

# Maternity Care



## Maternity care

At Northwestern Medicine, we are dedicated to providing excellent 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 and your pregnancy.

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

# 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, 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	Heavy bleeding, severe pain, inability to eat or drink	Notify insurance Flu vaccination if in season
Weeks 13-19	Every 4 weeks	Genetic testing if desired	Heavy bleeding, severe pain	Schedule 20-week ultrasound
Weeks 20-28	Every 4 weeks	Ultrasound to evaluate fetal anatomy Gestational diabetes testing	Heavy bleeding, severe pain, contractions, leaking fluid, headaches, blurred vision	Hospital registration Sign up for classes Select pediatrician
Weeks 29-35	Every 2-4 weeks	Third trimester labs (repeat HIV testing)	Heavy bleeding, severe pain, regular contractions, leaking fluid, headaches, blurred vision	TDaP vaccination
Weeks 36-42	Every 1-2 weeks	Group B strep	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 100.4 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.

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

Take ginger capsules (250 mg 4 times daily).

Take vitamin B6 (25 mg, 3 to 4 times daily) or Doxylamine (Unisom®).

## 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 you 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.

## Resources for medication use

For medication use during pregnancy, visit [mothertobaby.org](http://mothertobaby.org)

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

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

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 are generally allowed to take (follow the package instructions for medication doses and frequency)

Allergies: 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.

#### Dietary and nutritional concepts to keep in mind

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. 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.

Avoid 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.

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. 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:

Food and Safety Inspection Services, [fsis.usda.gov](https://fsis.usda.gov)

Food and Drug Administration, [fda.gov/food](https://fda.gov/food)

Environmental Protection Agency, [epa.gov/OW](https://epa.gov/OW)

U.S. Department of Agriculture hotline, 888.674.6854

### Exercise

Exercise remains 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 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 weight-lifting. If you already have an exercise regimen, you can usually maintain 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 experience certain complications. We will discuss with you if any restrictions in sexual activity are recommended. Vaginal spotting or cramping may occur 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 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 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://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 avoid 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 first trimester. It may be concerning when accompanied by heavy 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 3 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 to promote your health and the health of your baby

## 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 will be ordered if 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 the fetal 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 to see if it contains 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, antibiotics will be given in labor in an effort 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 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

You are encouraged to use the NM MyChart patient portal at [nm.org/mychart](http://nm.org/mychart) or the MyNM app (available on the App Store or Google Play store) to contact us for **non-urgent needs**. 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.

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

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.

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### Always call for:

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Heavy bleeding

Severe pain

Leaking fluid from the vagina

Decreased fetal movement after 28 weeks

Labor

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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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