able to live together safely and happily as one (now larger) family.

You Can Keep Your Cat

If you're pregnant, you've probably heard of toxoplasmosis because it is a disease that can cause serious birth defects. However, toxoplasmosis is a rare disease in countries like ours. While the disease-causing parasite can be found in the feces of cats who ingest raw meat, birds, mice, or contaminated soil, toxoplasmosis is more commonly found in uncooked or undercooked meat.

Being pregnant does not mean you have to give up living with, and caring for, your beloved cat. Toxoplasmosis can be easily avoided by practicing good hygiene and responsible pet care. Just follow these simple common-sense steps to reduce the risk.

- Avoid handling or eating uncooked or undercooked meat
- Keep your cat safely indoors and away from wildlife.
- Have someone else clean the litter box daily.
- If you must clean the litter box, wear rubber gloves and follow with a thorough hand washing.
- Feed cats only commercially prepared cat food.

Information gathered from HSUS education
F:Forms/backoffice/nobfolder/yourbabyandyourpet/2-17

SOGA
SOUTHERN OBSTETRICS & GYNECOLOGIC ASSOCIATES

Toxoplasmosis in Pregnancy

What is Toxoplasmosis?

Toxoplasmosis is an infection that can threaten the health of an unborn child. It is caused by a parasite called *Toxoplasma gondii*. The parasite multiplies in the intestines of cats and is shed in cat feces, mainly into litter boxes and garden soil. You can get the parasite by handling cat litter or soil where there is cat feces. You can also get the parasite from eating undercooked meat (such as rare beef) from animals infected with the parasite.

What happens if I have it?

Healthy adults usually do not suffer ill effects from toxoplasmosis and many times do not have enough symptoms to suggest infection. Symptoms are rare, but can resemble the flu. However, if you become infected while pregnant, your unborn child may also become infected. Infected babies may not develop any disease, or they may become very ill, with serious damage to the brain and eyes.

If you have been infected previously (at least 6 to 9 months before your pregnancy) with toxoplasmosis, you will develop immunity to it. The infection will not be active when you become pregnant, and so there is rarely a risk to your baby.

How do I know if I have it?

Blood testing for detecting past or recent exposure to this parasite is available, but it is not routinely done. If you are not tested and you don't know if you're immune or not, or if testing does not show immunity from previous infection, you can still take steps to protect yourself and your unborn child.

How can I avoid Toxoplasma during pregnancy?

Here are some tips to help you avoid exposure to Toxoplasma during your pregnancy:

- Do not allow your cat to go outside your home where it may come in contact with Toxoplasma. If possible, have someone else take care of your cat while you are pregnant.
- Have another family member change the cat litter box and then disinfect it with boiling water for 5 minutes.
- If you must handle the chore or changing the cat litter box, wear rubber gloves to avoid contact with the litter and wash your hands thoroughly afterwards.
- Use work gloves when gardening and wash your hands afterwards. Cover children's sandboxes when not in use (cats like to use them as litter boxes).
- Control flies and cockroaches as much as possible. They can spread contaminated soil or cat feces onto food.
- Avoid eating raw or undercooked meat (or poultry) and unwashed fruits and vegetables.
- Wash your hands thoroughly before you eat and after handling raw meat, soil, sand or cats.
- Avoid rubbing your eyes or face when preparing food, and wipe the counter clean afterwards.
- Avoid eating raw eggs and drinking unpasteurized milk.

SOGA
SOUTHERN OBSTETRICS & GYNECOLOGIC ASSOCIATES

What You Need to Know About Mercury in Fish and Shellfish

Fish and shellfish are an important part of a healthy diet. Fish and shellfish contain high quality protein and other essential nutrients, are low in saturated fat, and contain omega-3 fatty acids. A well-balanced diet that includes a variety of fish and shellfish can contribute to heart health and children's proper growth and development. So, women and young children in particular should include fish or shellfish in their diets due to the many nutritional benefits.

However, nearly all fish and shellfish contain traces of mercury. For most people, the risk from mercury by eating fish and shellfish is not a health concern. Yet, some fish and shellfish contain higher levels of mercury that may harm an unborn baby or young child's developing nervous system. The risks from mercury in fish and shellfish depend on the amount of fish and shellfish eaten and the levels of mercury in the fish and shellfish. Therefore, the Food and Drug Administration (FDA) and the Environmental Protection Agency (EPA) are advising women who may become pregnant, pregnant women, nursing mothers, and young children to avoid some types of fish and eat fish and shellfish that are lower in mercury.

Safety Tips

By following these 3 recommendations for selecting and eating fish or shellfish, women and young children will receive the benefits of eating fish and shellfish and be confident that they have reduced their exposure to the harmful effects of mercury.

1. **Do not eat:**
    - **Shark**
    - **Swordfish**
    - **King Mackerel**
    - **Tilefish**
2. Eat up to 12 ounces (2 average meals) a week of a variety of fish and shellfish that are lower in mercury.
    - Five of the most commonly eaten fish that are low in mercury are shrimp, canned light tuna, salmon, pollock, and catfish.
    - Another commonly eaten fish, albacore ("white") tuna has more mercury than canned light tuna. So, when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of albacore tuna per week.
3. Check local advisories about the safety of fish caught by family and friends in your local lakes, rivers, and coastal areas.
    - If no advice is available, eat up to 6 ounces (one average meal) per week of fish you catch from local waters, but don't consume any other fish during that week.

Follow these same recommendations when feeding fish and shellfish to your young child, but serve smaller portions.

Visit the Food and Drug Administration's Food Safety Website www.cfsan.fda.gov or the Environmental Protection Agency's Fish Advisory Website www.epa.gov/ost/fish for a listing of mercury levels in fish. You can also call the FDA's food information line toll-free at 1-888-SAFEFOOD.

Frequently Asked Questions About Mercury in Fish and Shellfish:

What is mercury?
Mercury occurs naturally in the environment and can also be released into the air through industrial pollution. Mercury falls from the air and can accumulate in streams and oceans and is turned into methylmercury in the water. It is this type of mercury that can be harmful to your unborn baby and young child. Fish absorb the methylmercury as they feed in these waters and so it builds up in them. It builds up more in some types of fish and shellfish than others, depending on what the fish eat, which is why the levels vary.

I'm a woman who could have children but I'm not pregnant – so why should I be concerned about methylmercury?
If you regularly eat types of fish that are high in methylmercury, it can accumulate in your blood stream over time. Methylmercury is removed from the body naturally, but it may take over a year for the levels to drop significantly. Thus, it may be present in a woman even before she becomes pregnant. This is the reason why women who are trying to become pregnant should also avoid eating certain types of fish.

Is there methylmercury in all fish and shellfish?
Nearly all fish and shellfish contain traces of methylmercury. However, larger fish that have lived longer have the highest levels of methylmercury because they've had more time to accumulate it. These large fish (swordfish, shark, king mackerel and tilefish) pose the greatest risk. Other types of fish and shellfish may be eaten in the amounts recommended by FDA and EPA.

I don't see the fish I eat in the advisory. What should I do?
If you want more information about the levels in the various types of fish you eat, see the FDA food safety website www.cfsan.fda.gov or the EPA website at www.epa.gov/ost/fish.

What about fish sticks and fast food sandwiches?
Fish sticks and "fast-food" sandwiches are commonly made from fish that are low in mercury.

The advice about canned tuna is in the advisory, but what's the advice about tuna steaks?
Because tuna steak generally contains higher levels of mercury than canned light tuna, when choosing your two meals of fish and shellfish, you may eat up to 6 ounces (one average meal) of tuna steak per week.

What if I eat more than the recommended amount of fish and shellfish in a week?
One week's consumption of fish does not change the level of methylmercury in the body much at all. If you eat a lot of fish one week, you can cut back for the next week or two. Just make sure you average the recommended amount per week.

Where do I get information about the safety of fish caught recreationally by family or friends?
Before you go fishing, check your Fishing Regulations Booklet for information about recreationally caught fish. You can also contact your local health department for information about local advisories. You need to check local advisories because some kinds of fish and shellfish caught in your local waters may have higher or much lower than average levels of mercury. This depends on the levels of mercury in the water in which the fish are caught. Those fish with much lower levels may be eaten more frequently and in larger amounts.

Information gathered from U.S. Food and Drug Administration & U.S. Environmental Protection Agency.
F:Forms/backoffice/nobfolder/whatyouneedtoknowaboutmercuryinfishandshellfish/2-17

Completion of Insurance/Disability Forms

In accordance with practice policy we will be more than happy to complete an initial insurance and/or disability form. However, due to the overwhelming volume, there will be a $10.00 upfront charge* for completing additional forms or letters on your behalf. Examples may include disability forms, FMLA papers, life insurance forms, etc.

*We require at least 48 hours to complete the forms.

*Payment is expected prior to completion of additional forms