

Maternity Care





Pregnancy is a very exciting time, and we are happy that you are here.

Maternity care

Northwestern Medicine strives to provide the highest quality medical care to meet the unique needs of women during and after their pregnancy.

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

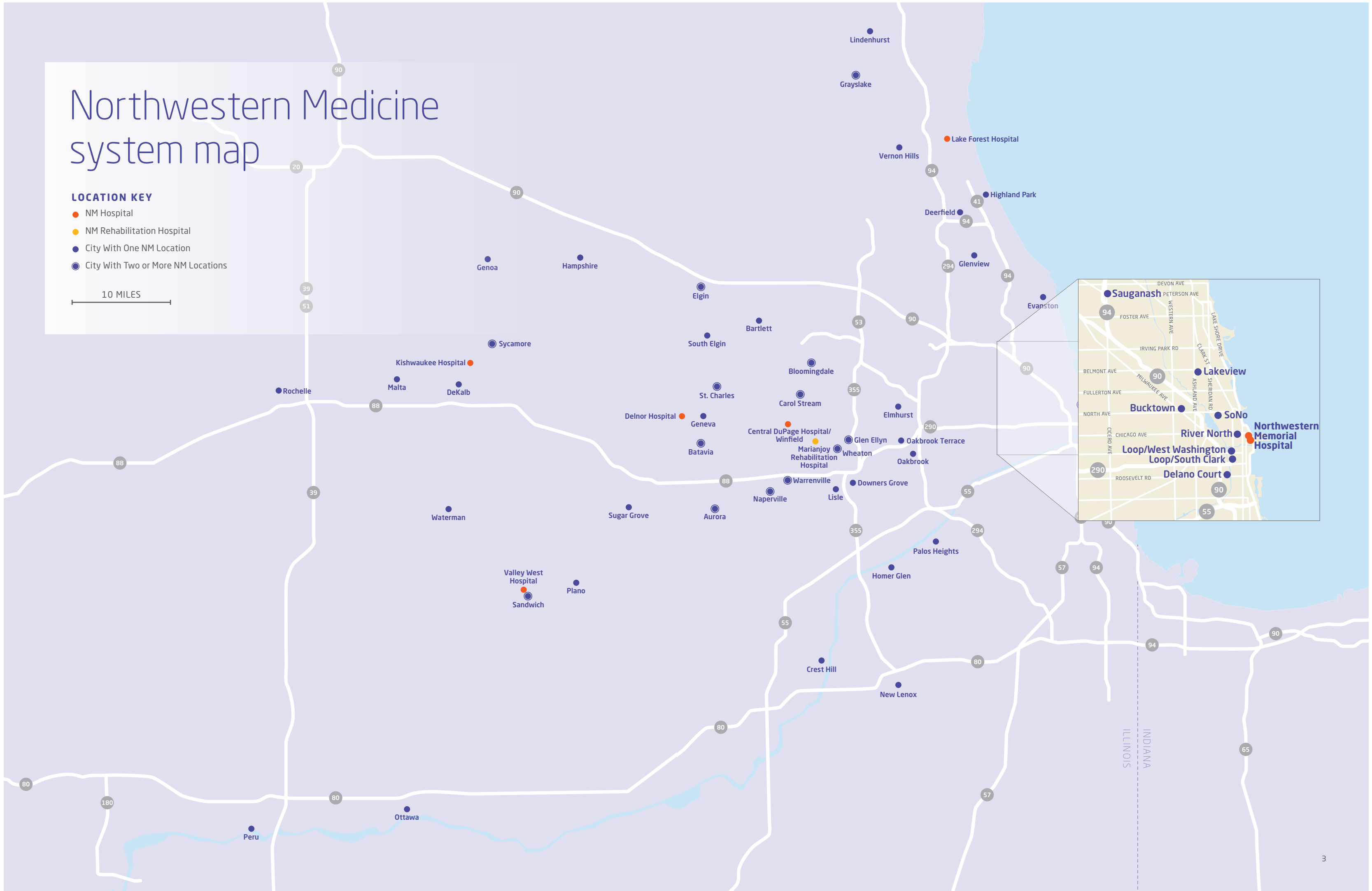
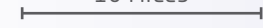
Our team includes physicians and certified nurse-midwives. All are on the medical staff at Northwestern Medicine.

Northwestern Medicine system map

LOCATION KEY

- NM Hospital
- NM Rehabilitation Hospital
- City With One NM Location
- City With Two or More NM Locations

10 MILES



When you're expecting

When you're expecting, we'll do whatever we can to make your experience a pleasant and memorable one. At each visit, we will measure your weight and blood pressure, check a urine sample, 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
First 12 weeks	Every 4 weeks	Initial prenatal labs Ultrasound to confirm viability Genetic testing if desired	Bleeding, pain, inability to eat or drink	Notify insurance Flu vaccination
Weeks 13-19	Every 4 weeks	Genetic testing if desired	Bleeding, pain, heavy discharge	Schedule 20-week ultrasound
Weeks 20-28	Every 4 weeks	Ultrasound to evaluate fetal anatomy Gestational diabetes testing	Bleeding, pain, contractions, leaking fluid, headaches, blurred vision	Sign up for classes Select pediatrician
Weeks 29-35	Every 2-4 weeks	Tests as needed	Bleeding, pain, contractions, leaking fluid, headaches, blurred vision	Pre-registration TDaP vaccination
Weeks 36-42	Every week	Group B strep test	Suspected labor, bleeding, leaking fluid, decreased fetal movement, headaches, blurred vision, excessive swelling	Car seat Pack your bags
6 weeks after delivery	Postpartum visit	Depression test Physical exam	Heavy bleeding, temperature more than 100.0 F	Birth control plan

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

Helpful information

Remedies for morning sickness

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

Eat small amounts frequently

Chew gum

Take vitamin B6, doxylamine (Unisom®), dimenhydrinate (Dramamine®) or phosphoric acid (Emetrol®) as directed

Common over-the-counter medications and vaccinations during pregnancy

Just as 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 to avoid the dangerous complications that can occur with influenza in pregnant women and newborns. In addition, TDaP, a vaccine for whooping cough, is recommended for all women in every pregnancy after 27 weeks gestation to avoid exposing your newborn to this life-threatening disease.

Common over-the-counter medications to avoid unless otherwise directed

Aspirin

Ibuprofen (Advil®, Motrin®, Nuprin®)

Naproxen (Aleve®)



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

Allergies: Diphenhydramine (Benadryl®), chlorpheniramine (Chlor-Trimeton®), loratadine (Claritin®), cetirizine (Zyrtec®)

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

Cough: Dextromethorphan (Robitussin®), guaifenesin (Mucinex®)

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

Fever: Acetaminophen (Tylenol®)

Gas and heartburn: Aluminum hydroxide, magnesium hydroxide, simethicone (Maalox®), (Mylanta®), calcium carbonate (TUMS®), famotidine (Pepcid®)

Hemorrhoids: Hydrocortisone (Anusol-HC®), witch hazel (Tucks® Pads)

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.

Here are some dietary and nutritional concepts to keep in mind:

You will eventually need 300 calories per day (about the same as two servings of plain low-fat yogurt) more than when you are not pregnant. We will let you know if we have concerns about your changing weight.

The goal for weight gain depends on your starting point: Women who are underweight will need to gain more, and women who are overweight will need to gain less. Generally, approximately 10 pounds of weight gain is a reasonable goal for the first 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.

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

Avoid undercooked or raw meats or eggs, and unpasteurized dairy products.

Avoid 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 but are fine if you prefer. An over-the-counter prenatal vitamin or women's multivitamin with calcium and iron is adequate. Vitamins are meant to supplement, not replace, a well-balanced diet.

Helpful resources about food and water safety are available at the Food and Safety Inspection Services website: www.fsis.usda.gov; the Food and Drug Administration website: www.fda.gov/food; the Environmental Protection Agency website: www.epa.gov/OW; or call the U.S. Department of Agriculture hotline at 1.888.674.6854.



Exercise

Exercise remains an important part of overall wellness during pregnancy. View your pregnancy as a time to maintain your fitness, not a time to start an aggressive new program. Avoid contact sports (boxing, basketball, hockey), activities with high risk of falling (skiing and horseback riding), and any other activities that require significant coordination and balance to maintain safety.

If you don't normally exercise, you may participate in activities such as brisk walking, prenatal yoga or Pilates, or light weightlifting. During safe exertion, you should be able to comfortably maintain a conversation. If this becomes impossible, you should stop and recover. Drink plenty of water to stay hydrated.



Sex

You may continue to engage in sexual activity throughout your pregnancy unless you experience certain complications. We will discuss with you if any restrictions in sexual activity are recommended.

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 experiencing complications with your pregnancy, travel may not be advisable. When traveling or sitting in a confined area for an extended period of time, you should stretch your legs every two hours to help prevent blood clots from forming.

Normal discomforts

There are many normal discomforts in pregnancy:

Uterine cramping is most common in the first trimester. It may be concerning when accompanied by bleeding.

Back pain is more common after 28 weeks. It may be relieved with rest, acetaminophen (Tylenol), heat or ice, and massage.

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

Heartburn/reflux can be treated with the medications listed on page 3. Avoid spicy foods. Eat earlier in the evening and remain upright for at least three hours after the evening meal. Eat many small meals instead of a few large ones each day.

Constipation can be treated with the medications listed on page 3. Drink plenty of water and eat foods that are high in fiber.

Tests and other precautions to promote your health and the health of your baby



Prenatal testing

Ultrasound

A first trimester ultrasound may be performed to visualize 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 purpose of the ultrasound is to screen for major birth defects, determine the position of the placenta and assess the fetal growth. The fetal gender can often be determined if you want to know. Additional ultrasounds are done when clinically indicated.

Laboratory testing

Complete blood count (CBC)

May identify problems such as anemia.

Blood type and antibody screen

May identify an incompatibility between your and your baby's blood type.

HIV

Testing is offered and strongly recommended. Aside from the importance to your health, identification of an HIV infection will also aid the prevention of transmission to newborns.

Rubella

Testing confirms immunity to this infection, also known as German measles. If you are non-immune, a rubella vaccination should be obtained 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 previously.

Syphilis

Syphilis may harm the fetus if untreated.

Hepatitis B

Hepatitis B is a virus that can cause liver problems. If a person has the virus, special precautions are taken at the time of delivery to reduce the chance of transmission to the baby.

Gonorrhea and chlamydia

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

Urine culture

Urine is tested 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 bacterium, it may cause an infection in her baby after delivery. A rectal/cervical culture is done between 35 and 37 weeks, and if GBS is present, antibiotics will be given in labor in an effort to reduce the chance of infection.

Genetic testing

Genetic testing can be performed to detect chromosomal abnormalities such as Down syndrome, as well as inherited diseases such as cystic fibrosis or Tay-Sachs disease. There are two categories of genetic testing: screening tests and diagnostic tests. A brief summary of these tests is provided below, but 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 provider.

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 elect to undergo 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 determine whether or not your baby will have a certain condition. Also, more types of conditions can be determined by these tests than by screening tests. When someone has this type of test, there is a small risk of miscarriage (generally less than one percent). The following are diagnostic tests that you can discuss with your provider.

Chorionic villus sampling (CVS)

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

Amniocentesis

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





When to call

The NM MyChart patient portal is the best way to contact us for non-urgent needs. If you do not already have an account, you may sign up at nm.org/mychart. If there is any doubt about the urgency of your need, a phone call to your physician is always the safest option.

For urgent concerns, your phone message will be routed to a healthcare provider who will take your phone call. At night, this provider will be contacted by the answering service; if you do not receive a call back within 15 minutes, please call again.

Always call for:

Significant 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 addressed in this handout, be sure to ask. Please remember, for any life-threatening emergency call 911.

