

Health Recommendations for a Healthy Pregnancy

Daily Activities (www.americanpregnancy.org/isitsafe)

- Practice good hygiene – wash hands often.
- Stay well-hydrated (eight 8oz. glasses of water, at least)
- Avoid very hot showers, tub baths, hot tubs. OK for tub baths or hot tubs as long as the temperature is 100 degrees F or less.

Self-Care (www.acog.org) (www.ada.com)

- Hair treatments are allowed after 12 weeks in pregnancy (perms, relaxers, and hair color).
- Teeth whiteners
- Preventative, diagnostic and restorative dental treatment is safe throughout pregnancy. You may:
 - have your teeth cleaned on a regular basis
 - have X-rays done with double shielding to the abdomen, pelvis and thyroid
 - have local anesthetic with or without epinephrine (bupivacaine, lidocaine, mepivacaine) take Penicillin (such as Penicillin or Amoxicillin), Cephalosporin (such as Keflex), Clindamycin, or Metronidazole for infection or prophylaxis; please call if allergic
 - take Vicodin, Percocet, Codeine or Tylenol #3 for pain; please call if allergic
 - It is recommended that pregnant women avoid exposure to nitrous oxide.
 - Please call the office and give the fax number if your dental provider requires a letter before treatment

Activity and Exercise (www.acog.org)

- Exercise 30 minutes per day – You may try: brisk walking, swimming, water aerobics, walking on treadmill, riding stationary bike, aerobic exercise, dancing, resistance exercises using weights and elastic bands, and stretching, for example.
- Do not over-exert yourself to the point of fatigue. Stay well hydrated and ensure adequate caloric intake.
- Do not lift more than 20 pounds in pregnancy – ask for assistance if you need to move heavier objects.
- Avoid activities that could cause personal harm: such as riding motorcycles, bungee jumping, whitewater rafting, etc.

Nutrition and Vitamins (www.choosemyplate.gov)

- Take a prenatal vitamin or multi-vitamin daily with folic acid 400-1000mcg daily.
- Take your vitamin with food to decrease nausea.
- Take a DHA supplement daily – many prescription prenatal vitamins include a DHA supplement.
- Eat small, frequent meals that focus on nutritional balance.
- Maintain adequate calcium intake with dairy products, nuts, and green leafy vegetables.
- Drink 8-10 glasses / water bottles daily (8oz serving size).
- Limit caffeine intake to 1-2 servings per day – this includes coffee, tea, chocolate, and soft drinks.
- Notify your provider if you have cravings for non-food substances like dirt, corn starch, plants, paper, freezer frost or ice.

Meats, Deli products, and Cheese (www.americanpregnancy.org/pregnancycomplications/listeria.html)

- Avoid any raw or rare meats in pregnancy – cook meats thoroughly to medium.
- Wash hands after handling any raw meats and clean countertops after any meat exposure.
- Consume only pasteurized dairy products. **Avoid raw or undercooked eggs.**
- Limit deli meats and hot dog consumption and warm meat thoroughly prior to consumption.

Artificial sweeteners (www.americanpregnancy.org/pregnancyhealth/artificialsweetener.html)

- Avoid Saccharin (pink packet called Sweet-n-low).
- Limit Aspartame / NutraSweet to 1-2 servings per day (Diet Coke, diet foods, and blue packet called NutraSweet).
- Ok to use Sugar based products (yellow packet called Splenda, green packet called Truvia, or Stevia).
- Agave (Agave nectar) is NOT recommended in pregnancy.

Fish (www.fda.gov/downloads/Food/FoodborneIllnessContaminants/Metals/UCM537120.pdf) ***See website for complete list of fish choices**

- Avoid raw or rare seafood of any type – no sushi or raw oysters or tuna steak.
- Avoid deep water – large fish in pregnancy due to Mercury contamination (shark, swordfish, king mackerel, tilefish).
- Ok to consume **2-3 servings per week** of canned light tuna (**Exception: ok for one serving of albacore tuna per week**), salmon, flounder, tilapia, catfish, pollock, crab, trout, scallops, **for example**.
- Check local advisories for any locally caught fish prior to consumption.

Pets and Animals (www.marchofdimes.com/pregnancy/complications_toxoplasmosis.html)

- If you have indoor cats, ask someone else to change the litter box.
- Maintain good hygiene by washing hands after contact with pets.
- Wear gloves in the garden or when digging in dirt.
- Contact us if you are bitten by an animal.

Tanning and Sunscreen (www.americanpregnancy.org/pregnancyhealth/tanningmethods.html)

- Wear sunscreen while in the sun – use 30 SPF or higher to protect skin.
- Ok for self-tanning sprays and lotions AFTER 12 weeks (avoid use in first trimester).
- Avoid tanning bed use while pregnant.

Contact our office:

If you need to reach a nurse or provider – please call our main number **336-273-2835** at any time of day or night.

Call us IF you experience...

- any bright red bleeding
- onset of pain
- regular contractions
- leaking of water from vagina
- a fever over 101 degrees F
- a decrease in baby activity or baby is not moving
- vomiting with dehydration – unable to tolerate anything by mouth for more than 4 hours

April 22, 2021

Medications Safe to Use During Pregnancy

Acne

Benzoyl Peroxide
Salicylic Acid

Backache / Fever / Headache

Tylenol – 2 regular strength every 4hrs or
2 extra strength every 6 hours

Colds / Cough / Allergies

Actifed** (see below)

Airborne – limit to one tab per day
Benadryl (alcohol free) 25mg every 6 hours as
needed

Breathe Right Strips

Claritin

Cepacol throat lozenges

Chloraseptic throat spray

Cold-Eeze – limit to 40mg per day

Coricidin HBP: Chest Congestion & Cough,
Cold & Flu, Cough & Cold, Nighttime
Multisymptom Cold

Cough drops (alcohol free)

Delsym

Dextromethorphan

Flonase

Guaifenesin

Mucinex

Nasacort

Neti Pot with Saline for irrigation

Robitussin or Robitussin DM

Saline nasal drops/spray

Sudafed (pseudoephedrine)** (see below)

Tylenol – 2 regular strength every 4hrs or
2 extra strength every 6 hrs

Vicks VapoRub

Visine-A

Vitamin C drops – limit to 1000mg per day

Xyzal

Zinc Lozenges – limit to 40mg per day

Zyrtec

(Only use after 12 weeks gestation & if you do not
have high blood pressure)**

Constipation: (also see next column)

Citrucel

Colace

Correctol

Dulcolax suppositories

FiberCon

Fleet enema

Glycerin suppositories

Hydrocil

Magnesium Oxide

Metamucil

Milk of Magnesia

Miralax

Constipation: (cont'd)

Senekot

Smooth Move Tea

Surfak

Diarrhea

Kaopectate

Imodium A-D

Hemorrhoids

Anusol

Anusol HC

Preparation H

Tucks

Indigestion / Heartburn / Gas

Gas X

Maalox II

Mylanta II

Nexium 24HR

Pepcid AC

Phazyme

Prevacid 24HR

Rolaids

Simethicone

Tums

Zantac OTC

Insomnia: take at bedtime

Benadryl (alcohol free) 25mg

Tylenol PM

Unisom ½ to 1 tab (no Gel caps)

Leg Cramps

MagGel

Tums

Nausea / Vomiting

Antivert

B-natal TheraPop – behind the counter, ask
pharmacist

Bonine

Dramamine

Emetrol

Ginger Extract

Sea-Bands

Vitamin B6 50mg twice daily

Unisom ½ to 1 tab @ bedtime (no Gelcaps)

Skin Rashes

Aveeno products

Benadryl (alcohol free) 25mg every 6 hours as
needed and / or cream

Calamine Lotion

1% Hydrocortisone cream

Yeast Infection-7 day preferred

Gyne-Lotrimin 7

Monistat 7

- **DO NOT TAKE ANY MEDICATIONS THAT CONTAIN ASPIRIN, IBUPROFEN or PHENYLEPHRINE unless recommended by your provider.**
- If taking **multiple medications**, please check labels to avoid duplicating same active ingredients.
- Take medications as directed on the label.
- Please talk to your pharmacist or call our office at 336-273-2835 if you have questions.

RESOURCE SHEET • MAY 2009

WEIGHT GAIN DURING PREGNANCY: REEXAMINING THE GUIDELINES

Women having children today are substantially heavier than at any time in the past. Beginning pregnancy in the normal weight body mass index (BMI, a measure of body fat based on weight and height), as recommended in this report, requires the efforts of both a pregnant woman and her health care providers. The new guidelines for weight gain, shown in Table 1, are formulated as a range for each category of prepregnancy BMI. These new guidelines are based on observational data, which consistently show that women who gained within the IOM (1990) guidelines experienced better outcomes of pregnancy than those who did not.

To help achieve the recommended weight gain ranges, women should consult their care providers about diet and physical activity before, during, and after pregnancy. To assist care providers, the committee provides Figures 1 and 2, which could be developed for use as a basis for discussion with pregnant women. These charts illustrate differences between weight gain ranges for obese and normal weight women and should be considered models rather than final products.

TABLE 1: NEW RECOMMENDATIONS FOR TOTAL AND RATE OF WEIGHT GAIN DURING PREGNANCY, BY PREPREGNANCY BMI

Prepregnancy BMI	BMI ⁺ (kg/m ²)	Total Weight Gain (lbs)	Rates of Weight Gain* 2nd and 3rd Trimester (lbs/week)
Underweight	<18.5	28–40	1 (1–1.3)
Normal weight	18.5–24.9	25–35	1 (0.8–1)
Overweight	25.0–29.9	15–25	0.6 (0.5–0.7)
Obese (includes all classes)	≥30.0	11–20	0.5 (0.4–0.6)

+ To calculate BMI go to www.nhlbisupport.com/bmi/

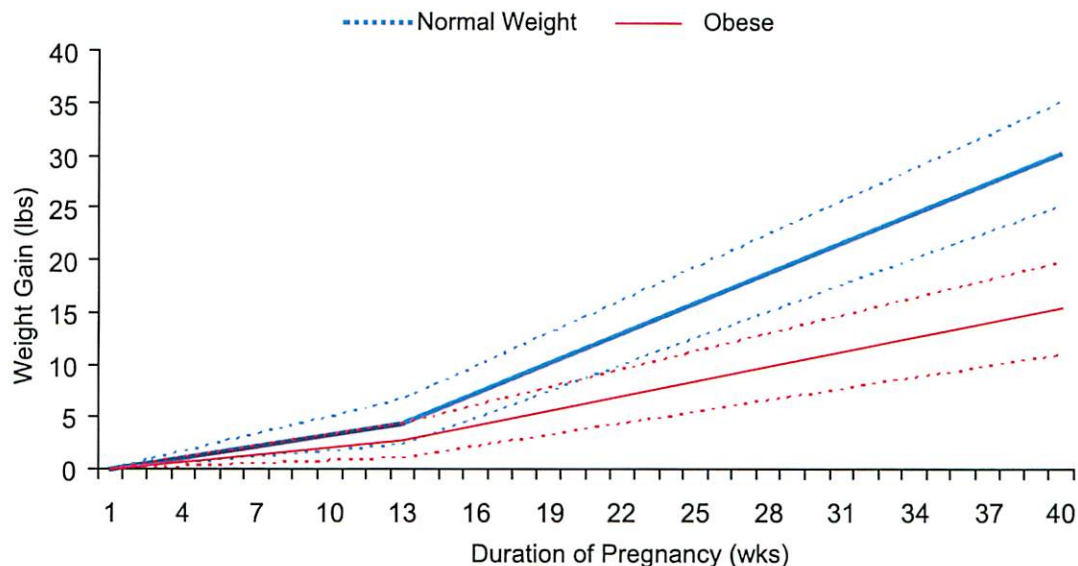
* Calculations assume a 0.5–2 kg (1.1–4.4 lbs) weight gain in the first trimester (based on Siega-Riz et al., 1994; Abrams et al., 1995; Carmichael et al., 1997)



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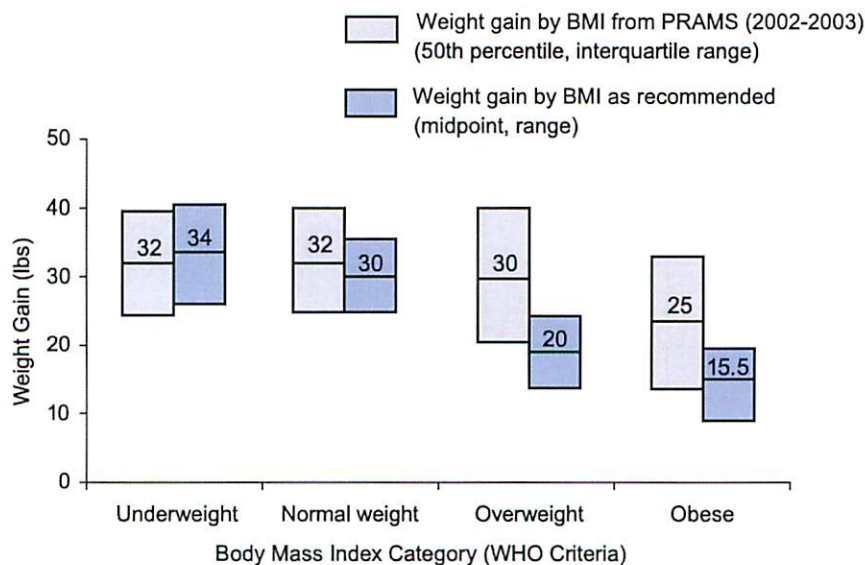
Advising the Nation. Improving Health.

FIGURE 1: WEIGHT GAIN COMPARISON BETWEEN NORMAL WEIGHT AND OBESE BMI CATEGORIES



The difference between the median (solid lines) and range (dotted lines) of recommended weight gain for pregnant women within normal weight (BMI 18.5-24.9 kg/m²) and obese (BMI > 30.0 kg/m²) categories is shown in Figure 1.

FIGURE 2: CURRENT TRENDS IN WEIGHT GAIN DURING PREGNANCY COMPARED TO THE RECOMMENDED GUIDELINES



Comparison of weight gain by BMI category between data reported in the Pregnancy Risk Assessment Monitoring System (PRAMS), 2002-2003, and weight gain as recommended in the new guidelines. The number in the center represents the midpoint, and the boxes represent the ranges in weight gain for each body mass index (BMI) category.

Ultrasound Instructions for Obstetric Patients

Our facility is accredited by the American Institute of Ultrasound in Medicine and our sonographers are certified with the American Registry of Diagnostic Medical Sonographers and the Fetal Medicine Foundation.

When should I arrive for my appointment?

Please arrive 15 minutes prior to your scheduled appointment. If you arrive later than your scheduled appointment time, your ultrasound may be rescheduled or limited.

How many guests can I bring?

You are allowed to bring 2 guests with you for your ultrasound (including children). We do not allow substitutions once your ultrasound has begun. Guests must be present at the time of check in. **(Number of guests allowed is subject to change)**

Will I receive pictures of my baby?

Photos from your ultrasound will be sent to you via text message. The link sent to your phone with your ultrasound photos will expire after 90 days. We are not able to resend images after 90 days. Picture taking, video recording, Facetime or Skype is prohibited during your ultrasound.

Will I get 3D/4D images of my baby?

We will attempt to provide 3D/4D images of your baby starting in the second trimester. Our ability to capture 3D/4D images is dependent on time and position of your baby. If your baby is "uncooperative" during an ultrasound, time cannot be extended. If necessary, you may need to schedule a follow-up ultrasound. We understand that your baby's ultrasound is an exciting occasion, but please keep in mind the ultrasound is for medical purposes

Nuchal Translucency Ultrasound Preparation

This is an optional genetic screening between the 12th and 13th weeks of gestation. This study is dependent on the position of the baby. A full bladder helps to ensure proper fetal position. Please drink 32oz of water 1 hour prior to your appointment. (This is the only ultrasound that requires preparation).

Genetic Screening Before or During Pregnancy

What is genetic screening?

If you are planning to have a baby, you may be concerned about illnesses in one or both sides of your family that a child might inherit. You can ask your healthcare provider for genetic counseling or screening. Genetic screening is a way to learn more about inherited diseases.

It is best to have genetic screening before you are pregnant. It may also be done at your first prenatal visit and later in your pregnancy.

Reasons for having genetic screening:

- The mother will be 35 years old or older at the time of delivery
- You have had a child with an inherited disease or birth defect
- Someone in the family has had mental retardation or other chromosome problems
- You have had stillbirths or several miscarriages
- Something about the pregnancy is abnormal (abnormal blood test results, too much or too little amniotic fluid around the baby)
- Someone in your family has had thalassemia (disorder that causes abnormal red blood cells)
- Someone in your family has had Tay-Sachs disease (brain disorder that can cause early death)
- Members of your family have other inherited problems (hemophilia, cystic fibrosis, fragile X syndrome)
- Someone in your family has had sickle cell anemia (causes abnormal red blood cells)
- The mother has diabetes (prior to pregnancy)

How do I prepare for genetic screening?

Learn the medical history of members of your family. Try to get details of any inherited diseases in your family. Ask your parents if there have been any children in their families who have disabilities or birth defects.

Be ready to give the following information about yourself:

- Past miscarriages
- Exposure to chemicals, radiation (x-rays), or other environmental hazards before or during pregnancy (at work or in personal hobbies)
- History of drug or alcohol abuse
- Prescription, nonprescription, and herbal medicines taken during pregnancy (including before knowing about your pregnancy)

Thinking carefully about your beliefs and goals will help prepare you to make choices that are best for you and your family. It is very important to discuss your choices and options before you find out any test results.

How is genetic testing done?

Your health care provider or genetic counselor will review your family and personal medical histories. You will be asked about diseases, disorders, and birth defects in your families. Both parents may have blood tests. If you are pregnant, tests of the baby may also be done.

The following tests may be used to look for birth defects and inherited diseases when you are pregnant:

- Tests of mother's blood, including a check of the level of alpha fetoprotein (AFP). AFP is a protein made by the baby. This test is done between 15 and 18 weeks gestation. If the amount of AFP is high or low, your healthcare provider may do other tests. The tests look for defects in the nervous system (neural tube defects, spina bifida) and chromosome defects (down syndrome).
- Ultrasound scans are used to check the baby for birth defects of the brain, heart, spine, legs, arms, or other organs.
- Chorionic villus sampling to test a sample of tissue from the placenta for chromosomal problems (done between 10 and 12 weeks gestation).
- Amniocentesis tests the amniotic fluid around the baby for abnormal chromosomes and other substances (such as AFP) (done between 15 and 18 weeks gestation).
- Tests of DNA in a sample of tissue (by amniocentesis) looks for problems in the genetic code
- Percutaneous umbilical cord blood sampling (PUBS), umbilical vein sampling, fetal blood sampling, or cordocentesis. This procedure tests a sample of the baby's blood from the vein in the umbilical cord. The blood can be tested for chromosome problems, infection, blood disorders, etc.
- Fetoscopic tissue sampling involves inserting a tiny scope into the amniotic sac to test a sample of the baby's skin for certain skin problems.

Your healthcare provider or counselor will discuss the screening results with you. If there is a problem, they will help you understand the problem. They will provide your choices for prevention or treatment.

For support and information about genetic screening, you can contact:

- The Genetic Alliance (www.geneticalliance.org)
- The March of Dimes phone: (888) 663-4637 (www.modimes.org)

WENDOVER GENETIC SCREENING TESTS

Ambry CancerNext Expanded® --

CPT codes: 81162, 81201, 81292,

81295, 81298, 81317, 81321

- Screens for eight cancers (breast, colon, pancreatic, Lynch Syndrome, melanoma, ovarian, prostate) plus several genes associated with cancer

Anora™

CPT code: 81229

- Detects Trisomy 13, 18, 21, Triploidy, deletions and duplications, and uniparental disomy in products of conception after miscarriage

Cologuard®

CPT code: 81528

- Screens stool specimen for colon cancer, rectal cancer, and advanced polyps

Empower™

CPT code: 81162

- Screens 81 genes across 5 screening panels: screens for eight cancers (breast, colon, pancreatic, Lynch Syndrome, melanoma, ovarian, prostate) plus several genes associate with cancer

First Trimester Screen with Nuchal Translucency

CPT code: 84704,

84163, 82105

Must be 12-13 weeks gestation

Tests Trisomy 13, 18, 21

Schedule nuchal translucency (NT) sono first to measure CRL then send to lab for bloodwork if adequate CRL (this is a dual part test; pt will not get same day results)

Does not indicate fetal sex

Horizon Carrier™

CPT codes: 81329, 81161, 81243, 81408, 8112

- Horizon 4 - Tests for CF, SMA, Fragile X, DMD (UHC covers only this test)
- Horizon 14 = pan-ethnic standard including hemoglobinopathies
- Horizon 27 = pan-ethnic medium
- Horizon 106 = comprehensive Jewish
- Horizon 274 = pan-ethnic extended
- Horizon 421 = comprehensive panel

Maternit® 21

CPT code: 81420

- Must be 10+ weeks gestation
- Tests Trisomy 13, 18, 21

- Indicates fetal sex in singletons & twins

OVA1®

CPT code: 81503

- Screens for ovarian cancer (CA19-9, CEA)

Panorama™ (NIPT or NIPS)

CPT code: 81420

- Must be 10+ weeks gestation
- Tests Trisomy 13, 18, & 21, Monosomy X, Triploidy, 22q11.2 microdeletion syndrome
- Indicates fetal sex on singletons & identical twins
- Tests fetal RhD (optional)
- Can test surrogates and egg donor singleton pregnancies (limited to testing 3 sets of DNA; one set each for pregnant patient, one for surrogate, and one for fetus)

Unity® + Carrier

CPT codes: 81220, 81329, 81420

- Must be 10+ weeks gestation
- Tests Trisomy 13, 18, 21, Monosomy X, XXY, XYY, XXX, zygosity (included for twin pregnancies), 22q11.2 microdeletion syndrome
- Indicates fetal sex
- Tests fetal RhD
- Tests CF, SMA, & Hemoglobinopathies (sickle cell, thalassemia) in mother only

Coverage for Breastfeeding Supplies

Under the Patient Protection and Affordable Care Act, breastfeeding supplies and services are covered without co-payments, deductibles, or co-insurance requirements in health insurance plans effective since April 1, 2012 with the exception of grandfathered plans.

There are different brands of breast pumps and supplies available. Each insurance company may have preferences for the type of pump and supplies that are covered under your benefits.

Obtain recommendation(s) from your insurance company:

We recommend that you contact your insurance company directly. They will provide you with the name of their preferred breast pump vendor and give you further instructions for obtaining your breast pump and needed supplies.

We will need to know the following information from you.





- name of selected breast pump company
- fax number of breast pump company
- any contact name(s) for receiving your breast pump order
- name of the particular *brand* of breast pump and supplies required by your insurance company

Options to submit request:

You are able to submit your request through your chosen breast pump vendor directly, or we can send your vendor a generic request form. We can also send your order via your patient portal, or you are always welcome to come into the office to pick one up.

List of common breast pump vendors are listed below:

- **Aeroflow Breastpumps**- <https://aeroflowbreastpumps.com>
- **Babylist**- <https://www.babylist.com/health>
- **Byram Healthcare**- <https://www.byramhealthcare.com/product-and-services/catalog/63324-breast-pumps>
- **Yummy Mummy**- <https://yummysummystore.com>

-  Women's & Children's Center and Parking Deck
-  Moses Cone Hospital Visitor/Guest Parking
-  Emergency Department Visitor
-  Free Valet Parking - Available 24-hours per day, 7-days per week at the Women's & Children's Center



CONE HEALTH®

Women's & Children's Center

AT MOSES CONE HOSPITAL



All Women's & Children's Center patients and guests should use Entrance C at Moses Cone Hospital, accessed from East Northwood Street, even though the hospital's physical address listed online is 1121 North Church Street. Learn more about the center at: conehealthybaby.com. We look forward to caring for you and your family.



WENDOVER
OB/GYN & INFERTILITY

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Main (336) 273-2835
Fax (336) 274-4594
www.wendoverobgyn.com

Normal Business Hours:

Monday – Friday from 8:00am to 5:00pm

Call our office for...

- Appointments (to schedule, reschedule, or cancel)
- Billing or insurance questions
- Phone calls to our nursing staff
- Prescription refills – call your pharmacy (please allow up to 48 hours for refills)

Please be aware that we do not refill prescriptions or manage appointments after hours.

Portal Messages

Portal messages are not intended for urgent messages. Portal messages can only be accessed during normal business hours. If you send a message through the patient portal, expect a response by the next business day.

After Hours/Weekend/Holidays:

If you have an urgent medical issue that cannot wait – Call our office. We have an answering service that will inform the on-call physician or midwife to call you. Make sure you stay by your phone to ensure you receive the return call. You should receive a call back within 15 minutes. If you do not receive a call within 15 minutes, please call the office again (the on-call provider may be in surgery and unable to answer in a timely manner).

When you go into labor, please call the office PRIOR to going to the hospital, UNLESS you have an emergency.

Emergencies

Call 911 or proceed to the nearest emergency room

- Pregnancy emergencies – please go directly to the Women's and Children's Center at Moses Cone
- Emergencies not related to pregnancy – Please go to Moses Cone Hospital or your nearest emergency room



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Severe Weather Information for Patients

If inclement weather conditions occur before the practice's scheduled opening time and conditions require us to delay or close the office for the day, we have several ways that patients are notified. We will have a recording on our phone system (336-273-2835) to let you know. We also notify WXII12 and WFMY 2 so you can look for information on their websites under "Closings and Delays."

Please do not come to the office for your safety without first verifying that we are open.

If you have an **urgent issue** that cannot wait until the office opens, you can call our main number and leave your name and number with the answering service. The on-call provider will call you back.

If you have an appointment affected by our closing or delay, we will contact you as quickly as possible to get you rescheduled. Please avoid calling the office right after reopening unless you have an urgent issue; otherwise, you will experience longer than normal hold times.