

OB Appointment Guide

The First Trimester (The first trimester includes conception through twelve weeks.)

Your first appointment will generally occur at about 8-10 weeks: What to expect:

- We will check your weight and your blood pressure.
- We will ask you to give a urine sample.
- You will most likely have a breast exam, pelvic exam and an ultrasound test.
- You will have a Pap smear (if necessary).
- You will be given a lab slip to have your blood drawn for a variety of tests, which you will need to complete within one week following this appointment.

Your next appointment will be scheduled at about 12 weeks:

- We should have your lab results back by this appointment. These will be reviewed with you by your physician.
- We will check your weight and blood pressure, and ask you to give a urine sample.
- Your physician will also measure the baby and listen to the heartbeat.

The Second Trimester (The second trimester is 13 through 27 weeks.)

Your appointment at about 16 weeks:

- We will check your weight and blood pressure, and ask you to give a urine sample.

Your appointment at about 20 weeks:

- At this appointment, you will meet with one of our Registered Ultrasonographers for an ultrasound, which is performed to check the status and growth of your baby. If you would like to have a copy of the ultrasound pictures, they will print some for you.
- Your doctor will have time to review the ultrasound and meet with you.
- We will check your weight and blood pressure, and ask you to give a urine sample.
- If you elected to have the AFP test, your doctor will discuss the results with you.

Your appointment at about 24 weeks

- We will give you a glucose drink and a lab slip to have your blood drawn between 27 and 28 weeks.
- We will also give you special written instructions that you need to follow to prepare for the lab test.
- We will give you hospital registration and survey information for you to send to the hospital.
- We will give you a Birth Plan to complete and return in a few weeks (third trimester).

The Third Trimester (The third trimester is 28 through 40 weeks.)

Your appointment at about 28 weeks:

- We will check your weight and blood pressure, and ask you to give a urine sample.

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- Your doctor will discuss the results of your glucose test with you.
- If you need a Rhogam injection, it will be given today.
- Please bring in your Birth Plan to discuss with your doctor.

Your appointment at about 30 weeks:

- We will check your weight and blood pressure, and ask you to give a urine sample.
- The whooping cough (Pertussis) vaccine will be given to protect your child.

Your appointment at about 32 weeks:

- We will check your weight and blood pressure, and ask you to give a urine sample.
- Your provider will discuss birth control options for after the baby is born.

Your appointment at about 34 weeks:

- We will check your weight and blood pressure, and ask you to give a urine sample.

Your appointment at about 36 weeks:

- We will check your weight and blood pressure, and ask you to give a urine sample.
- At this appointment, your doctor will do a vaginal exam and a Group B Strep test. This test is much like having a Pap smear.
- The medical assistant will provide you with written information about Group B Strep.

Your appointment at about 37 weeks:

- We will check your weight and blood pressure, and ask you to give a urine sample.
- At this appointment, your doctor will discuss the results of your Group B Strep test and may check your cervix for any changes.

Your appointment at about 38 weeks:

- We will check your weight and blood pressure, and ask you to give a urine sample.
- At this appointment, your doctor may check your cervix for any changes.

Your appointment at about 39 weeks:

- We will check your weight and blood pressure, and ask you to give a urine sample.
- At this appointment, your doctor may check your cervix for any changes.

Your appointment at about 40 weeks:

- We will check your weight and blood pressure, and ask you to give a urine sample. At this appointment, your doctor may check your cervix for any changes.

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Women's Health & AESTHETICS

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Patient education: Nutrition before and during pregnancy (The Basics)

Will I need to change the way I eat when I am pregnant? — Probably. In fact, you will probably need to change the way you eat **before** you get pregnant. You will also need to start taking a multivitamin that has [folic acid](#) in it.

If you want to get pregnant, see your doctor or nurse before you start trying. He or she will explain how your diet needs to change and outline the steps you can take to have the healthiest pregnancy possible.

Eating the right foods will help your baby's development. Your baby will need nutrients from these foods to form normally and grow.

Eating the wrong foods could harm your baby. For example, if you eat cheese made from unpasteurized milk or raw or undercooked meat, you could get an infection that could lead to a miscarriage. A miscarriage is when a pregnancy ends on its own before the baby can live outside the womb. Likewise, if you take too much [vitamin A](#) (more than 10,000 international units a day) in a vitamin supplement, your baby could be born with birth defects.

Making healthy food choices is also important for your health as a mother. As your baby grows and changes inside you, it will take nutrients from your body. You will have to replace these nutrients to stay healthy and have all the energy you need.

Which foods should I eat? — The best diet for you and your baby will include lots of fresh fruits, vegetables, and whole grains, some low-fat dairy products, and a few sources of protein, such as meat, fish, eggs, or dried peas or beans. If you do not eat dairy foods, you will need to get calcium from other sources.

If you are a vegetarian, speak to a nutritionist (food expert) about your food choices. Vegetarian diets can sometimes be missing nutrients that are important for a growing baby.

Should I prepare food differently? — Maybe. You need to be extra careful about avoiding germs in your food. Getting an infection while you are pregnant can cause serious problems.

Here's what you should do to avoid germs in your food:

- Wash your hands well with soap and water before you handle food.
- Make sure to fully cook fish, chicken, beef, eggs, and other meats.
- Rinse fresh fruits and vegetables under lots of running water before you eat them.
- When you are done preparing food, wash your hands and anything that touched raw meat or fish with hot soapy water. This includes countertops, cutting boards, and knives and spoons.

To reduce the risk of germs in food, you should also avoid foods that can easily carry germs, including:

- Raw sprouts (including alfalfa, clover, radish, and mung bean)
- Milk, cheese, or juice that has not been pasteurized (also called unpasteurized)

Which foods should I avoid? — You should avoid certain types of fish and all forms of alcohol. You should also limit the amount of caffeine in your diet, and check with your doctor before taking herbal products.

- **Fish** — You should not eat types of fish that could have a lot of mercury in them. These include shark, swordfish, king mackerel, marlin, and tilefish (from the Gulf of Mexico). Mercury is a metal that can keep the baby's brain from developing normally.

You can eat types of fish and seafood that are very low in mercury. In fact, eating these kinds of fish is good for your baby's development, as long as you don't eat them too often. Each week, experts suggest eating:

- **2 to 3 servings of fish very low** in mercury — These include shrimp, canned light tuna, salmon, pollock, and catfish.

or

- **1 serving of fish low** in mercury — These include bluefish, grouper, halibut, mahi mahi, and yellowfin tuna. Tuna steaks are also OK to eat, but only 1 time a week.

Check with your doctor or nurse about the safety of other types of seafood, including fish caught in local rivers and lakes. The US Food and Drug Administration (FDA) also has more information about specific types of fish on their website (www.fda.gov/fishadvice).

- **Alcohol** — You should avoid alcohol completely. Even small amounts of alcohol could harm a baby.

- **Caffeine** — Limit the amount of caffeine in your diet by not drinking more than 1 or 2 cups of coffee each day. Tea and cola also have caffeine, but not as much as coffee.

- **Sugary drinks** — Avoid or limit drinks with lots of sugar, such as soda and sports drinks. These are not good for your health at any time.

- **Herbal products** — Check with your doctor or nurse before using herbal products. Some herbal teas might not be safe.

What are prenatal vitamins? — Prenatal vitamins are vitamin supplements that you take the month before and all through your pregnancy. These vitamins, which also contain minerals (iron, calcium), help make sure that your baby has all the building blocks he or she needs to form healthy organs. Prenatal vitamins help lower the risk of birth defects and other problems.

What should I look for in prenatal vitamins? — You can buy prenatal vitamins from a store or pharmacy. Choose a multivitamin that's labeled "prenatal" and that has at least 400 micrograms of [folic acid](#). Folic acid is especially important in preventing certain birth defects. Show your doctor or nurse the vitamins you plan to take to make sure the doses are right for you and your baby. Too much of some vitamins can be harmful.

Your doctor can also prescribe a prenatal vitamin for you. Prescription vitamins often have more of some vitamins and minerals than the ones found in stores. For example, your doctor might give you a prescription if he or she thinks you need extra iron. It's important to get enough iron while you're pregnant. This can help prevent a condition called "iron deficiency anemia."

How much weight should I gain? — That will depend on how much you weigh to begin with. Your doctor or nurse will tell you how much weight gain is right for you. In general, a woman who is a healthy weight should gain 25 to 35 pounds during her pregnancy. A woman who is overweight or obese should gain less weight.

If you start to lose weight, for example, because you have severe morning sickness, call your doctor or nurse.

What if I can't afford to eat well? — If you can't afford healthy food, ask your doctor or nurse for information about programs that can help you. In the US, there is a government program called "WIC"

that helps women and their families get the nutrition they need. Many states and towns also have local programs to help women who are pregnant or nursing.

MORNING SICKNESS AND HYPEREMESIS GRAVIDARUM

It is not clearly understood why nausea and vomiting in pregnancy (commonly referred to as morning sickness) occurs. Experts believe there may be a combination of factors that lead to **nausea vomiting in pregnancy (NVP)**. This much is known:

- More than half of pregnant women experience NVP
- Usually begins between the first and second missed period
- Typically begins to ease by the end of the third month of pregnancy (but occasionally will last throughout pregnancy)
- Can occur anytime of the day and last a few minutes or many hours
- Does NOT mean there is something wrong with you or the baby

What Causes NVP?

- Heightened sensitivity during pregnancy to smells, noise, motion and temperature
- Hormones that are abundant during pregnancy may cause nausea
- Changes in your digestion system related to pregnancy
- Routine medications

What Can I Do About NVP?

Morning sickness is variable in nature. Many things, such as sights, smells, noises, motion, temperature changes, etc. can affect the level of nausea. Finding out what triggers your symptoms and then making some changes as suggested below may help you feel better.

- Avoid or decrease sights, sounds, smells that produce symptoms
- Get out of bed slowly – avoid sudden movements
- Adjust room temperatures to a cooler setting
- Go outside for some fresh air
- Get adequate sleep and rest
- Ask your physician about taking your prescription vitamins/iron at bedtime
- Avoid brushing your teeth immediately after eating
- Avoid using a straw
- Avoid anxiety producing situations that can lead to increased agitation and nausea
- Practice relaxation techniques
- Talk to your physician about conventional measures (acupressure wristbands, acupuncture or hypnosis)
- Get help – ask friends or family to help out until you feel better

What About Eating and Drinking?

- Eat small, frequent meals (every 2-3 hours)
- Carbohydrate foods such as crackers, toast, potatoes or cereal, tend to digest easily and can help ease nausea
- Serve food either very warm or very cold
- Avoid greasy or fatty foods
- Try small amounts of a single food – add variety as you feel better
- Avoid highly seasoned food – lightly season and salt to taste
- Weak tea, ginger tea, very cold carbonated drinks, fruit drinks, and crushed ice or ice-pops, may sit easier on your stomach
- Try not to eat and drink at the same meal – sip fluids between meals
- Sit upright after meals
- Anything that you are craving can be eaten (within reason) but you should

MORNING SICKNESS AND HYPEREMESIS GRAVIDARUM

- avoid spicy, fatty and greasy foods
- Consider taste (salty, sweet, sour, bland, bitter) – one might be easier to tolerate than the others
- Consider texture (soft, hard, smooth, lumpy, crunchy, wet, dry)- might be more appetizing to you
- Keep a food diary – you may find that eating certain foods at certain times of the day will help you break the cycle of NVP

Are There Other Treatments?

Your physician might prescribe various treatment options:

- Dietary changes
- Medications
- Intravenous (IV) fluids to correct dehydration
- IV nutrition if necessary

What Medications Are Used To Manage NVP?

There are various OTC and prescription medications that are used to treat NVP. The first line treatment consists of using these OTC medications. These include the following:

Mild nausea w/o vomiting:

- Vit B6 (Pyridoxine) 25mg every 8 hrs
- Ginger 250mg every 6 hrs
- OR
- Diclegis 10mg take 2 at bedtime.

Moderate nausea with vomiting \leq 2 times a day **ADD**

- Doxylamine 12.5mg (Unisom) at bedtime
- Continue B6 and Ginger

IF no relief then ADD

- Increase Doxylamine to 25mg at bedtime and 12.5mg in AM and NOON.
- Continue B6 and ginger. Increase B6 to 50mg at bedtime and 25mg at AM and NOON.

**** Unisom can cause drowsiness. Start with bedtime dose for 4-5 days first to decrease drowsiness then add as needed and as tolerated in morning and afternoon. NOTE: Bedtime dose helps with morning nausea, morning dose helps with afternoon nausea, and afternoon dose helps with evening nausea so adjust times for your particular needs.

Several different medications are commonly prescribed to treat NVP. Your physician will discuss the risks and the benefits of these medications (called antiemetics). If NVP progresses far enough it develops into Hyperemesis Gravidarum. Some of the more common drugs are:

- promethazine (PHENERGAN) 12.5-50mg
- prochlorperazine (COMPazine) 5-10mg
- metoclopramide (REGLAN) 5-10 mg
- ondansetron (ZOFran) 4-8mg
- Oral steroid taper

Depending on the drug, it may be given orally, rectally, by injection, in the vein (IV), or just under the skin in the tissues (SQ). Your doctor will decide if one of these, or the many other medications that are available, are safe and beneficial for both you and your baby.

Future Pregnancy Implications

Many women ask what the chance of recurrent NVP is for their next pregnancy. This usually is around 15-20% recurrence rate for women who were diagnosed with hyperemesis gravidarum in their prior pregnancy. Simple NVP recurrence is usually higher as it is not as severe.

Medications Acceptable During Pregnancy

Allergy

- diphenhydramine (Benadryl)
- Claritin, Allegra and Zyrtec (avoid any of the 24hr – D versions)
- Steroid nasal spray (Rhinocort, Nasocort, Flonase): 2 puffs each nostril AM and PM as needed.

Headache, Pain, Cold or Flu/Congestion

- Acetaminophen (Tylenol) 1000mg every 8 hrs as needed
- Pseudoephedrine (13-34wks if no high blood pressure)
- Saline nasal drops or spray as needed
- Robitussin, Vicks cough Syrup
- Steroid nasal spray (Rhinocort, Nasocort, Flonase): 2 puffs each nostril AM and PM as needed, best for sore throat
- Warm salt/water gargle as needed
- Cough drops

Check with your doctor before taking any other medications, especially in the first trimester.

Constipation

- Colace 100mg AM and PM
- Miralax once to twice a day
- Metamucil daily
- Anusol, Preparation H, Tucks pads

Reflux:

Pepcid 20mg Am and PM (**BEST CHOICE**) Maalox
TUMS

First Aid Ointment

- Bacitracin
- J&J First-Aid Cream
- Neosporin
- Polysporin

Rashes

- Benadryl cream
- Caladryl lotion or cream
- Hydrocortisone cream or ointment
- Oatmeal bath (Aveeno)

RESOURCE: www.webmd.com/women/pregnancy-medicine

What Alternative Therapies Are Considered Safe During Pregnancy?

Some alternative therapies have been shown to be safe and effective for pregnant women to relieve some of the uncomfortable side effects of pregnancy. Talk it over with your doctor first before using any of them. And remember, “Natural” doesn’t always equal “safe” when you’re pregnant.

Nausea in early pregnancy: Acupuncture, acupressure, ginger root (250 mg capsules 4 times a day), and vitamin B6 (pyridoxine, 25 mg two or three times a day) work well. Sipping the thick syrup from inside a can of peaches, pears, mixed fruits, pineapples, or orange slices may also help.

Backache: Chiropractic manipulation can be very effective at managing this issue. Prenatal yoga is also a great way to get some exercise and improve muscle tone to help control back and joint pain. Another option is massage but it is important to make sure your massage therapist is adequately trained in pre-natal massage.