

Maternity Care





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Maternity care

At Northwestern Medicine, we are dedicated to providing excellent care to meet the unique needs of patients during and after their pregnancy.

Pregnancy is a very exciting time, and we are happy that you have chosen us as your maternity care team. We would like to share some important information about your pregnancy and maternity care at Northwestern Medicine.

When you're expecting

While you are pregnant, we will do whatever we can to make your experience a pleasant and memorable one. At each visit, we will measure your weight and blood pressure, listen to the fetal heartbeat, and address your questions and concerns. Here is an overview of highlights during each phase of your pregnancy.

Appointment schedule

Weeks	Appointments	Tests	Common Reasons to Call	To Do List
1st 12 weeks	Every 4 weeks	Initial prenatal labs Ultrasound to check your baby Genetic testing if desired	Heavy bleeding, severe pain, inability to eat or drink	Notify insurance Get a flu vaccination if in season
Weeks 13 to 19	Every 4 weeks	Genetic testing if desired	Heavy bleeding, severe pain	Schedule 20-week ultrasound
Weeks 20 to 28	Every 4 weeks	Ultrasound to evaluate fetal anatomy Gestational diabetes testing	Heavy bleeding, severe pain, contractions, leaking fluid, headaches, blurred vision	Complete hospital registration Sign up for classes Select pediatrician
Weeks 29 to 35	Every 2 to 4 weeks	3rd trimester labs (repeat HIV testing)	Heavy bleeding, severe pain, regular contractions, leaking fluid, headaches, blurred vision	Get a TDaP vaccination
Weeks 36 to 42	Every 1 to 2 weeks	Group B strep	Suspected labor, bleeding, leaking fluid, decreased fetal movement, headaches, blurred vision, excessive swelling	Install a car seat Pack your bags
6 weeks after delivery	Postpartum visit	Depression test Physical exam	Heavy bleeding, temperature more than 100.4 degrees F	Decide on a birth control plan

This is just a general guide; the tests recommended for you will depend on your own specific circumstances.

Helpful information

Help with morning sickness

Always try to keep something in your stomach, starting when you wake up.

Eat small amounts frequently.

Chew gum.

Convert prenatal vitamin to folic acid supplements instead (400 micrograms daily).

Take ginger capsules (250 milligrams (mg), 4 times daily).

Take vitamin B6 (25 mg, 3 to 4 times daily) and doxylamine (12.5 mg, 3 to 4 times daily; may cause drowsiness) (Unisom®).

Common over-the-counter medications and vaccinations during pregnancy

Like when you are not pregnant, you may have minor illnesses. We will recommend a flu vaccine between the months of September and March to help you avoid the dangerous complications that can happen with influenza in pregnant patients and newborns. In addition, TDaP, a vaccine for whooping cough, is recommended for pregnant patients after 27 weeks of gestation to avoid exposing your newborn to this life-threatening disease.

Resources for medication use

For medication use during pregnancy, visit mothertobaby.org.

For medication use while breastfeeding, visit [LactMed®](http://LactMed.org), a database maintained by the National Institutes of Health (NIH).

Do not take these common over-the-counter medications unless otherwise directed

Regular-dose aspirin (low-dose aspirin, 81 mg/day, may be safe if directed by your physician)

Ibuprofen (Advil®, Motrin®, Nuprin®)

Naproxen (Aleve®)

Common over-the-counter medications that you are generally allowed to take (follow the package instructions for medication doses and frequency)

Allergies: fexofenadine (Allegra®), diphenhydramine (Benadryl®), loratadine (Claritin®), cetirizine (Zyrtec®)

Constipation: docusate sodium (Colace®), psyllium (Metamucil®), senna (Senokot®), polyethylene glycol 3350 (MiraLax®), methylcellulose (Citrucel®)

Cough: dextromethorphan (Robitussin®), guaifenesin (Mucinex®), NyQuil™ Cold & Flu

Decongestant: pseudoephedrine (Sudafed®), saline nasal spray (Ocean®)

Fever: acetaminophen (Tylenol®); do not exceed 3,000 mg/day unless directed by your physician

Gas and heartburn: aluminum hydroxide, magnesium hydroxide, simethicone (Maalox®), (Mylanta®), calcium carbonate (TUMS®), famotidine (Pepcid®), ranitidine (Zantac), omeprazole (Prilosec®)

Hemorrhoids: hydrocortisone (Anusol-HC®), witch hazel (Tucks® pads, Preparation H®)

Sleep aids: doxylamine (Unisom®), diphenhydramine (Benadryl®)

Use a high SPF sunscreen, and cover your skin as much as possible when in the sun.

A few changes to your everyday routine

Nutrition and weight gain

The hormonal shifts in pregnancy often cause nausea and changes in appetite.

Diet and nutrition guidelines to keep in mind

The goal for weight gain depends on your starting point. Patients who are underweight will need to gain more, and patients who are overweight will need to gain less. Generally, about 10 pounds of weight gain is a reasonable goal for the 1st 20 weeks. After that, a good goal is to gain about 1/2 to 1 pound a week from week 20 to your due date. Staying within the recommended guidelines can decrease the risk of diabetes, high blood pressure and C-section.

Try to eat a variety of foods, including fruits, vegetables and whole grains.

Do not eat undercooked or raw meats or eggs, and unpasteurized dairy. Do not eat deli/lunch meat unless you heat it up to steaming, as it could contain the bacteria *Listeria*.

Do not eat fish that may contain a higher level of mercury such as king mackerel, shark, swordfish and tile fish. Other fish such as salmon are good sources of lean protein and omega-3 fatty acids.

Supplement your diet with a minimum of 400 micrograms of folic acid in a vitamin. Prescription prenatal vitamins are not necessary. An over-the-counter prenatal vitamin or women's multivitamin with calcium and iron is OK. Vitamins are meant to supplement, not replace, a well-balanced diet.

Helpful resources about food and water safety are available at:

Food and Safety Inspection Services, fsis.usda.gov

Food and Drug Administration, fda.gov/food

Environmental Protection Agency, epa.gov/ow

U.S. Department of Agriculture hotline, 888.674.6854

Exercise

Exercise is an important part of overall wellness during pregnancy. Avoid contact sports (boxing, basketball, hockey), activities with high risk of falling (skiing and horseback riding), and any other activities that need a lot of coordination and balance to do safely.

If you don't normally exercise, you may try activities such as fast walking, prenatal yoga or Pilates, or light weight-lifting. If you already have an exercise regimen, you can usually keep it with some modifications if needed. Be sure to listen to your body and drink plenty of water to stay hydrated.

Sex

You may continue to engage in sexual activity throughout your pregnancy unless you have problems. We will talk with you if you need to restrict sexual activity. Vaginal spotting or cramping may happen after sex. This is normal.



Travel

It is generally safe to travel during pregnancy by plane or car until 36 weeks (1 month before your due date). For the last month of your pregnancy, travel is not recommended, unless it is due to special circumstances such as family emergencies. If you are having problems with your pregnancy, travel may not be recommended. When traveling or sitting in a small area for a long time, you should stretch your legs every 2 hours to help prevent blood clots from forming.

Avoid traveling to any areas with the Zika virus. Check the Centers for Disease Control and Prevention website for areas with active infections: [cdc.gov/zika/geo/index.html](https://www.cdc.gov/zika/geo/index.html).

Personal hygiene

You can continue to use your current lotions, makeup and other over-the-counter skincare products.

You should not use products that contain retinoids (tretinoin, Retin-A and adapalene).

You may dye your hair and paint your nails.

You can get a prenatal massage.

Normal discomforts of pregnancy

Uterine cramping is most common in the 1st trimester. Let your care team know if you have heavy bleeding with cramping.

Back pain is more common after 28 weeks. Rest, acetaminophen (Tylenol), heat or ice, and massage may help.

Ankle swelling is common after 28 weeks. Lifting your legs when resting and wearing compression stockings are helpful.

Treat heartburn and reflux with the medications listed on page 3. Avoid spicy foods. Eat earlier in the evening and stay upright for at least 3 hours after your evening meal. Eat many small meals instead of a few large ones each day.

Treat constipation with the medications listed on page 3. Drink plenty of water and eat foods that are high in fiber.

Tests to promote your health and the health of your baby

Ultrasound

You may have an ultrasound in your 1st trimester to check the fetal heartbeat and to confirm your due date. We will also offer an ultrasound examination when you are between 18 and 22 weeks. The goal of the ultrasound is to screen for major birth defects, determine the position of the placenta and check the fetal growth. The fetal gender can often be determined if you want to know. Your care team will order additional ultrasounds if needed.

Laboratory testing

Complete blood count (CBC)

May find problems such as anemia.

Blood type and antibody screen

May find an incompatibility between your blood type and the fetal blood type.

HIV

Testing is offered and strongly recommended. Aside from the importance to your health, finding an HIV infection will help prevent transmitting the virus to your baby.

Rubella

Testing confirms immunity to this infection, also known as German measles. If you are non-immune, you should have a rubella vaccination after delivery.

Varicella (chicken pox)

Testing is recommended if you do not believe you have had chicken pox or if you have not been immunized before.

Syphilis

Syphilis may harm the fetus if untreated.

Hepatitis B and hepatitis C

Hepatitis B and hepatitis C are viruses that can cause liver problems. If a person has one of these viruses, special precautions are taken at the time of delivery to reduce the chance of transmitting the virus to the baby.

Gonorrhea and chlamydia

These infections may cause problems for both a mother and a baby if untreated.

Urine culture

This test will check your urine for bacteria, which are more likely to cause kidney infections if left untreated in pregnancy.

Group B Streptococcus (GBS)

If a mother has this type of bacteria, it may cause an infection in her baby after delivery. A rectal/vaginal culture is done between 35 and 37 weeks, and if GBS is present, you will receive antibiotics in labor to reduce the chance of infection.

Hemoglobin A1C

This test measures the average glucose (blood sugar) over the past 2 to 3 months. If this test is elevated, we may recommend early screening for diabetes of pregnancy.

Genetic testing

Genetic testing can be done to find chromosomal abnormalities such as Down syndrome, as well as inherited diseases such as cystic fibrosis or Tay-Sachs disease. There are 2 categories of genetic testing: screening tests and diagnostic tests. A brief summary of these tests is provided below. You may choose to schedule a consultation with our genetic counselors to help guide you through this complicated set of choices.

Screening tests

Screening tests determine your risk for having a baby with a given condition. But screening tests do not determine for certain whether your baby will have a specific problem. The following are common prenatal screening tests you can discuss with your care team.

Sequential screen (available starting 11 weeks)

The sequential screen combines maternal age, fetal ultrasound findings and substances in the maternal blood to assess the risk for some specific types of chromosomal abnormalities, such as Down syndrome (trisomy 21) and trisomy 18.

Cell-free fetal DNA testing (available starting 10 weeks)

Cell-free fetal DNA testing analyzes the DNA of the fetus in the mother's blood to assess the risk for some specific types of chromosomal abnormalities, such as Down syndrome (trisomy 21) and trisomy 18.

Carrier screening for inherited diseases

You may also want to have carrier screening for inherited diseases to determine the risk to your fetus of having one of these diseases. Examples of some of the diseases that can be tested for include cystic fibrosis, spinal muscular atrophy and fragile X syndrome.

Diagnostic tests

Diagnostic tests can tell whether or not your baby will have a certain condition. Also, more types of conditions can be found by these tests than by screening tests. When someone has this type of test, there is a small risk of miscarriage (generally less than 1%). The following are diagnostic tests that you can discuss with your care team.

Chorionic villus sampling (CVS)

CVS obtains cells from the placenta. It is done after 10 weeks of gestation.

Amniocentesis

Amniocentesis obtains amniotic fluid. It is done after 15 weeks of gestation.

When to call

We encourage you to use the MyNM patient portal (powered by MyChart) to contact us for **non-urgent needs**. Log in to MyNM at nm.org/mynm or use the MyNM® app (available on the App Store or Google Play). If there is any doubt about the urgency of your need, a phone call to your physician is always the safest option.

When you call with an urgent concern, your care team will be alerted to take your call.

Do not use MyNM for urgent issues.
Call us instead.

At night, the answering service will contact your care team; if you do not receive a call back within 15 minutes, please call again.

Always call for:

Heavy bleeding

Severe pain

Leaking fluid from the vagina

Decreased fetal movement after 28 weeks

Labor



These are all just guidelines. If your specific concern is not listed here but the situation feels urgent, please call us. **Remember, for any life-threatening emergency, call 911.**

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