



*Welcome To Gynecology & Obstetrics Of DeKalb!*

We are excited you chose our practice to provide your obstetric care. Please take the time to read all of the information provided in this packet - and keep it handy. It will answer many of your questions throughout your pregnancy. In addition, we encourage you to write down any other questions you have and bring them to your next appointment, or call us any time in an emergency.

In the event of an emergency, you can reach our answering service after hours by dialing the number of the office where you see your physician. We request that you call before going to the hospital if possible. *If it is a life-threatening emergency, call 911.*

Office Hours:            Monday - Thursday    8:00 am - 4:15 pm  
                                 Friday                        8:00 am - 1:00 pm

Decatur:                    2801 North Decatur Road Suite 190  
                                 Decatur, GA 30033  
                                 PH: 404.299.9307  
                                 Fax: 404.299.9309

Stone Mountain:        1805 Parke Plaza Circle Suite 102  
                                 Stone Mountain, GA 30087  
                                 PH: 770.469.9961  
                                 Fax: 770.413.0030

There are three obstetricians in this practice: Genesis A. Bowen, MD, Amy M. Rodatus, MD, and Amanda T. Pham, MD.

During your care, we attempt to rotate your appointments so you will become familiar with each of the providers. However, if you have a provider you would like to see primarily, just notify the front office when you make your appointment.

Choosing to follow one provider does NOT guarantee that provider will be available when you deliver. You will be delivered by the provider who is on call when you go into labor. We only deliver at Emory Decatur Hospital located at 2701 North Decatur Road in Decatur. We encourage you to go to Emory Decatur Hospital's website, <https://www.emoryhealthcare.org/centers-programs/maternity-center/maternity-center-decatur>, and tour labor and delivery during the third trimester.

## Office Visits

A normal gestational period consists of 40 weeks past the first day of your last menstrual cycle. Generally, we will see you every four weeks until you are 30 weeks gestation. Between 30 and 36 weeks, we will see you every two weeks. Then, starting at 36 weeks, we will see you every week until you deliver. If you are at high risk, or develop a problem during your pregnancy, more frequent appointments may be necessary.

You may also need to see a specialist during your pregnancy. Sometimes this is a single visit for consultation, or you may have to see them for the entire course of your pregnancy. Typically, we refer patients to Atlanta Maternal Fetal Medicine, Atlanta Perinatal Associates or Emory Perinatology.

Common reasons to see a specialist include:

- If you chose to have first trimester or nuchal translucency screening.
- If you will be older than age 35 at the time of your delivery.
- If you have any high-risk issues associated with your pregnancy such as (but not limited to) diabetes, high blood pressure, liver or kidney disease, preeclampsia, history of preterm deliveries, thyroid disease, etc.

It is important for your health and the health of your baby that you maintain follow-up care with the specialist as instructed.

Initial Visit/OB Work Up:

- Complete history
- Complete physical
- Lab tests: blood type, Rh factor, antibody screen, RPR (syphilis), CBC (complete blood count), rubella, Hepatitis B, HIV, Sickle cell, pap smear, gonorrhea, chlamydia and urinalysis

Subsequent Visits:

- Urinalysis
- Weight
- Blood Pressure
- Fundal height measurement (>20 weeks)
- Fetal heart tones (>12 weeks)

## **Additional Optional and Routine Tests**

Cell-free DNA/Panorama (optional): Designed to screen for chromosomal abnormalities. This test can be done as early as 10 weeks. It is non-invasive and detects fetal cells that have crossed into the maternal blood stream.

AFP Quad Screen (optional): Offered between 15-20 weeks to screen for increased risk of spinal cord problems (spina bifida), Down syndrome and Trisomy 18.

Nuchal Translucency (NT) (optional): Offered between 11-13 weeks to measure a fluid-filled space in the back of a developing fetus' neck. Extra fluid in this space can mean a fetus is at higher risk for certain birth defects. This test is performed at an outside facility.

First/Sequential Screen (optional): Offered between 11-13 weeks. This test consists of blood work to determine if the fetus is at higher risk for certain birth defects (Down syndrome) and is performed in conjunction with the nuchal translucency test. This test is performed at an outside facility.

Amniocentesis (optional): Offered between 16-21 weeks to determine the genetic makeup of the baby. It is usually done on women who are greater than age 35 at delivery, have a family history of genetic abnormalities, or are at increased risk for genetic disorders. It can also be done late in pregnancy to determine if the baby's lungs are mature when early delivery is indicated.

Carrier Screening (optional): This test reveals if the patient is a carrier for conditions including cystic fibrosis, spinal muscular atrophy, Duchene muscular dystrophy and Fragile X. (If results are positive, testing is offered for your partner.)

Diabetes Screen (One-Hour Glucose Tolerance Test) (routine): Done between 24-28 weeks to screen for gestational diabetes. In cases where a patient is at higher risk for gestational diabetes, an earlier screening test may be needed as well. The test requires drinking a glucose solution and having blood drawn an hour later. This test is only a screen. If the one-hour test is elevated, a three-hour test will be performed to confirm the diagnosis of gestational diabetes.

Anemia Screen (routine): Done with initial labs and again between 24-28 weeks. If hemoglobin is low, iron supplements will be necessary in addition to prenatal vitamins.

GBS Vaginal Culture (routine): Done between 35-37 weeks to identify women who are positive for group B strep, which is a bacteria normally found in the vagina of approximately 40% of all women. If the culture is positive, it is routine to receive antibiotics during labor to protect the baby from the bacteria.

Antibody Screen (for Rh Negative patients only): This is a special test done at 24 weeks on mothers with Rh negative blood. You will receive a RhoGAM injection at 28 weeks and when you deliver.

Ultrasound/Sonogram (routine): Done between 18-20 weeks to examine fetal anatomy. Additional ultrasounds may be necessary if medically indicated.

### **Patient Confidentiality**

Unless we receive written permission, by law we are not allowed to release any information about you, your care, test results, or medications you are on to any person except you. Please keep this in mind when asking someone to call our office regarding information about your care.

### **Pregnancy Care**

The following are expert recommendations for common questions and topics that come up during pregnancy.

#### **Prenatal Vitamins**

Pregnant women should consume the following each day through diet or supplements:

- Folic acid      400-800 micrograms (until the end of the first trimester)
- Iron              30 mg (or be screened for anemia)
- Vitamin D      600 international units
- Calcium        1,000 mg

#### **Nutrition and Weight Gain**

Pregnant women should eat a healthy, well-balanced diet and typically should increase their caloric intake by a small amount (350-450 calories per day).

- Underweight (BMI < 18.5) should gain 28-40 pounds
- Normal weight (BMI 18.5-24.9) should gain 25-35 pounds
- Overweight (BMI 25-29.9) should gain 15-25 pounds
- Obese (BMI 30.0 or more) should gain 11-20 pounds

#### **Alcohol**

Although current data suggests that consumption of small amounts of alcohol during pregnancy (less than seven to nine drinks a week) does not appear to be harmful to the fetus, the exact threshold between safe and unsafe, if it exists, is unknown. Therefore, alcohol should be avoided.

#### **Artificial Sweeteners**

Artificial sweeteners can be used in pregnancy. Data regarding saccharin are conflicting and low (typical) consumption is likely safe.

## Caffeine

Low-to-moderate caffeine intake during pregnancy does not appear to be associated with any adverse outcomes. Pregnant women may have caffeine but should probably limit it to less than 300 milligrams a day. (A typical 8-ounce cup of brewed coffee has approximately 130 mg of caffeine. An 8-ounce cup of tea or 12-ounce soda has approximately 50 mg of caffeine.) Exact amounts vary based on the specific beverage or food.

## Fish Consumption

Pregnant women should try to consume two to three servings per week of fish with a high DHA (a type of omega-3 fat) and low mercury content. For women who do not achieve this, it is unknown whether DHA and n-3 PUFA (polyunsaturated fatty acids) supplements are beneficial, but they are unlikely to be harmful.

## Raw and Undercooked Fish

In line with current recommendations, pregnant women should generally avoid undercooked fish. However, sushi that was prepared in a clean and reputable establishment is unlikely to pose a risk to the pregnancy.

## Other Foods to Avoid

- Raw and undercooked meat
  - Unwashed vegetables and fruit
  - Unpasteurized dairy products
  - Foods that are being recalled for possible Listeria contamination
- Note:* Unheated deli meats could also potentially increase the risk of Listeria, but the risk in recent years is uncertain.

## Smoking, Nicotine, and Vaping

Women should not smoke cigarettes during pregnancy. If you are unable to quit entirely, reduce smoking as much as possible. Nicotine replacement (with patches or gum) is appropriate as part of a smoking cessation strategy.

## Marijuana

Marijuana use is not known to be associated with any adverse outcomes in pregnancy. However, data regarding long-term neurodevelopmental outcomes are lacking; therefore, marijuana use is currently not recommended during pregnancy.

## Exercise and Bedrest

Pregnant women should be encouraged to exercise regularly. There is no known benefit to activity restriction or bedrest for pregnant women.

## Avoiding Injury

Pregnant women should wear lap and shoulder seatbelts while in a motor vehicle and should not disable their airbags.

## Oral Health

Oral health and dental procedures can continue as scheduled during pregnancy.

## Hot Tubs and Swimming

Although data are limited, pregnant women should probably avoid hot tub use in the first trimester. Swimming pool use is not discouraged during pregnancy.

## Insect Repellants

Topical insect repellants (including DEET) can be used during pregnancy and should be used in areas with high risk for insect-borne illnesses.

## Hair Dyes

Although data are limited, because systemic absorption is minimal, hair dye is presumed to be safe during pregnancy.

## Travel

Airline travel is safe during pregnancy. There is no exact gestational age at which women must stop travel. Each pregnant woman must balance the benefit of the trip with the potential of a complication at her destination. Pregnant women should be familiar with the infection exposures and available medical care for each specific destination.

## Sexual Intercourse

Pregnant women without bleeding, placenta previa at greater than 20 weeks of gestation, or ruptured membranes have no restrictions regarding sexual intercourse.

## Sleeping Position

It is currently unknown whether, and at what gestational age, pregnant women should sleep on their side.

## Vaccination

Pregnant women should receive a Tdap vaccine (tetanus, diphtheria, and pertussis) during the third trimester and should receive the flu vaccine when available.

## Exercise

Our practice encourages everyone to get some form of exercise while pregnant. It is good for your stamina, circulation, weight control and decreases feelings of fatigue. If you have been exercising, you may want to continue to do what your body is accustomed to. If you are new to exercising, we encourage you to start slowly and increase with time.

The American College of Obstetricians and Gynecologists considers the following conditions to be incompatible with vigorous exercise in pregnancy: severe anemia, ruptured membranes, an incompetent cervix or cerclage, bleeding or placenta previa after 26 weeks, certain types of lung and heart disease or multiple gestations. Always speak with a provider if you are unsure about a particular activity.

The following are general guidelines for exercising:

- Start off slowly, warm up and cool down adequately
- If you feel breathless, dizzy or overtired, stop and rest
- Do not hold your breath
- Exercise should be performed slowly and in control. Avoid pushing, pulling or leaning that will strain muscles or cause you to lose your balance. Remember, your center of gravity is different when you are pregnant.
- Wear supportive footwear and comfortable clothing
- Keep pulse rate under 140 beats per minute
- Avoid exercising in hot, humid weather
- Be sure to drink plenty of water during exercise

Good Activities During Pregnancy:

- Low impact aerobics
- Swimming
- Treadmill and walking
- Prenatal yoga

Forbidden Activities During Pregnancy:

- Scuba diving
- Skydiving
- Waterskiing
- Downhill skiing
- Rock climbing
- Hot yoga

## Medications During Pregnancy

Most patients have serious questions and concerns about medications during pregnancy. Any prescription medication we give you will be safe during your pregnancy. Other over-the-counter medications are also considered safe. If at any time you are unsure about a medication or a medication we have suggested is not effective, please call us for assistance.

The following guidelines should be used when choosing medications.

Ibuprofen and aspirin (unless you meet certain criteria) are not recommended during pregnancy.

Nausea: Vitamin B-6 (50 mg, twice a day), ginger (in the form of ginger ale, ginger tea or ginger tablets), sea bands (available at the drug store), Emetrol, or eat small frequent light meals. If these options do not help, notify the office and we can recommend other treatments. Nausea is very common during the first trimester.

Headache: Tylenol, 500 mg every 4 hours as needed.

Nasal Congestion or Cold: Warm salt water gargles, cold air humidifier, Sudafed, Benadryl (25 mg every 6 hours), Tylenol cold medications, ocean nasal spray, Flonase and Nasonex

Allergies: Antihistamines such as Zyrtec, Claritin, Allegra, and Benadryl

Cough: Robitussin or Robitussin DM (one teaspoonful every 4-6 hours), cough drops

Constipation: Increase water intake, increase fiber in your diet, Miralax, Metamucil, Citrucel, Senokot, Fibercon, Konsyl, or a stool softener such as Colace or Docusate

Diarrhea: Immodium, Kaopectate

Hemorrhoids: Tucks pads, Anusol, or Preparation H with cortisone, ointment or suppositories

Heartburn, Gas or Upset Stomach: Tums, Maalox, Mylanta, Pepcid AC, Prilosec, Riopan, Tagament HB and simethicone (Mylicon)

Skin Irritation: Alpha Keri, Aveeno, Caladryl, or Benadryl lotion, spray or cream, hydrocortisone

Insomnia: Tylenol PM, Benadryl, Unisom



## General Concerns

Swelling: Elevate feet and legs frequently, rest often, avoid tight clothing, increase fluid intake, and rest on left side

Lower Abdominal Pain and Back Pain: No garter or girdles, avoid crossing legs while sitting, practice good posture, a good support bra and maternity belt may be helpful

Fatigue: Frequent rest periods, adequate nutritional intake

Leg Cramps: Stretch cramped muscles, elevate legs, and take additional calcium supplement in addition to prenatal vitamin

Shortness of Breath: Good posture, sleep, semi-sitting, avoid overeating

Avoid Cat Litter and Soil. These may contain toxoplasmosis, a harmful parasite. Your cat is safe, but the litter may not be. Do not change cat litter while pregnant. When gardening, wear rubber gloves and wash fruits and vegetables well.

When to notify the office:

- Contractions every 5 minutes in a one-hour period. If you are under 36 weeks, notify the office if you are feeling more than 5 in an hour.
- Bleeding that is like a menstrual cycle.
- As soon as your water breaks. It may be clear, yellow, green or bloody. Inform the doctor of the color of your fluid. You may feel a "gush" of fluid, or you may feel a slow constant leak
- If you are feeling a decrease in fetal movement. If you are unsure, drink some juice and eat. If the baby is still not moving, then contact the office.
- Severe headache that does not respond to Tylenol, right upper abdominal pain, vision changes and sudden swelling in the face or hands. These can be a signs of a serious condition.
- If you are unable to keep any food or fluids down.
- Have painful urination that is cloudy, foul smelling or bloody.
- Unusual or severe cramping or abdominal pain.
- A fever above 100.6 degrees.

If you are unsure if a symptom is serious, but do not feel like yourself, call the office.

Sources:

Obstetrics & Gynecology: [April 2018 - Volume 131 - Issue 4 - p 713-721](#)

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