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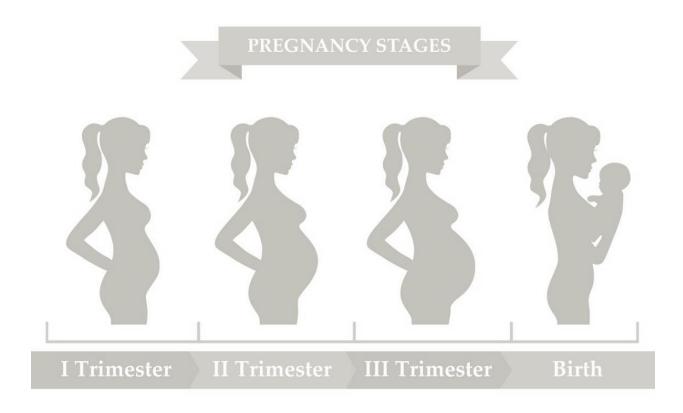
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Pregnancy Information

Congratulations on your pregnancy! Before you know it, you will be giving birth. Here is some information on what you may experience during your pregnancy as well as baby's development. You'll be seeing your healthcare provider a lot for the duration of your pregnancy. In general, you can expect to go in every month until you are 28 weeks along. From weeks 28 to 36, your visits will likely increase to two appointments a month. Once you hit the 36-week mark, plan on a weekly check-up. (While typical, this schedule is not true for all pregnancies. If you are considered high risk, for example, you may be seeing your healthcare provider more often.)



For any urgent questions or concerns outside of our normal business hours, please use our answering service number to contact our on-call provider.

Answering Service: (855) 750-4897

Pregnancy Week	Common Symptoms	Baby's Development	Baby's Size & Weight	What to Expect at your appointment
6-8 (Pregnancy Confirmation)	 Morning Sickness Breast Changes Frequent Urination Food and Smell Aversions Mood Changes Back pain Abdominal Cramping Excess Salivation Sometimes, No symptoms © 	 Heart begins to beat All major organs are formed The face, fingers, toes and eyes appear 	Expect Growth from almost ¼ inch long (Grain of Rice) to ½ or ¾ inch long (Similar to the Size of a Raspberry)	Ultrasound to determine cause for amenorrhea
12 (New OB)	 Less Nausea Expanding Uterus Bladder Relief Skin changes Increased Discharge Headaches Dizziness Bleeding and Sensitive Gums Bloating Your breast size increases, and your nipples and the area around your nipples (areola) begin to darken. 	 The head is large, since the brain grows faster than the other organs. The Heart is Audible through an external Doppler. The umbilical cord is formed. Fingers and toes are formed. The placenta is growing and more hormones are being produced. 	Growth is about 2 1/4 inches long and weighs approximately 0.50 Oz (Similar to the Size of a Lime)	 Discuss Medical and Family History Physical Exam Initial Pregnancy Blood tests: blood type and RH factor, complete blood count, Rubella titer, HIV, Hepatitis B, syphilis, thyroid stimulating hormone, Urine culture and urinalysis Pap smear (if due) and vaginal cultures for yeast, bacteria, gonorrhea and chlamydia Urine test
16	 Nausea should start to subside. Energy Increase Increased appetite Constipation Mood swings Pulling pain low in abdomen due to the uterus growth Bleeding gums Dizziness Gas Headaches Heartburn Nosebleeds Baby Flutters Baby Bump Food Cravings Glowing Skin Bigger Boobs Forgetfulness Dry Eyes 	 The heartbeat is between 120 to 160 beats per minute. Arms, hands, fingers, legs, feet, toes, and ears are completely formed. baby's eyes can blink baby's fingers and toes have fingerprints About 1 cup of amniotic fluid surrounds the baby. 	Growth is about 4.6 inches and weighing 3.5 oz. (Similar to the Size of an Avocado)	 Blood pressure and weight check Urine test for Glucose and protein Fundal height measurement (the fundal height is taken of the abdomen to help determine the growth of the uterus and baby) Heart Tone check with Fetal Doppler Optional Genetic Test: 2nd Trimester Screening/Maternal Serum AFP

20	 Weight Gain Belly Button Changes Leg Cramps Swollen Feet Vaginal Discharge Shortness of Breath Indigestion 	 Reproductive system has developed significantly Baby can hear you Baby moving move which is called quickening 	Growth is little more than 6.1 inches and weighing 10 oz. (Similar to the size of a Banana)	 Anatomy Scan Used to measure your baby's: brain heart kidneys stomach bladder diaphragm genitals face chest arms legs feet hands spine Urine test
24	 Aches and pains Braxton Hicks contractions Food cravings Forgetfulness Leg cramps Nasal congestion Round ligament pain 	Baby's weight is now coming from growing organs, bones, muscle and accumulating baby fat	Growth is about 11 3/4 inches long (head to toe) and weighs 1 1/4 pound, gaining steadily at a rate of about 6 ounces per week (Similar to the Size of an Ear of Corn)	 Urine test Discuss: Fetal Movement Monitoring Depression Screening Signs and Symptoms of Labor
28	 Sciatica (tingling leg pain) Sensitive skin Bloating & Gas Faintness & Dizziness Symphysis Pubis Dysfunction (SPD) Stuffy Nose Bleeding Gums Mask of Pregnancy (Melasma) 	 Rapid brain growth, brain tissue is developing the ridges and furrows Your baby begins to experience REM (rapid eye movement) sleep, which means it's very likely that baby is dreaming 	Growth is about 14 3/4 inches (head to toe) and weighs around 2.5 lbs. (Similar to the size of a Head of Lettuce)	 Visits every two weeks Urine test Preterm Labor warning signs Birthing Classes Kick Count Blood Tests: Repeat CBC, HIV, Syphilis Glucose Tolerance Test

30-34	 Changes in Fetal Movement Braxton Hicks Contractions Fatigue Swollen feet and ankles Mood Swings Carpel Tunnel Bloating & Gas Constipation Stretch Marks Itchy Skin Shortness of Breath Colostrum (yellowish fluid leaking from your breasts) 	 Lanugo, fine hair on baby's skin, develops Skin begins to thicken Lungs are developing Breathing movements increase from 30%-40% after 30 weeks Fingernails and Toenails have grown in Half of weight gained goes to baby Eyelashes, Eyebrows, Hair have grown in 	Expect Growth from about 15 ³ / ₄ inches-17 ³ / ₄ inches, weighing about 3-5lbs (Similar to the size of a Pineapple)	Routine Prenatal Visit Answering your questions Blood pressure check Discussion of symptoms Fundal height measurement (now around 32 centimeters, give or take a centimeter or two) Listening to the baby's heartbeat Swelling check Urine test Weight check
36-40	 Changes in Fetal Movement Pelvic Pain and Pressure Heartburn or Indigestion Bloating and Gas Constipation Frequent Urination Vaginal Discharge streaked with blood Itchy Belly Edema (Swelling in feet and ankles) Varicose Veins Insomnia Nesting Instinct Pregnancy Brain Breast Changes 	 Sleep-Wake Cycle Development Usually Head Down Position (Engaged) Lungs nearly fully developed Ability to Grasp Small Objects Coordination of Sucking and Swallowing 	Expected growth from about 18/19- over 21 inches weighing about 6 lbs-9lbs (Similar to the size of a Small Pumpkin)	 Weight check Blood pressure check Urine test Vaginal Exam Group B Strep Vaginal Swab Swelling check Fundal height measurement Listening to baby's heartbeat Discussion of symptoms Discuss Plan for Delivery Answering your questions

Genetic Screening Tests

Screening for genetic disorders is offered at two different times in pregnancy. Screening tests are different than diagnostic tests. Screening tests determine if you are at increased risk for having a baby with an abnormality. Diagnostic tests determine the exact abnormality such as Down syndrome, Edwards syndrome, etc. Your insurance company may or may not pay for these depending on your risk factors. It is your responsibility to check with your insurance company to determine coverage.

First Trimester Screen (Nuchal Translucency Testing)

The non-invasive test is performed around 12-14 weeks. It involves an ultrasound to look for skin thickening on the back of the baby's neck and a blood test. When performed together, these tests can detect up to 91% of cases of babies with Trisomy 21/Down syndrome and 97% of Trisomy 18/Edwards syndrome. False positives (when the test indicates a problem, although everything with the baby is normal) occur less than 5% of the time. Further testing, including invasive testing may be recommended in the event of an abnormal test result.

Second Trimester Screen (Maternal Serum AFP)

This is a blood test offered between 15-19 weeks. It measures alpha-fetoprotein, beta-HCG, estriol, ITA, and DIA levels. Based on the results, a risk ratio is calculated to estimate your risk of certain disorders. A positive result indicates the need for additional testing such as an ultrasound or amniocentesis. This test detects up to 90% of neural tube defects and 83% of Down syndrome. There is a 5% false positive rate.

Non-Invasive Fetal DNA Screening: This is a blood test which can be done any time after 10 weeks. Fetal DNA circulates in the mother's bloodstream. The chromosomes on the fetal DNA are tested for Trisomy 21/Down syndrome, Trisomy 18/Edwards syndrome, and Trisomy 13/Patau syndrome, as well as Monosomy X/Turner syndrome and microdeletion syndromes. The gender of your baby can be determined by this test (if desired). This test has greater than 99% accuracy. However, it would be recommended that a high risk screen be confirmed by genetic diagnostic testing.

Cystic Fibrosis (CF) Screening: This is a blood test. CF affects 1 in 3,300 people in the United States. It causes the body to produce abnormally thick mucus. This can cause life threatening lung infections, digestive problems, diarrhea, poor growth, and infertility. CF is the most fatal genetic disease in the United States. 1 in 30 individuals in the US are carriers for CF. If bother parents are carriers of the CF gene there is a chance that each parent can pass the abnormal gene to their child. If the child has 2 abnormal genes, there is a 1 in 4 (25%) chance the child will have CF. If mother's screen is positive, it is recommended that the baby's father be screened as well. Diagnostic testing can be done if both parents are carriers to determine if the baby is affected by the disease.

Spinal Muscular Atrophy (SMA) Screening: This is a blood test. SMA is the most common inherited cause of infant death in children under the age of two. If both parents are carriers, there is a chance they will each pass the gene to their child. If the child has two abnormal genes, there is a 1 in 4 (25%) chance the child will have SMA. If mother's screen is positive, it is recommended that the baby's father be screened as well. Diagnostic testing can be done if both parents are carriers to determine if the baby is affected by the disease.

Fragile X Syndrome: This is a blood test. Fragile X syndrome affects males and females. Fragile X causes mental impairment ranging from learning disabilities to severe mental retardation and autism. Only the mother has to be a carrier for the child to be at risk for Fragile X syndrome. If the mother is a carrier there is a 50% chance that the child will be affected with Fragile X syndrome. Diagnostic testing can be done if the mother is a carrier to determine if the baby is affected by the disease.

InheriGen Plus Carrier Screening: This is a blood test for over 180 inherited diseases (including CF, SMA, and Fragile X syndrome). Some of the disorders may have symptoms that can be reduced with proper medical treatment. If mother's screen is positive, it is recommended that the baby's father be screened as well. Diagnostic testing can be done if both parents are carriers to determine if the baby is affected by the disease.

Genetic Diagnostic Tests

These tests are offered to women who will be over 35 years of age at the time of delivery or if the mother/father has a family history of genetic diseases such as Tay Sachs, Cystic Fibrosis, Muscular Dystrophy, or Hemophilia.

Chronic Villus Sampling (CVS)

This test is performed by a perinatal specialist with the aid of an ultrasound. This is an invasive procedure where the specialist takes placental cells to determine the genetics. It is done between 9-12 weeks. It has a 1 in 300 miscarriage rate and is 100% diagnostic of chromosomal genetic diseases.

Amniocentesis

This is done in conjunction with a level II ultrasound by an OB/GYN or a perinatalogist. The physician takes fluid from the amniotic sac to determine the genetics of your baby. It is normally done around 15-20 weeks. It has a 1 in 300 miscarriage rate and is 100% diagnostic of chromosomal diseases. It can also be done to assess for neural tube defects by measuring the level of alpha fetal protein.

Facilities for Genetic Testing and Evaluation

	Elk Grove Village	
	800 Biesterfield Rd.	
	Entrance 6, Ste. 2010B	
AMITA Health Maternal Fetal Medicine	Elk Grove Village, Illinois 60007	
Phone: 847-490-6960	Hoffman Estates	
Fax: 847-490-2916	1555 N. Barrington Rd.	
	DOB Bldg. I, Ste. 215	
	Hoffman Estates, IL 60169	
	Arlington Heights	
	800 W. Central Road, Room 402 4 South Arlington Heights, IL 60005 Evanston	
Northshore Maternal Fetal Medicine	800 Austin Street, Ste. 210	
Phone: 847-570-2860 (Level 2 Ultrasound)	Evanston, IL 60202 Evanston Hospital	
Phone: 847-570-2864 (Genetic Counseling)	2650 Ridge Avenue, Ste.1420	
Fax: 847-733-5087	Evanston, Illinois 60201	
	Glenbrook Hospital	
	2100 Pfingsten Road	
	Main East Entrance	
We will be because to send a server of servers.	Glenview, IL 60026	

We will be happy to send a copy of your prenatal records to their office prior to your appointment.

Sex during Pregnancy

Sex is a topic that many pregnant women and their partners have questions about, but find it difficult to ask. We hope that you find this information helpful.

Sexual Desire during Pregnancy:

Most couples notice some changes in their sexual feelings during pregnancy. This is not surprising, given the rapid changes occurring in the woman's body and emotions.

It is easy to think of body changes that may cause the woman to lose interest: nausea, fatigue, swelling, a large baby "in the way", and a feeling of pressure in the vagina. It is hard to feel sexy while you are vomiting.

Other changes that may make sex feel better: more vaginal wetness, the mild "fullness" around the vagina, and not needing to bother with birth control. How the woman and her partner feel about the pregnancy , being a parent, and making love to someone who is pregnant can also increase or decrease interest in sex.

We all need to feel loved, and sex can be an important part of that. Hurt feelings are the most common reason for sexual problems. It is very important to talk with your partner about the changes in your sex life. If you don't want sex, ask what else you can do to make your partner feel loved and care for (such as hugs, kisses, massages, a special meal, or just say "I love you". You may be surprised by the answer.

How does the baby feel about it?

Fear of hurting the baby is common. This is a reason why some couples stop having sex during pregnancy. In a normal pregnancy, the baby is very well protected by the uterus (womb) and the bag of water. The baby may become more active because of the movement or sounds, but he/she is doing fine in there. Also, during sex, the man's penis is not bumping or hitting the baby.

When sex is not safe:

Although most women can safely have sexual intercourse throughout the entire pregnancy, there are a few times when it is not safe:

- Premature or early labor with this or a previous pregnancy
- Vaginal or abdominal pain
- Vaginal bleeding
- Broken bag of water
- Untreated sexually transmitted infection with either partner

Something is coming between us:

Even when the partners want to have sex, it is sometimes awkward as the baby gets bigger. You have two choices:

- 1. Find other ways to show love and desire to each other. These can include such things as hugs, kisses, massages, genital touching, or sex.
- 2. Try new positions for intercourse: such as side-lying, woman on top, rear vaginal entry, or "spoon" position.

In a normal pregnancy, it is safe to have intercourse until the start of labor.

Finally:

Sex is important to couples before, during, and after pregnancy. We hope some of your questions have been answered. If you have any further questions, feel free to ask your healthcare provide during an office visit.

Nausea during Pregnancy

Nausea or vomiting, commonly called "morning sickness" may happen during any time of the day during the early months of pregnancy. It is experienced by some, but not all, women. It is thought to be caused by the sudden increase in hormones during pregnancy, and usually disappears after the third month.

Morning sickness should not hurt your baby. Many healthcare providers believe morning sickness is a good sign because it means the placenta is developing well. Morning sickness may be a problem if you are unable to keep any foods or fluids down and begin to lose a lot of weight. The tips below may help reduce morning sickness.

Tips to Relieve Nausea:

- Eat crackers or dry toast before getting up (have them ready at your bedside) or with the onset of nausea.
- Eat small meals throughout the day so you are never too full or too hungry.
- Avoid rich, fatty foods.
- Eat low-fat, high protein foods (lean meat, broiled fish, poultry without the skin, eggs, and boiled beans).
- Try gelatin desserts (Jell-O), flavored frozen desserts (popsicles), broth, apple juice, ginger ale, sugared decaffeinated or herbal teas and pretzels.
- Acupressure bands ("Sea Bands"): try to finds at Walgreens or online. Studies show a decreased nausea effect.
- Peppermint Tea
- Fresh ginger root (avail. In the produce dept.): grate 1 tsp into a cup of boiling water and let steep 5 minutes-sip slowly. (Studies show success with 1 gm of ginger/day x 4 days).
- Dry saltines in the a.m. before getting out of bed
- Salt and sour together: i.e. Lemonade with salt & vinegar chips, lemonade with pickles
- Sniffing of lemon oil 1-2 drops diffuse.
- Dried organic orange peels in hot water (tea): steeped for 20 minutes.
- Ginger Ale
- Gingerbread cookies with real ginger
- Raspberry leaf tea (or ice cubes made from this, suck on cubs)
- 1 cinnamon stick steeped in water 6-10 minutes

Remember: sometimes prenatal vitamins are the culprit. If you are not eating much at all, follow your cravings (if edible items). Also, some women suffer from heartburn hat may make nausea feel worse. If you have heartburn, you can take the following over the counter as directed (consult provider):

- Tums
- Pepcid AC (Famotidine)

Do not take other medicine or home remedies for nausea or vomiting unless prescribed by your healthcare provider.

Constipation during Pregnancy

Certain changes that take place in your body during pregnancy may make you constipated. Too little exercise or not enough fiber and liquids in your diet may also cause this problem. A proper diet for pregnancy contains enough fluids and bulk to aid elimination. If you are still constipated, the following may help:

- Have regular meal times.
- Have regular toilet habits and do not rush.
- Try to eat fresh fruits and vegetables, and eat whole grain breads and cereals every day.
- Drink more liquids, especially water.
- Exercise regularly.
- If constipation continues, talk to your healthcare provider.

Safe over-the-counter drugs that can be taken after 12 weeks of pregnancy

Mild headaches, muscle aches, and pains Nasal congestion due to cold or allergies Cough (Alcohol-free syrup) Sore throat Lozenges Mild to moderate diarrhea lasting 1-2 days Male and and a college aches aches and a college aches aches and a college aches ac	Problem		Drug	Precautions
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