

A PREVIEW OF YOUR PRENATAL CARE

Welcome to the practice of *Ruth Haskins, MD, Inc.*! This preview is written to help you become familiar with our office, and to give you an overview of what to expect during the course of your prenatal care. At your very first visit, you will meet with Dr. Haskins or her Nurse Practitioner, Jennifer Toth, to outline your prenatal care. Most of your questions and concerns will be addressed at this very important (and somewhat lengthy) initial visit. We hope this information will help you to have a happy and healthy pregnancy!

HOW TO REACH YOUR PHYSICIAN:

At all hours, call **(916) 817-2649** for questions or concerns, night or day. The regular practice hours are Monday through Friday, from 8 AM to 5 PM, with a silent lunch break from noon to one. During office hours, all calls will be answered by the staff of *Ruth Haskins, MD, Inc.* PLEASE DO NOT CALL TO REQUEST RESULTS OF LABS OR ULTRASOUNDS: THESE WILL BE DISCUSSED WITH YOU AT YOUR NEXT APPOINTMENT. On holidays, weekends and after-hours, your calls will be forwarded to the call service, and the doctor on call will call you back to answer *emergency* questions. Do not request that your call be forwarded for minor concerns that can safely wait until the following work-day or for a request of prescription refills or to change your appointment time. All of those concerns can be left on our answering machine or directed to the providers through our Athena Portal. IF YOU REALLY NEED TO TALK TO A DOCTOR AND ARE UNABLE TO REACH A HUMAN VOICE, PLEASE CALL LABOR AND DELIVERY AT **(916) 983-7440** -- A HELPFUL SOMEONE WILL ALWAYS ANSWER THIS PHONE!

YOUR DUE DATE:

Your due date (we call it your “estimated date of confinement”, or “EDC”) is calculated by adding 40 weeks to the first day of your last menstrual period (“LMP”). A normal pregnancy lasts anywhere from 37 to 42 weeks. If menses have been irregular, then the due date is established by the earliest ultrasound exam of your pregnancy.

OBSTETRICAL BLOODWORK (LABS):

Please have your initial bloodwork drawn as early as possible! It is important that YOU know which lab your insurance would prefer for you to use for routine studies. The initial prenatal panel is a group of lab studies that helps us to identify some conditions that cause risky pregnancies. Specifically, we test your blood type, blood count, and determine if you may have been exposed to infections such as Rubella, Hepatitis, Syphilis or HIV. We also include a test of your urine for bacteria. All test results (along with all your health records) are kept strictly confidential. Please let us know if there is any testing you may need to add or wish to decline.

Around 28 weeks gestation you will be advised to have another set of screening blood tests. These include a test for anemia (blood count), a test for diabetes (the one hour glucose tolerance test) and, for women whose blood type is Rh negative, a test to see if a “RhoGam” injection is appropriate.

Around 35 to 36 weeks gestation, a culture of the outside of the vaginal opening will be done looking for “Group B Strep”. This is a bacteria that many women carry in their genital tract (normally). We identify carriers so we can watch closely for possible transmission to babies at birth.

SPECIAL PRENATAL SCREENING EXAMS:

Most patients will have a limited ultrasound exam done at the first obstetrical visit to the practice. For women who are especially concerned about a possible increased risk of genetic or anatomic abnormalities, an “early screen” can be scheduled sooner. Many women choose to participate in prenatal screening evaluations. Some choose the “California Integrated Screening Tests”. Others choose a broader array of testing: your options will be thoroughly discussed at your first OB visit, and then enacted upon your return for your 2nd OB visit..

Routinely a screening ultrasound is offered to all pregnant women around 20 weeks gestation, when babies are more completely developed. Other ultrasound exams may become medically necessary. “Entertainment scans” including “3D” and “4D” scans are available in the community. These are not medically recommended.

SCHEDULE OF APPOINTMENTS:

“New Ob” appointment: This visit is your first visit to our practice. Your medical history will be reviewed, and a preview of your future care will be presented. You will undergo a complete history and physical exam. This will include a brief ultrasound exam, to verify the health and dating of your pregnancy.

Subsequent obstetrical visits will be at least monthly until 28 weeks gestation, then closer together as indicated by risks identified with your pregnancy. All OB visits are scheduled for 15 minutes (after the initial visit), but we will take all the time we need to answer your concerns each visit. The 36-week visit will include a check of your cervix and a review of your personal birth plan.

An ultrasound is generally done in our office at the first exam only. After that, scanning your baby is left to the professional radiology team. We can do brief scans for position or fluid checks if needed, but we do NOT include ultrasound exams as part of our routine OB care.

Visits will generally be alternated between Dr. Haskins and her Nurse Practitioner, Jennifer Toth. Jennifer might also see you if doctor is called away from the office, for example to a daytime delivery.

At each obstetrical visit we will ask for a urine specimen that we dip for a check of glucose and protein. If you are having symptoms of a bladder infection, please advise the Medical Assistant, prior to your visit, so that we may more extensively test your urine (for bacteria).

PRENATAL SUPPLEMENTS:

A well balanced diet is essential to growing a healthy baby. If you eat poorly during pregnancy, you may have a smaller or less healthy baby and also may deplete your body’s store of nutrients. Healthy pregnant women who eat a well balanced diet do not require prenatal vitamins. However, some women definitely **do**

need supplements: vegetarians, smokers, teenagers, women with twins, women with a history of drug abuse, women with a history of bariatric surgery, or women with a chronic disease. Generally, we recommend that women use generic supplements: these are just as effective as prescription prenatal vitamins, and usually cost less.

Women who have low dairy intake should take a calcium supplement daily throughout pregnancy and while nursing. Your daily requirement is a total of 1200 to 1500 milligrams of Calcium. This can be found in dairy products and green leafy vegetables. Excess calcium intake can result in an increased risk of kidney stones, so don't over-supplement.

NAUSEA:

Nausea is very common in early pregnancy. Some women continue throughout the entire pregnancy with it. Although it is often called "morning sickness", it can occur at any time of the day or night. It usually subsides around 16 weeks gestation. Here are some tips to manage it:

- Eat frequent small bland meals through the day
- Avoid an empty stomach or eating too much at once
- Eat some dry cereal or crackers at bedtime and first thing in the morning
- Try to drink extra liquids between meals
- Avoid spicy or fatty foods
- Suck on flavorful hard candy or juice bars
- Try papaya enzymes (available at health food stores) after a good meal
- Try ginger snaps, ginger tea or ginger ale
- Try vitamin B6: 50 mg daily, or up to 4 times per day.
- Try "sea-bands" which apply pressure at the inner wrist

If your nausea is so severe that you cannot keep down even clear liquids, or if you are feeling very light-headed or dizzy, please call the doctor so we can consider prescription medications, or possibly an admission for intravenous rehydration.

HEARTBURN:

Heartburn is very common in pregnancy, especially closer to the due date when the uterus compresses the bowels. Eat more slowly, eat smaller meals, avoid fatty and spicy foods. You may take TUMS, Mylanta, or Maalox for relief. You may try Pepcid-AC for prevention of excessive stomach acid secretion.

NOSEBLEEDS:

More frequent nosebleeds are common in pregnancy due to increase in blood supply where there are abundant veins, like in the back of the nose. Apply pressure to the nostrils or apply ice-pack to the nasal area. Use a humidifier or salt-water nose sprays to keep the nostrils and sinuses moist during dry weather.

HEADACHES:

Headaches are very common in early pregnancy due to hormonal changes. Helpful hints: Lie down with a cold wet cloth or ice pack on your forehead, try to nap, try Tylenol (dose as directed on your bottle), eat frequent small meals (to keep your blood sugar from having radical swings), try to increase your fluid intake (dehydration makes headaches worse). For any persistent or severe headaches, especially when associated with nausea: contact the doctor without delay.

VAGINAL BLEEDING:

It is not “normal” to have vaginal bleeding in pregnancy (but it IS very common). In early pregnancy, it might just represent a bit of bleeding of the cervix: don’t panic! This is quite frequent, and will go away within a couple days. While deciding whether or not it is a serious situation, avoid sexual relations or intense athletic activities. If the bleeding progresses, call the doctor. If it is mild in volume and stops within a couple days, it was just a false alarm. If this occurs to any extent after 20 weeks gestation, call the doctor. Even mild bleeding can be serious later in pregnancy.

PHYSICAL ACTIVITY:

We encourage exercise during pregnancy. Staying active can help decrease discomforts of pregnancy. Avoid activities that carry a risk of injury like skiing, roller-skating, horseback riding or playing softball. Low impact aerobic exercises or ‘aqua aerobics’ are ideal. Avoid excessive heat, drink plenty of fluids, protect your vulnerable joints and lower back, avoid working hard to breathe, and keep your maximal pulse at exercise lower than twice your baseline pulse. Excessive exercise (like running marathons) is associated with abnormally small babies at birth.

TRAVEL DURING PREGNANCY:

Always wear your seat belt. Avoid excessive time cramped in any one position: get out/up and stretch your legs often. Flying in pressurized aircraft is very dry and can lead to contractions: we don’t recommend it if you are ill, or after 28 weeks gestation, even when you are well. Traveling more than an hour away from the hospital is somewhat risky between 28 and 36 weeks gestation; it is strongly discouraged after 36 weeks gestation.

WEIGHT GAIN:

The healthiest babies are born to women who gain around 30 to 35 pounds in a pregnancy. You should try to limit weight gain to around 3 to 4 pounds each month. If you have had an eating disorder in the past, it is more likely to come back when you are pregnant: please let us know about this history.

LEG CRAMPS:

These are very common in pregnancy, especially closer to your due date. Stretching just before retiring can help a bit. Avoid any activity that causes you to ‘point your toes’ while snoozing. Be reassured that they are likely to resolve completely with delivery.

SWELLING:

Mild swelling of the hands and feet is very common, especially closer to the due date. Avoid excessive salt in your diet – this is most common in snack foods, fast foods and many ethnic foods. Avoid prolonged walking or standing: elevate your feet whenever possible. You will get temporary relief when submerged in a cool pool or tepid bath.

UMBILICAL CORD BLOOD PRESERVATION:

Fetal cord blood or tissue can be collected after your baby is delivered, before your placenta is delivered, if you request it. This is something YOU would need to arrange with a private company well ahead of your delivery. Public donation (though lauded) is not available at Mercy Folsom Hospital. **There is a Physician Fee (\$150)** for the collection of umbilical cord blood, separate from your fee to process and preserve it. Please talk to the doctor if you are interested in learning more.

MERCY FOLSOM HOSPITAL:

This is the only hospital to which Dr. Haskins admits and at which she delivers babies. If you develop a high risk pregnancy and care needs to be transferred to a hospital that has high risk OB specialists and a Neonatal

Care Unit, you may be sent to Mercy San Juan Hospital or U C Davis Medical Center, depending on your insurance and their bedspace. Dr. Haskins does not have admitting privileges at those facilities and so your care will be transferred to a doctor there.

Dr. Haskins shares her call with the following wonderful obstetricians: **Dr. Tim Phelan, Dr. Jeff Cragun, Dr. Ann Powelson, Dr. Tanny Raju, Dr. Lisa Chodak, and Dr. Freshta Kakar.** One of these doctors, or **Dr. Haskins**, is on call every night. During the daytime, you can expect Dr. Haskins to deliver your baby (with rare exceptions, such as vacations or simultaneous births). If you feel strongly that you **MUST** have a female provider only, please let us know far in advance and we will try very hard to accommodate your wishes.

BIRTH PLAN:

Having a “Birth Plan” is your right, but not your responsibility. We try very hard to give every woman a comfortable delivery that is everything she has dreamed of for at least 9 months, for some women a lifetime! We ask that you be flexible in your wishes and allow us to provide our expert care, in a background of mutual sharing of information and trust.

THINGS TO AVOID IN PREGNANCY:

- **DO NOT TRAVEL DURING ANY PANDEMIC!**
- **DO NOT TRAVEL TO AREAS WHERE ZIKA VIRUS IS PREVALENT!**
- Drugs: Check with your doctor before taking any medications. Do not use street drugs of any kind. If you have ever had a drug problem, let the doctor know this at your first visit: it’s very important. Avoid aspirin, ibuprofen, Motrin, Advil, Aleve, Pepto-Bismol and Alka-Seltzer.
- Alcohol: No safe amount of alcohol has been determined. We recommend that women don’t drink any alcohol in pregnancy.
- Smoking: Smoking in pregnancy is associated with low birth weights, premature birth, miscarriage and stillbirths. Children of smokers have more ear infections, asthma and ‘crib death’ (SIDS). Smoking marijuana has not been thoroughly studied, but the reports that are available show only bad outcomes (though the data is new).
- Toxoplasmosis: This is a protozoan infection found in cat feces. Wash your hands carefully after handling cats. Have someone else change the litterbox whenever possible.
- Saunas and spas: Do not submerge in water temperature at or above 104 degrees. Drink plenty of water. If your skin turns pink or you can feel your heart racing, then your body is too warm for your unborn child.
- Predator fish: Avoid eating excessive shark, tuna or tile fish. These can have excess mercury.

- Undercooked Meat: Do not eat Sushi that contains raw fish. Make sure all meat is well cooked. Avoid overly processed meats (like Deli lunch-meats) and soft cheeses. These can carry extra bacteria that can hurt your growing child.
- Avoid Contact With Sick Children: Especially children with unexplained rashes. Diseases such as Chicken Pox, Rubella or “Fifth’s Disease” (Parvovirus) can be dangerous to the unborn child in the rare instance where a mother is not already immune and also actually contracts the disease.

SAFE TO TAKE IN PREGNANCY:

- It is okay to take Tylenol, Sudafed (after 12 weeks gestation, if high blood pressure is not an issue) or cough syrup (like Robitussin or Mucinex) to treat the common cold. Do not use medicated nose sprays – only salt water. Get lots of rest and drink plenty of clear liquids. Avoid “multi-symptom” remedies.