



Pregnancy Guidelines

Obstetrics & Gynecologic Associates of Flint

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810-239-9444

This form is available under the “pregnancy” link at Mi-obgyn.com. There is also a separate link of *Approved Medications in Pregnancy* available under the pregnancy link on the web site. Additional patient resources are also provided on our website for your convenience.

1. Take your prenatal vitamin **every day**. Folic acid reduces the risk of birth defects and may reduce the risk of preterm delivery. Never take a vitamin with more than 4000 IU of Vitamin A.
2. Do not take any medications, pills, or supplements without physician approval. Generally, use the smallest dose for the shortest duration and try to avoid medications in the first trimester if possible. **There is a separate form on *Approved Medications in Pregnancy* on our web site under the “pregnancy” link.**
3. Notify your physician if you are on a special diet such as a vegetarian diet. You may require additional dietary supplements or a nutritional consultation.
4. Try to avoid caffeine. Limit your consumption of caffeine to one caffeinated beverage per day.
5. Always wear your seatbelt in the car, even in the back seat. Wearing a seatbelt is safer for mother and baby.
6. NEVER use tobacco, alcohol, or illegal drugs. Placenta previa, placental abruption, low birth weight, and preterm rupture of membranes are associated with smoking. Alcohol use is associated with birth defects, mental retardation, and neurologic deficits.
7. **Vaginal bleeding, leakage of fluid from the vagina, and decreased fetal movement are concerning signs.** You should call the office immediately. After hours, you should proceed to the hospital immediately. You cannot be evaluated over the phone with these symptoms. Please read our guidelines on *When to Call the Office* on our web site under the pregnancy link.
8. **If you are PRETERM and are experiencing 4 or more contractions in an hour**
 - a. Empty your bladder. A full bladder can cause contractions
 - b. Lay down. Walking or sitting upright can cause pressure on the cervix and lead to contractions.
 - c. Drink some waterIf none of these steps seems to stop the contractions, call the office at **810-239-9444**.
9. At any point, if you feel that you may be in labor, proceed to the hospital and refrain from consumption of solid food.
10. Pregnant women have a higher risk of venous thromboembolism (blood clots). If you ever develop chest pain, shortness of breath, leg swelling, leg redness, and/or pain in your legs, please call the office. After hours, proceed directly to the hospital. You do NOT need to call the office first.
11. NEVER handle cat litter in pregnancy. It may carry a dangerous infection (toxoplasmosis).
12. Pregnant patients should **NOT** use a hot tub or sauna.
13. In general, an additional 100-300 calories per day is recommended during pregnancy. If you are pregnant with twins an additional 600 calories per day is recommended. Pregnant patients are advised to eat small frequent meals throughout the day rather than two or three big meals per day.



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14. FOOD SAFETY

- a. All meats should be completely cooked, especially chicken, pork, and hamburger.
- b. All dairy products and fruit beverages should state "pasteurized" on the label.
- c. Meat that is not thoroughly cooked and non-pasteurized dairy/fruit products may contain bacteria which may be harmful to both mother and baby.
- d. DO NOT eat hot dogs unless they are reheated until steaming hot.
- e. DO NOT eat soft cheese such as feta, brie, and Camembert, blue-veined cheese, ques blanco, queso fresco, and Panela unless it is labeled as made with pasteurized milk.
- f. DO NOT eat refrigerated pâtés or meat spreads. Canned or shelf-stable pâtés and meat spreads may be eaten.
- g. DO NOT eat refrigerated smoked seafood, unless it is contained in a cooked dish, such as a casserole. Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna, or mackerel, is most often labeled as "nova-style," "lox," "kippered," "smoked," or "jerky." These fish are found in the refrigerated section or sold at deli counters of grocery stores and delicatessens.
- h. DO NOT drink non-pasteurized milk or eat foods that contain non-pasteurized milk.
- i. DO NOT eat swordfish, shark, mackerel, or tilefish in pregnancy. Higher levels of mercury may be found in these fish. For specific guidelines regarding fish consumption in pregnancy please refer to the following web address: <http://www.cfsan.fda.gov/~dms/admehg3.html>
- j. Canned or shelf-stable smoked seafood may be eaten.
- k. The FDA provides specific food guidelines to pregnant women... ***FDA Food Safety for Moms-to-Be*** <http://www.fda.gov/downloads/Food/ResourcesForYou/HealthEducators/UCM148940.pdf>

15. The recommended weight gain in pregnancy is dependent upon your pre-pregnancy weight. The guidelines are based on your BMI (Body Mass Index). BMI is calculated using your height and weight. The National Institutes of Health provides a BMI calculator at <http://www.nhlbisupport.com/bmi/bminojs.htm>.

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|--------------------------------------|---|-----------|
| If your pre-pregnancy BMI is <19.8, | the recommended total weight gain is | 28-40 lbs |
| If your pre-pregnancy BMI is 19.8-26 | the recommended total weight gain is | 25-35 lbs |
| If your pre-pregnancy BMI is 26-29 | the recommended total weight gain is | 15-25 lbs |
| If your pre-pregnancy BMI is >29 | the recommended total weight gain is at least | 15 lbs |

Obesity is defined as a BMI of 30 or greater. Obese patients have higher rates of preeclampsia, gestational diabetes, and cesarean delivery. The risk of surgical complications is also increased. These complications include higher rates of excessive blood loss, prolonged surgical time, wound infection, endometriosis, and thromboembolism (blood clots). If you are overweight, your doctor may recommend a nutrition consultation and encourage you to follow an exercise program.



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15. In the absence of either medical or obstetric complications, **30 minutes or more of moderate exercise per day on most if not all days of the week is recommended for pregnant women.** Activities with a high risk of falling or those with a high risk of abdominal trauma should be avoided. Women should not take up a new strenuous sport during pregnancy. Previously inactive women and those with medical or obstetric complications should discuss exercise with their physician first. Physically active women with a history of or risk for preterm delivery or poor fetal growth should reduce their activity in the second and third trimester. Pregnant women should avoid lying flat on their backs during exercise as much as possible. Stop exercising if you experience chest pain, vaginal bleeding, dizziness, headache, decreased fetal movement, amniotic fluid leakage, muscle weakness, calf pain or swelling, or regular uterine contractions.
16. First-trimester combined screening (blood work and sonogram), cystic fibrosis carrier screening, HIV testing, diabetes screening, and GBS testing are offered to all patients. The quadruple marker serum screening test and serum AFP testing may be offered to some patients. These tests are recommended, but the decision is ultimately yours.
17. If you (or the father of the baby) are of Jewish or Mediterranean descent you may need additional testing. If you, the father of the baby, or anyone in either family has been diagnosed with a genetic or chromosomal abnormality please let us know at your first visit.
18. All pregnancies are at risk for Down Syndrome. The risk increases with the age of the patient. If you will be 35 years old or older at the time of your due date, please notify your physician. There is additional testing and counseling. Advanced maternal age (AMA) is a term used to describe a woman who gives birth at 35 years of age or older. It is important to note that AMA patients are at higher risk for a number of conditions including a greater risk for miscarriage, cesarean delivery, placenta previa (abnormal placental location), multiple gestations (twins) and fetal chromosomal abnormalities (such as Down Syndrome).
19. Advanced paternal age, particularly after age 50 years, is implicated in an increase in fetal disorders such as neurofibromatosis, achondroplasia, Apert's syndrome, and Marfan syndrome.
20. It is very important that pregnant women continue usual dental care in pregnancy. This dental care includes routine brushing and flossing, scheduled cleanings, and any medically needed/necessary dental work.
21. Most women with an uncomplicated pregnancy can continue to work until the onset of labor. Women with medical or obstetric complications of pregnancy may need to make adjustments based on the nature of their activities, occupations, and specific complications. If your job requires prolonged standing, potentially dangerous chemical/environmental exposure, or repetitive, strenuous, physical lifting, please let us know.
22. **Regular prenatal visits are recommended and expected. Missed appointments could result in suboptimal care. It is your responsibility to notify this office immediately if your phone number or address changes.**
23. The AVERAGE, LOW-RISK pregnancy receives one ultrasound... Additional studies may be ordered *if* clinically indicated/needed. **There is no guarantee that an ultrasound will be able to accurately determine the sex of your baby.**



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I have received a copy of Obstetrics & Gynecologic Associates of Flint's *Pregnancy Guidelines*. All of my questions regarding this form have been answered to my satisfaction. By signing below I acknowledge my receipt and understanding of these guidelines. I understand that a copy of these guidelines is available online at www.Mi-obgyn.com .

Patient Signature _____ Date _____

Witness Date _____ Date _____